TVEP
Transcutaneous-Voltammetric-Evoked-Potential

The Science of Medication Testing

Written and edited by Desiré Dubounet Prof Emeritus of IMUNE

ISBN 978-615-5169-19-9 TVEP and Medication Testing (the research)
Table of Contents

The Science of Medication Testing (Transcutaneous-Voltammetric- Evoked-Potential) 4
Introduction 4
History of TVEP 5
Contents 8

The Electro-Sense in Humans is the Olfaction Sense 12
The Electrical Nature of Everything 12
Summary 18
Spatial Acuity and Prey Detection in Weakly Electric Fish 20
Abstract 21
Introduction 22

Quantum Electro Dynamics and the Volt-Ammetric Trivector Signature for Dummies 38
Cyclic Voltammetry: Some theoretical aspects 49
QQC Description 62
Declaration of Conformity QQC Maitreya 72

Quantum Quality Control 73
Description of Device 73
Potential of measurement 73
Potential for Homeopathic Enhancement: TVEP 74
Clinical Research thru the year 105

Electro-Physiological Reactivity Profiles 108
The Long-term Pathological Findings of the Camelford Toxicity Group 126
970,000+ Study of the Safety and Efficacy of the TVEP families in the SCIO Device 132
Abstract 132
Introduction 133
Methods and Materials 134
Subspace Software 134
Appendix SCIO device description 229
Basic SCIO System Description 229

TVEP Literature Review and 2011 New Research 234
Abstract 234
CLINICAL LITTERATURE REVIEW 234
Abstract 242

QED TVEP Biofeedback, Gut Dysbiosis & Hypomonocytosis Clinical SOAP Correlation Study 244
Abstract 245
970,000+ Study of the Safety and Efficacy of the TVEP families in the SCIO Device 246
Abstract 246
Introduction 247

Family TVEP Data 2011 study 248
Four Decades of the Trivector - Review of the Trivector 1961 till 2009 252
Review of the Literature and History of Electro-Dermal Medication Testing 261
BACKGROUND & DISCOVERY 261
Study #1 265
Differences in SCIO device of other Medication Testing Technologies 274

BIBLIOGRAPHY 275
BOOKS 275
ARTICLES 275
KEY ARTICLES AND STUDIES 277
Selected publications 278
More publications 279
Invited Publications 282
Presentations 283
Student and Collaborator Presentations 286
Theses and Dissertations 289
Author Contributions on electrosense 289

TVEP reactivity scores to compounds measured 313
Abstract 313
Introduction 313
Electrical Measures for Electro-Sense Reactance 316
Method 317
Results 317
Discussion 317
KEY ARTICLES AND STUDIES 317
The Science of Medication Testing (Transcutaneous-Voltammetric- Evoked-Potential)

Introduction

All animals are made of electrons that do not touch each other but are held in place by complex electro-magnetic-static-quantic and other energetic field forces. Animals must seek out nutrition and be repelled by toxins. We like the aroma of good food but are repelled by the smell of our own waste. This attraction to nutrition and repulsion from toxins has an energetic complexity in the body.

Alternative Medicine uses natural compounds that are more likely to be attracted to the body than the synthetic substances used by the Synthetic Chemical Allopaths. Many ways to use this subtle energy of attraction and repulsion have been developed by Alternative medicine. There is an entire industry of devices that use and teach these techniques. But there are two key problems with this industry.

One is that there are people will lie to sell devices. Certain Russian devices have been found to use completely fraudulent stories to explain their devices. Explanations of lazers aimed at the forehead, sounds and changes of sounds echoing in the ears have no real scientific. Explanation of energy fields transmitted to the computer with no science to back it up is presented by the CORE system. Many of these systems have been proven fraudulent. Since so many Alternative medicine practitioners are math-phobic and fear or distrust statistics and many lack critical thinking skills they can be easily duped by glorious stories of success. Stories most often invalidated or undocumented.

Second many of these systems use operator subtle muscle controlled techniques to measure the reaction. Classic is the muscle testing. The muscle tester measures a muscle in your body with his arm to see how strong it is. Then he places a bottle of a substance he wishes to sell you onto your body and he re-measures your muscle strength. But what if he changes the pressure to sell you the vitamin in question? What if he consciously or unconsciously alters the pressure? In the case of the EAV Voll acupuncture devices (just measuring skin resistance) a practitioner can alter the speed of delivery of the point probe or a subtle twist of the wrist. But these muscle controlled techniques fail with blind testing. When the therapist does not know what he is testing he does not get any results. Out of thousands of studies no study has shown there is a science to these techniques fail with blind testing. When the therapist does not know what he is testing he does not get any results. Out of thousands of studies no study has shown there is a science to these muscle testing techniques. The operator’s expectations alter and completely control the outcome.

So thirdly our society has had to make laws to stop people from selling devices by fraud. Every device works the owner would say. To register a device we must prove the claims of the device versus double blind testing. This is the law. The general claims made by the manufacturer and or the sales man must work beyond placebo and must not be under control of the practitioner.

Many other forms of medication testing such as muscle testing, electro-dermal point probes, showed some promise but they were proven to make fraudulent claims of accuracy. The basic science of the electro-sense was still a valid pursuit. But it would have to have the ability to measure the voltammetric field of any item in similar fashion as the tongue. For this the QQC was developed and patented. The field of a substance had to be measured of the actual substance and then made into a 3dimensional pattern. This voltammetric pattern would then have to be amplified 5 million times to duplicate the type of shark electro-sense. A stationary harness on a patient’s skin would be needed to minimize therapist bias. Thus the harness would be Transcutaneous Voltammetric and measure Evoked Potential reactions of the subject to the voltammetric stimuli.

The original QQC voltammetric device was developed in 1985 by Dr. Nelson working in Denver Colorado. Doing the basic research in 1985 to 1989 on the science of medication testing Nelson was able to make a superior device. The first TVEP device was registered with the US FDA in 1989 as the Electro-Physiological-Feedback Xrroid EPFX. Since the speed of electro-reactivity to a evoked electro stimulus would be a correlate to the ionization speed of a person the reaction speed to an item is about one hundredths of a sec. A computer was made to send in the QQC voltammetric patterns at the speed of reactivity. this process was coined the Xrroid by Nelson.
The 1989 FDA registration (valid today) described how the device could measure volt amp resistance oscillation and temperature changes of a patient to stimuli such as homeopathic nosodes, isodes, allersodes, sarcodes and other trivector signatures. Initial clinical tests showed it to be safe and effective.

On moving to Budapest Nelson was able to reengineer the QQC device for greater accuracy and to get a patent on the QQC technology. Research continued around the world in America, Hungary and elsewhere. Several studies were done at the Semilwise Medical Hospital, The National Institute Dermato-Venereology Budapest, Hungary 1994. The first publications on the reactivity was a whole journal of the International Journal of the Medical Science of Homeopathy library # ISSN 1417 0876 Volume 4 in November 1997.

Here articles were published in a peer reviewed medical journal introducing the art of reactivity medication testing. Biological reactivity, AIDS patients, Cataract patients, Hair analysis, Aluminum toxicity patients, hair analysis, blood analysis, breast implants and other studies all reflected the viability of the Electro-Sense reactivity as a medical technique in 1997.

Over the years over 30,000 TVEP devices are sold worldwide. This means over 500,000,000 patients and not one report of any significant risk. The testimonials of success come rolling in and there are hundreds of studies on the art of TVEP.

From 2005 to 2007 a large scale study was enacted with medical supervision. Over 2200 therapists saw over 97,000 patients for almost 300,000 patient visits and the data was sent to the ethics committee for analysis. This resulted in a series of studies on many diseases and a catalog of the TVEP results. This TVEP study is printed in this book in its entirety.

Several doctors have sent in critical studies and accounts of the success of the system. The Nahinga study in South Africa and Mozambique has proven the TVEP validity.

In 2010 and 2011 a new set of studies was done to further validate the TVEP claims made in the CE registration. These studies are ongoing but this book will print the current results.

So you the reader will see irrefutable evidence of the science of the TVEP and you can review this history of over four decades of work.

First registration October 3th 1989 America:

The EPFX (Electro-Physiological-Feedback Xrroid) was registered by the FDA in 1989. In review of the registration we can see that the below items constitute the registration. The basic requirement was to measure, stimulate and re-measure the body electric safely. The only thing that can be measured electrically is volts or amps. Resistance has to be calculated from these input versus output. Oscillations are calculated by a frequency counter. All other measures of electricity are calculated mathematically. Pre and post, before and after stimulation or intervention and we have biofeedback. In 1989 when I called the FDA to measure the body electric I was told that to measure the body electric sounds like biofeedback. Biofeedback was measuring a physiological response and feeding it back to the patient.

There was no mention of a conscious feedback. This was 1989. I was told to describe what the device would measure and how it would measure. This had to be done to safety and quality control standards of the time. Below is the basic criteria I reported in the 510k application. This application was registered in 1989 Oct. 13.

Registered 510k FDA

1. Temperature
2. EMG which is a volt-amperage component that oscillates. So the device must measure Volts / amps and oscillations. This requires the computer to act as a frequency counter.
3. EDR (Electro-Dermal Resistance) to measure the skin conductance and the inverse component of resistance requires the input of a signal with a volt-ammetric component. A safe variant micro to low milli amp current of a xrroid signal was used to UL-534 safety levels. This requires a the computer to act as a frequency generator to send a volt-ammetric signal to measure resistance and reactance to.
4. Make virtual and or mathematical calculations of the data.
5. As in the systems we declared equivalence to in the 510k (Davicon, etc), we also reserved the right to use stressor questionnaires.
6. The references, equivalent devices, etc all point to the prescribed use: Stress Detection--Stress Reduction--Biofeedback.
7. The device was intended for Professional Biofeedback Use Only

VOLT-AMMETRIC XRROID SIGNATURE

The most basic of all electro-chemical measurements is volts, amps, resistance and oscillation. These are the components of capacitance and inductance. Changes in amperage reflect capacitance where changes in voltage reflect inductance. (ref Brezina) The study of voltammetry is a well researched and extremely well documented area of scientific research. Voltammetry is widely used in chemical analysis. Chemicals differ in their oxidation and reduction capacities. (ref Wang) So voltammetric analysis is used to analyse chemicals. It can detect as low as one part in ten trillion, what might be described as 10X. (ref Tolbert) Thus changes in volts and amperage are a universally accepted technique in chemical analysis. (ref Smyth) The very essence of all biochemistry indeed all life is contingent on the volt, amperage exchange of oxidation and reduction.(ref. Nelson, 1982)

Just as there extensive research in voltammetric analysis of biochemistry, there is also extensive research in voltammetric analysis of biological organisms. This has lead to several major conferences and the Annals of the New York Academy of Sciences has devoted several volumes to the study of bio voltammetry.

The major scientific research teams involved reported thousands of articles on successful voltammetric analysis of biological organisms.(ref Annals of the New York Academy of Sciences) The 1986 volume 473 was dedicated to the Neurochemical Analysis of the Conscious Brain. In this volume studies were discussed that tested several topics relative to our own research. #1. Surface mount electrodes could be used to measure internal reactive changes of volts and amps. #2. Volt...
changes relate more to catecholamines. #3 Amp changes relate more to brain hormones (such as serotonin, dopamine, enkephalins, Gaba, and hypothalamic neuropeptides) #4 Rapid changes in biochemistry cause changes in conscious states and can be measured with external volt and amperage detectors. (ref. Annals vol.473)

In 1983 I developed a trivector system of analyzing the volt-ammetric signature of a compound. I developed a three dimensional system I refer to as the trivector. The basic theory was to make a volt-ammetric-electro-chemistry analysis system that would be as similar to the actual process in the body. So the volt-ammetric test should use volts and amps similar to the actual body potentials. Thus the measured volt-ammetric signature would be very similar to the actual body natural processes. Just as the receptor sites in the body respond to a volt-ammetric signature of a biological style. If we make a similar signal we can test the reactivity of the body and we get the trivector EPFX / SCIO.

It must be pointed out that there indeed a volt-ammetric electro-chemical field that surrounds all substances. All substances have electrons in quantic states in an outer shell. These electrical atomic components react with receptor sites in ways that trigger the receptor to stimulate. There is not a lock and key as the chemical analogy tells us. There are no rods and balls as the other used analogy of chemistry tells us. The better analogy is a magnetic strip, where one type of field triggers a pattern recognition, an information transfer of an energetic electronic nature. There is an undeniable energetic transfer of information on a shape receptor. The atoms and molecules are just a condensation of the information state. Biology is electro-chemical.

The current CE registration also allows for TVEP and the words VEP appear in the registration.

### Contents

---

**Basic Science**

In 5th grade we are all taught a basic scientific fact, we are made of atoms. All things are made of atoms. Atoms are made of electrons, protons, neutrons, and other much less numerous subatomic particles. The electrons and protons make up by far most of things and thus most of our bodies. The electrons and protons are electrically charged. The electrons are so highly charged that they never touch but instead repel when they approach another. The electrons, protons, and neutrons are very small and they are held apart from each other by fields.

If we condense the solid matter of the electrons, protons and neutrons together the human body would be so small it would take a microscope to see it. If the proton is the size of a golf ball, the electron is smaller than the size of the point of a pin and it is over a mile away. Between the electron and proton thus is electro-magnetic-static fields, held by Quantic forces. So our bodies are more than 99.99999999999999999999999 fields empty of matter. These Quantic electro-magnetic-static fields are what we are.

No one has yet to even see the true nature of our existence. No one can see the electrons, protons, or the fields they make. So we are only able to see a macro form of it that is nothing like the real us. Our brains are trapped inside our skull and thus we cannot directly perceive anything. We are thus stuck with an indirect perception. A perception that comes thru the brain and is effected by our brain state. We project our own feelings, memories, psychic mental states onto our perceptions. It is difficult not to. So as humans developed we have made many assumptions of how the universe works, what is the nature of our bodies and lives, and our belief in a power greater than our own. And with a sense of history and knowing that we must project, and twist ideas, we should always be humble and recognize that we can never know. We are stuck making good guesses, better and better guesses, but always guesses. This book is about making a better guess. REF Perception book 1 + 2

In 9th grade we are taught about light. Light is made of photons. Photons are electro-magnetic radiation, particles in wave formations that can transfer energy. Quantum Electro-Dynamics QED tells us of how when a electron absorbs a photon the electron goes to a higher quantum energy state. When the electron releases a photon it goes to a lower state. QED tells us of virtual photons and just how all electron, proton, neutron movement is connected to the photon.

Voltammetry is the science of understanding how a substance’s electro-magnetic field reacts with its environment. A hormone has electrons and protons and how they are placed in a 3 dimensional space will determine how it exchanges electro-magnetic action and this is measured by measuring the 3 dimensional effect of it voltammetric field. The amount of charged particles is the amperage, the pressure or potential of the charged particles is the volts. Basic 7th grade physics, every compound has its own individual and distinct voltammetric signature field. REF Voltammetry.
"The National Institute of Health states that
"Bio-Electro-Magnetic essentially underlies biochemistry, in that chemical reactions of biological
importance are all mediated by the electromagnetic force." Bio-Energetic Medicine offers the
possibility of more economical and more effective diagnosis and noninvasive therapies for medical
problems, including those considered intractable or recalcitrant to conventional treatments."

Electromagnetic Applications in Medicine NIH-OAM Panel Report
By Beverly Rubik, Ph.D. and Robert G. Flower;
National Institutes of Health,
Office of Alternative Medicine,
January 14, 1993
As we have said in the fifth grade we learned that our bodies are made of atoms. And atoms are
made mostly of protons, neutrons and electrons. There are great spaces between these electrons
and protons and other atoms. Here is a Hydrogen Atom.

In Hydrogen if the protons are like marbles, the electron is over a kilometer away the next atom’s
electron is over 2 kilometers away, the next proton is over 4 kilometers away. The electrons never
touch each other they repel. The outer electrons in my left hand cannot touch the outer electrons
in my right hand. Nothing ever touches anything. So there is more than 99.9999999999999999%
empty space. This space is filled with interwoven entwined energetic fields. What we are is a
complex Fractal body that obeys quantum, QED, photonic, electromagnetic-static laws. This is a mouthful so we abbreviate and since these are all energy let’s just
say ENERGETIC or BIO-ENERGETIC if we quote from above the US National Institute of Health
officers.

There are other forces such as the large atom force that when the extreme energy in a sun forces
protons to overcome their need to repel and forces them together. Thus all atoms past hydrogen
are made in the stars. Gravity is the force that when matter is made all matter is drawn together.
This is a weak force, as Newton once said "it takes a group of matter the size of the earth to make
a liter of water weigh a kilo".

There is another weak force that is undeniable, the power of the mind. We know from Quantum
theory that twin photons can be separated to any distance and when we tell one photon something
the other twin knows it instantly. At the birth of the universe there was a big bang where all of the
matter of the universe came through a singularity in ten to the minus 43 of a sec. Thus at one point
in our past history all things were conjoined and as such there is an ability of a quantic system to
influence another. The observer effect of physics, the need for a double blind in medicine, and
other evidence in the Proof movie. REF. There is not a law of Attraction as some have said but
there is an effect of Attraction. There is a power of the mind (a known Quantic engine) to influence
another Quantic system. Science has for a long time laughed at this and has purposefully avoided
the proof of this true effect. And now science has become a search for funding not a search for
truth. And since humiliation might interfere with funding most scientists still ignore the evidence.
This is the height of ignorance to ignore the body electric because of the pressure of the synthetic
patent chemical companies.
The Electro-Sense in Humans is the Olfaction Sense
by Prof. D.D. Dubounet
IMUNE 2009

The Electrical Nature of Everything
We are made up of atoms that are mostly electrons and protons. The outer electrons of any atom or molecule never touch. The outer electrons of any atom or molecule never touch another set of electrons. The entire interaction is through electro-magnetic-static, quantic, or other interactive fields. The shape receptors on any and every cell then by definition are voltammetric field receptors that detect the shape and oscillations of the interactive fields of the outer electrons of an item. The most intense set of shape receptor cells are in the naso-pharynx to give us a sense of smell and taste. These shape receptors interact with the fields of an item to give us a sense of smell, taste, or electro-sensitivity. Nobel prize in medicine 2004, showed the overwhelming complexity, superiority, and dominance of the Olfaction sense. We now know that the sense of smell is much more important than we ever gave it credit.

Our Sense of Smell is Electrical in Nature
The sense of smell is an electrical sense. The sense of smell differs from our other sense in some key fashions. One it is connected more to our base brain or alligator lizard brain. As shown in the 2004 Nobel Prize in Medicine by Axel and Buck, the largest gene family found thus far is for olfaction. Over a thousand different genes about 3+% of the entire human genome is dedicated to for smell or should I say electrical detection. This exceeds all of the other sense put together by many times. The olfaction sense is the largest gene family known. Larger than all other relative organism development. The sense of smell is the largest most complex part of the developing genetic body known. However most of the sense of smell is non-verbal and wired into the unconscious or non-Reticular Activating System. There are over 5 million olfactory neurons each with some ten detection hairs. By far the sense of smell has the largest amount of genetic material reserved for it and the largest enervation connections. Discover magazine Feb 2009 in the Quantum Secrets of Life article accounts that more and more scientists are having to use Quantum Physics to explain biology. Most having not read my 1982 book which proved that biology can only be explained with Quantum Electro-Dynamics, not thermodynamics. In the discover article it is pointed out that the scientist Luca Turin has found that smell is more than just shape detection and that vibrational rates are among other more Quantic criteria at work. He found that Quantum Tunneling might explain parts of the sense of smell. Most smell is directed to non-verbal areas. The sense of smell is not part of the Reticular Activating System (RAS) that brings us out of sleep. Touch, light, sounds can awaken us but not smells. If your partner has flatulence while your sleeping it will go undetected. In the wakened state when the RAS is active, only strong smells are permitted to be verbally analyzed. The vast vast amount of other subtle smells are highly important but are non-verbal, autonomic, beneath conscious verbal awareness.

The Importance of the Sense of Smell
The sense of smell is the only Ipse-lateral sense. The other senses of vision, hearing, touch are mostly contra-lateral as the signals are sent mostly to the opposite hemisphere of the brain for analysis. This is for movement and coordination among other reasons. As that triangulation for hunting is improved with the cross over of the senses the contra-lateral senses. But smell as an Ipse-lateral sense is more for electrical detection of the current environment. The sense of smell is the key sense in sustained relationships. Men are activated mostly be the sense of sight to start a relationship. They like what they see. So the women is forced to spend time on improving her looks. Women use the sense of hearing to start a relationship, they like what they hear. So the man works on his approach line. Men do not have to work so hard at looks,
but need to be funny and say compliments to draw her closer. The next sense is the sense of touch for sex and sensuality. But for a relationship to last the sense of smell is the key. After the conquest the body tends to put out less and less attraction smells.

Males are turned on by the smell of blood and turned off by the smell of urine. Males are actually driven to anger and aggression by the smell of urine. Females are turned on by the smell of urine and turned off by the smell of blood. The man likes to hunt not to change baby. The woman needs to change baby, not to hunt. The wolf or other male urinates to mark his territory. This repels competitors, while attracting mates. This research comes from the perfume industry who once they found out the smell of urine is an exciter to the female, they put urine into their perfumes. Women buy most of the perfume. Pregnant women's urine is most powerful. The male at home is slowly unconsciously driven into anger.

The male brain finds tasting the penis as extremely distasteful. The female brain likes it. And a cross gender male with a female brain finds it pleasurable as well. The other male brains see this as very distasteful and are driven to anger and homophobia. Even the joke about doing it can drive a man to anger, and if he is repressing feelings or latent desires homophobia can be excessive. The sense of smell is largely non-verbal but very important for humanity, it is the largest of all human gene families. But because of it's non-verbal unconscious nature it was not studied much, till after the 2004 Noble Prize.

As we live we send of subtle smells reflecting our internal mind states. We send of attraction pheromones to attract, maintenance pheromones to maintain, and repelling pheromones to send away a bad person. If we go to sleep mad the bodies will send out the repel smells all night and push away the mate. After seven years we are all new as that most of the actual mass making up our bodies has been replaced. This means there is a constantly changing set of smells made by people. The “seven year itch” means that the couple has not grown together smell wise but have made to many repel hormones. Society had to make marriage laws for this reason.

Very few and only very healthy people continue to put out attraction pheromones later in age. Eating bad food, toxins, stressors, bad hygiene and mostly bad thoughts degrade our smell. Smoking is the worst offender. Bad perfumes or poorly designed aromas can mask our true smell and produce a disturbing quandary when the perfume or artificial aroma displaces. The unconscious complexity of the sense of smell is beneath our verbal mind awareness. Thus it has resisted statistical study. The unconscious is vastly more complex than we can even try to imagine with our little verbal mind. It is ever changing, a fractal by every definition, so things won't repeat, and small changes will produce big unpredictable results. This makes scientific reductionistic analysis difficult if not impossible.

The sense of smell being electrical also works to sense the electrical global environment we live in. The shark and other fish have a superb sophisticate electro sense, but they live in salt water. Water offers a more refined medium for the electro-sense. Our Air media electro sense is thus much diminished after evolution in an air environment with much less conductivity. But it is still active and radically challenged in today's electro smoke electro-pollution world.

In the Journal of Evolution and Development 8:1, 74-80 2006 there is a collection of professors from the University of Florida write “Vertebrates have evolved electro-sensory receptors that detect electrical stimuli on the surface of the skin and transmit them soma-topically to the brain”. This is known in science although the electro-sense is often unpredictable in humans and always
Non-verbal. The electro-sense is very powerful and predictable in fish less in humans but still present and active.

Voltammetry as the Key Sensory Mechanism of Olfaction

There is undeniable evidence that the genetic family of the electro sense of fish is the same as the olfaction sense in humans. Humans have evolved a different use and utility for the voltammetric reception known as olfaction. Voltammetry is the science of the detection of this field. Our literature review displays this. Since the olfaction sense is undeniable electric, a stimulus of a voltammetric signature amplified over ten thousand times and given globally through the SCIO harness will provoke a transcutaneous electro-dermal evoked potential reaction (TVEP) of the electro-olfactory system. This is the Xrroid part of the test classified in the 1989 510k of the USA registration. Siemens defines the reactivity of an item to measure of the change in voltage, plus the change in amperage, plus the change in resistance. Notice how in the articles that follow how change in trans-dermal resistance is the key factor in measuring the electro sense.

Electrochemical sensing methodologies are used in a wide range of applications, from understanding the physics of electron transfer (ET) to process monitoring. From a plethora of electrochemical techniques, voltammetry, where the electrode voltage is excited in a predetermined manner, has been heavily applied for various chemical, biological, environmental and industrial measurements. For instance, the widely used cyclic voltammetry, where the voltage excitation is a ramp, has provided new insights in phenomena as diverse as neurotransmitter dynamics, protein ET or fuel cell technology. Recently, more complicated voltage inputs such as ac voltammetry have been applied in order to probe the electrochemical system under investigation at different timescales, explore the kinetics and thermodynamics of different processes or selectively target specific process dynamics, such as parallel reactions, leading to comparisons with NMR or impedance spectroscopy but with the advantage of including in vivo applications. Despite the obvious advantages of such voltammetric methodologies their application is demanding. The major challenge lies in the interpretation of the current response signal. Whilst previous work has revealed how the shape of the current response is related to different processes such as kinetic- or mass transport- control, it did not offer direct information about the relationship between the applied voltage and the resulting patterns in the current response. This is due to the highly nonlinear relation between the applied voltage and the transient current response which renders a direct association non-intuitive. How do the parameters of the applied voltage influence the electrochemical current response? Indeed, how could the applied voltage waveform be manipulated in such a manner to quantify the underlying dynamics even more efficiently? Using voltammetry the experimentalist can apply a wide variety of voltage waveforms that can be used to analyse the electrochemical system. Hitherto, such possibilities have remained unexplored due to the mainly empirical knowledge regarding such processes. For instance, cyclic voltammetry or square wave voltammetry, the two most popular voltammetric methods, were developed over 50 years ago and the techniques used to analyse them, mostly empirical, have remained essentially the same for the past two decades.

The research proposed herein will enhance our understanding of the underlying phenomena and the governing parameters of such processes. Based on this knowledge we will design more efficient methods to analyse them, mostly empirical, have remained essentially the same for the past two decades.

The research proposed herein will enhance our understanding of the underlying phenomena and the governing parameters of such processes. Based on this knowledge we will design more efficient methods to analyse them, mostly empirical, have remained essentially the same for the past two decades.
Summary

1. The outer electrons never touch, there is only electro-magnetic, static or quantic field interaction, thus all things are electro-magnetic-static and quantic. This is an undeniable scientific fact. The basic study of the shape receptor activity in the human falls under the scope of Voltammetry.

2. From genetics to utilization we know that the sense of smell is over 15 times greater in development and utilization from the other senses. The sense of smell is the largest gene family known.

3. The sense of smell is electrical and largely non-verbal and is not part of the verbal Reticular Activating System

4. Olfaction is Electrical and Quantic in operation.

5. The Voltammetric field is the reactive component of interaction of all things, this can be measured with a voltammetric device.

6. The voltammetric field can be applied trans-dermal as a stimuli to provoke an transcutoaneous voltammetric evoked potential.

7. There is over two decades of published literature confirming the safety and efficacy of the field of endeavor.
Even though fish that live in an extreme electro-conductive media (water) show the extreme case of electro-sense, mammals and humans demonstrate a weak electro-sense. The electro-sense has demonstrated that it has evolved into the sense of olfaction, but a electro-sense does remain. to be useful an amplification of the voltammetric signal is necessary for measure reactivity response. Hence the need for the EPFX. These Articles will establish the science for this art of TVEP.

Notice the reference to TRANSDERMAL reactivity, meaning skin resistance.

**Spatial Acuity and Prey Detection in Weakly Electric Fish**


Department of Physics, University of Ottawa, Ottawa, Ontario, Canada, 2 Department of Biology, University of Ottawa, Ottawa, Ontario, Canada, 3 Center for Neural Dynamics, University of Ottawa, Ottawa, Ontario, Canada

---

**Abstract**

It is well-known that weakly electric fish can exhibit extreme temporal acuity at the behavioral level, discriminating time intervals in the submicrosecond range. However, relatively little is known about the spatial acuity of the electrosense. Here we use a recently developed model of the electric field generated by Apteronotus leptorhynchus to study spatial acuity and small signal extraction. We show that the quality of sensory information available on the lateral body surface is highest for objects close to the fish’s midbody, suggesting that spatial acuity should be highest at this location. Overall, however, this information is relatively blurry and the electrosense exhibits relatively poor acuity. Despite this apparent limitation, weakly electric fish are able to extract the minute signals generated by small prey, even in the presence of large background signals. In fact, we show that the fish’s poor spatial acuity may actually enhance prey detection under some conditions. This occurs because the electric image produced by a spatially dense background is relatively “blurred” or spatially uniform. Hence, the small spatially localized prey signal “pops out” when fish motion is simulated. This shows explicitly how the back-and-forth swimming, characteristic of these fish, can be used to generate motion cues that, as in other animals, assist in the extraction of sensory information when signal-to-noise ratios are low. Our study also reveals the importance of the structure of complex electrosensory backgrounds. Whereas large-object spacing is favorable for discriminating the individual elements of a scene, small spacing can increase the fish’s ability to resolve a single target object against this background.

**Author Summary**

Extracting and characterizing small signals in a noisy background is a universal problem in sensory processing. In human audition, this is referred to as the cocktail party problem. Weakly electric knifefish face a similar difficulty. Objects in their environment produce distortions in a self-generated electric field that are used for navigation and prey capture in the dark. While we know prey signals are small (microvolt range), and other environmental signals can be many times larger, we know very little about prey detection in a natural electrosensory landscape. To better understand this problem, we present an analysis of small object discrimination and detection using a recently developed model of the fish’s electric field. We show that the electric sense is extremely blurry: two prey must be about five diameters apart to produce distinct signals. But this blurriness can be an asset when prey must be detected in a background of large distracters. We show that the commonly observed “knife-like” scanning behaviour of these fish causes a prey signal to “pop-out” from the blurry background signal. Our study is the first to our knowledge to describe specific motion-generated electrosensory cues, and it provides a novel example of how self-motion can be used to enhance sensory processing.


Editor: Karl J. Friston, University College London, United Kingdom

Received: August 24, 2006; Accepted: January 4, 2007; Published: March 2, 2007

Copyright: © 2007 Babineau et al. This is an open-access article distributed under the terms of the Creative Commons Attribution License, which permits unrestricted use, distribution, and reproduction in any medium, provided the original author and source are credited.
Funding: This research was funded by grants from the Natural Sciences and Engineering Research Council of Canada to AL and JEL and a CFI/OIT New Opportunities Award to JEL.

Competing interests: The authors have declared that no competing interests exist.

Abbreviations: ELL, electrosensory lateral line lobe; EO, electric organ; SNR, signal-to-noise ratio

To whom correspondence should be addressed. E-mail: john.lewis@uottawa.ca

Introduction

Weakly electric fish are commonly found in the freshwater systems of South America and Africa [1,2]. These nocturnal fish use a unique sensory modality, called the “electrosense,” to help them navigate, communicate, and find prey in the absence of strong visual cues [3]. The electrosense involves a specialized electric organ that emits an electric discharge resulting in a dipole-like electric field in the surrounding water [4]. The transdermal potential (the so-called “electric image”) is continuously monitored via electroreceptors found in the skin layer. Changes in the spatial properties of the electric image can provide cues that help the fish determine the location, size, and electrical properties of nearby objects [5–10].

Recent studies have shed new light on the weakly electric fish’s perceptual world. In the context of distance perception, the amplitude and width of an electric image were shown to be analogous to visual contrast and blur [11]. The electric image produced by an object can also be distorted by nearby objects; consequently, conductive objects can act as electrosensory “mirrors” [12]. In contrast with the visual sense, however, the electrosense has no focusing mechanism and is limited to the near-field, so it is generally considered a “rough” sensory modality [13–16]. In fact, the range of active electrolocation in weakly electric fish is likely only about one body length [7], and considerably less for small prey-like objects [17]. Within this range, much is known about the fish’s temporal acuity [18,19], but relatively little is known about the fish’s ability to resolve multiple nearby objects.

Here, we consider the notion of “electro-acuity,” analogous to the notion of visual acuity found in the visuo–sensory lexicon, to investigate the quality of electrosensory information in the spatial domain. A common measure of acuity in other sensory systems is the just-noticeable difference, or the minimum difference between two stimuli such that they are perceptually distinct [20]. In the present context, we consider an analogous measure to describe the quality of electrosensory input available for a discrimination task. We define this measure as the minimum spatial separation of two objects (Smin), such that two distinct peaks remain in the electric image on the fish’s skin (Figure 1). Using a 2-D finite element method model of A. leptorhynchus’ electric field [9], we show that Smin is smallest in the fish’s midbody and decreases for objects placed farther away from the fish. This suggests an interesting contrast with the “electrosensory fovea” in the head region [10,17], where the highest density of electroreceptors is found [21]. Overall, we found that electroacuity is poor relative to visual acuity in humans, but is comparable with that of the human somatosensory system.

Figure 1. Electric Images Produced by Two Prey-Like Objects and Determination of Smin

The head is at position 0 m along the rostro-caudal axis. The midbody is at 0.11 m, and the tail is at 0.21 m. All interobject distances are center-to-center, and object-to-fish lateral distances (i.e., perpendicular to fish midline) are from object center to skin surface.

(A) Electric field potential in the presence of two identical prey-like objects (modeled as 0.3-cm diameter discs with a conductivity of 0.0303 S/m; water conductivity: 0.023 S/m). Objects do not affect the field much due to their small size and conductivity similar to the water. The Smin (14 mm) is also shown for a specific prey position (left prey located 0.11 m caudally from the tip of the head and 0.012 m laterally to the skin). The potential at different points is measured with respect to a reference electrode placed laterally to the fish in the far field, near the zero potential line [9].
(B) Overlays of electric images for three different object locations illustrating the increase in image amplitude in the caudal direction (x) and the decrease in amplitude for increasing lateral distances (y); (x, y) = (0.05, 0.03), (0.05, 0.015), (0.1, 0.015) m. As described in Materials and Methods, these images are computed as the difference between the transdermal potentials measured with and without the object present.

(C) Overlays of electric images for three distinct interprey distances (see inset). Blue trace shows Smín, when the two peaks in the electric image are just noticeable. Computation of the images is as in (B). Location of more-rostral prey as in (A).

doi:10.1371/journal.pcbi.0030038.g001

Despite the apparent low quality of electroreceptive signals, weakly electric fish are able to detect small prey [7,17]. Although there is no direct evidence, it is reasonable to assume that they do so even in the presence of noisy background signals [7]. In a related task (object tracking), background noise has been shown to degrade performance [22,23]. Single-cell recordings in midbrain neurons have further revealed that some low-frequency background signals can interfere with directional selectivity [24]. It is thus believed that some of the natural behaviors exhibited by the fish play a central role in signal extraction. In particular, simulations have suggested that tail-bending could improve object detection by increasing the electric image’s amplitude [13,14].

It has also been suggested that the back-and-forth swimming, or scanning motion, observed in these fish could be used to generate specific electrolocation cues [25–28], although this has not yet been demonstrated. Indeed, to elucidate the nature of these motion-related cues, we have simulated this scanning motion and show that, under some conditions, this behavior could assist in extracting small prey-like signals from large background ones. We show that the component of the electric image produced by a sufficiently dense background does not change during scanning, whereas the one produced by the prey object, albeit miniscule in comparison, does. This process is similar to motion-related cues and active sensing techniques seen in other contexts [28,29].

Results

In the following analyses, we use our previously described finite-element model of the electric field produced by A. leptorhynchus (see Materials and Methods and [9,30]). Figure 1A shows the simulated dipole-like potential map for this fish in the presence of two prey-like objects. Such objects do not greatly perturb the fish’s natural field due to their small size and conductivity (which is similar to that of the water). Figure 1B shows overlays of electric images due to single objects at different locations (i.e., each image is computed separately). Such images show characteristic shapes but vary systematically in amplitude and width with rostral–caudal and lateral location [5,9,10]. Figure 1C shows images produced by object pairs for three different interobject distances (shown in inset). Prey-like objects that are located too close together (green trace) produce a single peak in the electric image (similar to the images in Figure 1B), while objects separated by a larger distance produce two distinct peaks (red trace). The blue trace illustrates the electric image in which two peaks are just barely distinguishable; we define the associated interobject distance as Smín. Thus, Smín, measured in these noiseless conditions, delineates a limit to electroacuity. A smaller Smín suggests better electroacuity (i.e., increased spatial resolution). For this specific prey-like object and rostro–caudal location, the Smín is 14 mm. This suggests that, at this lateral distance, these two objects must be separated by at least 14 mm, a distance approximately five times their diameter, to be distinguished.

Figure 2. Effect of Object Location and Conductivity on Spatial Electroacuity
In all panels, see fish insets for approximate lateral and rostro-caudal locations where Smin was calculated. Error bars represent the sampling that was used to calculate the Smin (either 0.5 or 1 mm). Lateral distance is measured as object center to fish skin (as in Figure 1).

(A) Effect of lateral distance on Smin for three distinct object diameters (rostro-caudal location, x = 0.11 m). Red, 0.3 cm (prey size); green, 1 cm; blue, 2 cm. Object conductivity fixed at 0.0303 S/m (prey conductivity).

(B) Effect of rostro-caudal position on Smin for same object sizes and conductivity as (A), with a lateral distance of 0.012 m.

(C) Effect of lateral distance on Smin for three distinct object conductivities (rostro-caudal location, x = 0.11 m). Red, 0.0005 S/m (plant conductivity); green, 0.0303 S/m (prey conductivity); blue, 0.5 S/m. Object diameters fixed at 0.3 cm (prey size).

(D) Effect of rostro-caudal position on Smin for same object diameter and conductivities as in (C), with a lateral distance of 0.012 m.

doi:10.1371/journal.pcbi.0030038.g002

Figure 2B and 2D shows the effects of object size and conductivity, respectively, on electroacuity for different rostro-caudal positions (lateral object center-to-skin distance fixed at 0.012 m). In general, Smin is smaller for larger objects, all along the length of the fish. The largest objects (2 cm) can actually be distinguished in the artificial condition of overlapping (i.e., the two objects are fused into a single composite peanut-shaped object), suggesting a mechanism for shape discrimination under some conditions. The position x = 0.11 m suggests a point of optimal acuity along the side of the fish. The two peaks in the image can be distinguished more easily for objects in this region because this is the rostro-caudal location where electric images are sharpest [9,10], so that there is minimal interaction between the individual images produced by each object.

Object conductivity has comparatively little effect on the Smin in both lateral and rostro-caudal directions (Figure 2C and 2D). Overall, Smin varies much more in the lateral direction than in the rostro-caudal direction (compare Figure 2A–2C and 2B–2D) due to the relatively large changes in image sharpness as lateral object distance increases [5,8].

The effect of water conductivity on electroacuity was also studied for a specific location (x = 0.11 m, y = 0.015 m). For the range of water conductivity values found in the rivers in which A. leptorhynchus live (between 0.00085 and 0.01135 S/m [2]), Smin changes only slightly. As an overall trend, Smin decreased as water conductivity diminished (from 15.5 to 12.5 mm as water conductivity decreased from 0.05 to 0.0005 S/m).

As a first step toward understanding electroacuity in a more natural context, the electric images produced by differently sized arrays of background objects (with “plant-like” conductivity) were studied systematically. In Figure 3A, the red trace shows the electric image produced by a single such object located 0.11 m caudally from the tip of the fish’s head (red object in inset located close to the fish’s midline). The orange trace shows the electric image produced by three objects: the central one (red) plus one (orange) added 0.03 m on each side. In a similar progression, electric images are shown for up to 11 objects. With larger numbers of aligned objects, the electric images converge. Thus, for an array of seven objects (approximately a fish body length), the image is almost the same as with 11 objects. The electric images are each marked by a singular peak because the interobject distance is too small (at this lateral distance of 0.05 m) to resolve different peaks, i.e., object separation is less than Smin. The small bumps at approximately 0.03 m and 0.2 m are due to abrupt changes in fish geometry near the head and tail, respectively, and are not due to individual objects within the background array. Similar results were also observed for object arrays positioned closer to the fish, where different peaks were observed in the electric image, as well as for solid bars of increasing widths (unpublished data). Figure 3B shows the effect of changing the object spacing in similar arrays. At the largest spacing (red), the image is dominated by the contribution from the central object. For arrays that are more spatially dense (green, blue), the contributions of individual objects are blurred, resulting in an image with a broad peak.
two images is about 4%; compare Figure 4A and 4B). The interesting feature, however, is that the overall image shape is similar regardless of the fish’s position during a simulated scanning movement (even though the background was simulated as a discrete set of objects). This can be understood in terms of electroacuity: the background objects are too close together to be distinguished and thus form a blurred image. It is critical to note that during the scan, however, the small blip created by the prey does change location within the electric image (Figure 4B; note that the images do not overlap perfectly). Next, we demonstrate this point explicitly by considering the time-varying image during a simulated scanning movement.

Figure 4. Electric Image of a Plant-Like Background in the Presence and Absence of a Prey Object
All images in both panels are computed as the difference in transdermal potentials, with and without objects (as described in Materials and Methods).

(A) Six fish positions (see inset, top) for which the electric images (bottom) produced by a 15-disc Hygrophiila plant-like background (0.05 m lateral to fish, as in Figure 3) were calculated. Electric images are barely distinguishable from one another. Fish positions differ from one another by 0.02 m, 0.02 m, 0.03 m, 0.005 m, and 0.015 m (see inset).

(B) Same as in panel (A) except a Daphnia-like prey object (0.3-cm diameter as in Figure 1) was added at a lateral distance of 0.008 m from the skin.

doi:10.1371/journal.pcbi.0030038.g004

The consequence of the relative differences between background and prey during a scanning movement is that the small prey signals can be extracted by looking at the time-varying transdermal potential at specific locations along the fish’s body. Figure 5 illustrates the temporal profile of the transdermal potential at two distinct body locations under different conditions. The signal measured at Location A (see inset) reveals a clear prey-dependent component (Figure 5A, compare green and blue traces). Note also that this prey signal (in the presence of the background) is very similar to that for the prey-alone condition (Figure 5A, compare blue and red traces). When the interobject distance in the background becomes too large, as in Figure 5B, the background image is no longer blurred and individual object characteristics appear, thereby masking the prey-specific signal. This effect can be even more pronounced when the objects are randomly spaced over the same area (Figure 5C). Figure 5D–5F shows a similar result for a different body location (note that the prey-specific signal occurs slightly later in time at this location, due to the scanning direction).

Figure 5. Transdermal Potential at Two Distinct Points on the Fish’s Body During Simulated Motion
To calculate each image, 21 different fish positions were used. In all cases, images are the raw transdermal potential with the mean removed to more easily compare the different curves. Black arrow shows direction of the simulated scanning motion used to generate the time series shown, with a scanning speed of 0.1 m/s. The legend in (A) applies to all panels.

(A) Transdermal potential at a skin location 0.11 m caudal from the tip of the fish’s head (point A in inset) for three different conditions: background alone (green), the background and prey (blue), and prey alone (red). Background objects are as in Figures 3 and 4. The spacing between the individual objects in the background is 0.03 m; the lateral distance of the background is 0.05 m from the midline. The lateral distance of the prey object (as in Figure 4) is 0.008 m.

(B) Same as in panel (A) except for a larger interobject spacing (0.06 m) in the background.

(C) Same as in panel (A) except that the background objects are randomly spaced, as shown by the inset, with same mean spacing as (B).
(D–F) Same as the upper panels (A–C, respectively) except that the transdermal potential is shown for a skin position 0.085 m caudal from the tip of the fish's head (point B in inset).

doi:10.1371/journal.pcbi.0030038.g005

Figure 5A and 5B suggests that as the objects within the background are increasingly separated, the prey will be less distinguishable. We confirm these observations in terms of a signal-to-noise ratio (SNR) of prey signal versus background (see Materials and Methods). The SNR decreases with increasing interobject separation in the background (Figure 6; left axis, blue trace). For reference, we can compare this situation with the expected discriminability of two individual objects (see Materials and Methods), where the electric image components due to each object become increasingly distinct as the objects are moved apart (Figure 1B; Figure 5C: right axis, green trace). This applies to the case of two prey-like objects in the absence of background, as in Figure 1A and 1C and Figure 2, as well as to the case of two background-like objects. In a more natural context, the blurriness of the electrosense interestingly has the effect of enhancing sensory performance. And indeed, this should apply to a wide range of electrosensory landscapes, as blurriness will be unaffected by small changes in object conductivity (Figure 2C and 2D).

**Figure 5.** Time series of transdermal potential during object detection. (A) Time series of the fish's transdermal potential during the presentation of the objects described in Figure 1A (red trace), with the background-only time series for reference (green trace). The objects moved apart (see Materials and Methods) in sequence from left to right at a rate of 0.01 m s⁻¹. Data from the time series are compared in Figure 5B. (B) Normalized SNR ratio between the prey object and the corresponding background object. (C) Normalized SNR ratio between the two background objects, as described in Materials and Methods. (D) Normalized SNR ratio between the two background objects as a function of the separation of the objects. (E) Prey discrimination between the objects as a function of the separation of the objects. (F) Prey discrimination between the objects as a function of the separation of the objects. (G) Prey discrimination between the objects as a function of the separation of the objects. (H) Prey discrimination between the objects as a function of the separation of the objects. (I) Prey discrimination between the objects as a function of the separation of the objects. (J) Prey discrimination between the objects as a function of the separation of the objects. (K) Prey discrimination between the objects as a function of the separation of the objects. (L) Prey discrimination between the objects as a function of the separation of the objects. (M) Prey discrimination between the objects as a function of the separation of the objects. (N) Prey discrimination between the objects as a function of the separation of the objects. (O) Prey discrimination between the objects as a function of the separation of the objects. (P) Prey discrimination between the objects as a function of the separation of the objects. (Q) Prey discrimination between the objects as a function of the separation of the objects. (R) Prey discrimination between the objects as a function of the separation of the objects. (S) Prey discrimination between the objects as a function of the separation of the objects. (T) Prey discrimination between the objects as a function of the separation of the objects. (U) Prey discrimination between the objects as a function of the separation of the objects. (V) Prey discrimination between the objects as a function of the separation of the objects. (W) Prey discrimination between the objects as a function of the separation of the objects. (X) Prey discrimination between the objects as a function of the separation of the objects. (Y) Prey discrimination between the objects as a function of the separation of the objects. (Z) Prey discrimination between the objects as a function of the separation of the objects.

---

**Figure 6.** Prey Detectibility and Background Sparseness

(Left axis, blue trace) SNR ratio between the prey and background transdermal potential time series and the background-only time series (i.e., between blue and green traces in Figure 5A; see Materials and Methods for more details). Each point represents the mean SNR of ten locations (over an ~0.01 m–wide patch of skin) centered 0.05 m caudal from the tip of the fish's head. SNR is shown as a function of interobject spacing of the background.

(Right axis, green trace) Theoretical discriminability (see Materials and Methods) between two background-type objects as a function of their spacing, using the same object size (2-cm diameter) and lateral distance (0.05 m) as in Figure 5.

doi:10.1371/journal.pcbi.0030038.g006
Discussion

The extraction of small environmental signals is a problem faced by all sensory systems. The mechanisms by which this problem is solved have been studied extensively, not only in the human senses, but also in sensory modalities unique to other species [28,31]. Indeed, the electrosensory system exhibits many parallels with other senses, including human vision and audition [11,32], but we know relatively little about small-signal extraction and the spatial resolution of this modality. Here, we have considered these aspects of electrosensory processing in terms of the primary sensory input as a first step toward understanding acuity and object detection at the behavioral level.

Electroacuity Measurement

Many recent studies have contributed to our understanding of electrosensory scene analysis [9,26,27,33,34]. In particular, Rother et al. [12] have shown that the electric image due to two objects is the result of complex interactions between the effects of each object. To extend these studies in the context of object discrimination, we have introduced the notion of electroacuity. This measure, comparable to the notion of visual acuity, has helped us quantify the “sharpness” of the electrosense in the spatial domain. Studies have suggested that this was a rather “rough” sensory modality [7,14], and our findings, in terms of the sensory input, confirm this quantitatively. For example, we found that two prey-like objects located within the range of natural prey detection (which is typically less than 20 mm, [17]), must be separated by 9 mm for the electric image to show features of both objects (Figure 2). We characterize this limit by the quantity Smin, analogous to the psychophysical notion of the just noticeable difference and the Rayleigh criterion in optics (see Materials and Methods). Electroacuity is much lower than human visual acuity [35]. In contrast, the electrosense fares much better when compared with tactile two-point discrimination in humans, where thresholds are as high as 50 mm in some body locations [36,37].

The magnitude of Smin will increase with the disparity in both the image amplitudes and widths for the two objects. It will also be influenced by nonlinear effects between image amplitude and image width for close pairs of objects (which our simulations implicitly capture), but we have not systematically investigated them here (but see [12]). That said, to a reasonable approximation, Smin is proportional to the normalized width of the image due to each of the objects (see Materials and Methods).

Figure 2B shows that for locations in the rostral half of the fish, Smin changes relatively little. This interesting feature is primarily due to the uniformity of the field in this range; the current lines are nearly perpendicular to the fish body axis. The field uniformity is a result of the spatial filtering effects due to the tapered body shape [9,10,38]. This means that the spatial extent of an object’s influence on this field (image sharpness) will be relatively constant. For locations closer to the midbody, the field lines are more concentrated (i.e., the field is not as uniform as for more rostral locations), so the influence of the object is more focused. The image amplitude also increases in this range of body locations (Figure 1B; Figure 5 of [9]), further contributing to a sharper image. However, as outlined in detail in Materials and Methods, although the image amplitude increases, then decreases, in the rostro-caudal direction [9], Smin is determined by image sharpness (normalized image width) and is much less sensitive to absolute amplitude (Figure 2B, compare red and green traces).

In terms of the quality of sensory input, our results reveal a point of optimal electroacuity located in the fish’s midbody. This is in contrast to the notion that optimal discrimination should occur near the fish’s head region, the electrosensory fovea, which has the highest density of electroreceptors [21]. However, determining acuity in the head region is a complex task due to a number of factors. For example, some enclosed environments can interact with this geometry and produce an electric “funneling” effect that increases the local field amplitude and enhances object discrimination [39,40]. Although these studies were performed on a different species of electric fish (pulse-type discharge) with a different electric organ morphology, a detailed investigation of the head region in A. leptocephalus (the species we consider here) is still warranted. This will, however, require a more complicated 3-D model, so determining how the electric field, body geometry, and receptor density combine to determine electroacuity in the electrosensory fovea is not possible at this time. Nevertheless, on the lateral body surface, the combination of body geometry and current density are such that electric images are sharpest in the midbody [9], thus allowing the objects to be closer in that region before their electric images blur and form a single peak. This apparent tradeoff between more receptors rostrally and higher-quality images caudally may explain why prey detection occurs at approximately equal rates over all rostro-caudal locations [17].

An additional consideration, which again points to interesting future research, is that our current model does not account for the electric field dynamics that could in principle cause midbody acuity to vary over the electric organ discharge cycle. It is possible, for example, that the lowest Smin seen here in the midbody region may shift to other locations for other phases of the cycle, due to the spatial variation of the field in time [38].

In a strict sense, the values we obtain for Smin can be considered as an upper-bound limit on spatial acuity, since various noise sources would undoubtedly result in lower acuity at the behavioural level. However, there are additional cues available from the electric image, and potentially from other sensory modalities, which could help distinguish adjacent objects, and hence increase acuity. Specifically, the electric image produced by two objects is still wider than the image of one of the objects alone, even when their individual peaks are not discernable (see Figure 1C). Moreover, we have only considered two adjacent objects located in parallel with the fish’s contour. Indeed, different criteria are required to measure the discrimination of objects that are situated one-behind-the-other (i.e., perpendicular to the fish’s contour). Rother et al. [12] have studied such object locations, but not in the context of spatial acuity.

We have shown that electroacuity did not vary with object conductivity. This implies that the fish’s ability to resolve two equally sized, equally conductive objects is the same, regardless of whether these objects are animate or inanimate. However, it is possible that the addition of environmental noise to the electric images would make one of these types of objects more “resolvable,” as the SNR would be greater for high-conductivity objects. Water conductivity, on the other hand, does (slightly) affect Smin. Our results are in accord with other findings, which state that object detection is best-achieved in low-conductivity water [17,41,42], confirming the notion that increased water conductivity acts as a type of electrosensory “fog.”

To resolve all of these issues, further behavioral experiments are required. Our current studies using a 2-D electric field model [9] have generated many hypotheses to test in such experiments. Despite the fact that the 2-D model very accurately reproduces many spatial aspects of the electric field [9], ultimately a more detailed 3-D model of the time-varying electric field will be

silence of medication testing

32
necessary. Measuring electroacuity (behaviorally) in these fish could be accomplished by using a forced-choice experimental paradigm. In this task, the fish could be trained to choose between a single object and a pair of objects, with a reward given for the choice of the latter. An estimate of electroacuity could be obtained by tracking the accuracy of the choices as the interobject distance was decreased (see [33,43,44] for similar protocols).

Prey Detection in Weakly Electric Fish

Weakly electric fish are subject to a wide range of stimuli in natural electroacoustic landscapes. Large conducting boundaries, such as rocks or the river bottom, constitute background clutter [27]. The fish therefore has the challenging task of extracting small prey signals from enormous background ones. To investigate this scenario, we have modeled a plant-like background. We have shown that, as this background increases in width, the electric images produced on the fish’s skin converge (i.e., the images are blurred). In fact, the image is not much different for background ranges from 0.18 m to 0.3 m wide. In the presence of such a large-background image, the Smin for prey objects would be much larger than for the conditions we have considered thus far, and may in fact be defined only for much larger objects. In other words, as discussed in the following, the electric image component due to the background obscured that due to the two small prey-like objects.

Figure 4 clearly indicates that the effect of a prey is miniscule in the presence of a relatively large-background array. Even at different times during a simulated scanning behavior, the prey only affected the image due to the background by a few percent at most. This suggests that for any static “snapshot” the fish would not be able to extract the prey signal from the large-background signal. On the other hand, weakly electric fish are known to detect minuscule signals under some laboratory conditions [17,43], and presumably can do so in the wild while hunting. We suggest that movement is required in these situations. In fact, due to the blurring effect, the background component of the electric image does not change with fish scanning, whereas the prey component does (see Figure 4B). As a consequence, the small-prey signal is revealed during the scanning motion by looking at the transdermal potential at individual locations on the fish’s body (Figure 5A and 5D). In contrast, when background objects are more separated, the prey signal remains confounded by the background (Figure 5B, 5C, 5E, and 5F).

The separation of small signals from background is a universal problem in sensory processing. In vision, the so-called figure-from-ground separation has been extensively studied; luminance and contrast differences between figure and ground provide information-rich cues for this task. In the absence of such cues, however, relative motion (due to figure, background, or observer motion) can provide information that is critical for effective figure-ground separation [29,46]. Motion of an auditory stimulus can also provide cues for sound-source localization in a noisy background [47,48]. Though the particular mechanisms involved in each sense may differ [47], both rely on coherent changes in stimulus parameters (spatial correlation in vision, systematic sweep of interaural time delays in audition). Similarly, we have shown that motion can also lead to small-signal detection in an electroacoustic landscape under certain conditions. When the constituent objects of a complex scene are close enough to each other to result in a blurred (spatially uniform) image, a small spatially localized prey signal will pop out due to motion cues (and without motion the prey signal is masked by the large background). On the other hand, to evaluate the specific features of a scene, a greater spacing among constituent objects is required (see Figure 6).

Electroacoustic Processing

It is important to note that we have only considered the information available to the electroacoustic system and have not considered the potential for extracting this information. Information encoded by individual electroreceptor afferents will be pooled in the hindbrain electroacoustic lateral line lobe (ELL). Here, the principle neurons, ELL pyramidal neurons, have receptive fields that vary systematically in size across three somatotopic maps. The largest of these receptive fields (lateral segment map) are about 2 cm in width along the body axis of the fish; the smallest receptive fields (centromedial segment map) are about 0.5 cm in width [26,49]. As previous studies have shown, the different maps may take on different roles depending on the type of information available [26,50]. In the context of this paper, the most focused images due to nearby prey objects may be preferentially encoded using pyramidal neurons of the centromedial segment (smaller receptive fields), and the more blurred images due to background objects may be encoded by neurons of the lateral segment (larger receptive fields).

In addition, there are mechanisms in the ELL (via feedback pathways) that can cancel out predictable or redundant stimuli [51,52]. In principle, when the background is spatially uniform (blurred), such feedback mechanisms could cancel out the large-image component due to the background and further enhance small signal extraction during scanning. Recent studies on the signal processing features of ELL neurons have shown that coherence to spatially global time-varying input is high-pass [53], suggesting again that responses to spatially dense backgrounds can be filtered out. Information encoded by ELL neurons is transmitted to higher-order neurons of the midbrain. Recent studies have described plasticity and motion sensitivity in these neurons [24,54], but further studies will be required to determine how these neurons contribute to the computations involved with prey detection and discrimination in complex landscapes.

Conclusion

It has been widely hypothesized that the stereotypical back-and-forth scanning behavior exhibited by weakly electric fish could be used to generate electrolocation cues [25,55,56]. In fact, cues obtained by self-motion are used by many different animals to extract relevant sensory features [28]. For example, primates move their fingers laterally to detect fine features in textured surfaces, which would otherwise go unnoticed [57]; rodents perform whisking behaviors [58]; and insects, such as mantids, can obtain information about an object’s depth using a side-to-side “peering” movement [by means of motion parallax cues; [59]]. Such examples have led to the reasonable notion that the exploratory behaviors exhibited by weakly electric fish, such as the aforementioned scanning, act similarly to provide relevant information from complex electroacoustic scenes. Our study describes the nature of these motion-generated cues for the first time, and indeed shows that their effectiveness depends on context.

In particular, our results predict that weakly electric fish should exhibit the specific search behavior that is most suitable for signal extraction in a given context. The scanning behavior would be best suited for spatially dense or uniform backgrounds, whereas the fish might preferentially use tail-bending in cases where the background is sparse (as in Figure 5B, 5C, 5D, and 5F where the prey component is confounded with the background signal). In future studies, we aim to determine which behaviors are used most frequently by the fish to explore electroacoustic landscapes with varying spatial characteristics.
Materials and Methods

The 2-D electric field of a 21-cm A. leptorhynchus was simulated using a finite-element–method model described previously in [9]. Briefly, the model reproduces the field measured at one phase of the quasisinusoidal electric organ discharge. It consists of three components: an electric organ (EO), a body compartment, and a thin skin layer. The EO current density and the conductivities of the three components were optimized using raw data provided by Christopher Assad [38]. The optimized EO current density is spatially structured; as compared with a simple dipole, it is skewed toward the tail. Such a profile in the EO current density, as well as the spatial filtering due to the tapered body shape, reproduces the asymmetric “multipole” electric field [9,10,27].

To distinguish this situation from that of a simple dipole, we sometimes refer to the fish’s electric field as “dipole-like.” This model is a 2-D simplification that is static in time, and so, in principle, any results derived from it are qualitative. It is important to note, however, that the model provides a quantitatively accurate representation of the data measured in the horizontal plane [9], and thus should be very reliable. Of course, as we note in the Results and Discussion sections, there are some questions that will require a detailed time-varying 3-D model.

Electric images were calculated in one of two ways using custom MATLAB subroutines. In Figures 1–4, images are defined as the differences in transdermal potential, with and without objects present (this has become the standard definition of an electric image, [5]). In Figure 5, images are displayed as the raw transdermal potential, the natural electroreceptive input. All images are shown only for the side of the fish body closest to the objects. Water conductivity was set to 0.023 S/m, as in [38]. The prey chosen, Daphnia magna, was modeled as a 3 mm–diameter disc with a conductivity of 0.0303 S/m, as in [15,17]. The background objects (2-cm discs) simulated throughout this paper were based on the conductivity of the aquatic plant Hygrophilia [22] (0.0005 S/m). The goal was not to mimic the plant’s geometry accurately, but rather to get a general idea of the effects caused by varying backgrounds with plant-like conductivity and size.

To estimate the fish’s ability to resolve two distinct objects (electroacuity), the minimal distance Smin was calculated. This measure is the interobject distance, which delimits an electric image with one peak from one with two peaks (for example, see Figure 1C). This quantity depends on a number of parameters such as the object’s size, its rostro-caudal and lateral location, and the water conductivity. We can develop more intuition for how Smin behaves assuming that images of objects are idealized Gaussians. Consider two Gaussians along the x-axis, of similar standard deviation δ and amplitudes, but centered on μ1 and (-μ1), respectively. Assuming linear superposition, their sum along the x-axis will have one or two maxima, depending on the relation between the standard deviation and the mean, i.e., on the relative width. It can be shown that Smin in this case corresponds to (2δ). If the amplitudes of the Gaussians change in the same way, Smin will also increase with increasing image width. Although this provides some insight on the behavior of Smin, it is important to note that linear superposition is not valid in general (for example, see Rother et al. [12]). Also, all of the images we show are computed using our model, which can accommodate arbitrary object combinations. In no cases do we assume linear superposition of images due to individual objects.

For a given pair of objects, the rostral object’s center coordinates were chosen as the spatial location for which the Smin was determined. Therefore, this object was held stationary during a given Smin measurement. The caudal object was moved systematically in the caudal direction until two distinct peaks appeared in the electric image (object center-to-skin distance was kept constant). Using this technique, Smin measurements were accurate to within 0.5 or 1 mm, representing the chosen sampling (see error bars in Figure 2).

In the last part of the paper, where fish motion is simulated, a scanning speed of 0.1 m/s was chosen, which is in the range of measured weakly electric fish scanning velocities [45,56]. For quantifying the SNR between the two different transdermal potential time series (Figure 5, green and blue curves), i.e., the ones produced by the background alone (Φ back) and by the background and prey (Φ back+prey), a root-mean-squared difference measure was used (Equation 1):

\[
SNR = \sqrt{\frac{1}{n} \sum_{i=1}^{n} \left( \Phi_{\text{back+prey}}(i) - \Phi_{\text{back}}(i) \right)^2}
\]

where n represents the number of different fish locations that were simulated, i.e., samples of the transdermal potential at a given body location during a 1-s scan (we chose n = 21). A large SNR value means that the two time series are very distinct. We have also quantified the discriminability of two objects as they are separated (Equation 2). Here, we assumed that the separate (simulated) electric images generated by each object is a spatial Gaussian function (along one dimension; each of mean μi and width δi) and have computed the discriminability d’ [60,61]:

\[
d’ = \frac{|μ_2 - μ_1|}{\sqrt{σ_2^2 + σ_1^2}}.
\]
Quantum Electro Dynamics and the Volt-Ammetric Trivector Signature for Dummies

By Desiré Dubounet MD Prof. Emeritus of IMUNE

The atoms of all things are made of mostly electrons and protons and other miscellaneous subatomic particles. Everything has an electric field around it because of the electrons and protons that make it up. The workings of these atoms are covered in chemistry. In chemistry we learn that most atoms have imbalances in their outer electron shell. So they seek atoms that can help to fill these shells. These shells are only explainable in quantum physics. All things are only describable with quantum physics. The electrons are placed around the nucleus of the atom. If the nucleus is the size of a golf ball the electron is less than the head of a pin and about a half mile away from the nucleus. The truth is that we are mostly empty space. Space that is full of fields. Fields that interact and make biology possible. To study biology we must study these fields. But these fields are only explainable thru electronics or quantum physics.

What we call modern medicine is not modern at all. In fact it is based in antiquated science of thermodynamic Newtonian physics and old style chemistry. Today a truly modern science is based in non linear fractal quantum electrodynamics. We need a more modern medicine.

Everything has an electric field around it because of the electrons and protons that make it up. We all know about these fields today especially if you have travelled and had to go thru a metal detector. The metal detector senses the magnetic field of metal. Metals have a strong magnetic field. Other substances have a weaker or paramagnetic field such as water. It has weak field. Some things have an almost nil field and some substances such as bismuth have a negative field. But Everything has a electric field around it because of the electrons and protons that make it up.

To study the body, we need to study the body electric and use QED as our scientific guide.

Electro-Chemistry has been a respected and developed science for many decades. Thousands of articles and books have been written on the subject. It is also known as polography.

A three-dimensional (TRIVECTOR) topological electro field can be measured which shows the relationships among various time-dependent volt-ammetic techniques using micro electrodes. Intersections of the surface with appropriately oriented planes represent conventional polarography, chronopotentiometry, polarography at a stationary electrode, and constant-potential voltammetry.

Homeopathy is dependent on a shape transfer process. The activation of neuro-emotional shape receptors can offer an explanation of homeopathy. Our TRIVECTOR three-dimensional topological field time-dependent voltammetric technique offers a good compatibility with the TRIVECTOR resonance system. This has been shown to provide an accurate system of homeopathic analysis. This article will only deal with the three-dimensional topological field time-dependent voltammetric techniques as part of a whole system for homeopathic shape analysis.
overnight success.

Scientific Principles of Voltammetric TRIVECTOR Analysis

1. The liquid crystal nature of the polar substance water is a well known scientific principle. Just as the shape of a canyon determines the style of the echo that resonates thru it when you call. The shear lines and crystal boundaries have a signature effect on the output. Each substance has a different volt-ammetric TRIVECTOR signature.

2. The memory of water to retain and return to its crystal polymorphic shape structure is also well known. (This memory is destroyed by a. Heat above 55 degrees Celsius b. Strong odors such as camphor, c. Ionizing radiation (X-rays). Magnetic fields can distort the shape but the water memory will return after the magnetic field is discontinued. This is the principle of magnetic resonance imaging. Water will remember it's crystal structure and always seek to find its shape or polymorphic state)

3. Electrochemistry (polarography, Polography, chronopotentiometry, volt-ammetry) are standard accepted scientific principle. of modern chemistry for chemical analysis. They have reported astounding verification of the EPR validity of the QOC TRIVECTOR readings. They have been accurate in measuring nosodes, isodes, allersodes, sarcodes, and classic homeopathics.

4. The dynamics of the chemical information transfer of hormones through shape receptors in the cell is the basis of all pharmacology. All hormones work by stimulating these shape receptors. The plasticity of these receptors has allowed synthetic chemistry to appear to work. Shape receptor stimulus is our fourth scientific principle.

These four well known scientific facts offer us an explanation for understanding and proving high potency homeopathy as a medical treatment. This science also offers us a superb homeopathic quality control procedure. Now homeopathy can be proven, tested, understood, and defended with these scientific principles.

The principle of water’s liquid crystal shape capacity and homeopathy was demonstrated by Nelson in 1997 (IJMSH). Here several homeopathics were frozen and analyzed for repeatability. In this journal the electrochemical reactivity of homeopathic remedies were also well determined. The analysis of conductive resonance, magnetic resonance, and capacitance states were proven a window of examination analysis. Voltammetry or electrochemistry offers a potential more efficient and accurate system of examination. A TRIVECTOR Voltammetric analysis has been done by others, and a refined analysis of this process has proven valuable for homeopathy.

Water is a polar substance. It has a small magnetic pole. If we place a plastic comb rubbed with fur next to a small trickle flow of water we can see the water flow bend towards the electrically static charged comb. This polar nature of water allows it to take a shape. As that water is a liquid crystal at temperatures from 0 Celsius to 55 Celsius. at temperatures above this the kinetic energy of the heat destroys the polar nature.

Next we put different metal electrodes into a container of the water homeopathic to be tested. There will be an electro potential established between the electrodes. As we pass a changing voltage current thru the water based homeopathic the current or amperage potential will change at the electrodes. This volt-ammetric reading is different for each substance. Because the liquid crystal effect of water will make a distinct pattern that is reflective of the different shape.

The shape of the liquid crystal polar water reflects and resonates the flow of the current and its variant voltage. Just as the shape of a canyon determines the style of the echo that resonates thru it when you call. The shear lines and crystal boundaries have a signature effect on the output. Each substance has a different volt-ammetric TRIVECTOR signature.

Just as our shape receptors in our nose and tongue detect a shape (taste and smell), the shape of the homeopathic is also detected by the volt-ammetric process. It is the volt-ammetric signature that is responsible for the phenomena of taste and smell. The reactive receptors detect the volt-ammetric signature to react. This shape detection is a three dimensional process, so we have called it the TRIVECTOR. After the three vectors of electronic theory.

For almost two decades, researchers and clinicians have found the TRIVECTOR items EPR (electro-physiological-Reactivity) to be very accurate. They have reported astounding verification of the EPR validity of the QOC TRIVECTOR readings. They have been accurate in measuring nosodes, isodes, allersodes, sarcodes, and classic homeopathics.

The subjects had a strong tendency to electrically react to items that were irregular or abnormal in many types of tests. Tests on isodes, allersodes, nosodes, sarcodes and classical homeopathics. But since the accuracy was only approximately 80%, There was a need for a disclaimer to consider the results pre-diagnostic as best and to confirm any reading with proper medical techniques.

Quantum Electro Dynamics

Science has developed and evolved dramatically over the last hundred years or so. Newtonian physics and thermodynamics are now known to be inadequate in describing biology. Quantum Electro Dynamics (QED) is known to describe much more of life and science. The basis of QED is that the interaction of photons and electrons explains biology.

A photon is a particle of light. Light is electromagnetic-radiation (EMR). It is made of photons. The EMR spectrum contains infrared (heat), visible light, ultraviolet, x-ray, etc, all photons. They oscillate at different speeds that makes them different. The faster they vibrate the higher the energy.

An electron is a negatively charged particle that orbits (or exists as a probability cloud) in all atoms. There are free electrons that can make up what we call electricity.

When an electron changes its quantic state or mode it emits a photon and goes to a lower state. When a photon strikes an electron in the proper way the electron goes to a higher state. Electrons and photons are tied together intimately. As are all subatomic particles. Thus it is obvious that to understand anything we must understand the photon. As God said in the beginning Let there be Light.

To understand life and science we must learn to use the electro-magnetic-static-photonic-gravity forces as they interplay. But modern medicine does not deal
with this. Modern medicine is still mired in old thermodynamic science. This allows them to make a synthetic chemical in the test tube (in vitro), but we live in our bodies (in vivo). Modern medicine is not so modern is it.

The simple explanation of life on earth is that there were minerals on the planet. Certain energies like heat, lightening, gravity combine the minerals and molecules to make certain amino acids (building blocks of protein) and fatty acids (carbon chains that make up all cellular membranes). At first these compounds join to make bubbles. These bubbles are light sensitive. Light lets them find the energy to make more. Remember that light Photons give the electrons a higher state, more energy stored in the electron.

As life evolves and becomes more and more complex, the electro-magnetic static photonic forces are the integral driving force. To understand life we need to understand this electro-magnetic-static-photonic better.

The minerals of the Mineral Kingdom are food for the plant kingdom. The bonds in the mineral kingdom are primarily ionic. This means that the outer electrons are in low energy states. Ionic bonded atoms are drawn to each other but do not share electrons. Mineral salt NaCl is ionic bonded. The bond is so weak it dissociates in water (dissolves).

The plant uses photons of heat or light to give energy to the electrons and they go to higher states. Then they can bond co-valently. This means that they share an electron or more. A covalent bond is much stronger and does not easily disassociate. These high energy bonds are the designed distinctly for the purposes of nature. The secret of the QED placement of the high energy electrons makes nature nature. The synthetic chemical companies cannot understand this QED electron state photon placement. This is why all synthetic chemicals are incompatible for biology. This is true for our medicines as well as our foods, but this unpopular truth makes one very unpopular with the chemical cartel.

The master formula is an extreme over simplification of the complexity of biology on planet earth. Carbon dioxide and water plus minerals are taken up by the plant. The plant then uses light (photosynthesis) to add energy to the electrons. The beast example is sugar or basic carbohydrates with the hot energy state electrons. These hot electrons are used by the animal, us, to give us the energy for life. Our complete biology must also explain breatharians or people who do not eat for years at a time. Modern biology does not accept this because of their ignorance (ignore things). In the eastern medicine this happens all of the time. We can explain it with more avant-garde QED but that is outside of this simple first lesson. So back to our bubbles. You see the process of life and evolution is all about cycles. Being able to use developed one at a time in quantic subatomic steps.

Life has an undeniable QED electro-magnetic-static-photonic gravity base. And as such it has fields. Subtle energy fields that assist and help direct life. Subtle energy fields that draw towards our nutrition and life sustaining events and repel us for toxins, waste, excretions and other risks to life. Subtle energy fields of electro-magnet-static QED nature is an undeniable truth, no matter how much money and influence the chemical companies have. They try to buy a cover up of this inconvenient truth, they try to attack me but truth none the less will win.

This study of the QED electro-magnetic-static-photonic gravity (QED for short) science of biology, gives us the impetus to prove the subtle field theories of medicine. Even though many are based in incomplete logic and marketed by charlatans, there is a truth worth pursuing.

Just as humans use our primary photon detectors to hunt, our white blood cells do the same. They use photons to hunt. They as all things use photons. A new medicine evolves.

This leads us to the science of Electro-Physiological-Reactivity (EPR). A science base on...
scientific professional analysis of the body electric with all of its factors. This book is just an overly simplified modest summary of just some of the interactions of the SCIO. Thirty years of science, discovery, clinical testing, double blinds, field testing, laboratory research, legality and safety testing all coming together for the finest quality.

**REALCTIVITY and the XRROID**

As we have said, changes in the volts, amps, resistance were found to indicate reactance. This is measured in Siemens after the German researcher who discovered the concept. The changes of volts plus changes of amps plus changes in resistance equals reactance.

\[
\text{Delta Volts} + \text{Delta Amps} + \text{Delta Resistance} = \text{Reactivity}
\]

The Electro-Physiological Reactivity (EPR) is the rating of how much reactance a patient has to a stimuli. The stimuli or input with the SCIO is the trivector volt-ammetric signature pattern of a homeopathic. The EPR of a human is based on the speed of the ionic exchange or just how fast the human can form reactance to an external stimuli. This speed is known to science as approximately one hundredth of a sec. Thus the scan of many Homeopathics can happen at very fast speeds. This is known as the Xrroid. The scan of EPR of a patient to many trivector signatures is the Xrroid. EPR Xrroid is the name of the device the Electro-Physiological-Feedback-Xrroid (EPFX).

Since this EPR can cascade and resonate, this bioresonance has significance in biology. It can be used to correct and address certain issues of health. This is the work started in bio-resonance in
Germany years ago. Biofeedback is also bioresonance as the feedback of a signal in a cybernetic loop is feedback. Biofeedback is bioresonance and bioresonance is biofeedback.

The substances have a static trivector field. They are not alive, the field is static. The shape is static. The shape is like the taste as our taste receptors can detect the shape of the voltammetric signature. These shapes of taste affect our brains. This is the science of homeopathy.

The trivector field of a living organism is not static, it is reactive. A living being is interacting with the environment to be drawn towards nutrition, and repelled from toxins. Thus with the xrroid we measure which items the patient reacts to and how he reacts so we can see a profile that might help us learn more about our patient.

So a new modern medicine is formed to analyze the patient’s body electric and treat it without drugs. But won’t that provoke and irritate the drug companies. Well of course. But those investing in a false belief are always provoked by ideas that expose their false belief.

References
White N. (1993), Magnetic Resonance Techniques in Homeopathy, Academy Press Rio Rancho NM.

Atoms all have Protons and possibly Neutrons in the center with Electrons around the large Electrical-Magnetic-Static Charge they have that repels each other.

Atoms join to make Molecules by the need to fill the Outer Quantum Valant Shell. If they have low energy electrons in the outer shell they make simple IONIC bonds such in the Mineral Kingdom. The Electrons of each atom making up a Molecule never touch each other because they repel each other.

What holds together the atoms and the molecules are Quantum Valant Attraction forces and Electro-Magnetic-Static fields. There is undeniably inarguably an energetic field around all Atoms and Molecules.

All Molecules interact with each other through their fields. The inner Electrons never touch, they repel to each other. All of biology is a study in field interaction. This is a basic scientific fact.

Voltammetry Electro-Analytical Chemistry is the study the nature of the field of a substance and the shape of the interactive field.

Field lines of the van der Waals force between two atoms or molecules.
The van der Waals force usually causes things to stick: the force is attractive; and it acts only across short ranges.

This is a basic universally accepted form of science.
The Body Electric has many global important measures. These include Volts, Amps, Resistance, Hydration, Oxidation, and Proton and Electron pressure. There are oscillatory norms of these values as well. The electrical vital trials. These are all easily measured and easily corrected in a cybernetic biofeedback loop. By interfacing with the body electric thru stimuli, response, correction and re-motivational, we can try to normalize and stabilize the body electric. If we can reduce the causes of disease with behavioral medicine, provide good nutrition to supply needed biomolecules, repair the damage to organs, and unblock the blockages to energy flow, we have the start of a good truly modern medicine. Selne has proved that by reducing stress and the tress we can advert the only progression of disease, and dramatically reduce degenerative disease. But this is fraught and threatening to the profits of the drug companies. We need to protect people over profit.

The over emphasis on drugs (SINthetic drugs) and surgery and the under emphasis on lifestyle has created a mess

The regulatory bodies, FDA, set big Tobacco, big Sugar, big Pharma, run rampant while speculating time and money on attacking safe, scientific, tested and effective natural medicines. This is a tragedy of modern times and profit corporations out of control.

Empty space is not empty, but is filled with the quantum vacuum, with endless virtual processes. The energy of the quantum vacuum, the zero-point energy is infinite according to our present theories. Clearly, this infinity is an artifact - it would make the electromagnetic field infinitely massive, because energy and mass are related according to Einstein’s E=mc². The empty electromagnetic field would collapse under the weight of its own gravity. Some unknown mechanism beyond quantum electromagnetism must regulate the intensity of the electromagnetic vacuum energy. Nevertheless, the zero-point energy results in perfectly subtle and experimentally confirmed facts, for example the Casimir force.
2.1. Voltammetric Techniques and Their Applications to Adsorption Studies

2.1.1. Introduction

Linear sweep voltammetry and cyclic voltammetry are examples of several potential-sweep techniques in which the electrode potential is ramped between two limits at a particular rate while the electrode current is monitored. The resulting curve is known as a voltammogram and provides information on the rate of electrochemical reactions as a function of potential. From the sweep-rate dependence of the voltammetric data several quantitative properties of the charge-transfer reaction can be determined. It is, however, in qualitative mechanistic investigations that sweep techniques, in particular, cyclic voltammetry, are most useful.

2.1.2. Linear sweep voltammetry (LSV)

Linear sweep voltammetry involves applying a linear potential sweep to the working electrode (the electrode under study) whilst monitoring simultaneously the current flowing in the circuit. A signal generator produces a voltage sweep from \( E_i \) to \( E_f \) and a potentiostat applies this potential wave to the electrode under study. The scan direction can be positive or negative and in principle, the sweep rate can possess any constant value:

\[
\text{Sweep rate} = \frac{dE}{dt}
\]

This method of analysis is commonly employed in polarography whereby under well-defined conditions, the limiting current derived from a redox process in solution during LSV may be used to quantitatively determine the concentration of electroactive species in solution.

2.1.3. Cyclic voltammetry (CV)

Cyclic voltammetry is a method for investigating the electrochemical behaviour of a system. It was first reported in 1938 and described theoretically by Randles [1]. In this technique current flowing between the electrode of interest (whose potential is monitored with respect
to a reference electrode) and a counter electrode is measured under the control of a potentiostat. The voltammogram determines the potentials at which different electrochemical processes occur. The working electrode is subjected to a triangular potential sweep, whereby the potential rises from a start value $E_i$ to a final value $E_f$ then returns back to the start potential at a constant potential sweep rate. The sweep rate applied can vary from a few millivolts per second to a hundred volts per second. The current measured during this process is often normalised to the electrode surface area and referred to as the current density. The current density is then plotted against the applied potential, and the result is referred to as a cyclic voltammogram. A peak in the measured current is seen at a potential that is characteristic of any electrode reaction taking place. The peak width and height for a particular process may depend on the sweep rate, electrolyte concentration and the electrode material [2,3].

Cyclic voltammetry makes possible the elucidation of the kinetics of electrochemical reactions taking place at electrode surfaces [4,5]. In a typical voltammogram, there can be several peaks. From the sweep-rate dependence of the peak amplitudes, widths and potentials of the peaks observed in the voltammogram, it is possible to investigate the role of adsorption, diffusion, and coupled homogeneous chemical reaction mechanisms [3,6].

2.1.4. Electrochemical processes that occur at an electrode surface

The reaction taking place between the electrode surface and species within the solution can proceed through two different processes, which are either Faradaic or non-Faradaic [7].

2.1.4.1. Cyclic voltammetry of Faradaic processes

Faradaic processes are non-adsorptive processes arising from electron transfer across the metal/electrolyte interface. The resulting redox reaction of solution species that takes place is controlled by Faraday’s laws [3,8], that is, the amount of electricity which is passed (charge) is proportional to the number of moles of reactant converted. Electrode surfaces where Faradaic processes take place are classified as charge transfer electrodes, since the extent of reaction depends on the measured charge passing through the electrode surface. The redox reaction taking place in the solution can be expressed as: $O + n e^- \rightarrow R$ where $O$ and $R$ are the oxidised and reduced forms of the redox couple, respectively. When the electron transfer rate in both the forward and reverse directions at the electrode is high, the reduction is described as reversible, and the cathodic and anodic peaks are separated by a potential of approximately 59/n mV at 25°C (Fig. 2.1), where $n$ is the number of electrons transferred. If $n$ electrons are transferred in a reaction that is reversible, the peak separation is:

$$|E'_{p} - E''_{p}| = \frac{2.218 \cdot RT}{nF} \quad (2.1)$$

where $E'_{p}$ and $E''_{p}$ are the potentials at which the oxidation and reduction processes occur, $R$ is the universal gas constant, $T$ is absolute temperature in Kelvin and $F$ is Faraday’s constant.

![Fig. 2.1. A schematic cyclic voltammogram of a reversible redox process.](image)

For a charge transfer process under the same reversible conditions, as in Equation 2.1, the peak current density $I_p$ is given by the following equation:

$$I_p = 2.75 \times 10^5 n^2 D^2 C^0 v^{1/2} \quad (2.2)$$

where $I_p$ is the current at the peak maxima (Amp cm$^{-2}$), $D$ is the diffusion coefficient (cm$^2$ s$^{-1}$), $C^0$ is the concentration of the bulk solution (mol cm$^{-3}$) and $v$ is the sweep rate (Volt s$^{-1}$).

The peak height should therefore increase with sweep rate since the peak current is proportional to the square root of the sweep rate.

Another useful parameter in the analysis of CVs is the halfwave potential $E_{1/2}$ which may be used to identify qualitatively components that may be overlapping and interfering and is related to $E_p$ by the following equation: $E_p = E_{1/2} - 1.1 \frac{RT}{nF}$. 
Under irreversible conditions, i.e. where the rate of the backward reaction is negligible and is described by the reaction scheme: \( O + ne^- \rightarrow R \), \( E_p \) is not independent of sweep rate since the system is no longer at equilibrium. The following equations now hold for \( E_p \) and \( I_p \):

\[
E_p = E_{0_p} - b \left[ \frac{1}{2} \log(b/D) + \log k_e + \frac{1}{2} \log v \right]
\]

(2.4)

where \( b \) is the Tafel slope (Volts), i.e. the gradient of \( \log I \) against \( E \); the specific rate constant at the standard potential can be calculated from a plot of \( E_p \) versus \( \log v \) provided that the diffusion coefficient is known.

In contrast to Faradaic processes, non-Faradaic reactions give rise to a linear relationship between current density \( j \) and sweep rate [7], because they are not diffusion controlled (see below):

\[
j = \sigma_n \frac{nF}{RT} \theta(1-\theta)v
\]

(2.5)

where \( \sigma_n \) is the charge associated with adsorption of a complete monolayer and \( \theta \) is the surface coverage.

For irreversible processes, values for the rate constant can be obtained by measuring the difference in potential between the anodic and cathodic peak currents, as a function of the sweep rate. The voltammetry of a Faradaic process may provide mechanistic and kinetic information [7], including the detection of intermediates in organic redox reactions [2,3]. A typical cyclic voltammogram of a reversible process is shown in Fig. (2.1), where the total current density measured derives from the sum of the Faradaic and non-Faradaic pseudo-capacitative charging of the double layer. This “extra” charge contribution associated with the double layer has to be accounted for in any charge determination (in order to measure the charge associated with a charge transfer reaction, the non-Faradaic pseudo-capacitative charging of the double layer needs to be subtracted from the total current).

2.1.4.2. Cyclic voltammetry of non-Faradaic processes

Non-Faradaic processes take place when the adsorption and desorption of ions from the electrode surface result in an electric current due to charging of the double layer. Non-Faradaic processes may cause a physical change in the structure of the electrode surface depending on the applied potential and/or the concentration of the electrolyte solution. The adsorption of species, such as metals or ions, is classified as non-Faradaic.

In reversible adsorption processes, the potential of the anodic and cathodic peaks are the same. This behaviour is observed when the sweep rate is sufficiently low to avoid depletion of the reactant at the electrode surface (concentration polarisation). The symmetry with respect to the potential axis of anodic and cathodic current is assigned to the reduction/oxygenation of the same amount of surface species.

The rate of adsorption of a metal ion \( M^{Z+} \) (of an oxidised species) at an electrode surface is dependent on the rate of the reaction:

\[
M^{Z+} + \frac{1}{2} \text{O}_2 + \text{e}^- \rightarrow M^{(Z+1)+}
\]

(2.6)

For a first order reaction, the rate of the forward reaction \( (V_f) \) may be expressed as:

\[
V_f = k_F \theta [M^{Z+}] [1 - \theta]
\]

(2.6)

where \( \theta \) is the fraction of surface sites which are covered with adsorbate \( M^+ \), \( k_F \) is the rate constant for the forward reaction, and \([M^{Z+}]\) is the concentration of the oxidised state of species \( M \). For the reverse process, the rate of the reverse reaction \( (V_r) \) is expressed as:

\[
V_r = k_R \theta
\]

(2.7)

where \( k_R \) is the rate constant of the reverse reaction and also potential dependent. At equilibrium, the rate of reaction is:

\[
V_f = V_r
\]

(2.8)

and, therefore, from equations (2.6) and (2.7) a Langmuir adsorption isotherm can be derived:

\[
\frac{\theta}{(1-\theta)} = \frac{k_F}{k_R} [M^{Z+}]
\]

(2.9)

This is a Langmuir-type adsorption equation, differing from its gas phase counterpart in that the adsorption constant \((k_F/k_R)\) is potential dependent since the adsorption reaction involves a transfer of charge across the metal-electrolyte interface. For a reaction taking place with a complete charge transfer, i.e. the formation of a neutral metal adatom at the electrode surface, the Gibbs energy of adsorption \( (\Delta G_{\text{ads}}) \) is given by:

\[
\Delta G_{\text{ads}} = \Delta G_{\text{ads}}^0 + nFE
\]

(2.10)

where \( \Delta G_{\text{ads}}^0 \) is the chemical potential of \( M \), \( \Delta G_{\text{ads}}^0 \) is the chemical potential of \( M^{Z+} \).
where $E$ is the electrode potential and $\Delta G^\text{ads}$ is the Gibbs energy of adsorption in the absence of an electric field. Thus, the adsorption constant may be expressed as:

$$K = \frac{k_f}{k_a} = \exp\left(-\frac{\Delta G^\text{ads}}{RT}\right)$$  \hspace{2cm} (2.11)

From equation (2.10):

$$k = \frac{k_f}{k_a} = \exp\left(-\frac{\Delta G^\text{ads} - nFE}{RT}\right)$$  \hspace{2cm} (2.12)

$$k = \exp\left(-\frac{\Delta G^\text{ads}}{RT}\right)\exp\left(-\frac{nFE}{RT}\right)$$  \hspace{2cm} (2.13)

But at constant temperature:

$$\exp\left(-\frac{\Delta G^\text{ads}}{RT}\right)\text{constant}=k'$$  \hspace{2cm} (2.14)

By combining equations 2.13 and 2.14 into equation (2.9):

$$\frac{\theta}{(1-\theta)} = k' \exp\left(-\frac{nFE}{RT}\right)\left[M^{2+}\right]$$  \hspace{2cm} (2.15)

where $K'$ is the adsorption equilibrium constant in the absence of an electric field.

If an interaction exists between adsorbed species on the electrode surface then the peak height and width will be modified. Attractive lateral interactions narrow the peak with an increase in magnitude while repulsive lateral interactions broaden and lower the intensity of the peak. Frumkin modified the adsorption isotherm of (2.15) to account for the fact that surface active species could interact repulsively or attractively [9]:

$$\frac{\theta}{(1-\theta)}\exp\left(A\left(\theta - \frac{1}{2}\right)\right) = K' \exp\left(-\frac{nFE}{RT}\right)\left[M^{2+}\right]$$  \hspace{2cm} (2.16)

where $\exp\left(A\left(\theta - \frac{1}{2}\right)\right)$ is the van der Waals term for adlayer interactions, with $A$ representing the magnitude of the attractive (- $A$) and repulsive interactions (+ $A$).

With the development of highly sensitive equipment to detect very low currents flowing at the working electrode (< 1 µA cm$^{-2}$), adsorbate coverages of < 5% of a monolayer can be determined.

The success of the method in determining adsorbate coverages is critically dependent on knowing precisely the number of electrons transferred per adsorbate molecule. Hence, if this quantity is determined, by measuring the total charge, the surface coverage can be estimated, providing no impurities are present. Impurity levels can be estimated by, for example, calculating the decrease in charge associated with the hydrogen adsorption region and comparing the value with the theoretical value associated with that particular crystal surface. Under equilibrium conditions, voltammograms provide information about the Gibbs energy of the adsorbed species in terms of the peak potential with respect to the potential of bulk deposition. It could therefore be regarded as analogous to thermal desorption spectroscopy (TDS), giving a “spectrum” of adsorbed surface states, although TDS is kinetic in nature and does not in general give simple thermodynamic information.

### 2.2. Polarisable and Non-Polarisable Interfaces

All electrode-solution interfaces can be classified as polarisable or non-polarisable. An electrode for which an electron can pass easily across the interface is called non-polarisable. In this case, external application of a change of potential may result in more electrons passing rapidly across the interface. Thus, there is a negligible build-up of excess charge on the electrode surface, i.e. the interface does not polarise. Fig. 2.2 (a) displays the response of a nonpolarisable interface. It can be inferred from this that a small change in the electrode potential produces a large change in current flow. Platinum in contact with hydrochloric acid is a non-polarisable interface. In contrast, when the transfer of electrons is difficult, a potential change from outside will induce a substantial build-up of excess charges at the interface, hence, the electrode is termed polarisable. Fig. 2.2 (b) shows the behaviour of a polarisable interface: mercury in contact with a solution of potassium chloride ions is an example. When a potential is applied externally to the electrode, the transfer of electrons through the interface is negligible. That is, a small change in current flow causes a large change in electrode potential. An ideally polarisable interface is one which can allow the passage of current without causing a change in the potential difference across it. Figs. 2.2 (c1) and Fig. 2.2 (c2) illustrate the electrical analogous of the ideally polarisable and nonpolarisable situations and Fig. 2.2 (c3) shows an intermediate real case [10].

In addition, when the current associated with charging the electrode-electrolyte interface arises purely from capacitive effects, such an interface is termed an ideally polarisable electrode (IPE) [10]. While no real electrode behaves ideally over the entire potential range, some electrode-solution systems, over limited potential ranges, can show behaviour which is approximately, ideal, for instance, a mercury electrode in contact with a de-aerated potassium chloride solution which behaves as an IPE at potentials in excess of 1.5 V. At very
positive potentials the mercury is able to oxidise in a charge transfer reaction leading to depolarisation [3]:

$$Hg + Cl^- \xrightarrow{\Delta \phi} \frac{1}{2} HgCl_2 + e (at \ + \ 0.25 \ V \ vs. \ NHE) \quad (2.17)$$

similarly, at very negative potentials $K^+$ can be reduced:

$$K^+ + Hg + e \rightarrow K(Hg) \ (at \ - \ 2.1 \ V \ vs. \ NHE) \quad (2.18)$$

2.3. Electrode Charge

The electrode charge is defined as the amount of electricity to be supplied to an electrode when its surface area increases by unity with the concentration of solution components remaining constant [10].

Charge transfer reactions occurring at clean or surface-modified platinum single crystal surfaces in aqueous media may be understood in terms of various models (Helmholtz, Gouy-Chapman, Stern, Grahame, Bockris Devanathan and Muller) of the electrode-solution interface. These models, which have been developed in order to establish the distribution of various particles (ions, electrons, and solvent molecules) and the effect on these particles of an applied potential, are set out in standard texts [11-19].

Total charge may be determined by measurement of the amount of electricity flowing in an external circuit when the electrode surface area increases by unity at constant potential. In this method, no charge must arise on the electrode surface from interaction with oxidants or reductants present in solution and the concentrations of all adsorbed species must be kept constant.

The charge on an electrode surface is crucial in determining the rate of electron transfer and the arrangement of monolayer, dipoles and neutral molecules within the double layer. It has been shown by Frumkin [20,21] and others [22,23] that there exists a unique electrode potential at which the free substrate charge on the metal side of the double layer is zero. This potential is called the potential of zero charge (PZC) and may be related to the work function of the electrode surface via a Born-Haber cycle [24]:

$$E^{[hkl]} = \frac{\Phi}{\epsilon} (hkl) + \left[ \delta x^{[\text{g}]} \epsilon (\text{dip}) \right] (hkl) + K \quad (2.19)$$
where $E_{\text{M}}^{\text{PZC}}$ is the potential of the metal M (hkl) at its PZC with respect to a reference electrode, $\delta_{\text{M}}^{\text{y}}$ is the change of the surface potential of M(hkl) when it comes into contact with the solvent, $\sigma$ is the contribution to the potential at the metal/solution interface due to the orientation of solvent dipoles, and $K$ is a constant due to the potential drop at the reference electrode-solution interface (it remains constant if the same type of reference electrode is used).

For metals, such as platinum, which give rise to strong chemisorption, this equation does not apply and an alternative definition in this case has been given by Frumkin [25].

In relation to the present study, it should be noted that the singular voltammetric responses of single crystal platinum electrodes are derived from local values of work function (step, terrace, kink) and hence local values of PZC [26]. Hence the various voltammetric peaks can be associated with the adsorption/desorption of cations/anions at local values of PZC (Fig. 2.3). For sp-metals such as gold and silver, $E_{\text{M}}^{\text{PZC}}$ may be readily measured using capacitance and provides good experimental support for various proposed models of the double layer.

Fig. 2.3. Conceptual model representing the electrostatic interactions between the inhomogeneous electron density distribution on the step-terrace surface and ions in solution. $-\Delta$ indicates the shift of potential of electrode lower than PZC and $+\Delta$ indicates the shift of potential of electrode more positive than PZC. Reprinted from [27].

### 2.4. References


QQC Description

APPARATUS FOR VOLTAMMETRIC ANALYSIS The invention relates to apparatus for voltammetric analysis.

Voltammetric analysis is a widely used electroanalytical technique. The art of this technique has been well described in many publications [1,2]. Voltammetric analysis can be carried out using various waveforms, for example, linear, pulse, square and AC or using various operation modes, for example cyclic voltammetry and stripping voltammetry [3].


Saloheimo et al [7] introduced ultrasonic vibration during pre-electrolysis in stripping voltammetry. Other researchers have designed special electrodes for anodic stripping voltammetry [8-10]. Kissing [11] predicted the future of electroanalytical instrumentation as being computerization, miniaturization and automation. Computers have been used to collect electrochemical signals [12], to acquire data and control experiments [13] and to modify waveforms [14]. Computerised voltammetric instruments are now commercially available from many instrument manufacturers.

However, computerised voltammetric instruments are generally large in size and costly. Small polarographic or voltammetric analysers are available for specific analyses, such as aldehyde [15] and lead [16]. Multi-element analysis using this type of equipment can be achieved by using multichannel selection [17] or multi-electrodes [18]. However, the number of elements that can be analysed is physically limited.

In addition, the process of voltammetric analysis often involves many decision making steps. Although computerised voltameters can run analysis automatically it is still necessary for the supporting electrolytes, calibration standards and experimental conditions, such as initial potential, final potential, scan rate and current range, to be chosen by an operator before the analysis commences. During analysis, voltammograms with peak currents or peak areas need to be acquired, and after analysis, the data requires processing and the results reported. These decision making steps require trained personnel with knowledge and experience.

Although they can be simplified into a computer program as demonstrated by De Kreuk et al [19] in an automatic stripping voltammetric method, as indicated by some researchers [20], automation of voltammetric instrument is a more complicated task than that of other electroanalytical techniques. Hence, automation is often at the level of operation rather than the decision making process.

Therefore, even computerised and highly automated systems still require skilled and experienced personnel to operate them.

In addition, conventional electrodes for voltammetry have the problem that it is difficult to ensure good electrical contact between the electrode and the electrical wire coupling the electrode to the analysing equipment. In particular, with some types of electrode, such as glassy carbon, it is not possible to solder the electrical wire to the electrode.

Accordingly, conventional methods of electrically contacting the wire to the electrode include using mercury to bond the wire to the electrode or using conductive glue. Mercury has the disadvantage that it is toxic and the conductive glue has the disadvantage that it is not easy to disconnect the conductor from the electrodes.

In accordance with a first aspect of the present invention, apparatus for voltammetric analysis comprises a processor; a first memory device coupled to the processor, the first memory device comprising a programmable read only memory and storing a number of electrochemical cell control programs; an output device coupled to the processor; an input device coupled to the processor; a second memory device coupled to the processor; an electrochemical cell controller coupled to the processor, the cell controller being adapted to be coupled to an electrochemical cell; the processing device, in response to an analyte input signal entered via the input device, retrieving a corresponding electrochemical cell control program, and instructing the cell controller to apply a scanning voltage to an electrochemical cell coupled to the cell controller in use, in accordance with the retrieved control program, and processing output signals received by the cell controller from the electrochemical cell, in response to the applied scanning voltage, to obtain an indication of the concentration of an analyte, corresponding to the analyte input signal, in the electrochemical cell, and outputting the indication to the output device.

Preferably, the programmable read only memory is an electrically erasable programmable read only memory (EEPROM).

Preferably, the output device comprises a display device, such as a liquid crystal display (LCD). However, alternatively or in addition, the output device may comprise an interface device which permits the processor to communicate with another processing device, such as a computer, or with a storage device, such as a magnetic disk or tape drive.

Preferably, the cell controller includes a potentiostat and a signal processor.

Preferably, the apparatus is for stripping voltammetric analysis of an analyte in an electrochemical cell.

In accordance with a second aspect of the present invention, an electrochemical cell comprises a container comprising a bottom portion, an upper portion and an opening to permit a liquid to be introduced into the container; a stirring device depending from the upper portion into the bottom portion of the container; and a counter electrode and a working electrode depending from the upper portion into the bottom portion of the container.

Preferably, the axis of rotation of the stirring device is substantially co-axial with the central vertical axis of the container and the counter and working electrodes are arranged around the stirring device. Typically, the upper portion of the container, may be separated from the bottom portion of the container to permit liquid to be inserted into the container prior to engagement of the upper portion with the bottom portion.

Typically, the bottom portion may be in the form of a jar or other liquid containing device and the upper portion may form a lid for the jar or containing device.

Preferably, the electrochemical cell further comprises a reference electrode which also depends from the upper portion of the container such that the reference electrode is adjacent the stirring device and located between the counter and the working electrodes.
Preferably, the electrochemical cell is adapted to be used with the apparatus in accordance with the first aspect of the invention.

In accordance with a third aspect of the present invention, a coupling device for electrically coupling a conductor to an electrode for an electric chemical cell comprises a first conducting member; a second conducting member, electrically coupled and movably coupled to the first conducting member; and a biasing device to bias the first and the second member away from each other; the first conducting member being adapted to be coupled to an electrical conductor and the second member having an engagement portion adapted to engage with and electrically couple the second member an electrode for an electrochemical cell.

Preferably, one of the first and the second members is slidable located within the other of the first and the second members such that the engagement portion of the second portion is biased away from the first member by the biasing device.

Typically, the second member is slidable located within the first member.

Preferably, the engagement surface of the second member is of a material which provides a low electrical contact resistance with the material of the electrode with which the engagement surface is to be engaged. For example, the material of the engagement portion may be a material which is harder than the material of the electrode, such as titanium or iridium, or a material which has a low susceptibility to oxidation, such as gold.

Typically, the first member may include an aperture in the first member adapted to receive a generally cylindrically electrically conducting member such that the conducting member when inserted into the aperture is electrically coupled to the first member.

An example of apparatus for voltammetric analysis in accordance with the invention will now be described with reference to the accompanying drawings, in which:- Figure 1 is a schematic diagram of apparatus for voltammetric analysis; Figure 2 is a side view of an electrochemical cell for use in the apparatus of Figure 1; Figure 3 is a cross-sectional view of an upper portion of the electrochemical cell shown in Figure 2; Figure 4 is a front view of the upper portion shown in Figure 3; Figure 5 is a cross-sectional view of an electrode for use in the cell shown in Figures 2 to 4; Figure 6 is a flow diagram illustrating the operation of a diagnostic program for use with the apparatus shown in Figures 1, 6 and 7; and, Figure 9 is a graph showing calibration results and test results obtained using the analyser shown in Figure 6.

Figure 1 is a block diagram of voltammetric analysis apparatus 1 which includes a microprocessor 2, an electrically erasable programmable read only memory (EEPROM) 3, a display device 4 such as a liquid crystal display, a memory device 5 which may be a random access memory (RAM), an interface device 6 such as an RS 232, a potentiostat 7, a cell controller 8, a signal processor 9, and a display device, such as a liquid crystal display device, a memory device 5 which may be a random access memory (RAM), an interface device 6 such as an RS 232, a potentiostat 7, a cell controller 8, a signal processor 9, and an input device, such as a keypad 10.

The cell controller 8 is adapted to be coupled to an electrochemical cell 11 which is generally in the form of a container comprising a vessel 12 and an electrode holder 13 in the form of a lid for the vessel 12. The lid 13 supports a working electrode 14, a reference electrode 15 and a counter electrode 16 as well as the stirring device 17.

The interface device 6 permits the apparatus 1 to be linked to a computer, for example, to permit programming of the EEPROM 3 or to permit downloading of the memory 5 to a more permanent storage device in the form of for example, magnetic media such as a magnetic disk or tape.

The potentiostat 7 is coupled to the microprocessor 2 and generates a scanning potential which is modified with various waveforms such as DC, AC, square wave or differential pulse, in accordance with a chosen program downloaded from the EEPROM 3 to the microprocessor 2.

The cell controller 8 is coupled to the microprocessor 2 and contains a group of switches. According to the chosen program it will switch on or off the electrochemical cell 11 to allow potential generated by the potentiostat 7 to be applied to the electrodes 14, 15 and 16 to allow signals detected by the electrodes 14, 15, 16 to be received by the signal processor 9. It also turns on and off the stirrer 17.

The signal processor 9 is coupled to the microprocessor 2. In accordance with the chosen program it will receive signals from the cell 11, process the signals, convert them into digital information, and pass them to the microprocessor 2 to be stored by the microprocessor 2 in the memory 5.

Typically, the stirrer 17 is a 0.1W stirrer and the vessel 12 is a glass bottle with a volume of approximately 20ml. The working electrode 14 may be a 3mm diameter disc glassy carbon electrode, the counter electrode 16 may be a 3mm x 3mm platinum electrode and the reference electrode 15 may be a Ag/AgCl electrode.

The reference electrode 15 has a conventional reference electrode construction. A cross-sectional view of the electrode construction for the working and counter electrodes 14, 16 is shown in Figure 5. As shown in Figure 5, each of the electrodes 14, 16 comprises an electrode sensing material 50 held in an electrode body 51. In the electrodes 14, 16 the sensing material 50 is glassy carbon and platinum, respectively. The body 51 encloses a coupling device which comprises an outer casing 52, a contact pin 53 slidably mounted within the casing 52 and a biasing device 54 within the casing 52. The biasing device 54 acts to bias the pin 53 to an extended position in which a contact point 55 of the pin 53 is biased against the sensing material 50 to make electrical contact with the sensing material 50. The pin 53, biasing device 54 and casing 52 are all electrically conducting and the end of the casing 52, opposite to the end from which the pin 53 extends, is electrically coupled to a wire 56 which couples the sensing material 50 to the controller 8.

In order to ensure a good electrical contact between the contact point 55 and the sensing material 50, the pin 53, or at least the contact point 55, is formed from a material which is harder than the sensing material 50. This helps ensure a good electrical contact as the contact point 55 “bites” into the sensing material 50. For example, the pin 53 could be manufactured from titanium or iridium.

The lid 13 of the cell 11 is shown in more detail in Figure 3 which shows a cross-sectional view of the lid 13 and Figure 4 which shows a top view of the lid 13. The lid includes a central through bore 21 through which the drive shaft 19 extends and four side through bores 22, 23, 24, 25. The
working electrode 14 extends through the bore 23, the reference electrode 15 extends through the bore 24 and the counter electrode 16 extends through the bore 25. The bore 22 is left empty and may be used for introduction of analyte and/or electrolyte into the vessel 12.

Due to the relative simplicity of the apparatus 1, the apparatus can be incorporated into a relatively small handheld analyser 30 as shown in Figure 6. The typical dimensions of the handheld analyser 30 are 40mm x 100mm x 200mm and the overall weight is typically approximately 0.5kg.

The handheld voltammetric analyser 30 incorporates the apparatus shown in Figure 1 with the exception of the electrochemical cell 11. In particular, the handheld voltammetric analyser 30 includes the LCD display 4, the keypad 10, the communication interface 6 and a port 31 which permits the analyser 30 to be connected to an external power supply.

However, as an alternative to, or in addition to, the external power supply, the handheld analyser 30 may be powered by an internal battery, such as any form of suitable conventional rechargeable battery. Typically, the battery may be recharged by the external power supply via the port 31 when necessary.

The remainder of the components, including the microprocessor 2, the EEPROM 3, the RAM 5, the potentiostat 7, the cell controller 8 and the signal processor 9 are contained within the housing of the analyser 30.

The handheld analyser 30 also has a communication port 33 which is coupled to the electrochemical cell 11 in use and is coupled internally to the cell controller 8. This permits the cell controller 8 to control the scanning voltage applied to the electrochemical cell and to receive the output signals from the electrochemical cell in response to the applied scanning voltage. In addition, the handheld analyser 30 may optionally be connected through the interface 6 to a remote computer, for example, to transfer data to the remote computer and/or to be remotely controlled by the remote computer.

In addition, the apparatus shown in Figure 1 can be incorporated into an on-line voltammetric analyser 60 as shown in Figure 7. The on-line analyser 60 is coupled via the interface 6, local controller 34 and interface 35, to a remote computer 36 which is used to remotely control the analyser 60.

The analyser 60 and the local controller 34 are powered by a power supply 32 which may be battery operated or powered by a mains power supply 37. In the analyser 60, the key board 10 is omitted, as instructions may be entered into the analyser 60 via the remote computer 36. However, apart from the omission of the key board 10, the analyser 60 is identical to the handheld analyser 30, described above and shown in Figure 6. The on-line analyser 60 is coupled via cable 61 and connection port 33 to the electrochemical cell 11 and to metering pumps 62,63,64,65,66 which can be operated to pump liquid from reagent reservoirs 67,68,69, a sampling valve 70 and a rinsing water valve 71, respectively into the electrochemical cell 11. In addition, a vent valve 72 in the electrochemical cell 11 can also be controlled by the remote computer 36 or by local controller 34.

The liquid containing the sample to be analysed is connected to the sampling valve 70, clean water is connected to the rinsing valve 71 and standard reagents are stored in the reagent reservoirs 67,68,69. The vent valve 72 is used to empty the electrochemical cell 11 of liquid.

In use, the handheld analyser 30 and the on-line analyser 60 are set up by programming into the EEPROM 3 digital information corresponding to the configuration of the electrochemical cell 11 to be used with the analyser 30,60.

Such information includes details of the working electrode, reference electrode, stirrer and vessel. For example, typical information may be that the cell contains a 3mm diameter disc glassy carbon electrode, a 3mm by 3mm platinum counter electrode, a Ag/AgCl reference electrode, a O.1W stirrer, a 20ml vessel and an electrode holder to fix each electrode position.

The second step is to formulate a reagent with a known composition as a testing media and convert it into digital information. The formulated reagent will contain a standard analyte, a buffer, a masking agent, a supporting electrolyte, a preservative and a performance enhancer. The standard analyte with known concentration is used to calibrate the cell 11. The concentration range is typically from lppb to 1000ppm. The buffer is used to control pH and usually contains a salt and an acid or a base. The masking agent is used to reduce interference from samples, which may be a complex agent, an organic solvent, a precipitation agent, a redox agent, a salt, etc. The supporting electrolyte is an ionic compound to provide conductivity. The preservative prolongs shelf life of the reagent. The performance enhancer can increase selectivity and sensitivity of the reagent.

A voltammetric analysis is then performed under fixed experimental conditions such as scan waveform, initial potential, scan rate, final potential, current range, etc.

This arrangement makes a voltammetric response position (potential) easily identifiable. The conditions can be obtained according to published papers, previous experience and expert knowledge. All data is converted into digital information.

Voltammetric response is searched for automatically by the analyser 30,60. The voltammetric response potential is determined for the highest current reading in a certain time period while voltammetric response current is calculated by subtracting background current from current reading. This procedure is programmed into the EEPROM 3.

System testing is then performed using the standard reagent.

As cell configuration, testing media and experimental conditions are fixed, voltammetric response to the analyte in the testing media should be a constant. Any significant changes of response potential or current will indicate system errors such as reference electrode failure or working electrode fouling. The purpose of the system testing step is to find and display these errors by comparing measured values with pre-set values. This procedure is programmed into the EEPROM 3.

The electrodes are then calibrated automatically.

Voltammetric analysis of the standard reagent is carried out in the testing media. The response potential and current is stored. This procedure makes sure that the electrodes are calibrated just before sample analysis so that the electrode surface condition remains unchanged. This calibration procedure is programmed into the EEPROM 3.

A test sample is then analysed. This is performed by voltammetric analysis of a test sample by mixing a known volume of the test sample with a known volume of the standard reagent. The
response potential and current is compared with stored response for the standard reagent and the result is calculated and reported. This procedure is also programmed into the EEPROM.

The EEPROM 3 also includes a diagnostic program which is illustrated schematically in the flow diagram shown in Figure 8. In particular, the diagnostic program checks 70 the results of the analysis to ensure that a peak current is detected in the voltammetric analysis. If the peak current is not detected, the microprocessor displays 71 an error message in the LCD 4 and stops 72 the analysis. The diagnostic program also uses the reference potential value range stored in the data in the EEPROM 3 and compares this with the peak current response at maximum intensity to check 73 the reference electrode status. If the reference potential value is out of range, the analyser outputs 74 an error message to the operator and stops 75 the analysis. The diagnostic program also uses the reference current data in the EEPROM 3 and compares this with the maximum response intensity obtained during analysis to check 76 gain and working electrode status.

If the maximum response intensity detected is out of range of the reference current data, the diagnostic program causes the microprocessor to instruct the signal processor 9 to change 77 to a more suitable gain level and the analysis is continued.

If the diagnostic program detects that no gain is available, the microprocessor outputs 78 an error message to the operator and stops the analysis 79. This permits the diagnostic program to optimise the signal collection potential range and current range which is stored in the memory 5.

In addition, the diagnostic program uses the reference data stored in the EEPROM 3 which is compared with the actual peak current response obtained from the standard reagent to determine whether the peak current obtained from standard reagent corresponds to the peak current expected from the standard reagent. In the event that the peak current obtained is outside a certain deviation from the expected peak current, the microprocessor will output an error or warning message to the operator.

After programming of the EEPROM 3, the analyser 30,60 can be used in conjunction with the cell 11 to run a voltammetric analysis on a particular analyte. Initially, an operator turns on the analyser 30,60 being used and enters the analyte to be analysed and the concentration of interest. The operator then formulates a standard reagent for analysis of interest and adds this to the electrochemical cell 11 through the aperture 22.

The analyser 30,60 then conducts a test on the reagent to check the conditions of the system automatically.

After this test, electrode status and instrument readiness will be reported and some analysis conditions such as gain and peak position will be set automatically. Any system errors detected by the diagnostic program will stop analysis with correction instructions. This enhances the performance and reliability of the apparatus.

As soon as the instrument is ready, the system is calibrated automatically. During the calibration process, the system collects and processes raw data and stores a response which represents a known concentration of the analyte to be tested for in the memory.

After the calibration process, a fixed volume of the test sample is added into the cell 11 and mixed with a fixed volume of the standard reagent. The system then collects and processes the voltammetric raw data again. The response which represents the concentration of the standard plus the sample is stored in the memory. The microprocessor 2 performs a calculation to determine the concentration of the analyte in the test sample using the information from the calibration sample and the result will be reported and displayed.

An example of use of the analyser 30 and cell 11 to analyse the concentration of Cu²⁺ in a waste water sample will now be described. However, the analyser 60 could be used in the same manner to perform the analysis.

A standard reagent containing 2 ppm copper nitrate, 0.5 M acetic acid, 0.5 M sodium acetate and 20 ppm mercury chloride was prepared. The formulation of the reagent was digitally coded and entered into the EEPROM 3. In addition, a linear anodic stripping voltammetry scan was also programmed into the EEPROM 3 with the following conditions: (i) An initial potential of 0.8V; (ii) Pre-electrolysis for 30s; (iii) A scan rate of 100mVs⁻¹; (iv) A final potential of +0.5V; and (v) An electrode cleaning time of 20s at +0.5V.

10ml of the reagent was then introduced into the vessel 12 through the aperture 22 as a standard and the voltammetric analysis process was started using the keypad 10. When started, the microprocessor 2 prompts a user via display 4 to enter the analyte to be tested for. The operator in response to this enters “copper”.

The microprocessor 2 then prompts a user to enter via display 4 that sample A containing 1 ppm Cu²⁺ ions and sample B of waste water sample will be analysed.

An example of use of the analyser 30 is shown in Figure 9 for the above sample. The graph shows the applied voltage versus the sensed current for the calibration sample (A) containing 1 ppm Cu²⁺ ions and the waste water sample (B). It can be seen from the graph that sample B has a peak which is approximately 1.5 times greater than the calibration sample A indicating that the concentration of Cu²⁺ ions in the waste water sample B is approximately 2 ppm.
2.2ppm. It should be noted that the same graphical display would be obtained using the analyser 60 for the analysis instead of the analyser 30.

In addition to copper, the apparatus 1 and electrochemical cell 11 can be used to detect concentrations of most ions.

Examples of typical ions that can be detected are ions of titanium, vanadium, chromium, manganese, iron, cobalt, nickel, zinc, gallium, germanium, arsenic, silver, cadmium, indium, tin, antimony, tungsten, platinum, gold, mercury, thallium, lead and bismuth, as well as organic compounds such as aromatics, aldehydes, alcohols, ketones, ethers, quinones, halides, heterocyclics, nitrocompounds, amines, phenols, organic acids and organic metallics.

In fact the apparatus 1 and the cell 11 can be used to detect any ion which can be detected using conventional voltammetry.

Concentrations that can be detected can be any concentration which can be detected using conventional voltammetric analysis, and typically any concentration in the range from approximately 1ppb to 1000ppm.

Inventors:
Nelson W.C.
Sirbu C.P.

Application Number:
OSIM Of Romania
M/11506

Publication Date:
Filing Date:
10/17/2006

View Patent Images:
Export Citation:
Assignee:
SCIO International, Oradea, Romania
Primary Class;

Go to http://imune.name to learn and to get your course materials. You could get a Doctorate in Wellness and an international or accredited European professional qualification in neurophysiological bioresonance and biofeedback.

The Tassel is worth the Hassel. In a world so concerned of Wellness can be yours in just 12 months of Home Study, a simple thesis, a practicum and four days of monitored supervised contact.

Big Tobacco, Big Sugar, Big Pharma, Big Oil, and Big War Industry are exempt from lay and they kill and injure, maim and cripple in the name of profit. They seek to control and dominate medicine to further build their profits.

Their money controls governments, regulators, and the small minded media. The Ultra Rich Master Echelon Computer now sees and hears all the things we say, write, and do. Rights of privacy are gone worldwide. They have taken away our rights of free speech.

The Ultra Rich control the media and refuse to tell stories that expose or offend the Ultra Rich Power. They control every movie that gets distribution, every song that hits the radio, everything that is put on the world news. They use science and psychology to control and manipulate the minds of the masses.

But medicine is controlled by Universities that teach medicine. There is now one university starting to defend Natural Medicine. IMUNE has a new 12 month home study course that can be bought with Karma and you can learn how to do natural medicine and how to break free from the Ultra Rich control.

Well, the game of Reality Monopoly is still being played all over the world. One percent of the world’s population is winning and now controls over 80% of the wealth. The law allows the game to continue till we will see one winner and 6 billion plus losers.
Quantum Quality Control

DOUBLE Q C

QQC (trademarked)

A DEVICE FOR TESTING THE TRIVECTOR ELECTRICAL SIGNATURE OF HOMEOPATHIC ITEMS

By Eclosion Kft, Budapest, licensed to SCIO International, Romania

Description of Device
Thus device is designed to capture a polographic or voltammetric electrical signature pattern of a liquid compound. Electro chemical analysis of compounds is a tried and tested method of analysis. A review article is contained in the appendix.

The International Journal of the Medical Science of Homeopathy has published a series of articles on this technique. First the early process of analysis was heralded in 1997, and later reviewed in the 2005 volume. Copies of these articles are in the appendix.

The device uses a set of electrodes made of different metals. The different metals invoke an electro-potential. This variant electro potentials will vary the displaced electrons to reflect the electro potential variations to reflect the substance changes.

The device will send a low level variant current thru a substance to be tested. The changes in the potential are then measured thru this scale. A second pass will vary voltage and measure current variations.

Changes in the magnetic or inductance field will be measured. And changes in the dielectric or static field will be reflected in the measurement.

Thus an electro-magnetic-static picture will evolve from the test. Thus three dimensional reflection of the liquid crystal structure of the substance will be measured. This three dimensional field is termed the Trivector (trademarked).

The Trivector field reflects the electro-signature of any item tested.

Potential of measurement
The system operates in a range of Voltages distributed from zero to four volts. The amperage current ranges from zero thru 4 milliamps. The system is designed to test substances not for patient testing.

Declaration of Conformity QQC Maitreya for QQC device

Address of Declaration: Kavaria tér 2., Budapest, Hungary

Product: QQC voltammetry device

Identification:
Model number: QQC model 0022
Device type: Voltammetry device to measure voltammetric signatures of remedies
Rating: 10mA
Safety rating: Class 1

Contact Person: Desiré Dubouneet

The above described product is made and tested to ISO quality standards for safety and efficacy in the European Union.

We at Scio International declare that the product QQC 0022 is made to all European Requirements of safety and efficacy of voltammetry devices. All technical file details have been reviewed and observed.

January 2006

Signature: Desiré Dubouneet
Potential for Homeopathic Enhancement:
The QQC system can run energy into a homeopathic substance to measure the electrical trivector voltametric field or the energetic signature. The energy of the measure affects the tested entity and alters it. The QQC system can be used to alter or improve a homeopathic. This is called the enhancement of the product. The zeta flickering rate of the water is affected, and the trivector field can be stabilized for use.

ELECTRO-SENSE

Everything is made of atoms with electrical fields. Every cell is an electrical dynamo of energetic photonic, quantic electro-magnetic-static activity. The Angel researches the Electro-Sense of humans and the body electric to make a complete energetic medicine device to help save the world, the EPFX / SCIO.

We can take the QQC Voltammetric patterns of different vitamins, homeopathics, nosodes, sarcoles, allogens. Then amplify them over 10 million times and send them into the body as a safe micro current stimulation. Using a recognized scientific method of electro analytical modern chemistry “Transcutaneous Voltammetric Evoked Potential” the biofeedback device EPFX is for over two decades registered around the world as medically safe effective and effective with no side effects.

And this is the reason the powerful Drug Co. hate and fear the messenger Angel, Desire.

SHARK SENSES ELECTRICITY

by Mary Ann Badavi & Stephanie Parker

A shark’s ampullae of Lorenzini are able to feel electric currents at short ranges.

All living things emit a small electrical current, a shark can feel it from 0-8 Hz.

The electro sense in humans has evolved into the Olfaction shape detection sense. Voltammetric shape readings of various homeopathics are used to measure the Electro-Physiological-Reactivity (EPR) of patients.
TVEP

Review of the literature of Transcutaneous Voltammetric Evoked Potential (TVEP) for measuring biological states and changes

Intro

This article will serve as a literature review of current philosophy and utilization of the many techniques of transcutaneous voltammetry TVEP as a basis of our clinical evaluation.

There are many processes for the manufacture of small sensors with reproducible surfaces, including electrochemical sensors. The conductive material can also be formed on the person’s skin (transcutaneous) by many conductive methods. In the Electro-Physiological Reactivity SCIO the sensors or electrodes are a carbon (graphite) impregnated polymer to allow equal availability of electron flow. The SCIO was registered for reactivity measures, stress reduction and muscle measures in 1989 in America. Since the system has been registered world wide as a medical device. The system can measure the reactions of a patient to an applied voltammetric signature. These signatures come from the QQC voltammetric patterns.

(see QQC www.voltametriaqqc.ro)

This Literature review is designed to reflect recent new changes to the wave form application and autofocusing aspects of the device since 2002. These new changes appear now where in any literature and remain company secrets till this TVEP.

The EPFX SCIO TVEP then can calculate the reaction and display the reaction scores. The key electronic process is the autofocusing quality of the program. We interface with the Central Nervous System (CNS) through the system that can sense the electro-potential of the body at the 12 points, apply a transcutaneous electro-voltammetric impulse and measure the reaction. The impulse can be used to stimulate osmosis, pain reduction (TENS), oxygenation, wound healing, trauma repair, allergy desensitization, bioresonance, charge stability, VARHOPE correction, among others. By sensing the quality of the return signal we can see if the last signal sent was well received or was rejected by the CNS. Thus is autofocusing by interfacing with the body electric not the voluntary word oriented conscious but with the unconscious autonomic body electric.

First we measure the charge stability of the patient. This is an electrical indication of the balance of negatively charged particles versus positively charged particles or the ph. We the measure the base electro-potential of the patient in terms of volts, amps, and resistance. Knowing the global norms for patients of various ages, we can see if an applied signal makes the patient gravitate towards normality, or moves him away. A surge on all 12 measured points indicates an Alarm Response, or a negative drastic rejection of an input. These reactions allow us to see if an impulse is accepted or rejected by the patient. This can allow us to thus autofocus a therapy for the patient via measured reaction of stimulus to the CNS and the measured response.

The Autofocus quality interfaces stimulus of the CNS of the client/patient measure of the response and altered next stimulation. A cybernetic loop arranged to balance the electro-physiology of the client. Body variables of Voltage, Amperage, Resistance, Hydration, Oxidation, Charge Stability,
Osmosis, Trauma repair, and Electro-Physiological Reactivity can be detected and effected with this cybernetic loop.

The actual mathematics of the individual item is dependent on the Client reactivity and base readings. First we measure the base electrical factors of the client and compare them to the known standards of norms and demographic data. Reactivity towards the norm constitutes positive reactions away negative. Since we are measuring 238 variables every 2000ths of a second the data analysis methods involve fuzzy non-linear techniques and fast Fourier analysis of curve fit ratios.

The TVEP device uses a variety of wave forms to stimulate and to test the electro-physiology. These wave forms appear in the graphic below.

These waveforms have been developed for various biological stimulation of cellular repair for degenerative or inflammatory tissues. The TVEP device uses these waveforms in the cybernetic loop of treatment and stimulus response to produce maximum electro-physiological repair.

TVEP
- CO2 sensors/ transmitters
calibration-free low-cost infrared sensor for HVAC and OEM application
   www.senseair.com
- Sterile Techniques
   Improve Sterile Techniques Via New Cleaning SOP. See How & Try Samples
   www.Foamtecintlwcc.com
- Oxygen Analyzers
   Extremely Accurate and Easy To Use For Nitrox and Air Quick Checks
   www.Nuvair.com
- Micron Optics, Inc
   Fiber Bragg Grating monitoring systems for optical sensing
   www.micronoptics.com
Representative Image of the EPFX/SCIO:

Inventors:
- Nelson W.C.
- Sirbu C.P.

Application Number:
OSIM Of Romania
M/11506

Publication Date:
10/17/2006

View Patent Images:

Export Citation:

Assignee:
SCIO International, Oradea, Romania

Other Classes:
427/80; 29/592.100, 361/283.200, 156/73.100, 29/417, 361/283.100, 216/65, 427/79, 29/831, 29/846

International Classes:
C12Q1/00; G01N33/543; G01R3/00

Field of Search:
29/846, 29/831, 29/595, 156/73.1, 427/79, 29/417, 29/592.1, 361/301, 361/283, 216/65, 427/80

US Patent References

<table>
<thead>
<tr>
<th>Patent Number</th>
<th>Title</th>
<th>Date</th>
<th>Inventor(s)</th>
</tr>
</thead>
<tbody>
<tr>
<td>3260656</td>
<td>Method and apparatus for electrolytically determining a species in a fluid</td>
<td>July, 1966</td>
<td>Ross, Jr.</td>
</tr>
<tr>
<td>3653841</td>
<td>METHODS AND COMPOSITIONS FOR DETERMINING GLUCOSE IN BLOOD</td>
<td>April, 1972</td>
<td>Klein</td>
</tr>
<tr>
<td>3719564</td>
<td>METHOD AND COMPOSITIONS FOR DETERMINING GLUCOSE IN BLOOD</td>
<td>March, 1973</td>
<td>Lilly, Jr. et al.</td>
</tr>
<tr>
<td>3776832</td>
<td>METHODS AND COMPOSITIONS FOR DETERMINING GLUCOSE IN BLOOD</td>
<td>December, 1973</td>
<td>Oswin et al.</td>
</tr>
<tr>
<td>3837339</td>
<td>METHODS AND COMPOSITIONS FOR DETERMINING GLUCOSE IN BLOOD</td>
<td>September, 1974</td>
<td>Aisenberg et al.</td>
</tr>
<tr>
<td>3911901</td>
<td>METHODS AND COMPOSITIONS FOR DETERMINING GLUCOSE IN BLOOD</td>
<td>October, 1975</td>
<td>Niedrach et al.</td>
</tr>
<tr>
<td>3926760</td>
<td>METHODS AND COMPOSITIONS FOR DETERMINING GLUCOSE IN BLOOD</td>
<td>December, 1975</td>
<td>Allen et al.</td>
</tr>
<tr>
<td>3972320</td>
<td>METHODS AND COMPOSITIONS FOR DETERMINING GLUCOSE IN BLOOD</td>
<td>August, 1976</td>
<td>Kalman</td>
</tr>
<tr>
<td>3979274</td>
<td>METHODS AND COMPOSITIONS FOR DETERMINING GLUCOSE IN BLOOD</td>
<td>September, 1976</td>
<td>Newman</td>
</tr>
<tr>
<td>4008717</td>
<td>METHODS AND COMPOSITIONS FOR DETERMINING GLUCOSE IN BLOOD</td>
<td>February, 1977</td>
<td>Kowarski</td>
</tr>
<tr>
<td>4016866</td>
<td>METHODS AND COMPOSITIONS FOR DETERMINING GLUCOSE IN BLOOD</td>
<td>April, 1977</td>
<td>Lawton</td>
</tr>
<tr>
<td>4055175</td>
<td>METHODS AND COMPOSITIONS FOR DETERMINING GLUCOSE IN BLOOD</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Title</td>
<td>Date</td>
<td>Authors</td>
<td></td>
</tr>
<tr>
<td>----------------------------------------------------------------------</td>
<td>------------</td>
<td>-----------------------</td>
<td></td>
</tr>
<tr>
<td>Blood glucose control apparatus</td>
<td>October, 1977</td>
<td>Clemens et al.</td>
<td></td>
</tr>
<tr>
<td>4059406</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Electrochemical detector system</td>
<td>November, 1977</td>
<td>Fleet</td>
<td></td>
</tr>
<tr>
<td>4076596</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Apparatus for electrolytically determining a species in a fluid and method of use</td>
<td>February, 1978</td>
<td>Connery et al.</td>
<td></td>
</tr>
<tr>
<td>4098574</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Glucose detection system free from fluoride-ion interference</td>
<td>July, 1978</td>
<td>Dappen</td>
<td></td>
</tr>
<tr>
<td>4100048</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Polarographic cell</td>
<td>July, 1978</td>
<td>Pompei et al.</td>
<td></td>
</tr>
<tr>
<td>4151845</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Blood glucose control apparatus</td>
<td>May, 1979</td>
<td>Clemens</td>
<td></td>
</tr>
<tr>
<td>4168205</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Method for the determination of substrates or enzyme activities</td>
<td>September, 1979</td>
<td>Danninger et al.</td>
<td></td>
</tr>
<tr>
<td>4172770</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Flow-through electrochemical system analytical method</td>
<td>October, 1979</td>
<td>Semersky et al.</td>
<td></td>
</tr>
<tr>
<td>4178916</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Diabetic insulin alarm system</td>
<td>December, 1979</td>
<td>McNamara</td>
<td></td>
</tr>
<tr>
<td>4206755</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Method and apparatus for the control and regulation of glycemia</td>
<td>June, 1980</td>
<td>Klein</td>
<td></td>
</tr>
<tr>
<td>4224125</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Enzyme electrode</td>
<td>September, 1980</td>
<td>Nakamura et al.</td>
<td></td>
</tr>
<tr>
<td>4240438</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Method for monitoring blood glucose levels and elements</td>
<td>December, 1980</td>
<td>Updike et al.</td>
<td></td>
</tr>
<tr>
<td>4247297</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4340458</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Glucose sensor</td>
<td>July, 1982</td>
<td>Lerner et al.</td>
<td></td>
</tr>
<tr>
<td>4352960</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Magnetic transcutaneous mount for external device of an associated implant</td>
<td>October, 1982</td>
<td>Dormer et al.</td>
<td></td>
</tr>
<tr>
<td>4356074</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Substrate specific galactose oxidase enzyme electrodes</td>
<td>October, 1982</td>
<td>Johnson</td>
<td></td>
</tr>
<tr>
<td>4365637</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Perspiration indicating alarm for diabetics</td>
<td>December, 1982</td>
<td>Johnson</td>
<td></td>
</tr>
<tr>
<td>4366033</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Method for determining the concentration of sugar using an electrocatalytic sugar sensor</td>
<td>December, 1982</td>
<td>Richter et al.</td>
<td></td>
</tr>
<tr>
<td>4375399</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Molecule selective sensor for industrial use and procedure for its preparation</td>
<td>March, 1983</td>
<td>Havas et al.</td>
<td></td>
</tr>
<tr>
<td>4384586</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Method and apparatus for pH recording</td>
<td>May, 1983</td>
<td>Christiansen</td>
<td></td>
</tr>
<tr>
<td>4390621</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Method and device for detecting glucose concentration</td>
<td>June, 1983</td>
<td>Bauer</td>
<td></td>
</tr>
<tr>
<td>4401122</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cutaneous methods of measuring body substances</td>
<td>August, 1983</td>
<td>Clark, Jr.</td>
<td></td>
</tr>
<tr>
<td>Patent Number</td>
<td>Publication Date</td>
<td>Invention Description</td>
<td></td>
</tr>
<tr>
<td>---------------</td>
<td>------------------</td>
<td>-----------------------</td>
<td></td>
</tr>
<tr>
<td>4404066</td>
<td>September, 1983</td>
<td>Method for quantitatively determining a particular substrate catalyzed by a multisubstrate enzyme</td>
<td></td>
</tr>
<tr>
<td>4418148</td>
<td>November, 1983</td>
<td>Multilayer enzyme electrode membrane</td>
<td></td>
</tr>
<tr>
<td>4427770</td>
<td>January, 1984</td>
<td>High glucose-determining analytical element</td>
<td></td>
</tr>
<tr>
<td>4431004</td>
<td>February, 1984</td>
<td>Implantable glucose sensor</td>
<td></td>
</tr>
<tr>
<td>4436094</td>
<td>March, 1984</td>
<td>Monitor for continuous in vivo measurement of glucose concentration</td>
<td></td>
</tr>
<tr>
<td>4440175</td>
<td>April, 1984</td>
<td>Membrane electrode for non-ionic species</td>
<td></td>
</tr>
<tr>
<td>4450842</td>
<td>May, 1984</td>
<td>Solid state reference electrode</td>
<td></td>
</tr>
<tr>
<td>4458686</td>
<td>July, 1984</td>
<td>Cutaneous methods of measuring body substances</td>
<td></td>
</tr>
<tr>
<td>4461691</td>
<td>July, 1984</td>
<td>Organic conductive films for semiconductor electrodes</td>
<td></td>
</tr>
<tr>
<td>4469110</td>
<td>September, 1984</td>
<td>Device for causing a pinprick to obtain and to test a drop of blood</td>
<td></td>
</tr>
<tr>
<td>4477314</td>
<td>October, 1984</td>
<td>Method for determining sugar concentration</td>
<td></td>
</tr>
<tr>
<td>4484987</td>
<td>November, 1984</td>
<td>Method and membrane applicable to implantable sensor</td>
<td></td>
</tr>
<tr>
<td>4522690</td>
<td>June, 1985</td>
<td>Electrochemical sensing of carbon monoxide</td>
<td></td>
</tr>
<tr>
<td>4524114</td>
<td>June, 1985</td>
<td>Bifunctional air electrode</td>
<td></td>
</tr>
<tr>
<td>4526661</td>
<td>July, 1985</td>
<td>Electrochemical hydrogenation of nicotinamide adenine dinucleotide</td>
<td></td>
</tr>
<tr>
<td>4534356</td>
<td>August, 1985</td>
<td>Solid state transcutaneous blood gas sensors</td>
<td></td>
</tr>
<tr>
<td>4538616</td>
<td>September, 1985</td>
<td>Blood sugar level sensing and monitoring transducer</td>
<td></td>
</tr>
<tr>
<td>4543955</td>
<td>October, 1985</td>
<td>System for controlling body implantable action device</td>
<td></td>
</tr>
<tr>
<td>4545382</td>
<td>October, 1985</td>
<td>Sensor for components of a liquid mixture</td>
<td></td>
</tr>
<tr>
<td>4552840</td>
<td>November, 1985</td>
<td>Enzyme electrode and method for dextran analysis</td>
<td></td>
</tr>
<tr>
<td>4560534</td>
<td>December, 1985</td>
<td>Polymer catalyst transducers</td>
<td></td>
</tr>
<tr>
<td>4571292</td>
<td>February, 1986</td>
<td>Apparatus for electrochemical measurements</td>
<td></td>
</tr>
<tr>
<td>4573994</td>
<td>March, 1986</td>
<td>Refillable medication infusion apparatus</td>
<td></td>
</tr>
<tr>
<td>Patent No.</td>
<td>Title</td>
<td>Date</td>
<td>Inventor(s)</td>
</tr>
<tr>
<td>-------------</td>
<td>----------------------------------------------------------------------</td>
<td>--------------</td>
<td>-------------</td>
</tr>
<tr>
<td>4655885</td>
<td>Surface-modified electrode and its use in a bioelectrochemical process</td>
<td>April, 1987</td>
<td>Hill et al.</td>
</tr>
<tr>
<td>4671288</td>
<td>Electrochemical cell sensor for continuous short-term use in tissues and blood</td>
<td>June, 1987</td>
<td>Gough</td>
</tr>
<tr>
<td>4679562</td>
<td>Glucose sensor</td>
<td>July, 1987</td>
<td>Luksha</td>
</tr>
<tr>
<td>4680268</td>
<td>Implantable gas-containing biosensor and method for measuring an analyte such as glucose</td>
<td>July, 1987</td>
<td>Clark, Jr.</td>
</tr>
<tr>
<td>4682602</td>
<td>Probe for medical application</td>
<td>July, 1987</td>
<td>Prohaska</td>
</tr>
<tr>
<td>4684537</td>
<td>Process for the sensitization of an oxidation/reduction photocatalyst, and photocatalyst thus obtained</td>
<td>August, 1987</td>
<td>Graetzel et al.</td>
</tr>
<tr>
<td>4685463</td>
<td>Device for continuous in vivo measurement of blood glucose concentrations</td>
<td>August, 1987</td>
<td>Williams</td>
</tr>
<tr>
<td>4703756</td>
<td>Complete glucose monitoring system with an implantable, telemetered sensor module</td>
<td>November, 1987</td>
<td>Gough et al.</td>
</tr>
<tr>
<td>4711245</td>
<td>Sensor for components of a liquid mixture</td>
<td>December, 1987</td>
<td>Higgins et al.</td>
</tr>
<tr>
<td>4717673</td>
<td>Microelectrochemical devices</td>
<td>January, 1988</td>
<td>Wrighton et al.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Patent No.</th>
<th>Title</th>
<th>Date</th>
<th>Inventor(s)</th>
</tr>
</thead>
<tbody>
<tr>
<td>4655885</td>
<td>Surface-modified electrode and its use in a bioelectrochemical process</td>
<td>April, 1987</td>
<td>Hill et al.</td>
</tr>
<tr>
<td>4671288</td>
<td>Electrochemical cell sensor for continuous short-term use in tissues and blood</td>
<td>June, 1987</td>
<td>Gough</td>
</tr>
<tr>
<td>4679562</td>
<td>Glucose sensor</td>
<td>July, 1987</td>
<td>Luksha</td>
</tr>
<tr>
<td>4680268</td>
<td>Implantable gas-containing biosensor and method for measuring an analyte such as glucose</td>
<td>July, 1987</td>
<td>Clark, Jr.</td>
</tr>
<tr>
<td>4682602</td>
<td>Probe for medical application</td>
<td>July, 1987</td>
<td>Prohaska</td>
</tr>
<tr>
<td>4684537</td>
<td>Process for the sensitization of an oxidation/reduction photocatalyst, and photocatalyst thus obtained</td>
<td>August, 1987</td>
<td>Graetzel et al.</td>
</tr>
<tr>
<td>4685463</td>
<td>Device for continuous in vivo measurement of blood glucose concentrations</td>
<td>August, 1987</td>
<td>Williams</td>
</tr>
<tr>
<td>4703756</td>
<td>Complete glucose monitoring system with an implantable, telemetered sensor module</td>
<td>November, 1987</td>
<td>Gough et al.</td>
</tr>
<tr>
<td>4711245</td>
<td>Sensor for components of a liquid mixture</td>
<td>December, 1987</td>
<td>Higgins et al.</td>
</tr>
<tr>
<td>4717673</td>
<td>Microelectrochemical devices</td>
<td>January, 1988</td>
<td>Wrighton et al.</td>
</tr>
</tbody>
</table>

4655885 | Surface-modified electrode and its use in a bioelectrochemical process | April, 1987 | Hill et al. |
4671288 | Electrochemical cell sensor for continuous short-term use in tissues and blood | June, 1987 | Gough |
4679562 | Glucose sensor | July, 1987 | Luksha |
4680268 | Implantable gas-containing biosensor and method for measuring an analyte such as glucose | July, 1987 | Clark, Jr. |
4682602 | Probe for medical application | July, 1987 | Prohaska |
4684537 | Process for the sensitization of an oxidation/reduction photocatalyst, and photocatalyst thus obtained | August, 1987 | Graetzel et al. |
4685463 | Device for continuous in vivo measurement of blood glucose concentrations | August, 1987 | Williams |
4703756 | Complete glucose monitoring system with an implantable, telemetered sensor module | November, 1987 | Gough et al. |
4711245 | Sensor for components of a liquid mixture | December, 1987 | Higgins et al. |
4717673 | Microelectrochemical devices | January, 1988 | Wrighton et al. |
<table>
<thead>
<tr>
<th>Publication Number</th>
<th>Issue Date</th>
<th>Authors</th>
</tr>
</thead>
<tbody>
<tr>
<td>4721677</td>
<td>January 1988</td>
<td>Wrighton et al.</td>
</tr>
<tr>
<td>4726378</td>
<td>January 1988</td>
<td>Clark, Jr.</td>
</tr>
<tr>
<td>4726716</td>
<td>February 1988</td>
<td>McGuire</td>
</tr>
<tr>
<td>4757022</td>
<td>July 1988</td>
<td>Shults et al.</td>
</tr>
<tr>
<td>4758323</td>
<td>July 1988</td>
<td>Davis et al.</td>
</tr>
<tr>
<td>4759371</td>
<td>July 1988</td>
<td>Franetzki</td>
</tr>
<tr>
<td>4759828</td>
<td>July 1988</td>
<td>Young et al.</td>
</tr>
<tr>
<td>4764416</td>
<td>August 1988</td>
<td>Ueyama et al.</td>
</tr>
<tr>
<td>4776944</td>
<td>October 1988</td>
<td>Janata et al.</td>
</tr>
<tr>
<td>4781798</td>
<td>November 1988</td>
<td>Gough</td>
</tr>
<tr>
<td>4784736</td>
<td>November 1988</td>
<td>Lonsdale et al.</td>
</tr>
<tr>
<td>4795707</td>
<td>January 1989</td>
<td>Niiyama et al.</td>
</tr>
<tr>
<td>4796634</td>
<td>January 1989</td>
<td>Huntsman et al.</td>
</tr>
<tr>
<td>4805624</td>
<td>February 1989</td>
<td>Yao et al.</td>
</tr>
<tr>
<td>4813424</td>
<td>April 1989</td>
<td>Newhouse et al.</td>
</tr>
<tr>
<td>4820399</td>
<td>April 1989</td>
<td>Cohen et al.</td>
</tr>
<tr>
<td>4822337</td>
<td>April 1989</td>
<td>Senda et al.</td>
</tr>
<tr>
<td>4830959</td>
<td>May 1989</td>
<td>McNeil et al.</td>
</tr>
<tr>
<td>4832797</td>
<td>May 1989</td>
<td>Vagdama et al.</td>
</tr>
<tr>
<td>RE32947</td>
<td>May 1989</td>
<td></td>
</tr>
<tr>
<td>Title</td>
<td>Date</td>
<td>Inventor(s)</td>
</tr>
<tr>
<td>----------------------------------------------------------------------</td>
<td>------------</td>
<td>-------------------</td>
</tr>
<tr>
<td>Magnetic transcutaneous mount for external device of an associated implant</td>
<td>June, 1989</td>
<td>Dormer et al.</td>
</tr>
<tr>
<td>Electrochemical assay for nucleic acids and nucleic acid probes</td>
<td>June, 1989</td>
<td>Hill et al.</td>
</tr>
<tr>
<td>Medical electrode assembly</td>
<td>July, 1989</td>
<td>Finch</td>
</tr>
<tr>
<td>Implantable medication infusion system</td>
<td>October, 1989</td>
<td>Feingold</td>
</tr>
<tr>
<td>Biosensor</td>
<td>October, 1989</td>
<td>Nagata et al.</td>
</tr>
<tr>
<td>Microelectrochemical sensor and sensor array</td>
<td>October, 1989</td>
<td>Madou et al.</td>
</tr>
<tr>
<td>Two-dimensional diffusion glucose substrate sensing electrode</td>
<td>January, 1990</td>
<td>Gough</td>
</tr>
<tr>
<td>Enzyme electrode</td>
<td>January, 1990</td>
<td>Takizawa et al.</td>
</tr>
<tr>
<td>Pulse voltammetry</td>
<td>January, 1990</td>
<td>Lewandowski et al.</td>
</tr>
<tr>
<td>Biosensor and method for making the same</td>
<td>January, 1990</td>
<td>Nankai et al.</td>
</tr>
<tr>
<td>Electrochemical concentration detector method</td>
<td>March, 1990</td>
<td>Ross et al.</td>
</tr>
<tr>
<td>Measuring with zero volume cell</td>
<td>March, 1990</td>
<td>Parce et al.</td>
</tr>
<tr>
<td>Functional, photochemically active, and chemically asymmetric membranes by interfacial polymerization of derivatized multifunctional prepolymers</td>
<td>April, 1990</td>
<td>Lonsdale et al.</td>
</tr>
<tr>
<td>Implantable electrochemical sensor</td>
<td>April, 1990</td>
<td>Zier et al.</td>
</tr>
<tr>
<td>Sensor and method for analyte determination</td>
<td>April, 1990</td>
<td>Vadgama et al.</td>
</tr>
<tr>
<td>Enzyme electrode unit</td>
<td>May, 1990</td>
<td>Katayama et al.</td>
</tr>
<tr>
<td>Enzyme sensor</td>
<td>May, 1990</td>
<td>Yamaguchi et al.</td>
</tr>
<tr>
<td>Intravascular blood parameter measurement system</td>
<td>June, 1990</td>
<td>Maxwell</td>
</tr>
<tr>
<td>Methods of operating enzyme electrode sensors</td>
<td>June, 1990</td>
<td>Churchouse</td>
</tr>
<tr>
<td>Implantable microelectronic biochemical sensor incorporating thin film thermopile</td>
<td>June, 1990</td>
<td>Guilbeau et al.</td>
</tr>
<tr>
<td>Electrode for electrochemical sensors</td>
<td>July, 1990</td>
<td>Wogoman</td>
</tr>
<tr>
<td>High speed digital telemetry system for implantable device</td>
<td>July, 1990</td>
<td>Silvian</td>
</tr>
<tr>
<td>Biosensor</td>
<td>August, 1990</td>
<td>Nagata</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Description</td>
<td>Date</td>
<td>Inventor(s)</td>
</tr>
<tr>
<td>----------------------------------------------------------------------------</td>
<td>------------</td>
<td>-----------------------------------</td>
</tr>
<tr>
<td>Blood glucose monitoring system</td>
<td>September 1990</td>
<td>DeMarzo</td>
</tr>
<tr>
<td>4954129</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Hydrodynamic clot flushing</td>
<td>September 1990</td>
<td>Giuliani et al.</td>
</tr>
<tr>
<td>4960468</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Electrode array for use in connection with a living body and method of manufacture</td>
<td>November 1990</td>
<td>Byers et al.</td>
</tr>
<tr>
<td>4970145</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Immobilized enzyme electrodes</td>
<td>November 1990</td>
<td>Bennetto et al.</td>
</tr>
<tr>
<td>4974929</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Fiber optical probe connector for physiologic measurement devices</td>
<td>December 1990</td>
<td>Curry</td>
</tr>
<tr>
<td>4986271</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Vivo refillable glucose sensor</td>
<td>January 1991</td>
<td>Wilkins</td>
</tr>
<tr>
<td>4994167</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Biological fluid measuring device</td>
<td>February 1991</td>
<td>Shults et al.</td>
</tr>
<tr>
<td>5001054</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Method for monitoring glucose</td>
<td>March 1991</td>
<td>Wagner</td>
</tr>
<tr>
<td>5058592</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Adjustable mountable doppler ultrasound transducer device</td>
<td>October 1991</td>
<td>Whisler</td>
</tr>
<tr>
<td>5070535</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Transcutaneous power and signal transmission system and methods for increased signal transmission efficiency</td>
<td>December 1991</td>
<td>Hochmair et al.</td>
</tr>
<tr>
<td>5082550</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Enzyme electrochemical sensor electrode and method of making it</td>
<td>January 1992</td>
<td>Rishpon et al.</td>
</tr>
<tr>
<td>5082786</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Glucose sensor with gel-immobilized glucose oxidase and gluconolactonase</td>
<td>January 1992</td>
<td>Nakamoto</td>
</tr>
<tr>
<td>5089112</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Electrochemical biosensor based on immobilized enzymes and redox polymers</td>
<td>February 1992</td>
<td>Skotheim et al.</td>
</tr>
<tr>
<td>5095904</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Multi-peak speech procession</td>
<td>March 1992</td>
<td>Seligman et al.</td>
</tr>
<tr>
<td>5101814</td>
<td></td>
<td></td>
</tr>
<tr>
<td>System for monitoring and controlling blood glucose</td>
<td>April 1992</td>
<td>Palti</td>
</tr>
<tr>
<td>5108564</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Method and apparatus for amperometric diagnostic analysis</td>
<td>April 1992</td>
<td>Szuminsky et al.</td>
</tr>
<tr>
<td>5109850</td>
<td></td>
<td></td>
</tr>
<tr>
<td>5120420</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Biosensor and a process for preparation thereof</td>
<td>June 1992</td>
<td>Nankai et al.</td>
</tr>
<tr>
<td>5126034</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Bioelectrochemical electrodes</td>
<td>June 1992</td>
<td>Carter et al.</td>
</tr>
<tr>
<td>5133856</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Ion sensor</td>
<td>July 1992</td>
<td>Yamaguchi et al.</td>
</tr>
<tr>
<td>5135003</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Automatic sphygmomanometer</td>
<td>August 1992</td>
<td>Souma</td>
</tr>
<tr>
<td>5141868</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Device for use in chemical test procedures</td>
<td>August 1992</td>
<td>Shanks et al.</td>
</tr>
<tr>
<td>5161532</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Publication Date</td>
<td>Inventor(s)</td>
<td>Title</td>
</tr>
<tr>
<td>------------------</td>
<td>-------------</td>
<td>-------</td>
</tr>
<tr>
<td>November, 1992</td>
<td>Joseph</td>
<td>Integral interstitial fluid sensor</td>
</tr>
<tr>
<td>November, 1992</td>
<td>Wilson et al.</td>
<td>Implantable glucose sensor</td>
</tr>
<tr>
<td>December, 1992</td>
<td>Schoonen et al.</td>
<td>Process for using a measuring cell assembly for glucose determination</td>
</tr>
<tr>
<td>March, 1993</td>
<td>Palti</td>
<td>System for monitoring and controlling blood glucose</td>
</tr>
<tr>
<td>March, 1993</td>
<td>Wang et al.</td>
<td>Method and apparatus for batch injection analysis</td>
</tr>
<tr>
<td>March, 1993</td>
<td>Aizawa et al.</td>
<td>Homogeneous amperometric immunoassay</td>
</tr>
<tr>
<td>April, 1993</td>
<td>Musho et al.</td>
<td>Conductive sensors and their use in diagnostic assays</td>
</tr>
<tr>
<td>April, 1993</td>
<td>Oyama et al.</td>
<td>Enzyme sensor and method of manufacturing the same</td>
</tr>
<tr>
<td>May, 1993</td>
<td>Weaver et al.</td>
<td>Reversibly immobilized biological materials in monolayer films on electrodes</td>
</tr>
<tr>
<td>May, 1993</td>
<td>Gilli</td>
<td>Apparatus and method employing plural electrode configurations for cardioversion of atrial fibrillation in an arrhythmia control system</td>
</tr>
<tr>
<td>June, 1993</td>
<td>Smith et al.</td>
<td>Electrochemical gas sensor</td>
</tr>
<tr>
<td>July, 1993</td>
<td>Yoshioka et al.</td>
<td>Preparation of biosensor having a layer containing an enzyme, electron acceptor and hydrophilic polymer on an electrode system</td>
</tr>
<tr>
<td>October, 1993</td>
<td>Musho et al.</td>
<td>Use of conductive sensors in diagnostic assays</td>
</tr>
<tr>
<td>November, 1993</td>
<td>Gregg et al.</td>
<td>Enzyme electrodes</td>
</tr>
<tr>
<td>November, 1993</td>
<td>Heller et al.</td>
<td>Interferant eliminating biosensors</td>
</tr>
<tr>
<td>November, 1993</td>
<td>Yoshioka et al.</td>
<td>Biosensor and a method for measuring a concentration of a substrate in a sample</td>
</tr>
<tr>
<td>November, 1993</td>
<td>Gregg et al.</td>
<td>Enzyme electrodes</td>
</tr>
<tr>
<td>November, 1993</td>
<td>McAleer et al.</td>
<td>Enhanced amperometric sensor</td>
</tr>
<tr>
<td>December, 1993</td>
<td>Wong</td>
<td>Method for measuring glucose</td>
</tr>
<tr>
<td>January, 1994</td>
<td>Anderson et al.</td>
<td>Medical diagnostic system</td>
</tr>
<tr>
<td>February, 1994</td>
<td>Hoenes et al.</td>
<td>Method and sensor electrode system for the electrochemical determination of an analyte or an oxidoreductase as well as the use of suitable compounds therefor</td>
</tr>
<tr>
<td>February, 1994</td>
<td>Yacynych et al.</td>
<td>Surface-modified electrochemical biosensor</td>
</tr>
<tr>
<td>Patent Number</td>
<td>Invention Description</td>
<td>Date</td>
</tr>
<tr>
<td>---------------</td>
<td>---------------------------------------------------------------------------------------</td>
<td>------------</td>
</tr>
<tr>
<td>5288636</td>
<td>Enzyme electrode system</td>
<td>February, 1994</td>
</tr>
<tr>
<td>5293546</td>
<td>Oxide coated metal grid electrode structure in display devices</td>
<td>March, 1994</td>
</tr>
<tr>
<td>5320098</td>
<td>Optical transdermal link</td>
<td>June, 1994</td>
</tr>
<tr>
<td>5320725</td>
<td>Electrode and method for the detection of hydrogen peroxide</td>
<td>June, 1994</td>
</tr>
<tr>
<td>5322063</td>
<td>Hydrophilic polyurethane membranes for electrochemical glucose sensors</td>
<td>June, 1994</td>
</tr>
<tr>
<td>5337747</td>
<td>Implantable device for estimating glucose levels</td>
<td>August, 1994</td>
</tr>
<tr>
<td>5352348</td>
<td>Method of using enzyme electrode</td>
<td>October, 1994</td>
</tr>
<tr>
<td>5356786</td>
<td>Interferant eliminating biosensor</td>
<td>October, 1994</td>
</tr>
<tr>
<td>5368028</td>
<td>System for monitoring and controlling blood and tissue constituent levels</td>
<td>November, 1994</td>
</tr>
<tr>
<td>5372133</td>
<td>Implantable biomedical sensor device, suitable in particular for measuring the concentration of glucose</td>
<td>December, 1994</td>
</tr>
<tr>
<td>5376251</td>
<td>Carbon micro-sensor electrode and method for preparing it</td>
<td>December, 1994</td>
</tr>
<tr>
<td>5378628</td>
<td>Sensor for measuring the amount of a component in solution</td>
<td>January, 1995</td>
</tr>
<tr>
<td>5387327</td>
<td>Implantable non-enzymatic electrochemical glucose sensor</td>
<td>February, 1995</td>
</tr>
<tr>
<td>5390671</td>
<td>Transcutaneous sensor insertion set</td>
<td>February, 1995</td>
</tr>
<tr>
<td>5391250</td>
<td>Method of fabricating thin film sensors</td>
<td>February, 1995</td>
</tr>
<tr>
<td>5395504</td>
<td>Electrochemical measuring system with multizone sensors</td>
<td>March, 1995</td>
</tr>
<tr>
<td>5411647</td>
<td>Techniques to improve the performance of electrochemical sensors</td>
<td>May, 1995</td>
</tr>
<tr>
<td>5437999</td>
<td>Electrochemical sensor</td>
<td>March, 1995</td>
</tr>
<tr>
<td>5469846</td>
<td>Implantable non-enzymatic electrochemical glucose sensor</td>
<td>November, 1995</td>
</tr>
<tr>
<td>5494562</td>
<td>Electrochemical sensors</td>
<td>February, 1996</td>
</tr>
<tr>
<td>5496453</td>
<td>Biosensor and method of quantitative analysis using the same</td>
<td>March, 1996</td>
</tr>
<tr>
<td>5497772</td>
<td>Glucose monitoring system</td>
<td>March, 1996</td>
</tr>
<tr>
<td>5531878</td>
<td>Sensor devices</td>
<td>July, 1996</td>
</tr>
<tr>
<td>5545191</td>
<td>Sensor devices</td>
<td>July, 1996</td>
</tr>
<tr>
<td>Patent</td>
<td></td>
<td>Date</td>
</tr>
<tr>
<td>--------</td>
<td>-------</td>
<td>------------</td>
</tr>
<tr>
<td>5560357</td>
<td>October, 1996</td>
<td>Mann et al.</td>
</tr>
<tr>
<td>5560357</td>
<td>October, 1996</td>
<td>Faupel et al.</td>
</tr>
<tr>
<td>556085</td>
<td>October, 1996</td>
<td>Ikeda et al.</td>
</tr>
<tr>
<td>5567302</td>
<td>October, 1996</td>
<td>Song et al.</td>
</tr>
<tr>
<td>5568806</td>
<td>October, 1996</td>
<td>Cheney, II et al.</td>
</tr>
<tr>
<td>5569186</td>
<td>October, 1996</td>
<td>Lord et al.</td>
</tr>
<tr>
<td>5582184</td>
<td>December, 1996</td>
<td>Erickson et al.</td>
</tr>
<tr>
<td>5582697</td>
<td>December, 1996</td>
<td>Ikeda et al.</td>
</tr>
<tr>
<td>5582698</td>
<td>December, 1996</td>
<td>Flaherty et al.</td>
</tr>
<tr>
<td>5586553</td>
<td>December, 1996</td>
<td>Halli et al.</td>
</tr>
<tr>
<td>5589326</td>
<td>December, 1996</td>
<td>Deng et al.</td>
</tr>
<tr>
<td>5593852</td>
<td>January, 1997</td>
<td>Heller et al.</td>
</tr>
<tr>
<td>5617851</td>
<td>April, 1997</td>
<td>Lipkovker</td>
</tr>
<tr>
<td>5628890</td>
<td>May, 1997</td>
<td>Carter et al.</td>
</tr>
<tr>
<td>5651869</td>
<td>July, 1997</td>
<td>Yoshioka et al.</td>
</tr>
<tr>
<td>5660163</td>
<td>August, 1997</td>
<td>Schulman et al.</td>
</tr>
<tr>
<td>5670031</td>
<td>September, 1997</td>
<td>Hintsche et al.</td>
</tr>
<tr>
<td>5680858</td>
<td>October, 1997</td>
<td>Hansen et al.</td>
</tr>
<tr>
<td>5682233</td>
<td>October, 1997</td>
<td>Brinda</td>
</tr>
<tr>
<td>5695623</td>
<td>December, 1997</td>
<td>Michel et al.</td>
</tr>
<tr>
<td>5708247</td>
<td>January, 1998</td>
<td>McAleer et al.</td>
</tr>
</tbody>
</table>
### Device for monitoring changes in analyte concentration

**5711861**  
Device for monitoring changes in analyte concentration  
January, 1998  
Ward et al.

### Portable biochemical measurement device using an enzyme sensor

**5711862**  
Portable biochemical measurement device using an enzyme sensor  
January, 1998  
Sakoda et al.

### System and method for continuous monitoring of diabetes-related blood constituents

**5741211**  
System and method for continuous monitoring of diabetes-related blood constituents  
April, 1998  
Renirie et al.

### Analyte-controlled liquid delivery device and analyte monitor

**5807375**  
Analyte-controlled liquid delivery device and analyte monitor  
September, 1998  
Gross et al.

### Diabetes management system and method for controlling blood glucose

**5822715**  
Diabetes management system and method for controlling blood glucose  
October, 1998  
Worthington et al.

### Monitoring method and monitoring equipment

**5840020**  
Monitoring method and monitoring equipment  
November, 1998  
Heinonen et al.

### Foreign References

**DE2903216**  
Electrostatographic processing system  
August, 1979

**DE227029**  
Thin carbon-cloth-based electrocatalytic gas diffusion electrodes, processes, and electrochemical cells comprising the same  
September, 1985

**DE3740149**  
Substrate specific galactose oxidase enzyme electrodes  
June, 1989

**DE33134299**  
Electrostatographic processing system  
October, 1990

**EP0010375**  
Thin carbon-cloth-based electrocatalytic gas diffusion electrodes, processes, and electrochemical cells comprising the same  
April, 1980

**EP0026995**  
Substrate specific galactose oxidase enzyme electrodes  
April, 1981

**EP0048090**  
Substrate specific galactose oxidase enzyme electrodes  
March, 1982
<table>
<thead>
<tr>
<th>Patent Number</th>
<th>Date</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>EP0127958</td>
<td>December, 1984</td>
<td>Sensor electrode systems.</td>
</tr>
<tr>
<td>EP0136362</td>
<td>April, 1985</td>
<td>BIOSENSOR.</td>
</tr>
<tr>
<td>EP0177743</td>
<td>April, 1986</td>
<td>Enzyme electrodes.</td>
</tr>
<tr>
<td>EP0193676</td>
<td>September, 1986</td>
<td>Solid state electrode.</td>
</tr>
<tr>
<td>EP0230472</td>
<td>August, 1987</td>
<td>BIOSENSOR AND METHOD OF MANUFACTURING SAME.</td>
</tr>
<tr>
<td>EP0359831</td>
<td>March, 1990</td>
<td>BIOSENSOR AND PROCESS FOR ITS PRODUCTION</td>
</tr>
<tr>
<td>GB1394171</td>
<td>May, 1975</td>
<td></td>
</tr>
<tr>
<td>GB1599241</td>
<td>September, 1981</td>
<td></td>
</tr>
<tr>
<td>GB2073891</td>
<td>October, 1981</td>
<td></td>
</tr>
<tr>
<td>GB2154003</td>
<td>February, 1988</td>
<td></td>
</tr>
<tr>
<td>GB2204408</td>
<td>November, 1988</td>
<td></td>
</tr>
<tr>
<td>GB2254436</td>
<td>October, 1992</td>
<td></td>
</tr>
<tr>
<td>GB2287472</td>
<td>September, 1995</td>
<td></td>
</tr>
<tr>
<td>JP0441191</td>
<td>April, 1979</td>
<td></td>
</tr>
<tr>
<td>JP5510581</td>
<td>January, 1980</td>
<td></td>
</tr>
<tr>
<td>JP5510583</td>
<td>January, 1980</td>
<td></td>
</tr>
<tr>
<td>JP5510584</td>
<td>January, 1980</td>
<td></td>
</tr>
<tr>
<td>JP5512406</td>
<td>January, 1980</td>
<td></td>
</tr>
<tr>
<td>JP56163447</td>
<td>December, 1981</td>
<td>ENZYME ELECTRODE.</td>
</tr>
<tr>
<td>JP5770448</td>
<td>April, 1982</td>
<td></td>
</tr>
<tr>
<td>JP60173457</td>
<td>September, 1985</td>
<td>BIOSENSOR.</td>
</tr>
<tr>
<td>JP60173458</td>
<td>September, 1985</td>
<td>BIOSENSOR.</td>
</tr>
<tr>
<td>JP60173459</td>
<td>September, 1985</td>
<td>BIOSENSOR.</td>
</tr>
<tr>
<td>JP6190050</td>
<td>May, 1986</td>
<td></td>
</tr>
<tr>
<td>JP6285855</td>
<td>April, 1987</td>
<td></td>
</tr>
<tr>
<td>JP62114747</td>
<td>May, 1987</td>
<td>CONTINUOUS CASTING METHOD FOR METALLIC BAR.</td>
</tr>
<tr>
<td>JP6358149</td>
<td>March, 1988</td>
<td></td>
</tr>
<tr>
<td>JP63128252</td>
<td>May, 1988</td>
<td>BIOSENSOR.</td>
</tr>
<tr>
<td>JP63139246</td>
<td>June, 1988</td>
<td>BIOSENSOR.</td>
</tr>
<tr>
<td>JP63294799</td>
<td>December, 1988</td>
<td>METHOD FOR SIMULTANEOUNSY MEASURING GLUCOSE AND 1,5-AnHYDROGLYCITOL.</td>
</tr>
<tr>
<td>JP63317757</td>
<td>December, 1988</td>
<td>GLUCOSE SENSOR.</td>
</tr>
<tr>
<td>JP63317758</td>
<td>December, 1988</td>
<td>MANUFACTURE OF BIOSENSOR.</td>
</tr>
<tr>
<td>JP1114746</td>
<td>May, 1989</td>
<td></td>
</tr>
<tr>
<td>JP1114747</td>
<td>May, 1989</td>
<td></td>
</tr>
<tr>
<td>JP1124060</td>
<td>May, 1989</td>
<td></td>
</tr>
<tr>
<td>JP1134244</td>
<td>May, 1989</td>
<td></td>
</tr>
<tr>
<td>JP1156658</td>
<td>June, 1989</td>
<td></td>
</tr>
<tr>
<td>JP0262958</td>
<td>March, 1990</td>
<td></td>
</tr>
<tr>
<td>JP2120655</td>
<td>May, 1990</td>
<td></td>
</tr>
<tr>
<td>JP2287145</td>
<td>November, 1990</td>
<td></td>
</tr>
<tr>
<td>JP2310457</td>
<td>December, 1990</td>
<td></td>
</tr>
<tr>
<td>JP0368209</td>
<td>May, 1990</td>
<td></td>
</tr>
<tr>
<td>GB1394171</td>
<td>May, 1975</td>
<td></td>
</tr>
</tbody>
</table>
Polyurethane/polyurea compositions containing silicone for biosensor membranes


WO/1997/019344 May, 1997 Device for monitoring changes in analyte concentration

WO/1997/042882 November, 1997 Methods and apparatus for sampling and analyzing body fluid


WO/1997/042886 November, 1997 Body fluid sampling device and methods of use


WO/1997/043962 November, 1997 Methods and apparatus for expressing body fluid from an incision

Portray of TVEP System

Clinical Research thru the year
To Make Medicine Safer the Angel has Made

The Quantum Quality Control

Electro-Chemistry Analyzer for the Analysis of the Trivector electrical signature of a biological or anti-biological substance.

Everything is made up of atoms with mostly electrons and protons. Everything has an electrical field and an electrical interaction with its environment. This 3D interaction can be measured with Voltammetry.

Spinal injury and pain

Using MTENS and TVEP the SCIO can treat the spinal area for injury and pain. Sending in an auto-focused sophisticated pulse different for each patient based on their personal electrical needs.
Electro-Physiological Reactivity Profiles

Telepely
3400 Mezokővesd
Szent László tér 11. IV/5.
Tel.: 49 / 311-026

Hippocampus
Égészségügyi Kereskedelmi-
és Szolgáltató BT.
Adószám: 21284823-2-05
OTP BANK Rt.; 650-010787-9
RENDELO és IRODA
Budapest III.
Nánái út 67. I. em.
Tel.: 1-188-68-65
06-20-342-662

Supervising researcher: Dr Istvan Bandics MD Licensed Hungarian Medical doctor. This study was done at the Hippocampus clinic in Budapest on 1834 patients attending the clinic in 1994. Studies done with the supervision of a local ethics committee and all subjects gave informed consent to participate as part of their intake form.

Abstract:
During the course of a one year period the patients in our clinic were all asked in their intake form to participate in a study. All patients were treated with the EPFX device. The types of disease trends these patients presented were evaluated by one of the medical doctors on staff. The EPR reactivity profile was checked by the EPFX device. A comparison of the EPR reactivity patterns yielded a Risk probability profile. The results of this profile are reported here.

Introduction:
All biological organisms have an energetic electrophysiology. This electrophysiology reacts with its environment to be attracted towards foods and repelled from toxins. This electro-physiological reactivity with substances in the environment can tell us what substances – homeopathic medicines a patient might do well on and what substances they might not do well with.

This Electro-Physiological-Reactivity (EPR) can be measured as electrical changes in the body electric when substance are brought into the field or when a field is presented to a person. This has been called Medication testing or electro-dermal testing. Use of one channel point probes has proven to not be accurate. Muscle testing and point probes also are prone to conscious and unconscious operator control.

The QQC technology was developed as a trivector (3D) voltammetric process that can define and record the 3 dimensional electrical signature of an item such as a herb, vitamin, allergen, toxic compound, enzyme, homeopathic. It works like the taste buds do to measure a 3 D shape of an item. This 3D (trivector) electrical pattern can be sent into a patient and the EPR of the patient measured to it.

The EPFX will measure the subtle body electric factors without operator control. Noting pre and post delta reactions can tell us the EPR of patient to a substance. Factors of electrical inaccuracy, adaptation response, noise makes an individual one EPR reading not significant enough for clinical work. Rather reactivity families or trends of reaction are significant. This study will test such trends in disease states for clinical evaluation of disease types.

Method:
The EPFX uses the EPFX device as its source. This is a FDA registered medical biofeedback device in America for measuring changing EPR patterns to voltammetric stimulus. EPFX EPR profiles will be charted on our patients over the course of a year in our clinic to see the reactive compounds that most indicate these general disease risk states.

Patients may present in multiple categories. A cancer patient may have circulatory problems as well. A emotional patient may have stress reactions. So the doctors might have them in several categories. Doctor will put a patient into a category by their judgment of the case and case history.

Risk categories of disease probability / and the number of patients in this risk area:

1. Inflammation / number of subjects = 324
2. Cancer / number of subjects = 302
3. Stress / number of subjects = 884
4. Hypoadrenia / number of subjects = 363
5. Emotional / number of subjects = 492
6. Infection / number of subjects = 392
7. Toxicity / number of subjects = 101
8. Trauma / number of subjects = 490
9. Inherited / number of subjects = 93
10. Vit. Def. Of Excess / number of subjects = 893
11. Cardiovascular / number of subjects = 783
12. Hormonal / number of subjects = 201
13. Lymphatic / number of subjects = 83
14. Liver / number of subjects = 428
15. Kidney / number of subjects = 382
The most significant reactions to these compounds will tell us EPR trends for probability of these risk areas. An SPSS (Statistical Package for the Social Sciences) was used to find the significant reactive items in each disease category.

Results:
These are the significant reactions to items of the patients.

1. **INFLAMMATION** - 625 ANTI-INFLAMMATION (NV) Combo remedy for any inflammation, asthma (lung), sinusitis, joints, etc. 982 SARCOESIS (DR) Lung. Combo remedy for inflammatory and swelling conditions. /INFLAMMATION

2. **CANCER** - 640 DEGEX (NV) Combo remedy for degenerative disease, used as cancer preventative, use with clean mouth. 708 DEGEX LIQUESCENCE (NV) Combo remedy of natural chemotherapy, use only with confirmed cancer or degeneration. 723 SHARK CARTILAGE LIQUESCENCE (NV) Combo remedy for treating and preventing cancer, 934 NEO LIQUITROPHIC I Combo herbal blend of nature’s chemotherapy, use only with confirmed degeneration (cancer). 953 ENTERO-B (DR) Combo remedy for bowel (colon, intestine) Nora disorders. 1491 NAJA NAJA VENOM COBRA deficiency. 710 FATTY ACID LIQUESCENCE (NV) Combo remedy supplying the most chronic nutritional deficiency. 710 FATTY ACID LIQUESCENCE (NV) Combo remedy supplying the most chronic nutritional deficiency. //CANCER

3. **STRESS** - 630 ANTI-STRESS (NV) Combo remedy for excess stress improves the effects of stress about 15% to 20%. 799 STRESS FORMULA I Supplies nutrients depleted by stress. 955 EU-STRESS (DR) Combo remedy to help deal with stress. 1024 KIDNEY, OVARIAN, ADRENAL (DR) I Bladder, urethra, ureter. Sarcode remedy for tissue rebuilding and detox. 1025 KIDNEY, PROSTATE, ADRENAL (DR) I Bladder, urethra, ureter. Sarcode remedy for tissue rebuilding and detox. 710 FATTY ACID LIQUESCENCE (NV) Combo remedy supplying the most chronic nutritional deficiency. 710 FATTY ACID LIQUESCENCE (NV) Combo remedy supplying the most chronic nutritional deficiency. 917 ADRENO LIQUITROPHIC (DR) Combo remedy for adrenal weakness. 701 ADRENO LIQUESCENCE (NV) Combo remedy for hypoadrenia or to provide adrenal stimulation. //STRESS

4. **HYPOADRENIA** - 1024 KIDNEY, OVARIAN, ADRENAL (DR) I Bladder, urethra, ureter. Sarcode remedy for tissue rebuilding and detox. 1025 KIDNEY, PROSTATE, ADRENAL (DR) I Bladder, urethra, ureter. Sarcode remedy for tissue rebuilding and detox. 7100 3M I Dental Materials Composite Materials dental isode, 7100 3M I Dental Materials Composite Materials dental isode,

5. **EMOTIONAL** - 90 CHRIST CONSCIOUSNESS (NV) Gold frankincense, myrrh, stabilizes cognition (brain). 633 BED WETTING (NV) Combo remedy for enuresis (kidney, bladder, ureter, urethra), treat thyroid and sphincter control. 548 LITHIUM I Emotional disturbance possible antagonized if confronted. 550 LITHIUM CARBONICUM I Emotional power keg, don’t light fuse. 1054 MENTAL (DR) I Oriental combo remedy, invigorates kidney meridian, sensility (brain), old age. 1082 PSY-ADJ (DR) I For adjustment disorders or inability to adjust to new circumstances or growth. 1083 PSY-ANX (DR) I For anxiety attacks stabilize breathing (lung) during attacks meditate on love with formula. 1084 PSY-DEL (DR) I For delirium, uncontrollable actions and thoughts, without rhyme or reason. 1085 PSY-DEM (DR) I For dementia or uncontrollable aberrant thoughts
6. INFECTION-(2872 BACH FLOWER SCLERANTHUS) | Uncertainty, indecision, hesitation, unbalance. (FE), 966 IMMUNOPOIE (DR) | Combo remedy to help stimulate the immune system., 903 BACTERIA FUGE (DR) | Combo remedy for bacterial immune stimulation. @, 901 AMEBA FUGE (DR) | Combo remedy for ameba / ameoba / amoeba, can id amoeba in joints and liver. @, 908 FUNGI-FUGE (DR) | Combo remedy for fungal immune stimulation. ^, 916 VIRAL-FUGE (DR) | Combo remedy to help fight viral infections. #, 710 FATTY ACID LIQUESCENCE (NV) | Combo remedy supplying the most chronic nutritional deficiency., 710 FATTY ACID LIQUESCENCE (NV) | Combo remedy supplying the most chronic nutritional deficiency., 901 AMEBA FUGE (DR) | Combo remedy for ameba / ameoba / amoeba, can id amoeba in joints and liver. *, 966 IMMUNOPOIE (DR) | Combo remedy to help stimulate the immune system., 660 IMMUNE STIM (NV) | Combo remedy for immune weakness or over action, stabilize reticuloendothelial system. //INFECTION

7. TOXICITY- (463 POAST POST INSECTICIDE) | Indicates toxic exposure or sensitivity., 464 ROUND UP INSECTICIDE OR HERBICIDE | Strong toxins to nerves, adrenal and all hormonal production. $, 465 NEUTRA FUEL CONDITIONER | Ids environmental toxicity., 466 LASSO INSECTICIDE | Ids insecticide toxicity, toxic exposure or sensitivity., 467 CONQUEST ETRAZINE | Insecticide, indicates toxic exposure or sensitivity., 468 MOLYBDENUM METALLICUM | Used in motor oil, can id toxicity or def., produces hypothyroid, mineral., 469 MOTOR OIL (ALR) | Ids environmental toxicity, emotional link to conflict with modern society., 470 WE SOIL- WETTING AGENT | Sensitivity or toxic exposure., 471 BUCTREL | Industrial and agricultural toxin, ids industrial toxicity., 472 ATTREX ATRAZINE | Industrial toxins, sensitivity to or toxic exposure. Biological Warfare, 473 SYPHILIS FORMULA | For stimulating immunity to syphillis. Biological Warfare., 601 ADDEX (NV) | Detox remedy for food additives and insecticides in food., 603 AMALGAM (NV) | Detox remedy for dental amalgam (mercury) fillings., 605 ASBESTOX (NV) | Detox remedy for asbestos, use for lung silicosis or any lung toxicity., 607 BEAUTOX (NV) | Combo remedy for beauty shop toxins, metals, nail polish., 608 CHEMEX (NV) | Detox remedy for synthetic chemicals., 609 CHLOROX (NV) | Detox remedy for chloroform and chlorine found in water and for chloro fluoro hairspray deodorant, etc., 610 ENVIROX (NV) | Detox remedy for environmental pollutants., 612 INDUSTRIOX (NV) | Detox remedy for industrial pollutants for solvents., 614 METEX (NV) | Remedy for heavy metal toxicity., //TOXICITY

8. TRAUMA-2835 HIATAL HERNIA | Stomach distends into the front stomach muscles, heartburn after eating., 2836 SEXUAL DESIRE DISORDER | If the sexual desire is beyond normal bounds or for abnormal items., 2837 INJURY | Trauma can be emotional, physical, spiritual, ecological or other and need to be corrected., 2838 LEEUKEMIA | Unrestrained growth of leucocytes (white blood cells), from radiation heredity, toxins, etc., 2839 FATIGUE | Weakness beyond normal understanding, rest does not correct., 2840 MOOD DISORDER | Inability to maintain mood control most often negative, can’t control mood swings., 2841 SHOCK | Can result from trauma of physical or emotional basis, drains adrenals, fatty acids & vitamin B & C., 2842 SINUSITIS | Inflammation of the sinus from toxic reaction, infection, 0988 VIR-H (DR) | Combo remedy for herpes and cold sores, Herpes zoster, Herpes progentalis, Epstein Barr Virus (EBV), Cytomegalovirus (CMV) #, 918 AMINO LIQUITRIPHIC (DR) | Supplies amino acids, used for malabsorption or vegetarians., 945 ARTHRO-1 (DR) | Combo remedy for connective tissue disease (arthritis.), 988 VIR-H (DR) | Combo remedy for herpes and cold sores, Herpes zoster, Herpes progentalis, Epstein Barr Virus (EBV), Cytomegalovirus (CMV) #, 661 INJURY (NV) | Combo remedy for any trauma, emotional or physical, resets organism to normal, clears., 661 INJURY (NV) | Combo remedy for any trauma, emotional or physical, resets organism to normal, clears. //TRAUMA


10. VIT.DEF. OF EXCESS-382 BIOTIN, VITAMIN H | Energy vitamin, ids deficiency or toxicity, emotional remedy for insecurity., 391 L-CARNITINE (VITAMIN B20) | Energy vitamin for heart and all muscle metabolism., 412 INOSITOL (VITAMIN B11) | Liver related vitamin has equi-symmetric placed protons on carbon, toxic., 424 NICOTINIC ACID | Vitamin used for circulation and nerves., 425 NIACIN | Circulation vitamin also used for nerves, can id arteriole blockage., 426 NIACINAMIDE | Vitamin used in circulation energy, metabolism., 693 ALGAE AQUA SCOURCE | Nutritional supplement, 695 STARCH ABUSE (NV) | Combo remedy for any substance addiction, specify drug for best results., 710 FATTY ACID LIQUESCENCE (NV) | Combo remedy supplying the most chronic nutritional deficiency., 728 VITAMIN C LIQUESCENCE (NV) | Combo
juice, 1/3 juniper tea. $ 1,715 KIDNEY LIQUESCENCE (NV) | Combo remedy for treating all kidney (bladder, urethra) dysfunction. $ 1,738 KIDNEY, OVARIAN, ADRENA L (NV) | Sarcode remedy for cleansing and rebuilding tissue in this area (bladder, urethra) (ovary). $ 1,739 KIDNEY, PROSTATE, ADRENA L (NV) | Sarcode remedy for cleansing and rebuilding tissue in this area (bladder, urethra). $ 935 NEPHRO LIQUITROPHIC (DR) | Very powerful and yet gentle kidney remedy for all kidney (bladder, urethra) concerns. $ 1,980 REN-P (DR) | Combo remedy for excess urinary protein (kidney, bladder, ureter, urethra), enzymatic disturbance. $ 1,981 RENAPIS (DR) | Combo remedy for kidney pain and gravel urine (bladder, ureter, urethra). $ 1,131 ORTHO NOVUM | Synthetic fertilizer, can aid toxicity or sensitivity. $ 1,722 KIDNEY MERIDIAN | This acupuncture meridian has shown reactivity, possible blockage. $ 1,812 KIDNEY - Sarcode & nosode combo | Ids problem with kidney. $ 2,865 BACH FLOWER AGRIMONY | For mental torture concealed from others. (FE),2,866 BACH FLOWER ASPIRIN | Vague fears of unknown origin, anxiety, apprehension. (FE),2,867 BACH FLOWER BEECH | Intolerance, criticism, passing, judgemental. (FE),2,868 BACH FLOWER CENTAURY | Weak willed, too easily influenced, willing to serve. (FE),2,869 BACH FLOWER CERATO | Distort of self, doubt one's abilities, foolishness. (FE),2,870 BACH FLOWER CHERRY PLUM | Desperation, fear of losing control of the mind, dread of doing. (FE),960 GLUCO-H (DR) | Glucose, Blood sugar. $ (DR) | Oriental combo remedy to assist in hypoglycemia. $ 46.DIGESTIVE _ (435 PANCREATIN | Can aid enzyme deficiency or pancreatic disease. $ 641 DIGESTIVE ENZYME (NV) | Combo remedy for stabilizing digestive organs, ids indigestion. $ 694 STOMACH ENZYME (NV) | Combo remedy for ulcers or any stomach concern. $ 709 DIGESTIVE ENZYME LIQUESCENCE (NV) | Combo remedy for stabilizing the digestive system. $ 784 DIGESTIVE GLANDULAR, CARBOHYDRATES | Supplies amylase and other carbohydrate enzymes. $ 785 DIGESTIVE GLANDULAR, GENERAL | For anti inflammation enzyme and cancer therapy, use at bed, on empty stomach. $ 786 DIGESTIVE GLANDULAR, FAT | For bile (liver) supply and fat digestion and regulation. $ 787 DIGESTIVE GLANDULAR, PROTEIN | Supplies protease enzyme for protein digestion. $ 788 ESSENTIAL LIPOID FACTORS | Garlic oils for detox, circulation (heart, asthma (lung). $ 939 PROPESSA LIQUITROPHIC (DR) | Combo remedy to stimulate and balance digestive enzyme release. $ 1,711 STOMACH MERIDIAN | This acupuncture meridian has shown reactivity, possible blockage. $ 1,712 SMALL INTESTINE MERIDIAN | (bowel, colon, intestine) This acupuncture meridian has shown reactivity, possible blockage. $ 1,716 PANCREAS MERIDIAN | This acupuncture meridian has shown reactivity, possible blockage. $ 1,720 LARGE INTESTINE MERIDIAN | (bowel, colon, intestine) This acupuncture meridian has shown reactivity, possible blockage. $ 1,813 LUNG - Sarcode & nosode combo | Ids problem with lung. $ 2,810 POLYNEURITIS | Multiple neurological inflamations or nerve compressions. $ 2,811 POLYNEURITIS | Multiple neurological inflamations or nerve compressions. $ 435 PANCREATIN | Can id enzyme deficiency or pancreatic disease. $ 435 PANCREATIN | Can id enzyme deficiency or pancreatic disease. $ 47.CONNECTIVE TISSUE - (376 FLEX-ABILITY (SHUJIIN, CHIH) | Herb to increase flexibility. $ 594 Cervical nosode and sarcode of all tissues and diseases of the neck or cervical vertebrae. nerve disorder $ 595 CONNECTIVE TISSUE | Sarcode of connective tissue, ids fault. $ 648 FLEX (NV) | Combo remedy for promoting flexibility of joints and muscles. $ 668 LOW BACK PAIN I (NV) | Combo remedy for low back pain of internal organic origin. $ 669 LOW BACK PAIN II (NV) | Combo remedy for low back pain of structural origin, vertebrae or nerves. $ 690 SCIENTIFIC (NV) | Combo remedy for sciatic pain, avoid tobacco (smoking nicotine), adjust back. $ 707 CONNECTIVE TISSUE LIQUESCENCE (NV) | Combo remedy for connective tissue disease, helps repair tissue. $ 744 MUSCLE, LIGAMENT, CARTILAGE (NV) | Sarcode remedy for cleansing and rebuilding tissue in this area. $ 755 TMI (NV) | Temporomandibular Joint Syndrome. $ (CONNECTIVE TISSUE, 757 CERVICAL (NV) | Sarcode remedy for cleansing and rebuilding tissue in this area. $ 7,588 CRANIAL SACRAL (NV) | Sarcode remedy for cleansing and rebuilding tissue in this area. $ 7,594 LUMBAR (NV) | Sarcode remedy for cleansing and rebuilding tissue in this area. $ 7,594 LUMBAR (NV) | Sarcode remedy for acute chest pain. $ 1,037 LUMBAR (DR) | Sarcode remedy for tissue rebuilding and detox. $ 1,045 ANTI-RHEUMATIC (DR) | Oriental combo remedy for rheumatic pain, activates blood flow. $. 1,109 C.A.D. MERIDIAN (Joint or cartilage degeneration) | This acupuncture meridian has shown reactivity, possible blockage. $ 1,817 CARTILAGE - Sarcode & nosode combo | Ids problem with cartilage. $ 1,826 BONE GLANDULAR (NV) | Combo remedy with sarcodes to stabilize bone function. $ 1,730 BONE MARROW (NV) | Sarcode remedy for restoring bone marrow. $ 936 OSTEO LIQUITROPHIC (DR) | Combo remedy to assist in bone repair, cold and flu. $ 1,056 BONE MERIDIAN (Joint) | Oriental combo remedy for degenerative bone conditions. $. 974 OSTEO GLANDULAR (DR) For supplying bone nutrients. $ 7,509 BONE MARROW (NV) | Sarcode remedy for supplying calcium to bone and correcting bone disease. $ 7,509 BONE MARROW (NV) | Sarcode remedy for supplying calcium to bone and correcting bone disease. $ 7,588 CRANIAL SACRAL (NV) | Sarcode remedy for cleansing and rebuilding tissue in this area. $ 7,588 CRANIAL SACRAL (NV) | Sarcode remedy for cleansing and rebuilding tissue in this area. $ 7,624 LUMBAR (NV) | Sarcode remedy for low back pain of internal organic origin. $ 7,624 LUMBAR (NV) | Sarcode remedy for low back pain of internal organic origin. $ 7,624 LUMBAR (NV) | Sarcode remedy for low back pain of internal organic origin. $
50. BLOOD - (737 HEMOGLOBIN (NV)) Sarcode remedy for blood anemia or blood disease, 928 HEMO-A LIQUITROPHIC (DR) | Combo remedy to assist in blood (hemoglobin) auto-immune disorders. 1431 CHOLESTEROL OXIDASE | Enzyme used in cholesterol conversion to hormones, ids cholesterol disease, 1811 HEMOGLOBIN | Can id anemia or blood disease, 927 HEMO LIQUITROPHIC (DR) | Combo remedy to assist in blood (hemoglobin) cell repair, anemia. 742 LYMPH, SPLEEN, MAMMARY (NV) | Breast. Sarcode remedy for cleansing and rebuilding tissue in this area. 710 FATTY ACID LIQUESCENCE (NV) | Combo remedy supplying the most chronic nutritional deficiency. //BLOOD

51. ENVIRONMENTAL - (988 VIR-H (DR)) | Combo remedy for herpes and cold sores, Herpes zoster, Herpes genitals, Epstein Barr Virus (EBV), Cytomegalovirus (CMV) # 610 ENVIROX (NV) | Detox remedy for environmental pollutants, 612 INDUSTROX (NV) | Detox remedy for industrial pollutants for solvents, 614 METEX (NV) | Remedy for heavy metal toxicity, 614 METEX (NV) | Remedy for heavy metal toxicity, 710 FATTY ACID LIQUESCENCE (NV) | Combo remedy supplying the most chronic nutritional deficiency. //ENVIRONMENTAL

52. ALLERGY - (570 GLUCURONIDASE | Involved in allergies, diabetes (pancreas), neuralgia. 561 HYALURONIDASE | Polysac in connective tissue, spreading factor in cells, involved in allergies, 989 ANIMAL HAIR (DR) | Oral antigen combination for animal hair sensitivity, 990 DAIRY (DR) | Oral antigen combination for dairy sensitivity, 991 GRAIN (DR) | Oral antigen combination for grain sensitivity, 992 MOLD/HOUSE DUST (DR) | Oral antigen combination for mold and house dust sensitivity, 993 OLFACTORY SENSITIVITY (DR) | Oral antigen combination for odor sensitivity (nose), 994 POLLEN (DR) | Oral antigen combination for pollen sensitivity, 995 SULFITE SENSITIVITY (DR) | Oral antigen combination for sulfite sensitivity, 334 TREE ALLERGENS | Shows possible allergic reaction or toxic reaction, 1710 ALLERGY MERIDIAN | This acupuncture meridian has shown reactivity, possible blockage., 1710 ALLERGY MERIDIAN | This acupuncture meridian has shown reactivity, possible blockage. 615 OPSIN I (NV) | Assists in desensitizing allergic reactions from miscellaneous foods., 616 OPSIN II (NV) | Assists in desensitizing allergic reactions from miscellaneous inhalant allergens., 1354 AFLATOXINS | Highly toxic compound that can id allergies or treat allergic conditions, phenol., 1710 ALLERGY MERIDIAN | This acupuncture meridian has shown reactivity, possible blockage, 1752 ALLERGY MALUS - Bad Allergy | Ids strong allergy known or unknown, 2338 PYROGENIUM | Spoiled or bad food, 1710 ALLERGY MERIDIAN | This acupuncture meridian has shown reactivity, possible blockage., 1710 ALLERGY MERIDIAN | This acupuncture meridian has shown reactivity, possible blockage., 0.0

53. EMOTIONAL RISK - (988 VIR-H (DR)) | Combo remedy for herpes and cold sores, Herpes zoster, Herpes genitals, Epstein Barr Virus (EBV), Cytomegalovirus (CMV) # 749 PINEAL, PITUTARY, HYPOTHALAMUS (NV) | Sarcode remedy for cleansing and rebuilding tissue in this area (brain). 710 FATTY ACID LIQUESCENCE (NV) | Combo remedy supplying the most chronic nutritional deficiency. 749 PINEAL, PITUTARY, HYPOTHALAMUS (NV) | Sarcode remedy for cleansing and rebuilding tissue in this area (brain). 988 VIR-H (DR) | Combo remedy for herpes and cold sores, Herpes zoster, Herpes genitals, Epstein Barr Virus (EBV), Cytomegalovirus (CMV) # 706 BRAIN LIQUESCENCE (NV) | Combo remedy for supplying brain nutrients, ids vitamin B deficiency., 706 BRAIN LIQUESCENCE (NV) | Combo remedy for supplying brain nutrients, ids vitamin B deficiency, 618 VIR (NV) | Combo remedy for virus infections and prevention. # 618 VIR (NV) | Combo remedy for virus infections and prevention. # 710 FATTY ACID LIQUESCENCE (NV) | Combo remedy supplying the most chronic nutritional deficiency., 710 FATTY ACID LIQUESCENCE (NV) | Combo remedy supplying the most chronic nutritional deficiency., 618 VIR (NV) | Combo remedy for virus infections and prevention. # 0.0, //EMOTIONAL RISK

54. CIRCULATION - (402 DAY LILLY (N.108, CONVALLARIA MAJALUS)) | Use to stimulate blood flow to head (brain). 1637 CIRCULATION (NV) | Combo remedy for treating any circulatory (heart) disease, blood return can bring pain., 622 ANGINA (NV) | Combo remedy for chest pain of any origin mostly cardiac (heart) insufficiency., 638 CONVALLARIA (NV) | Combo remedy that breaks up dried and crusty areas of the brain, treats stroke., 1728 CIRCULATION MERIDIAN | This acupuncture meridian has shown reactivity, possible blockage., 637 CIRCULATION (NV) | Combo remedy for treating any circulatory (heart) disease, blood return can bring pain., 637 CIRCULATION (NV) | Combo remedy for treating any circulatory (heart) disease, blood return can bring pain., 0.0, //CIRCULATION

55. IMMUNE SYSTEM - (499 THYMOPOETIN | Ids problem with blood system immunity, 660 IMMUNE STIM (NV) | Combo remedy for immune weakness or over action, stabilize reticuloendothelial system., 672 MICROFLORA (NV) | Combo remedy for stabilizing the bowel (colon, intestine) flora, use until rectal gas/wind/flatusence subsides., 756 TONSILS, ADENOIDS, APPENDIX (NV) | Sarcode remedy for cleansing and rebuilding tissue in this area, 966 IMMUNOPOIE (DR) | Combo remedy to help stimulate the immune system., 1064 PREVENTATIVE (DR) | Oriental combo remedy to tonify and improve immune system., 1985 LUPUS | Auto immune disease with sun sensitivity, ulcerations of skin, blotches., 2872 BACH FLOWER CHICORY | Possiveness, self Love, self pity. (FE), 660 IMMUNE STIM (NV) | Combo remedy for immune weakness or over action, stabilize reticuloendothelial system.

56. RADIATION 988 VIR-H (DR) | Combo remedy for herpes and cold sores, Herpes zoster, Herpes genitals, Epstein Barr Virus (EBV), Cytomegalovirus (CMV) # 507 URANIUM | Radiation exposure and emotional stagnation, mineral. Biological Warfare, 602 ALGIN (NV) | Detox remedy for radiation, can imply radiation exposure or weakness of radiation defenses., 913 RADIATION (DR) | Combo remedy to assist in detox of radiation exposure., 1184 PLUTONIUM | Ids with radiation exposure and inability to emotionally deal with death, use Algin. Biological Warfare, 602 ALGIN (NV) | Detox remedy for radiation, can imply radiation exposure or weakness of radiation defenses./RADIATION
57. BACTERIA (513 PSEUDOMONAS | Bacteria that attacks eyes and adrenals. @ | 606 BAC (NV) | Combo remedy for bacterial immune stimulation. @ | 726 THYMUS LIQUESCENCE (NV) | Combo remedy for stimulating thymus and immune function. | 903 BACTERIA FUGE (DR) | Combo remedy for bacterial immune stimulation. @ | 1760 ACIDOPHILUS | Bowel (colon, intestine) flora bacteria, can id flora imbalance, good food. @ | 2872 BACH FLOWER CHICORY | Possiveness, self Love, self pity. (FE), 2808 STREPTOCOCCUS COMBO | All strep bacteria at multiple potencies, lacto bacillus of many forms. @ | 720 COLOSTRUM | First release from mother’s breast after birth, for bowel (colon, intestine) flora. \ | \ / BACTERIA

58. FUNGUS (611 FNG (NV) | Combo formula for fungal immune stimulation. \ | 728 VITAMIN C LIQUESCENCE (NV) | Combo remedy for natural supply of vitamin C. | 726 THYMUS LIQUESCENCE (NV) | Combo remedy for stimulating thymus and immune function. | 308 FUNGI-FUGE (DR) | Combo remedy for fungal immune stimulation. \ | 931 LIENO LIQUI POTICHRUS (DR) | Combo remedy to assist in spleen repair. | 978 PURATIVE (DR) | Combo remedy to help clean micro-organisms from the body. | 1760 ACIDOPHILUS | Bowel (colon, intestine) flora bacteria, can id flora imbalance, good food. @ | 1174 ADNEXITIS | Inflammation of the adnexa uteri (uterus), fungal or bacterial female infection, can be covert. \ | \ \ | 1427 MYLOPEROXIDASE | Enzyme made in spleen for fungal defense, identifies fungal infection. \ | 1822 SPELEN - Sarcode & nosode combo | Ids problem. **2371 MYCOSIS FUNDUS | Can id systemic fungus or fungal immune weakness.

59. VIRUS (618 VIR (NV) | Combo remedy for virus infections and prevention. \ | 644 EPSTEIN BARR VIRUS (NV) | Combo remedy for Herpes Epstein Barr Virus (EBV), cellular enlargement, chronic fatigue, weak liver, nasopharyngeal carcinoma, Burkitts lymphoma. \ | 655 HRPZ (NV) | Combo remedy for virus herpes, simplex, genitalis, zoster, or covert infections. \ | 916 VIRAL-FUGE (DR) | Combo remedy to help fight viral infections. \ | 988 VIR-H (DR) | Combo remedy for herpes and cold sores, Herpes zoster, Herpes genitalis, Epstein Barr Virus (EBV), Cytomegalovirus (CMV) \ | 1894 EPSTEIN BARR | Herpes Epstein Barr Virus (EBV), cellular enlargement, chronic fatigue, weak liver, nasopharyngeal carcinoma, Burkitts lymphoma. \ / VIRUS

60. PARASITES-Num: (617 VERMEX (NV) | Detox remedy for intestinal (bowel, colon, intestine) parasites, worms. \ * | 1041 HELMINTHIC (DR) | Oriental combo remedy for intestinal (bowel, colon, intestine) parasites and worms. \ * | 1908 ENTOAMOBA | Ameba / amoeba / amoebo infection usually in mouth. D Nosode * \ | 1909 ENTOAMOBA HISTOLYTICA | Ameba / amoeba / amoebo infection in mouth, liver or joints, use Amebah, dental nosode. \ * \ | 1911 ENTOAMOBA COLI | Ameba / amoeba / amoebo infection in intestine (bowl, colon) from bad water exposure, use Amebex. D Nosode @ \ * \ | 915 VERMI-FUGE (DR) | (356 VERMI-FUGE) | Combo remedy to help eliminate intestinal (bowl, colon, intestine) parasites, worms. \ * | 0,0,0,0,0,0 //PARASITES

61. AMOEBA- (604 AMEBEX (NV) | Combo remedy for amebea / amoebo / amoebo, use for 2 months to get all amebea. \ * | 1901 AMBEA FUGE (DR) | Combo remedy for amebea / amoebo / amoebo, can id amoebo in joints and liver. \ * | 1753 AMEBA | Ids amebea / amoebo / amoebo exposure or infection in joints, liver, mouth, intestine (bowl, colon, intestine). D Nosode * \ | 1754 AMEBA

HEPAR ABCESS IN LIVER OR JOINTS | Ameba / amoebo / amoebo * \ | 1778 AMEBA GINGIVITIS | Ameba / amoebo / amoebo infection in gums. D nosode * \ | \ //AMOEBA

62. FOOD POISONING - 1168 PYROGENIUM (POREK) | Can id old exposure that has set up malfunction in enzyme pathways. | 1169 PYROGENIUM (DEER) | Bad wild food in past or present, ids inability to accept wildness in life. | 1344 PYROGENIUM (FISH) | Spilled or infected fish in the past of this patient, suspect sushii. | 1787 BOTULINUM (FOOD POISENING) | Can id years after exposure if the effect was not properly cleared. @ \ | 2338 PYROGENIUM | Spilled or bad food. \ | 2339 PYROGENIUM CRAB | Spilled or bad food. \ | 2340 PYROGENIUM SHRIMP | Bad or spoiled shrimp as a cause of past food poisoning. \ | 2341 PYROGENIUM TURKEY | Spilled or bad food. \ | 2342 PYROGENIUM CHICKEN | Spilled or bad food. \ | 5000 NAHD | Nicotinamide adenine dinucleotide. Occurs in most cells, important in metabolism as oxidizing agent. Nutritional supplement \ | 5000 NAHD | Nicotinamide adenine dinucleotide. Occurs in most cells, important in metabolism as oxidizing agent. Nutritional supplement \ | 5000 NAHD | Nicotinamide adenine dinucleotide. Occurs in most cells, important in metabolism as oxidizing agent. Nutritional supplement \ | 2343 PYROGENIUM LOBSTER | Spilled or bad food. \ | 2344 PYROGENIUM BEEF | Spilled or bad food. \ | 2345 PYROGENIUM FISH | Spilled or bad food. \ | 2346 PYROGENIUM | Miscellaneous food poisoning. \ | 3058 GAMMA RAY RADIATION | Spilled or bad food. \ | 3058 GAMMA RAY RADIATION | Spilled or bad food. \ | 3058 GAMMA RAY RADIATION | Spilled or bad food. \ | 3058 GAMMA RAY RADIATION, 5000 NAHD | Nicotinamide adenine dinucleotide. Occurs in most cells, important in metabolism as oxidizing agent. Nutritional supplement \ | 5000 NAHD | Nicotinamide adenine dinucleotide. Occurs in most cells, important in metabolism as oxidizing agent. \ //FOOD POISONING

63. SUGAR REGULATION - (567 GLUCOSE | Ids sugar regulation (pancreas) imbalance. \ | 576 FRUCTOSE | Fruit sugar stimulates hormone production and delays aging. \ | 642 DNA INSULIN (NV) | Used for treating diabetes (pancreas), can improve insulin usage 15 - 20%. \ | 926 GLUCO LIQUI POTICHRUS (DR) | Combo remedy to assist in diabetes (pancreas), hyperglycemia (blood, glucose). \ | 960 GLUCO-H (DR) | Glucose, Blood sugar. Combo remedy to assist in hypoglycemia. \ | 961 GLUCO-I (DR) | Glucose, Blood sugar. Combo remedy for blood sugar regulation, hereditary tendency toward diabetes (pancreas). \ | 1426 GLUCOSE DEHYDROGENASE | Enzyme involved with sugar metabolism, ids sugar regulation disease. \ | 1716 PANCREAS MERIDIAN | This acupuncture meridian has shown reactivity, possible blockage. \ | 2810 POLYPRENEURITIS | Multiple neurological inflammations or nerve compressions. \ //SUGAR REGULATION

64. NEUROLOGICAL- POLYPRENEURITIS | Multiple neurological inflammations or nerve compressions. \ | 2810 POLYPRENEURITIS | Multiple neurological inflammations or nerve compressions. \ | 920 B LIQUI POTICHRUS (DR) | Combo remedy supplying vitamin Bs, mental depression, pellagra. \ | 743 MAJOR NERVES (NV) | Combo remedy for all nerve diseases, ids neurological involvement. N
It is scientific fact that when a low level voltage and micro-current pulses is applied to the body, enzymes, nervous activity, and healing are increased. The SCIO will let the patient's body electric autoregulate a harmonic pulse to maximize this effect. This current applied to the cranium has been shown to help autism, attention deficit, and hyperactive children. It has been shown helpful for anxiety, addictions, emotional disturbances, and insomnia.

Isode $\text{[740 LIMBIC SYSTEM (NV)]}$ | Sarcode remedy for emotional control and stabilization. $\text{[710 FATTY ACID LIQUESCENCE (NV)]}$ | Combo remedy supplying the most chronic nutritional deficiency. $\text{[753 TEMPORAL LOBE (NV)]}$ | Sarcode remedy for stabilization of auditory, speech, and memory brain function. $\text{[670 MEMORY (NV)]}$ | Combo remedy for any memory (brain) disorder, stimulates oxygen, increase attention. $\text{[2810 POLYNEURITIS]}$ | Multiple neurological inflammations or nerve compressions. $\text{[920 C LIQUITROPHIC (DR)]}$ | Combo remedy supplying vitamin Bs, mental depression, pellagra. $\text{[710 FATTY ACID LIQUESCENCE (NV)]}$ | Combo remedy supplying the most chronic nutritional deficiency. $\text{[710 FATTY ACID LIQUESCENCE (NV)]}$ | Combo remedy supplying the most chronic nutritional deficiency. $\text{[710 FATTY ACID LIQUESCENCE (NV)]}$ | Combo remedy supplying the most chronic nutritional deficiency. //NEUROLOGICAL

$\text{65.SENSORY-(732 EAR (NV)]}$ | Sarcode remedy for cleansing and rebuilding tissue in this area, for degeneration and inflammation. $\text{[733 EYE (NV)]}$ | Sarcode remedy for cleansing and rebuilding tissue in this area. $\text{[758 CRANIAL SACRAL (NV)]}$ | Sarcode remedy for cleansing and rebuilding tissue in this area. $\text{VERTEBRATE}$ $\text{Isode }\text{[732 EAR (NV)]}$ | Sarcode remedy for cleansing and rebuilding tissue in this area, for degeneration and inflammation. $\text{[732 EAR (NV)]}$ | Sarcode remedy for cleansing and rebuilding tissue in this area, for degeneration and inflammation. $\text{[2810 POLYNEURITIS]}$ | Multiple neurological inflammations or nerve compressions. $\text{[920 C LIQUITROPHIC (DR)]}$ | Combo remedy supplying vitamin Bs, mental depression, pellagra. $\text{[710 FATTY ACID LIQUESCENCE (NV)]}$ | Combo remedy supplying the most chronic nutritional deficiency. $\text{[710 FATTY ACID LIQUESCENCE (NV)]}$ | Combo remedy supplying the most chronic nutritional deficiency. //SENSORY

$\text{66.CHOLESTEROL-190 LECITHIN}$ | Helps to lower cholesterol and increase memory, concentration (brain), tuberculosis (TB) miasm, good food. $\text{[2765 KIDNEY STONE]}$ | Excellent fiber for lowering cholesterol, emotional problem swallowing life's crises. $\text{[927 HEMO LIQUITROPHIC (DR)]}$ | Combo remedy to assist in blood (hemoglobin) cell repair, anemia. $\text{[710 FATTY ACID LIQUESCENCE (NV)]}$ | Combo remedy supplying the most chronic nutritional deficiency. $\text{[1804 BROWN FAT]}$ | Ids metabolic regulation disorder, possible cause of obesity. $\text{[151 GUAR GUM]}$ | Excellent fiber for lowering cholesterol, emotional problem swallowing life's crises. //CHOLESTEROL

$\text{67.RESPIRATORY-(718 LUNG LIQUESCENCE (NV)]}$ | Combo remedy for treating lung disease. $\text{[736 HEART, LUNG (NV)]}$ | Sarcode remedy for cleansing and rebuilding tissue in this area. $\text{[750 SINUSES (NV)]}$ | Sarcode remedy for cleansing and rebuilding tissue in this area. $\text{[940 PULMO LIQUITROPHIC (DR)]}$ | Combo remedy to assist in lung repair. $\text{[937 OXY LIQUITROPHIC (DR)]}$ | Combo remedy for oxygenation and energizing aid. $\text{[940 PULMO LIQUITROPHIC (DR)]}$ | Combo remedy to assist in lung repair, RESPIRATORY

$\text{68.OXIDATION-(937 OXY LIQUITROPHIC (DR)]}$ | Combo remedy for oxygenation and energizing aid. $\text{[714 HERBAL LIQUID BEE POLLEN LIQUESCENCE (NV)]}$ | Combo remedy for increasing oxidation. $\text{[937 OXY LIQUITROPHIC (DR)]}$ | Combo remedy for oxygenation and energizing aid. $\text{[937 LIQUITROPHIC (DR)]}$ | Combo remedy for oxygenation and energizing aid. $\text{[710 FATTY ACID LIQUESCENCE (NV)]}$ | Combo remedy supplying the most chronic nutritional deficiency. $\text{[718 LUNG LIQUESCENCE (NV)]}$ | Combo remedy for treating lung disease. //OXIDATION

There is published research on these therapies. The new world of energetic medicine can help you.
69. HYDRATION- Herpes zoster, Herpes progenitals, Epstein Barr Virus (EBV), Cytomegalovirus (CMV) | Combo remedy for all anemias of blood. 1063 LYMPH (DR) | Oriental combo remedy for degenerative lymphatic conditions. 749 PINEAL, PITUITARY, HYPOTHALAMUS (NV) | Sarcode remedy for cleansing and rebuilding tissue in this area (brain). 988 VIR-H (DR) | Combo remedy for herpes and cold sores, Herpes zoster, Herpes progenitals, Epstein Barr Virus (EBV), Cytomegalovirus (CMV) | Combo remedy for herpes and cold sores, Herpes zoster, Herpes progenitals, Epstein Barr Virus (EBV), Cytomegalovirus (CMV) | Combo remedy for herpes and cold sores, Herpes zoster, Herpes progenitals, Epstein Barr Virus (EBV). 70. COGNITION-1054 MENTAL (DR) | Oriental combo remedy, invigorates kidney meridian, senility (brain), old age. 1073 MASM-MEN (DR) | Combo remedy for mental unresolved concerns of ancestors - mental factors miasm. 734 FRONTAL LOBE (NV) | Brain sarcode for emotional and cognition control. 740 LIMBIC SYSTEM (NV) | Sarcode remedy for emotional control and stabilization. 71. CONCLUSIONS:

Conclusions:
A risk profile can be made to show a therapist quick probabilities of risks from EPR trends. Statistical recovery of the key reactive (EPR) reactions has shown that reactions to these compounds are indicative to a probability of some concern in the Risk category.

BOOKS


Title
The Long-term Pathological Findings of the Camelford Toxicity Group. 1990

Subtitle
The Premature Ageing Effects of a Toxic Water Syndrome Case.

By
Dr. William Nelson LPCC, Peter Smith LCH

ABSTRACT:
In July 1988, a toxic water spill in the Camelford water district by South West Water, the public water utility, in Cornwall, England resulted in some 20,000 people being exposed to a toxic cocktail of chemicals in their drinking water. This produced a host of different physiological diseases. It also resulted in a homoeopathic practitioner, together with other colleagues, launching into long-term 7 year study of the effects of this toxicity on the population.

Besides extensive case notes on 200 people, hair and nail samples, several different electrical measures, chemical measures, and psychological interventions have yielded a understanding of these patients' disease profile. Various lengthy papers have been prepared by the North Cornwall Homoeopathic Project and the Lowermoor Support Group. A book is in preparation.

One of the key factors that have been observed in this population is that of premature aging. This is discussed within this article.

INTRODUCTION
As we age many factors happen to us. In the Merck manual ageing is found to basically have an effect on the:

1. thermal energy of the body,
2. the cerebro spinal fluid,
3. memory,
4. flexibility,
5. loss of lean body mass,
6. fall in basal metabolic rate,
7. a fall in hormonal production,
8. a fall in sexual function

Besides a detrimental effect on memory, flexibility and balance aging also affects nutritional intake. Many different types of diseases are outlined in the field of gerontology. In our test population, in Cornwall, England exposed to the toxic water, we have seen that there is indeed a possibility that premature aging is occurring. Whilst attempting to develop our scientific criteria it became apparent that there is very little literature in the scientific field regarding premature aging, and certainly very little that actually allows us to measure aging with direct means.

In other words aging is a phenomena that is normally observed and measured over decades as opposed to a single-figure timespan and is largely a matter of recording the slow developing aging factors in a patient. There seems to be very little criteria to measure whether a person is aging at a excessive rate.

Yet this seems to partially explain the phenomena observed in the Camelford project.

METHOD:
In developing our electrical measures we have used the Quantum Med 4000 to measure oxygenation, thermal capacities of the body, thermal reactivity, hydration, electrical reactivity of brain wave, galvanic skin resistance, Capacitance and Inductance changes.

The Quantum med 4000 allows for the overall measurement of electrophysiological reactivity. This then is used to chart the reaction to thousands of chemicals, hormones, nutrients, alloduces, sarcodes, and morodes. This article does not discuss the reactivity measures in specifics. To learn more about this we point the reader to the references on Reactivity.

In developing our analysis we have been able to come up with some propositions concerning the phenomenon of aging, which have to do with the patients' thermal reactivity, oxygenation, hydration, capacitance and inductance. A phenomenon of aging is that there is a lowering of the production of hormones and an effect on nutrition.

With regard to hormonal production, we observe patients who demonstrate an enhanced reactivity when exposed electrically to pituitary, hypothalamus, adrenals and pancreas samples. Nutritional wise, we observe increased reactions to iron, protein, calcium, and the absorbtion of other types of nutrients. Reactivity on reactivity points to either a shortage or an overabundance of the substance(s) and points the practitioners to further examine the status of the patient.

There is no doubt that memory, flexibility and balance are associated with aging. Many of our patients demonstrated these symptoms to a degree that was clearly statistically significant.

Generally, the patients presenting in this concern demonstrated a loss of lean body mass, a fall in their basal metabolic rate, a loss of general memory, and ability to focus their mental energy, a general and progressive loss in flexibility, loss in balance, visual acuity, hormonal function, and a marked loss of sexual appetite.

This symptom picture was charted by the project in a raw epidemiological study incorporating data from 40 females and 30 males across the age range. The patients reported not only an almost
instant, overnight 'aging' but also a steady, progressive decline in their wellbeing. This decline is accelerative compared to the 'normal' population observed in homeopathic practice in nearby towns.

These reports and observations of relatively rapidly-progressive aging, when coupled with our electrical reactivity scores, point strongly to the hypothesis that there is indeed a premature aging phenomenon occurring with the Camelford project population.

Our original homeopathic and nutritional intervention included homeopathic horstic formulas for the removal of heavy metals, bad water, and aluminium - the pollutant substance was 20 liquid tonnes of highly acidic aluminium sulphate, a fluid used purely cosmetically by the water company to settle harmless detritus. Also, nutritional factors of choline, calcium, iron, and other supplements were used with the patients to boost intestinal absorption of these substances. Clinical observations of the small initial group of patients tested showed clearly that those that complied with the prescribed routine seemed to experience a temporary reversal in the premature aging process. However, in the early days many of the patients did not receive any type of homeopathic or nutritional therapy whatsoever, and with them the acceleration of aging continued.

Clinical and electrical analysis showed an acceleration of the aging process in these patients at a rate of about 4 to 5 years for every 1. From the perspective of a licensed Clinical Counsellor it was possible to observe hormonal, memory, mood and cognition disturbances that contributed to the hypothesis that there is indeed an acceleration in the rate of aging. The efficacy of - and, in these circumstances, the urgent need for - early homeopathic intervention was clearly demonstrated.

Besides the ongoing homeopathic treatment that was carried out from late 1988, it was decided to organise a small Pilot Study of 14 patients in October 1993. Following the successful intervention of the homistic and nutritional remedies administered to these patients and importantly the establishment of clear sensitisation to tapwater, the major misleading cause of disease in the population - it was decided to follow up with an expanded study involving 56 people in March 1994.

Many of those patients taking part reported an amelioration of symptoms and a slowing or reversal in their decline. Some benefits remain to this day, others have once more resumed their decline. Considering that the intervention was a relatively short one it is fair to assume that major benefits could be extrapolated for a longer programme of treatment.

Having said that, it is only realistic to assume that after 6 to 7 years some of the patients would be incapable of correcting or reversing the slide into premature aging, or that, having aged 20 years over the last 4 to 5 years, these patients would experience extreme difficulty recovering normal lives. After a certain amount of time (different for each) it is probably impossible to reverse the aging effects of the body, as too much damage has already been done.

To reiterate, this points us to the conclusion: that early intervention in these chemical catastrophes is imperative. Failure to carry out early assessment and treatments will result in long-term accelerated aging as demonstrated by the Camelford population.

RESULTS

As we can see from the next index of our studies, that the Camelford patients have reactivity and electrical scores that are very much similar to the elderly control patients. So as we understand more of the electrical nutritional factors associated with ageing we can see that the Camelford patients display some premature aging disturbances. Our statistical analysis shows a significant difference in the normal vs. Camelford Group and a similarity between the Camelford group and the elderly normal group.

In our next figure. We can see the comparative aging factors of the population's taken from the Quantum Med Readings.

### Normal patients age 20-45 vs. Camelford Patients age 20-45

<table>
<thead>
<tr>
<th></th>
<th>Normal patients</th>
<th>Camelford Patients</th>
</tr>
</thead>
<tbody>
<tr>
<td>Oxidation Index</td>
<td>1.15</td>
<td>0.2-5</td>
</tr>
<tr>
<td>Hydration Index</td>
<td>4-5</td>
<td>0.7-1</td>
</tr>
<tr>
<td>Hypothermia</td>
<td>92-93</td>
<td>89-90</td>
</tr>
<tr>
<td>Thermal Reactivity</td>
<td>1-2 degr</td>
<td>0.2-3 degr</td>
</tr>
<tr>
<td>Electrical Reactivity</td>
<td>100-150 eV</td>
<td>50-60 eV</td>
</tr>
</tbody>
</table>

### Normal patients age 20-45 vs. Camelford Patients age 20-45

<table>
<thead>
<tr>
<th></th>
<th>Normal patients</th>
<th>Camelford Patients</th>
</tr>
</thead>
<tbody>
<tr>
<td>Oxidation Index</td>
<td>0.75-1.25</td>
<td>0.02-5</td>
</tr>
<tr>
<td>Hydration Index</td>
<td>2-3</td>
<td>0.75-1</td>
</tr>
<tr>
<td>Hypothermia</td>
<td>91-92</td>
<td>89-90</td>
</tr>
<tr>
<td>Thermal Reactivity</td>
<td>1-2 degr</td>
<td>0.2-3 degr</td>
</tr>
<tr>
<td>Electrical Reactivity</td>
<td>100-150 eV</td>
<td>50-60 eV</td>
</tr>
</tbody>
</table>

### Normal elderly patients age 85-95

<table>
<thead>
<tr>
<th></th>
<th>Normal patients</th>
<th>Camelford Patients</th>
</tr>
</thead>
<tbody>
<tr>
<td>Oxidation Index</td>
<td>0.2-5</td>
<td>0.75-1</td>
</tr>
<tr>
<td>Hydration Index</td>
<td>0.75-1</td>
<td>89-90</td>
</tr>
<tr>
<td>Thermal Reactivity</td>
<td>0.2-3 degr</td>
<td>50-60 eV</td>
</tr>
<tr>
<td>Electrical Reactivity</td>
<td>50-60 eV</td>
<td></td>
</tr>
</tbody>
</table>
Our Camelford Population then when reviewed for aging shows:

<table>
<thead>
<tr>
<th>AGEING SYMPTOM</th>
<th>MEASUREMENT</th>
<th>OBSERVATION</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. thermal energy of the body,</td>
<td>QUANTUM MED</td>
<td>Accelerated</td>
</tr>
<tr>
<td>2. the cerebral spinal fluid,</td>
<td>UNMEASURED</td>
<td>Accelerated</td>
</tr>
<tr>
<td>3. memory</td>
<td>PSYCH EXAM</td>
<td>Accelerated</td>
</tr>
<tr>
<td>4. flexibility</td>
<td>REPORTED</td>
<td>Accelerated</td>
</tr>
<tr>
<td>5. loss of lean body mass.</td>
<td>REPORTED</td>
<td>Accelerated</td>
</tr>
<tr>
<td>6. fall in basal metabolic rate.</td>
<td>QUANTUM MED</td>
<td>Accelerated</td>
</tr>
<tr>
<td>7. a fall in hormonal production.</td>
<td>QUANTUM MED</td>
<td>Accelerated</td>
</tr>
<tr>
<td>8. a fall in sexual function</td>
<td>REPORTED</td>
<td>Accelerated</td>
</tr>
<tr>
<td>9. Oxidation</td>
<td>QUANTUM MED</td>
<td>Accelerated</td>
</tr>
<tr>
<td>10. Hydration</td>
<td>QUANTUM MED</td>
<td>Accelerated</td>
</tr>
<tr>
<td>11. Electrical Reactivity</td>
<td>QUANTUM MED</td>
<td>Accelerated</td>
</tr>
</tbody>
</table>

DISCUSSION

Our analysis of electrical, chemical and observational qualities in the Camelford patients, leads us to conclude that there is indeed the possibility of a premature ageing syndrome. An acceleration that is individual to each person exposed.

This could be the effect of the toxic exposure of the aluminum and the other chemicals freed by the aluminum sulphate in the water lines. The patients then could be at an accelerated component of aging 5 years for every 1. From our studies with the homeopathic intervention, we can conclude that there is a possibility that the homeopathic intervention of the hornetic factors of the aluminum and heavy metal disturbances can have a reversing effect on the ageing complex. And thus, in the early intervention stages have the effect of reversing the accelerated ageing and thereby stopping the long-term damage. The patients who receive the early intervention seem to have the best resistance to the accelerated ageing complex. The longer patients waited for the homeopathic intervention the less the hornetic effect of the homeopathic was achieved. Thus, we can see that we need to set up some more early interventions systems for this type of ecological disaster in the future so it might be reversible in its early state.

It is summed that after 4 to 5 years some of the patients would be unable to correct the premature ageing complex. Or that having aged 20 years over the last 4 to 5 years, these patients would have extreme difficulty recovering normal lives. After a certain amount of time (different for each) we would not be able to reverse the aging effects of the body. The damage was already done. Thus, this key's us to see that early intervention into these areas is highly wise. Early measurement and treatments much needed to stop the effects of a long-term accelerated ageing profile.

-- BIBLIOGRAPHY --

Over 97,000 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 as well as the validity of the TVEP family reactivity. 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 97,832 patients. 69% had more than one visit. 43% had over two visits. There were over 290,000 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 energetic 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 its 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.

The groups significant SOC cut off was a number of the SOC where the effects of the SOC greatly affected the results. When the Behaviors are so bad the affect of the SCIO is minimized.

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. Unlicensed 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 97,000 patients and 290,000 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.

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.

The Large scale study had over 97,000 patients and 290,000 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.
OVERALL ASSESSMENT

A. Placebo Group - 63 cases with a Dbl Blind System and no Treatment
There were no cases of patients who reported a concerning negative result.
There were:
- 0 cases reporting worsening of Symptoms, 0% of group
- 0 cases reporting feeling worse, 0% of group
- 0 cases reporting concerning increase in stress reduction, 0% 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 concerning negative result.
There were:
- 433 cases reporting worsening of Symptoms, 0.005% of group
- 567 cases reporting feeling worse, 0.007% of group
- 322 cases reporting concerning increase in stress reduction, 0.004% of group
- 35% - Percentage of Improvement in Symptoms
- 46% - Percentage of Improvement in Feeling Better
- 12% - Percentage of Improvement Measured
- 14% - Percentage of Improvement in Stress Reduction
- 14% - Percentage of Improvement in SOC Behavior

C. SCIO Harness Treatment 192,312 patient visits
There were 65 cases of patients who reported a negative Improvement.
There were:
- 532 cases reporting worsening of Symptoms, 0.003% of group
- 759 cases reporting feeling worse, 0.004% of group
- 460 cases reporting concerning increase in stress reduction, 0.002% of group
- 65% - Percentage of Improvement in Symptoms

All designed to detect + reduce Electro-stress and Balance the Body Electric Automatically.
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 worsening of Symptoms, .002% of group
230 cases reporting feeling worse,.006% of group
143 cases reporting concerning increase in stress reduction.005% of group

67%--- Percentage of Improvement in Symptoms
54%--- Percentage of Improvement in Feeling Better
28%---.Percentage of Improvement Measured
57%--  Percentage of Improvement in Stress Reduction
29%----Percentage of Improvement in SOC Behavior

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 point 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.

The individual studies on each of the following disease types outlined the medical disease criteria and the usual therapy done on each patient. Therapies involved massage, herbology, acupuncture, and other natural therapies. The following is just a description of the results and the top statistical reactive compounds of each category used for validation of the TVEP family hypothesis. A SPSS version 16-2006 (Statistical Package for the Social Sciences) was used to calculate the significant reactive items.

**ACNE VULGARIS**

This disease group total number of patients was Subspace Treatment 1,239 patients, 594 SCIO Harness Patients

**OVERALL ASSESSMENT**

A. Subspace Treatment 2,566 patient visits

There were 2 cases of patients who reported a concerning negative result.

None of these cases reported any major difficulty.

**There were**

233 cases reporting worsening of Symptoms, .009 % of Subgroup
7 cases reporting feeling worse, .003% of Subgroup
8 cases reporting concerning increase in stress reduction .003% of Subgroup
3%---Percentage of Improvement in Symptoms
34%---Percentage of Improvement in Feeling Better
4%---Percentage of Improvement Measured
35%--Percentage of Improvement in Stress Reduction
17%----Percentage of Improvement in SOC Behavior

B. SCIO Harness Treatment 1,521 patient visits

There were 0 cases of patients who reported a negative Improvement.

None of these cases reported any major difficulty.

**There were**

762 cases reporting worsening of Symptoms, 50% of Subgroup
53 cases reporting feeling worse, .003% of Subgroup
2 cases reporting concerning increase in stress reduction .000% of Subgroup
4%----Percentage of Improvement in Symptoms
57%----Percentage of Improvement in Feeling Better
5%---Percentage of Improvement Measured
55%--Percentage of Improvement in Stress Reduction
21%----Percentage of Improvement in SOC Behavior

TVEP RESULTS (SPSS results show alpha .07 or 93% of the subjects in this category reacted 2+ standard deviations from the norm to these item)

1.(567 GLUCOSE | Is sugar regulation (pancreas) imbalance.
2.740 LIMBIC SYSTEM (NV) | Sarcode remedy for emotional control and stabilization.
3.710 FATTY ACID LIQUESCENCE (NV) | Combo remedy supplying the most chronic nutritional deficiency.
4.719 LYMPH LIQUESCENCE (NV) | Strong herbal remedy to spin and cleanse lymph.
5.903 BACTERIA FUGE (DR) | Combo remedy for bacterial immune stimulation.

**ACROPARESTHESIA**

This disease group total number of patients was 458

Subspace Treatment 221 patients, 237 SCIO Harness Patients

**OVERALL ASSESSMENT**

A. Subspace Treatment 2,566 patient visits

There were 2 cases of patients who reported a concerning negative result.

None of these cases reported any major difficulty.

**There were**

233 cases reporting worsening of Symptoms, .009 % of Subgroup
7 cases reporting feeling worse, .003% of Subgroup
8 cases reporting concerning increase in stress reduction .003% of Subgroup
3%---Percentage of Improvement in Symptoms
34%---Percentage of Improvement in Feeling Better
4%---Percentage of Improvement Measured
35%--Percentage of Improvement in Stress Reduction
17%----Percentage of Improvement in SOC Behavior

B. SCIO Harness Treatment 1,521 patient visits

There were 0 cases of patients who reported a negative Improvement.

None of these cases reported any major difficulty.

**There were**

762 cases reporting worsening of Symptoms, 50% of Subgroup
53 cases reporting feeling worse, .003% of Subgroup
2 cases reporting concerning increase in stress reduction .000% of Subgroup
4%----Percentage of Improvement in Symptoms
57%----Percentage of Improvement in Feeling Better
5%---Percentage of Improvement Measured
55%--Percentage of Improvement in Stress Reduction
21%----Percentage of Improvement in SOC Behavior
OVERALL ASSESSMENT

A. Subspace Treatment 8,733 patient visits
There were 2 cases of patients who reported a concerning negative result.
None of these cases reported any major difficulty.

There were
23 cases reporting worsening of Symptoms, .001% of Subgroup
24 cases reporting feeling worse, .001% of Subgroup
11 cases reporting concerning increase in stress reduction .001% of Subgroup
21%--- Percentage of Improvement in Symptoms
22%--- Percentage of Improvement in Feeling Better
22%--- Percentage of Improvement Measured
65%-- Percentage of Improvement in Stress Reduction
12%----Percentage of Improvement in SOC Behavior

B. SCIO Harness Treatment 3,212 patient visits
There were 0 cases of patients who reported a negative Improvement.
None of these cases reported any major difficulty.

There were
21 cases reporting worsening of Symptoms, .36% of Subgroup
4 cases reporting feeling worse, .008% of Subgroup
1 cases reporting concerning increase in stress reduction .001% of Subgroup
45%--- Percentage of Improvement in Symptoms
69%--- Percentage of Improvement in Feeling Better
44%--- Percentage of Improvement Measured
66%-- Percentage of Improvement in Stress Reduction
31%----Percentage of Improvement in SOC Behavior

TVEP RESULTS (SPSS results show alpha .07 or 93% of the subjects in this category reacted 2+ standard deviations from the norm to these item)

1. (920 B LIQUITROPHIC (DR) | Combo remedy supplying vitamin Bs, mental depression, pellagra.
2. 743 MAJOR NERVES (NV) | Combo remedy for all nerval diseases, ids neurological involvement. N isode
3. 740 LUMIBC SYSTEM (NV) | Sarcode remedy for emotional control and stabilization,
4. 710 FATTY ACID LIQUESCENCE (NV) | Combo remedy supplying the most chronic nutritional deficiency
5. 753 TEMPORAL LOBE (NV) | Sarcode remedy for stabilization of auditory, speech and memory brain function.,
6. 670 MEMORY (NV) | Combo remedy for any memory (brain) disorder, stimulate oxygen, increase attention.
7. 2810 POLYNEURITIS | Multiple neurological inflammations or nerve compressions.,
8. 920 B LIQUITROPHIC (DR) | Combo remedy supplying vitamin Bs, mental depression, pellagra.
9. 2865 BACH FLOWER AGRIMONY | For mental torture concealed from others. (FE),

ACQUIRED IMMUNE DEFICIENCY SYNDROME
(AIDS and HIV positive)
This disease group total number of patients was 5,026
Subspace Treatment 3,290 patients, 1736 SCIO Harness Patients

OVERALL ASSESSMENT

B. SCIO Harness Treatment 458 patient visits
There were 0 cases of patients who reported a negative Improvement.
None of these cases reported any major difficulty.

There were
21 cases reporting worsening of Symptoms, .36% of Subgroup
4 cases reporting feeling worse, .008% of Subgroup
1 cases reporting concerning increase in stress reduction .001% of Subgroup
45%--- Percentage of Improvement in Symptoms
69%--- Percentage of Improvement in Feeling Better
44%--- Percentage of Improvement Measured
66%-- Percentage of Improvement in Stress Reduction
31%----Percentage of Improvement in SOC Behavior

1. (920 B LIQUITROPHIC (DR) | Combo remedy supplying vitamin Bs, mental depression, pellagra.
2. 743 MAJOR NERVES (NV) | Combo remedy for all nerval diseases, ids neurological involvement. N isode
3. 740 LUMIBC SYSTEM (NV) | Sarcode remedy for emotional control and stabilization,
4. 710 FATTY ACID LIQUESCENCE (NV) | Combo remedy supplying the most chronic nutritional deficiency
5. 753 TEMPORAL LOBE (NV) | Sarcode remedy for stabilization of auditory, speech and memory brain function.,
6. 670 MEMORY (NV) | Combo remedy for any memory (brain) disorder, stimulate oxygen, increase attention.
7. 2810 POLYNEURITIS | Multiple neurological inflammations or nerve compressions.,
8. 920 B LIQUITROPHIC (DR) | Combo remedy supplying vitamin Bs, mental depression, pellagra.
9. 2865 BACH FLOWER AGRIMONY | For mental torture concealed from others. (FE),

TVEP RESULTS (SPSS results show alpha .07 or 93% of the subjects in this category reacted 2+ standard deviations from the norm to these item)
1. 928 HEMO-A LIQUITROPHIC (DR) | Combo remedy to assist in blood (hemoglobin) autoimmune disorders.
2. 937 OXY LIQUITROPHIC (DR) | Combo remedy for oxygenation and energizing aid.
3. 714 HERBAL LIQUID BEE POLLEN LIQUESCENCE (NV) | Combo remedy for increasing oxidation.
4. 937 LIQUITROPHIC (DR) | Combo remedy for oxygenation and energizing aid.
5. 710 FATTY ACID LIQUESCENCE (NV) | Combo remedy supplying the most chronic nutritional deficiency.
6. Phytolacca
7. Yerba santa
8. Mysterious Acid
9. Retro Vir

**ALCOHOLISM**
This group's significant SOC cut off was 50.
This disease group total number of patients was 411
Subspace Treatment 202 patients, 209 SCIO Harness Patients

**OVERALL ASSESSMENT**
A. Subspace Treatment 588 patient visits
There were 0 cases of patients who reported a concerning negative result.
None of these cases reported any major difficulty.

*There were*
11 cases reporting worsening of Symptoms, 0.018% of Subgroup
10 cases reporting feeling worse, 0.018% of Subgroup
5 cases reporting concerning increase in stress reduction, 0.009% of Subgroup
32%---Percentage of Improvement in Symptoms
34%---Percentage of Improvement in Feeling Better
21%---Percentage of Improvement Measured
56%---Percentage of Improvement in Stress Reduction
12%---Percentage of Improvement in SOC Behavior

B. SCIO Harness Treatment 633 patient visits
There were 1 cases of patients who reported a negative Improvement.
None of these cases reported any major difficulty.

*There were*
5 cases reporting worsening of Symptoms, 0.009% of Subgroup
8 cases reporting feeling worse, 0.012% of Subgroup
0 cases reporting concerning increase in stress reduction, 0.00% of Subgroup
50%---Percentage of Improvement in Symptoms
76%---Percentage of Improvement in Feeling Better
37%---Percentage of Improvement Measured
59%---Percentage of Improvement in Stress Reduction
34%---Percentage of Improvement in SOC Behavior

**TVEP RESULTS (SPSS results show alpha .07 or 93% of the subjects in this category reacted 2+ standard deviations from the norm to these item)**

1. 717 LIVER LIQUESCENCE (NV) | Combo remedy for treating all liver disease.
2. 735 GALLBLADDER, BEAR (NV) | Sarcode remedy for cleansing and rebuilding tissue in this area.
3. 790 H.E.P.A. | Remedy for liver detox, consists of desiccated liver, ids liver toxicity.
4. 929 HEPATO LIQUITROPHIC (DR) | Combo remedy to assist in liver repair and toxicity.
5. 740 LIMBIC SYSTEM (NV) | Sarcode remedy for emotional control and stabilization.
6. 1054 MENTAL (DR) | Oriental combo remedy, invigorates kidney meridian, senility (brain), old age.
7. 920 B LIQUITROPHIC (DR) | Combo remedy supplying vitamin B’s, mental depression, pellagra.
8. 507 URANIUM | Radiation exposure and emotional stagnation, mineral.
9. 926 GLUCO LIQUITROPHIC (DR) | Combo remedy to assist in diabetes (pancreas), hyperglycemia (blood, glucose).

**Allergy**
This group’s significant SOC cut off was 150.
This disease group total number of patients was 10,344
Subspace Treatment 7,941 patients, 2,403 SCIO Harness Patients
1. 570 GLUCURONIDASE | Involved in allergies, diabetes (pancreas), neuralgia.
2. 561 HYALURONIDASE | Polysac in connective tissue, spreading factor in cells, involved in allergies.
3. 989 ANIMAL HAIR (DR) | Oral antigen combination for animal hair sensitivity.
4. 990 DAIRY (DR) | Oral antigen combination for dairy sensitivity.
5. 991 GRAIN (DR) | Oral antigen combination for grain sensitivity.
6. 992 MOLD/HOUSE DUST (DR) | Oral antigen combination for mold and house dust sensitivity.
7. 993 OLFACTORY SENSITIVITY (DR) | Oral antigen combination for odor sensitivity (nose).
8. 994 POLLEN (DR) | Oral antigen combination for pollen sensitivity.
9. 995 SULFITE SENSITIVITY (DR) | Oral antigen combination for sulfite sensitivity.
10. 334 TREE ALLERGENS | Shows possible allergic reaction or toxic sensitivity.
11. 1710 ALLERGY MERIDIAN | This acupuncture meridian has shown reactivity, possible blockage.
12. 1710 ALLERGY MERIDIAN | This acupuncture meridian has shown reactivity, possible blockage.
13. 615 OPSIN I (NV) | Assists in desensitizing allergic reactions from miscellaneous foods.
14. 616 OPSIN II (NV) | Assists in desensitizing allergic reactions from miscellaneous inhalant allergens.
15. 1354 AFLATOXINS | Highly toxic compound that can id allergies or treat allergic conditions, phenol.
16. 1710 ALLERGY MERIDIAN | This acupuncture meridian has shown reactivity, possible blockage.
17. 1752 ALLERGY MALUS - Bad Allergy | Ids strong allergy known or unknown.
18. 1710 ALLERGY MERIDIAN | This acupuncture meridian has shown reactivity, possible blockage.

ALZHEIMER’S DISEASE
This groups significant SOC cut off was 90.
This disease group total number of patients was 219
Subspace Treatment 58 patients, 161 SCIO Harness Patients

OVERALL ASSESSMENT
A. Subspace Treatment 78 patient visits
There were 2 cases of patients who reported a concerning negative result.
None of these cases reported any major difficulty.
There were
2 cases reporting worsening of Symptoms, .025% of Subgroup
3 cases reporting feeling worse,.032% of Subgroup

TVEP RESULTS (SPSS results show alpha .07 or 93% of the subjects in this category reacted 2+ standard deviations from the norm to these item)
ANEMIA
This group’s significant SOC cut off was 85.
This disease group total number of patients was 458
Subspace Treatment 222 patients, 236 SCIO Harness Patients

OVERALL ASSESSMENT
A. Subspace Treatment 533 patient visits
There were 0 cases of patients who reported a concerning negative result.
None of these cases reported any major difficulty.
There were
3 cases reporting worsening of Symptoms, 0.014% of Subgroup
1 cases reporting feeling worse, 0.006% of Subgroup
3 cases reporting concerning increase in stress reduction, 0.013% of Subgroup
44%---Percentage of Improvement in Symptoms
55%---Percentage of Improvement in Feeling Better
69%---Percentage of Improvement Measured
58%---Percentage of Improvement in Stress Reduction
34%---Percentage of Improvement in SOC Behavior

TVEP RESULTS (SPSS results show alpha .07 or 93% of the subjects in this category reacted 2+
standard deviations from the norm to these item)
1. 743 MAJOR NERVES (NV) Combo remedy for all nervous diseases, ids neurological involvement.
N Isode
2. 740 LIMBIC SYSTEM (NV) Sarcode remedy for emotional control and stabilization.,
3. 710 FATTY ACID LIQUESCENCE (NV) Combo remedy supplying the most chronic nutritional
deficiency.
4. 753 TEMPORAL LOBE (NV) Sarcode remedy for stabilization of auditory, speech and memory
brain function.,
5. 670 MEMORY (NV) Combo remedy for any memory (brain) disorder, stimulate oxygen,
increase attention.
6. 190 LECITHIN Combo remedy for lowering cholesterol and increase memory, concentration (brain),
tuberculosis (TB) miasm, good food.
7. 339 CHOLESTEROL Cholesterolinum, shows the possibility of high cholesterol.
8. 2963 (EP) ALKAPLEX G Extracts of alkaline green vegetables

B. SCIO Harness Treatment 310 patient visits
There were 0 cases of patients who reported a negative Improvement.
None of these cases reported any major difficulty.
There were
3 cases reporting worsening of Symptoms, .014% of Subgroup
1 cases reporting feeling worse, .006% of Subgroup
3 cases reporting concerning increase in stress reduction.013% of Subgroup
44%---Percentage of Improvement in Symptoms
55%---Percentage of Improvement in Feeling Better
69%---Percentage of Improvement Measured
58%--Percentage of Improvement in Stress Reduction
34%----Percentage of Improvement in SOC Behavior

B. SCIO Harness Treatment 477 patient visits
There were 0 cases of patients who reported a negative Improvement.
None of these cases reported any major difficulty.
There were
3 cases reporting worsening of Symptoms, .001% of Subgroup
3 cases reporting feeling worse,.001% of Subgroup
3 cases reporting concerning increase in stress reduction .001% of Subgroup
12%---Percentage of Improvement in Symptoms
23%---Percentage of Improvement in Feeling Better
47%---Percentage of Improvement Measured
33%--Percentage of Improvement in Stress Reduction
11%----Percentage of Improvement in SOC Behavior

5 cases reporting concerning increase in stress reduction.047% of Subgroup
10%---Percentage of Improvement in Symptoms
4 %---Percentage of Improvement in Feeling Better
12%---Percentage of Improvement Measured
21%--Percentage of Improvement in Stress Reduction
0 %----Percentage of Improvement in SOC Behavior
TVEP RESULTS (SPSS results show alpha .07 or 93% of the subjects in this category reacted 2+ standard deviations from the norm to these item)
1. 737 HEMOGLOBIN (NV) | Sarcode remedy for blood anemia or tired blood.
2. 928 HEMO-LIQUITROPHIC (DR) | Combo remedy to assist in blood (hemoglobin) autoimmune disorders.
3. 1431 CHOLESTEROL OXIDASE | Enzyme used in cholesterol conversion to hormones, ids cholesterol disease.
4. 1811 HEMOGLOBIN | Can id anemia or blood disease.
5. 927 HEMO LIQUITROPHIC (DR) | Combo remedy to assist in blood (hemoglobin) cell repair, anemia.
6. 742 LYMPH, SPLEEN, MAMMARY (NV) | Breast. Sarcode remedy for cleansing and rebuilding tissue in this area.
7. 710 FATTY ACID LIQUEESCENCE (NV) | Combo remedy supplying the most chronic nutritional deficiency.
8. 461 URIC ACID | Phenol used in gout, joint pain and kidney dysfunction urinary (renal) diseases (kidney, bladder, urethra).

ANXIETY UNSPECIFIED
This groups significant SOC cut off was 120.
This disease group total number of patients was 4,017
Subspace Treatment 1,035 patients, 2982 SCIO Harness Patients

OVERALL ASSESSMENT
A. Subspace Treatment 3,458 patient visits
There were 3 cases of patients who reported a concerning negative result.
None of these cases reported any major difficulty.
There were
3 cases reporting worsening of Symptoms, 0.01% of Subgroup
3 cases reporting feeling worse,.001% of Subgroup
3 cases reporting concerning increase in stress reduction.001% of Subgroup
40%--- Percentage of Improvement in Symptoms
38%--- Percentage of Improvement in Feeling Better
23%---% Percentage of Improvement Measured
43%-- Percentage of Improvement in Stress Reduction
21%----Percentage of Improvement in SOC Behavior

B. SCIO Harness Treatment 4,032 patient visits
There were1 cases of patients who reported a negative Improvement.
None of these cases reported any major difficulty.
There were
1 cases reporting worsening of Symptoms, .001% of Subgroup
1 cases reporting feeling worse,.001% of Subgroup
0 cases reporting concerning increase in stress reduction 0% of Subgroup
45%--- Percentage of Improvement in Symptoms
55%--- Percentage of Improvement in Feeling Better
58%---Percentage of Improvement Measured
74%-- Percentage of Improvement in Stress Reduction
9 %----Percentage of Improvement in SOC Behavior

TVEP RESULTS (SPSS results show alpha .07 or 93% of the subjects in this category reacted 2+ standard deviations from the norm to these item)
1. 737 HEMOGLOBIN (NV) | Sarcode remedy for blood anemia or tired blood.
2. 928 HEMO-LIQUITROPHIC (DR) | Combo remedy to assist in blood (hemoglobin) autoimmune disorders.
3. 1431 CHOLESTEROL OXIDASE | Enzyme used in cholesterol conversion to hormones, ids cholesterol disease.
4. 1811 HEMOGLOBIN | Can id anemia or blood disease.
5. 927 HEMO LIQUITROPHIC (DR) | Combo remedy to assist in blood (hemoglobin) cell repair, anemia.
6. 742 LYMPH, SPLEEN, MAMMARY (NV) | Breast. Sarcode remedy for cleansing and rebuilding tissue in this area.
7. 710 FATTY ACID LIQUEESCENCE (NV) | Combo remedy supplying the most chronic nutritional deficiency.
8. 461 URIC ACID | Phenol used in gout, joint pain and kidney dysfunction urinary (renal) diseases (kidney, bladder, urethra).

ANXIETY UNSPECIFIED
This groups significant SOC cut off was 120.
This disease group total number of patients was 4,017
Subspace Treatment 1,035 patients, 2982 SCIO Harness Patients

OVERALL ASSESSMENT
A. Subspace Treatment 3,458 patient visits
There were 3 cases of patients who reported a concerning negative result.
None of these cases reported any major difficulty.
There were
3 cases reporting worsening of Symptoms, 0.01% of Subgroup
3 cases reporting feeling worse,.001% of Subgroup
3 cases reporting concerning increase in stress reduction.001% of Subgroup
40%--- Percentage of Improvement in Symptoms
38%--- Percentage of Improvement in Feeling Better
23%---% Percentage of Improvement Measured
43%-- Percentage of Improvement in Stress Reduction
21%----Percentage of Improvement in SOC Behavior

B. SCIO Harness Treatment 4,032 patient visits
There were1 cases of patients who reported a negative Improvement.
None of these cases reported any major difficulty.
There were
1 cases reporting worsening of Symptoms, .001% of Subgroup
1 cases reporting feeling worse,.001% of Subgroup
0 cases reporting concerning increase in stress reduction 0% of Subgroup
45%--- Percentage of Improvement in Symptoms
55%--- Percentage of Improvement in Feeling Better
58%---Percentage of Improvement Measured
74%-- Percentage of Improvement in Stress Reduction
9 %----Percentage of Improvement in SOC Behavior
The SCIO Universal Electrophysiological Biofeedback System can safely measure over the skin (transcutaneous) skin electro-potential down to the micro-volt range. Virtual and mathematical calculations of the attained data can provide CNS (Central Nervous System) biofeedback data, so as to include (simple EEG [electroencephalography], 3-pole ECG [simple stress electrocardiography], global transcutaneous EMG [electromyography]).

The system can measure the transcutaneous skin resistance by application of a medical safe micro-current volumetric pulse, so as to measure GSR (galvanic skin response) and TVEP (transcutaneous volumetric evoked potential).

The system is designed for the detection of stress and reduction of stress through CNS biofeedback data or stress lifestyle questionnaires. The stress and lifestyle questionnaires provide educational feedback through library referenced functions. And the device can be used for the treatment of muscular re-education from injury, muscle weakness, sport muscular enhancement or various dystonias. The applied volumetric pulse can be used to detect and affect in established modalities such as pain (TENS [transcutaneous electro nerve stimulation]), trauma/wound healing, charge stability imbalance, redox potential and electrophysiological reactivity.

The device after 20 years of use is quality tested, clinically evaluated and scientifically validated as safe and effective.

13. 1096 ADDIC 1 (DR) | For general addiction problems, use for addictive personalities.
14. 1082 PSY-ADJ (DR) | For adjustment disorders or inability to adjust to new circumstances or growth

**ASTHMA**

This group's significant SOC cut off was 100.
This disease group total number of patients was 631
Subspace Treatment 122 patients, 509 SCIO Harness Patients

**OVERALL ASSESSMENT**

A. Subspace Treatment 323 patient visits
There were 0 cases of patients who reported a concerning negative result.
None of these cases reported any major difficulty.

There were
0 cases reporting worsening of Symptoms, 0.00 % of Subgroup
0 cases reporting feeling worse, 10.00% of Subgroup
0 cases reporting concerning increase in stress reduction 0.00% of Subgroup
33%— Percentage of Improvement in Symptoms
32%— Percentage of Improvement in Feeling Better
21%— Percentage of Improvement Measured
45%— Percentage of Improvement in Stress Reduction
10%— Percentage of Improvement in SOC Behavior

B. SCIO Harness Treatment 1308 patient visits
There were 1 cases of patients who reported a negative Improvement.
None of these cases reported any major difficulty.

There were
2 cases reporting worsening of Symptoms, 0.001% of Subgroup
5 cases reporting feeling worse, 0.001% of Subgroup
1 cases reporting concerning increase in stress reduction 0.001% of Subgroup
43%— Percentage of Improvement in Symptoms
33%— Percentage of Improvement in Feeling Better
54%— Percentage of Improvement Measured
32%— Percentage of Improvement in Stress Reduction
11%— Percentage of Improvement in SOC Behavior

If you need more information on the SCIO and purchase details please get in touch with us

**Maitreya Kft.**
 tel: +3613036048
 web: www.gxsubspace.com
 e-mail: info@gxsubspace.com
TVEP RESULTS (SPSS results show alpha .07 or 93% of the subjects in this category reacted 2+ standard deviations from the norm to these item)

1. 625 ANTI-INFLAMMATION (NV) | Combo remedy for any inflammation, asthma (lung), sinusitis
2. 982 SARCOESIS (DR) Lung, Combo remedy for inflammatory and swelling conditions
3. 718 LUNG LIQUESCENCE (NV) | Combo remedy for treating lung disease.,
4. 736 HEART, LUNG (NV) | Sarcode remedy for cleansing and rebuilding tissue in this area.,
5. 750 SINESUS (NV) | Sarcode remedy for cleansing and rebuilding tissue in this area.,
6. 940 PULMO LIQUITROPHIC (DR) | Combo remedy to assist in lung repair.,
7. 937 OXY LIQUITROPHIC (DR) | Combo remedy for oxygenation and energizing aid.,
8. 605 ASBESTOX (NV) | Detox remedy for asbestos, use for lung silicosis or any lung toxicity

**BACTERIA INFECTION**

This groups significant SOC cut off was 100.
This disease group total number of patients was 10,203
Subspace Treatment 3,922 patients, 6,281 SCIO Harness Patients

**OVERALL ASSESSMENT**

A. Subspace Treatment 4,659 patient visits
There were 9 cases of patients who reported a concerning negative result.
None of these cases reported any major difficulty.

There were
34 cases reporting worsening of Symptoms, .007% of Subgroup
53 cases reporting feeling worse,.012% of Subgroup
3 cases reporting concerning increase in stress reduction .001% of Subgroup
23%--- Percentage of Improvement in Symptoms
26%--- Percentage of Improvement in Feeling Better
13%--- Percentage of Improvement Measured
43%-- Percentage of Improvement in Stress Reduction
3 %----Percentage of Improvement in SOC Behavior

B. SCIO Harness Treatment 14,553 patient visits
There were 5 cases of patients who reported a negative Improvement.
None of these cases reported any major difficulty.

**There were**
21 cases reporting worsening of Symptoms,.001% of Subgroup
15 cases reporting feeling worse,.001% of Subgroup
21 cases reporting concerning increase in stress reduction .001% of Subgroup
45%--- Percentage of Improvement in Symptoms
68%--- Percentage of Improvement in Feeling Better
56%--- Percentage of Improvement Measured
78%-- Percentage of Improvement in Stress Reduction
21%----Percentage of Improvement in SOC Behavior

Dramatic and significant improvements in symptoms and in measured reduction in the infections.
This points to the value of the Neuro-Immuno link that biofeedback works with, and also validation of the electrocution Zap principle used by the SCIO.

**TVEP RESULTS (SPSS results show alpha .07 or 93% of the subjects in this category reacted 2+ standard deviations from the norm to these item)**

1. (513 PSEUDOMONAS | Bacteria that attacks eyes and adrenals.
2. 606 BAC (NV) | Combo remedy for bacterial immune stimulation.
3. 726 THYMUS LIQUESCENCE (NV) | Combo remedy for stimulating thymus and immune function.,
4. 903 BACTERIA FUGE (DR) | Combo remedy for bacterial immune stimulation.
5. 1760 ACIDOPHILUS | Bowel (colon, intestine) flora bacteria, can id flora imbalance, good food.
6. 2872 BACH FLOWER CHICORY | Possessiveness, self Love, self pity. (FE),
7. 70 COLOSTRUM | First release from mother's breast after birth, for bowel (colon, intestine) flora
8. 605 ASBESTOX (NV) | Detox remedy for asbestos, use for lung silicosis or any lung toxicity

**BRAIN FATIGUE UNSPECIFIED**

This groups significant SOC cut off was 100.
This disease group total number was 33,024. There were 83,831 patient visits
Subspace Treatment 14,516 patients, 18,508 SCIO Harness Patients
OVERALL ASSESSMENT

A. Subspace Treatment 14,516 patients...30,289 patient visits
There were 238 cases were patients reported a negative improvement.
None of these cases reported any major difficulty.
There were
439 cases reporting worsening of Symptoms, .0173% of Subgroup
69 cases reporting feeling worse,.0001% of Subgroup
32 cases reporting concerning increase in stress reduction.0001% of Subgroup
22%--- Percentage of Improvement in Symptoms
41%--- Percentage of Improvement in Feeling Better
21%--- Percentage of Improvement Measured
34%-- Percentage of Improvement in Stress Reduction
15%----Percentage of Improvement in SOC Behavior

B. SCIO Harness Treatment 18,508 patients....53,542 patient visits
There were 50 cases of patients who reported a negative improvement.
None of these cases reported any major difficulty.
There were
531 cases reporting worsening of Symptoms, .0028% of Subgroup
12 cases reporting feeling worse,.0001% of Subgroup
13 cases reporting concerning increase in stress reduction.0001% of Subgroup
53%---- Percentage of Improvement in Symptoms
53%---- Percentage of Improvement in Feeling Better
52%----Percentage of Improvement Measured
78%-- Percentage of Improvement in Stress Reduction
23%----Percentage of Improvement in SOC Behavior

TVEP RESULTS (SPSS results show alpha .07 or 93% of the subjects in this category reacted 2+ standard deviations from the norm to these item)
1. 670 MEMORY (NV) | Combo remedy for any memory (brain) disorder, stimulate oxygen, increase attention.
2. (718 LUNG LIQUESCENCE (NV) | Combo remedy for treating lung disease.,
3. 736 HEART, LUNG (NV) | Sarcode remedy for cleansing and rebuilding tissue in this area.,
4. 750 SINUSES (NV) | Sarcode remedy for cleansing and rebuilding tissue in this area.,
5. 940 PULMO LIQUITROPHIC (DR) | Combo remedy to assist in lung repair.,
6. 937 OXY LIQUITROPHIC (DR) | Combo remedy for oxygenation and energizing aid.,
7. 701 ADRENAL LIQUESCENCE (NV) | Combo remedy for hypoadrenia or to provide adrenal stimulation.
8. 917 ADRENO LIQUITROPHIC (DR) | Combo remedy for adrenal weakness.
9. 2872 BACH FLOWER SCLERANTHUS | Uncertainty, indecision, hesitation, unbalance. (FE

Cancer

Cancer is a dys-regulation of the metabolic/reproductive epigenic rhythm. This dysfunction shifts the energy from metabolism to reproduction. Thus the cancer cells grow. This is explained in the PROMORPHEUS and in the IMUNE cancer video. The SCIO device can interrupt the epigenic dysfunction and thus destroy the cancer cells.

In this study the disease group total number of patients was 7,672, with Subspace Treatment 2,109 patients, and 5,563 SCIO Harness Patients. There was Subspace Treatment 5,601 patient visits, SCIO Harness Treatment 16,720 patient visits.
The results show dramatic promise for the premise that the QED functions of the SCIO can have healing effects on a cancer patient. There was over 2,000 cases of cures reported in this study. More than fifty percent of the patients reported positive results. There was insignificant negative effects reported.

This groups significant SOC cut off was 80.
This disease group total number of patients was 7,672
Subspace Treatment 2,109 patients, 5,563 SCIO Harness Patients

OVERALL ASSESSMENT

A. Subspace Treatment 5,601 patient visits
There were 4 cases of patients who reported a concerning negative result.
None of these cases reported any major difficulty.
There were
11 cases reporting worsening of Symptoms, .002% of Subgroup
15 cases reporting feeling worse,.0001% of Subgroup
11 cases reporting concerning increase in stress reduction.0001% of Subgroup
27%--- Percentage of Improvement in Symptoms
27%--- Percentage of Improvement in Feeling Better
28%---Percentage of Improvement Measured
35%-- Percentage of Improvement in Stress Reduction
6 %----Percentage of Improvement in SOC Behavior
B. SCIO Harness Treatment 16,720 patient visits

There were 5 cases of patients who reported a negative Improvement.
None of these cases reported any major difficulty.

There were

14 cases reporting worsening of Symptoms, .001 % of Subgroup
15 cases reporting feeling worse, .001% of Subgroup
15 cases reporting concerning increase in stress reduction. .001% of Subgroup
56%--- Percentage of Improvement in Symptoms
57%--- Percentage of Improvement in Feeling Better
63%--- Percentage of Improvement Measured
75%--- Percentage of Improvement in Stress Reduction
20%--- Percentage of Improvement in SOC Behavior

TVEP RESULTS (SPSS results show 75% of the subjects in this category reacted 2+ standard deviations from the norm to these item. The Statistics showed no clear significant reactions only some superficial trends. We believe that cancer is a reactivity disease where the reactivity is compromised thus producing the cancer. The body's defenses do not react to the cancer cells producing the disease)

1. 640 DEGEX (NV) | Combo remedy for degenerative disease, used as cancer preventative
2. 708 DEGEX LIQUESCENCE (NV) | Combo remedy of natural chemotherapy, use only with confirmed cancer or degeneration.
3. 723 SHARK CARTILAGE LIQUESCENCE (NV) | Combo remedy for treating and preventing cancer.
4. 953 ENTERO-B (DR) | Combo remedy for bowel (colon, intestine) Nora disorders. ]
5. 1491 NAJA NAJA VENOM COBRA | Asthma (lung), angina (heart), spasmodic jaundice (liver),
6. 710 FATTY ACID LIQUESCENCE (NV) | Combo remedy supplying the most chronic nutritional deficiency.

CARDIAC ARRHYTHMIA

This groups significant SOC cut off was 150.
This disease group total number of patients was 1509
Subspace Treatment 321 patients, 1188 SCIO Harness Patients

OVERALL ASSESSMENT

A. Subspace Treatment 375 patient visits
There were 0 cases of patients who reported a concerning negative result.
None of these cases reported any major difficulty.

There were

1 cases reporting worsening of Symptoms, .001 % of Subgroup
2 cases reporting feeling worse, .001% of Subgroup
0 cases reporting concerning increase in stress reduction. .001% of Subgroup
24%--- Percentage of Improvement in Symptoms
26%--- Percentage of Improvement in Feeling Better
12%--- Percentage of Improvement Measured
43%-- Percentage of Improvement in Stress Reduction
7%---- Percentage of Improvement in SOC Behavior

B. SCIO Harness Treatment 2047 patient visits

There were 3 cases of patients who reported a negative Improvement.
None of these cases reported any major difficulty.

There were

5 cases reporting worsening of Symptoms, .001 % of Subgroup
5 cases reporting feeling worse, .001% of Subgroup
2 cases reporting concerning increase in stress reduction. .001% of Subgroup
38%--- Percentage of Improvement in Symptoms
47%--- Percentage of Improvement in Feeling Better
55%--- Percentage of Improvement Measured
66%-- Percentage of Improvement in Stress Reduction
21%----Percentage of Improvement in SOC Behavior

TVEP RESULTS (SPSS results show alpha .07 or 93% of the subjects in this category reacted 2+ standard deviations from the norm to these item. The Statistics showed no clear significant reactions only some superficial trends. We believe that cancer is a reactivity disease where the reactivity is compromised thus producing the cancer. The body's defenses do not react to the cancer cells producing the disease)

1. 640 DEGEX (NV) | Combo remedy for degenerative disease, used as cancer preventative
2. 708 DEGEX LIQUESCENCE (NV) | Combo remedy of natural chemotherapy, use only with confirmed cancer or degeneration.
3. 723 SHARK CARTILAGE LIQUESCENCE (NV) | Combo remedy for treating and preventing cancer.
5. 1491 NAJA NAJA VENOM COBRA | Asthma (lung), angina (heart), spasmodic jaundice (liver),
6. 710 FATTY ACID LIQUESCENCE (NV) | Combo remedy supplying the most chronic nutritional deficiency.

CARDIAC ARRHYTHMIA

This groups significant SOC cut off was 150.
This disease group total number of patients was 1509
Subspace Treatment 321 patients, 1188 SCIO Harness Patients

OVERALL ASSESSMENT

A. Subspace Treatment 375 patient visits
There were 0 cases of patients who reported a concerning negative result.
None of these cases reported any major difficulty.
6. 425 NIACIN | Circulation vitamin also used for nerves, can id arteriole blockage.
7. 426 NIACINAMIDE | Vitamin used in circulation energy, metabolism.
8. 693 ALGAE AQUA SCOURCE | Nutritional supplement.
10. 728 VITAMIN C LIQUESCENCE (NV) | Combo remedy for natural supply of vitamin C.
11. 761 A-Z FORMULA | Multi-vitamin supplement.
12. 762 A-Z LIQUID FORMULA | Combo remedy supplying a natural source of essential vitamins.
13. 763 VITAMIN B-1 THIAMINE | Deficiency causes fatigue, poor memory (brain), irritation, anorexia, sleep discomfort, constipation (bowel, colon, intestine).
14. 764 VITAMIN B-2 RIBOFLAVIN | Impaired growth, weakness, cheliosis, glossitis, atrophy of skin, cataract (eye disorders), anemia.
15. 765 VITAMIN B-6 PYRIDOXINE | Deficiency deprives dreams, weak memory (brain), anemia, boils, neuritis (nerves), nausea, mouth sores.
16. 766 DEGEX (NV) | Combo remedy for degenerative disease, used as cancer preventative, use with clean mouth.
17. 767 CHELATED IRON | Can id deficiency or hemolytic anemia risk, mineral.
18. 768 CHELATED ZINC | Deficiency weakens the immune system and sexual interest, mineral.
19. 769 CRYSTALLIZED CELL SALTS | Supplies all minerals for balancing mineral function, ids mineral imbalance.
20. 770 E-Z ABSORBABLE CALCIUM | Calcium lactate for supplying calcium, use with meals, mineral.
21. 773 VITAMIN B5 PANTOTHENIC ACID | Adrenal supplement, deficiency produces hypoadrenia.
22. 774 POTASSIUM COMPLEX | Deficiency produces weakness and fatigue, mineral.
23. 775 VITAMIN B3 NIACIN | Deficiency produces pellagra, gastrointestinal (bowel, colon, intestine) disturbance, mental (brain) disturbance.

CIRCULATION DISORDERS
This group significant SOC cut off was 100.
This disease group total number of patients was 8,574
Subspace Treatment 1,241 patients, 7,333 SCIO Harness Patients

OVERALL ASSESSMENT
A. Subspace Treatment 3,537 patient visits
There were ---- cases of patients who reported a concerning negative result.
None of these cases reported any major difficulty.

There were
13 cases reporting worsening of Symptoms, .001 % of Subgroup
13 cases reporting feeling worse,.001% of Subgroup
21 cases reporting concerning increase in stress reduction.001% of Subgroup
22%—Percentage of Improvement in Symptoms
21%—Percentage of Improvement in Feeling Better
33%—Percentage of Improvement Measured
30%--Percentage of Improvement in Stress Reduction
11%----Percentage of Improvement in SOC Behavior

B. SCIO Harness Treatment 7,890 patient visits
There were ---- cases of patients who reported a negative Improvement.
None of these cases reported any major difficulty.
There were
6 cases reporting worsening of Symptoms, .001 % of Subgroup
12 cases reporting feeling worse,.001 % of Subgroup
10 cases reporting concerning increase in stress reduction .001% of Subgroup
47%--- Percentage of Improvement in Symptoms
56%--- Percentage of Improvement in Feeling Better
66%--Percentage of Improvement Measured
64%-- Percentage of Improvement in Stress Reduction
42%----Percentage of Improvement in SOC Behavior

TVEP RESULTS (SPSS results show alpha .07 or 93% of the subjects in this category reacted 2+ standard deviations from the norm to these item)
1. 710 FATTY ACID LIQUESCENCE (NV) | Combo remedy supplying the most chronic nutritional deficiency.
2. 781 VITAMIN E | Deficiency causes red blood cell rupture, sex interest wanes, dry skin.
3. 3721 ADVENTURINE | Stimulates muscle tissue + blood, brain stone, purifies mental + etheric bodies, centers you. crystal,3709 CURRY CROSS | Geopathic stress, ids electrical disturbing energies.
4. 3703 ESTROGENIFICATION FROM ENVIROMENTAL POLLUTION,
5. AESCULUS HIPPO | Horse chestnut, bowel (colon, intestine), hemorrhoids and heart venous problems. \}.

There were
13 cases reporting worsening of Symptoms, .001 % of Subgroup
13 cases reporting feeling worse,.001% of Subgroup
21 cases reporting concerning increase in stress reduction.001% of Subgroup
22%—Percentage of Improvement in Symptoms
21%—Percentage of Improvement in Feeling Better
33%—Percentage of Improvement Measured
30%--Percentage of Improvement in Stress Reduction
11%----Percentage of Improvement in SOC Behavior
6. (105 COLLINSONIA CANADENSIS | Portal pelvic venous congestion, varicose veins.
7. 122 DIGITALIS PURPUREA | Remedy for heart, dilates blood vessels of heart, weakness.
8. 622 ANGINA (NV) | Combo remedy for chest pain of any origin mostly cardiac (heart) insufficiency.
9. 637 CIRCULATION (NV) | Combo remedy for treating any circulatory (heart) disease, blood return can bring pain.
10. 638 CONVALLARIA (NV) | Combo remedy that breaks up dried and crusty areas of the brain, treats stroke.
11. 712 HEART LIQUESCENCE (NV) | Combo remedy used to reduce infarction risk and increase heart circulation.
12. 734 FRONTAL LOBE (NV) | Brain sarcode for emotional and cognition control.
13. 922 CARDIO LIQUITROPHIC (DR) | Combo remedy to assist in heart repair, infarction risk.
14. 944 ARRHYTH-I (DR) | Combo remedy for irregular heart beat or any arrythmia.
15. 964 HYPERTONIA-2 (DR) | Combo remedy for high blood pressure
16. 985 THRACIRCULO (DR) | Combo remedy to increase circulation, circulatory disorders.
17. 1052 HYPERTENSIVE (DR) | Oriental combo remedy, alleviates heat in liver, balances excess yang.
18. 1724 HEART MERIDIAN | This acupuncture meridian has shown reactivity, possible blockage.
19. 1809 HEART - Sarcode & nosode combo | Ids some heart problem.
20. 736 HEART, LUNG (NV) | Sarcode remedy for cleansing and rebuilding tissue in this area.
21. 550 LITHIUM CARBONICUM | Emotional powder keg, don’t light fuse.
22. 710 FATTY ACID LIQUESCENCE (NV) | Combo remedy supplying the most chronic nutritional deficiency

**COMMON COLD**

This groups significant SOC cut off was 175.
This disease group total number of patients was 17,598
Subspace Treatment 12,720 patients, 4,878 SCIO Harness Patients

**OVERALL ASSESSMENT**

A. Subspace Treatment 17,901 patient visits
There were 7 cases of patients who reported a concerning negative result.
None of these cases reported any major difficulty.

There were
9 cases reporting worsening of Symptoms, .001% of Subgroup
11 cases reporting feeling worse, .001% of Subgroup
6 cases reporting concerning increase in stress reduction, .001% of Subgroup
24%— Percentage of Improvement in Symptoms
25%— Percentage of Improvement in Feeling Better
28%— Percentage of Improvement Measured
40%— Percentage of Improvement in Stress Reduction
12%— Percentage of Improvement in SOC Behavior

B. SCIO Harness Treatment 7,820 patient visits
There were 11 cases of patients who reported a negative Improvement.
None of these cases reported any major difficulty.
There were
8 cases reporting worsening of Symptoms, .001 % of Subgroup
10 cases reporting feeling worse, .001 % of Subgroup
2 cases reporting concerning increase in stress reduction, .001 % of Subgroup
45%— Percentage of Improvement in Symptoms
43%— Percentage of Improvement in Feeling Better
65%— Percentage of Improvement Measured
68%— Percentage of Improvement in Stress Reduction
15%— Percentage of Improvement in SOC Behavior

**TVEP RESULTS** (SPS results show alpha .07 or 93% of the subjects in this category reacted 2+ standard deviations from the norm to these item)

1. (499 THYMOPOIETIN | Ids problem with blood system immunity
2. 660 IMMUNE STIM (NV) | Combo remedy for immune weakness or over action, stabilize reticuloendothelial system.
3. 672 MICROFLORA (NV) | Combo remedy for stabilizing the bowel (colon, intestine) flora, use until rectal gas/wind/flatulence subsides.
4. 756 TONSILS, ADENOIDS, APPENDIX (NV) | Sarcode remedy for cleansing and rebuilding tissue in this area.
5. 966 IMMUNOPOIE (DR) | Combo remedy to help stimulate the immune system.
6. 1064 PREVENTATIVE (DR) | Oriental combo remedy to tonify and improve immune system.
7. 1985 LUPUS | Auto immune disease with sun sensitivity, ulcerations of skin, blotches.,
8. 2872 BACH FLOWER CHICORY | Possessiveness, self Love, self pity. (FE),
9. 660 IMMUNE STIM (NV) | Combo remedy for immune weakness or over action, stabilize reticuloendothelial system.

DEPRESSION + SEASONAL AFFECTIVE DISORDER
This groups significant SOC cut off was 150.
This disease group total number of patients was 32,030
Subspace Treatment 13,878 patients, 18,152 SCIO Harness Patients

OVERALL ASSESSMENT
A. Subspace Treatment 21,092 patient visits
There were 34 cases of patients who reported a concerning negative result.
None of these cases reported any major difficulty.
There were
43 cases reporting worsening of Symptoms, .0021% of Subgroup
57 cases reporting feeling worse,.0027% of Subgroup
34 cases reporting concerning increase in stress reduction.0016% of Subgroup
34%--- Percentage of Improvement in Symptoms
36%--- Percentage of Improvement in Feeling Better
37%--- Percentage of Improvement Measured
46%-- Percentage of Improvement in Stress Reduction
10%----Percentage of Improvement in SOC Behavior

B. SCIO Harness Treatment 39,983 patient visits
There were 25 cases of patients who reported a negative Improvement.
None of these cases reported any major difficulty.
There were
32 cases reporting worsening of Symptoms, .001% of Subgroup
32 cases reporting feeling worse,.001% of Subgroup
32 cases reporting concerning increase in stress reduction .001% of Subgroup
55%--- Percentage of Improvement in Symptoms
61%--- Percentage of Improvement in Feeling Better

56%---Percentage of Improvement Measured
70%-- Percentage of Improvement in Stress Reduction
12%----Percentage of Improvement in SOC Behavior

TVEP RESULTS (SPSS results show alpha .07 or 93% of the subjects in this category reacted 2+ standard deviations from the norm to these item)
1. 630 ANTI-STRESS (NV) | Combo remedy for excess stress improves the effects of stress about
2. 2. 799 STRESS FORMULA | Supplies nutrients depleted by stress
3. 955 EU-STRESS (DR) | Combo remedy to help deal with stress
4. 1085 PSY-DEM (DR) | For dementia or uncontrollable aberrant thoughts (brain).
5. 1086 PSY-DEP (DR) | For general depression, treat gallbladder, self anger, recent loss of reinforcements
6. 1087 PSY-DEP-EX (DR) | Depression remedy for extrovert persons
7. 1088 PSY-DEP-IN (DR) | Depression remedy for introverted persons
8. 1089 PSY-DIS (DR) | For dissociative personalities that separate themselves from their problems
9. 1090 PSY-HYS (DR) | For hysteria or when a patient projects an emotional problem into a physical organ.,
10. 1091 PSY-MANIA (DR) | For manic patients who can’t control desires and can’t see the consequences of today’s actions
11. 1092 PSY-MOOD (DR) | For patients who can’t control moods.,
12. 1093 PSY-PER (DR) | For personality disorders where patient loses his own personality.,
13. 608 CHEMEX (NV) | Detox remedy for synthetic chemicals

DIGESTIVE DISORDERS
This groups significant SOC cut off was 150.
This disease group total number of patients was 16,364
Subspace Treatment 7,954 patients, 8,410 SCIO Harness Patients

OVERALL ASSESSMENT
A. Subspace Treatment 12,504 patient visits
There were ---- cases of patients who reported a concerning negative result.
None of these cases reported any major difficulty.
There were
29 cases reporting worsening of Symptoms, .001 % of Subgroup
25 cases reporting feeling worse, .001% of Subgroup
28 cases reporting concerning increase in stress reduction.001% of Subgroup
27%--- Percentage of Improvement in Symptoms
21%--- Percentage of Improvement in Feeling Better
32%--- Percentage of Improvement Measured
34%-- Percentage of Improvement in Stress Reduction
15%----Percentage of Improvement in SOC Behavior

B. SCIO Harness Treatment 17,990 patient visits
There were ---- cases of patients who reported a negative Improvement.
None of these cases reported any major difficulty.
There were
7 cases reporting worsening of Symptoms, .001 % of Subgroup
9 cases reporting feeling worse,.001 % of Subgroup
11 cases reporting concerning increase in stress reduction .001% of Subgroup
47%--- Percentage of Improvement in Symptoms
60%--- Percentage of Improvement in Feeling Better
62%---.Percentage of Improvement Measured
64%-- Percentage of Improvement in Stress Reduction
45%----Percentage of Improvement in SOC Behavior

TVEP RESULTS (SPSS results show alpha .07 or 93% of the subjects in this category reacted 2+ standard deviations from the norm to these item)
1. (435 PANCREATIN | Can id enzyme deficiency or pancreatic disease.,
2. 641 DIGESTIVE ENZYME (NV) | Combo remedy for stabilizing digestive organs, ids indigestion.,
3. 694 STOMACH ENZYME (NV) | Combo remedy for ulcers or any stomach concern.,
4. 709 DIGESTIVE ENZYME LIQUESCENCE (NV) | Combo remedy for stabilizing the digestive system.,
5. 784 DIGESTIVE GLANDULAR, CARBOHYDRATES | Supplies amylase and other carbohydrate enzymes.
6. 785 DIGESTIVE GLANDULAR, GENERAL | For anti inflammation enzyme and cancer therapy, use at bed, on empty stomach.
7. 786 DIGESTIVE GLANDULAR, FAT | For bile (liver) supply and fat digestion and regulation.
8. 787 DIGESTIVE GLANDULAR, PROTEIN | Supplies protease enzyme for protein digestion, can id protein metabolic disease.
9. 788 ESSENTIAL LIPOID FACTORS | Garlic oils for detox, circulation (heart), asthma (lung).
10. 939 PROPEPSIA LIQUITROPHIC (DR) | Combo remedy to stimulate and balance digestive enzyme release.
11. 1711 STOMACH MERIDIAN | This acupuncture meridian has shown reactivity, possible blockage.
12. 1712 SMALL INTESTINE MERIDIAN | (bowel, colon, intestine) This acupuncture meridian has shown reactivity, possible blockage.
13. 1716 PANCREAS MERIDIAN | This acupuncture meridian has shown reactivity, possible blockage.
14. 1720 LARGE INTESTINE MERIDIAN | (bowel, colon, intestine) This acupuncture meridian has shown reactivity, possible blockage.
15. 1813 LUNG - Sarcode & nosode combo | Ids problem with lung.
16. 2810 POLYNEURITIS | Multiple neurological inflammations or nerve compressions.
17. 435 PANCREATIN | Can id enzyme deficiency or pancreatic disease.

ENDOMETRIOSIS
This group significant SOC cut off was 140.
This disease group total number of patients was 589
Subspace Treatment 320 patients, 269 SCIO Harness Patients

OVERALL ASSESSMENT
A. Subspace Treatment 489 patient visits
There were 0 cases of patients who reported a concerning negative result.
None of these cases reported any major difficulty.
There were
2 cases reporting worsening of Symptoms, .002 % of Subgroup
1 cases reporting feeling worse,.002% of Subgroup
2 cases reporting concerning increase in stress reduction .004% of Subgroup
32%--- Percentage of Improvement in Symptoms
34%--- Percentage of Improvement in Feeling Better
21%--- Percentage of Improvement Measured
43%-- Percentage of Improvement in Stress Reduction

2%----Percentage of Improvement in SOC Behavior
B. SCIO Harness Treatment 430 patient visits
There were 1 case of a patient who reported a negative Improvement.
None of these cases reported any major difficulty.
There were
0 cases reporting worsening of Symptoms, .001 % of Subgroup
1 cases reporting feeling worse,.001 % of Subgroup
0 cases reporting concerning increase in stress reduction .001% of Subgroup
44%--- Percentage of Improvement in Symptoms
51%--- Percentage of Improvement in Feeling Better
46%--- Percentage of Improvement Measured
66%-- Percentage of Improvement in Stress Reduction
12%----Percentage of Improvement in SOC Behavior

TVEP RESULTS (SPSS results show alpha .07 or 93% of the subjects in this category reacted 2+ standard deviations from the norm to these item)
1. 625 ANTI-INFLAMMATION (NV)I Combo remedy for any inflammation, asthma (lung), sinusitis
2. 982 SARCOESIS (DR)I Lung. Combo remedy for inflammatory and swelling conditions
3. 630 ANTI-STRESS (NV) I Combo remedy for excess stress improves the effects of stress about
4. 2. 799 STRESS FORMULA I Supplies nutrients depleted by stress
5. 955 EU-STRESS (DR) I Combo remedy to help deal with stress
6. 1024 KIDNEY, OVARIAN, ADRENAL (DR) I Bladder, urethra, urethra. Sarcode remedy for tissue rebuilding and detox.
7. 710 FATTY ACID LIQUESCENCE (NV) I Combo remedy supplying the most chronic nutritional deficiency.
8. 917 ADRENO LIQUITROPHIC (DR) I Combo remedy for adrenal weakness
9. 701 ADRENAL LIQUESCENCE (NV) I Combo remedy for hypoadrenia or to provide adrenal stimulation.

ENTEROCOLITIS
This group significant SOC cut off was 100.
This disease group total number of patients was 2,990
Subspace Treatment 1,387 patients, 1,102 SCIO Harness Patients
OVERALL ASSESSMENT
A. Subspace Treatment 3,450 patient visits
There were 2 cases of patients who reported a concerning negative result.
None of these cases reported any major difficulty.

There were
41 cases reporting worsening of Symptoms, 0.001% of Subgroup
31 cases reporting feeling worse, 0.001% of Subgroup
5 cases reporting concerning increase in stress reduction, 0.001% of Subgroup
32% --- Percentage of Improvement in Symptoms
33% --- Percentage of Improvement in Feeling Better
33% --- Percentage of Improvement Measured
39% --- Percentage of Improvement in Stress Reduction
0% --- Percentage of Improvement in SOC Behavior
B. SCIO Harness Treatment 3,999 patient visits
There were 2 cases of patients who reported a negative Improvement.
None of these cases reported any major difficulty.

There were
23 cases reporting worsening of Symptoms, 0.001% of Subgroup
20 cases reporting feeling worse, 0.001% of Subgroup
2 cases reporting concerning increase in stress reduction, 0.001% of Subgroup
24% --- Percentage of Improvement in Symptoms
43% --- Percentage of Improvement in Feeling Better
54% --- Percentage of Improvement Measured
57% --- Percentage of Improvement in Stress Reduction
10% --- Percentage of Improvement in SOC Behavior

TVEP RESULTS (SPSS results show alpha .07 or 93% of the subjects in this category reacted 2+ standard deviations from the norm to these item)
1. 625 ANTI-INFLAMMATION (NV) I Combo remedy for any inflammation, asthma (lung), sinusitis
2. 982 SARCOESIS (DR) I Lung. Combo remedy for inflammatory and swelling conditions
3. 1712 SMALL INTESTINE MERIDIAN | (bowel, colon, intestine) This acupuncture meridian has shown reactivity, possible blockage.

4. 1716 PANCREAS MERIDIAN | This acupuncture meridian has shown reactivity, possible blockage.
5. 1720 LARGE INTESTINE MERIDIAN | (bowel, colon, intestine) This acupuncture meridian has shown reactivity, possible blockage.

ESOPHAGITIS aka GASTRIC REFLUX
This group's significant SOC cut off was 160.
This disease group total number of patients was 706
Subspace Treatment 238 patients, 468 SCIO Harness Patients

OVERALL ASSESSMENT
A. Subspace Treatment 433 patient visits
There were 0 cases of patients who reported a concerning negative result.
None of these cases reported any major difficulty.

There were
2 cases reporting worsening of Symptoms, .005% of Subgroup
4 cases reporting feeling worse, .01% of Subgroup
5 cases reporting concerning increase in stress reduction, 0.01% of Subgroup
23% --- Percentage of Improvement in Symptoms
23% --- Percentage of Improvement in Feeling Better
33% --- Percentage of Improvement Measured
37% --- Percentage of Improvement in Stress Reduction
2% --- Percentage of Improvement in SOC Behavior
B. SCIO Harness Treatment 656 patient visits
There were 1 case of a patient who reported a negative Improvement.
This patient reported some extreme skin redness from the harness.

There were
23 cases reporting worsening of Symptoms, 0.001% of Subgroup
20 cases reporting feeling worse, 0.001% of Subgroup
2 cases reporting concerning increase in stress reduction, 0.001% of Subgroup
24% --- Percentage of Improvement in Symptoms
43% --- Percentage of Improvement in Feeling Better
54% --- Percentage of Improvement Measured
57% --- Percentage of Improvement in Stress Reduction
10% --- Percentage of Improvement in SOC Behavior

TVEP RESULTS (SPSS results show alpha .07 or 93% of the subjects in this category reacted 2+ standard deviations from the norm to these item)
1. 625 ANTI-INFLAMMATION (NV) I Combo remedy for any inflammation, asthma (lung), sinusitis
2. 982 SARCOESIS (DR) I Lung. Combo remedy for inflammatory and swelling conditions
3. 1712 SMALL INTESTINE MERIDIAN | (bowel, colon, intestine) This acupuncture meridian has shown reactivity, possible blockage.

4. 1716 PANCREAS MERIDIAN | This acupuncture meridian has shown reactivity, possible blockage.
5. 1720 LARGE INTESTINE MERIDIAN | (bowel, colon, intestine) This acupuncture meridian has shown reactivity, possible blockage.
None of these cases reported any major difficulty.

There were

7 cases reporting worsening of Symptoms, .001 % of Subgroup
10 cases reporting feeling worse,.001 % of Subgroup
11 cases reporting concerning increase in stress reduction .001% of Subgroup
47%—-- Percentage of Improvement in Symptoms
51%—-- Percentage of Improvement in Feeling Better
62%----Percentage of Improvement Measured
64%-- Percentage of Improvement in Stress Reduction
45%------Percentage of Improvement in SOC Behavior

TVEP RESULTS (SPSS results show alpha .07 or 93% of the subjects in this category reacted 2+ standard deviations from the norm to these item)

1. 734 FRONTAL LOBE (NV) | Combo remedy for any inflammation, asthma (lung), sinusitis
2. 2290 LIMBIC SYSTEM (NV) | Sarcode remedy for emotional control and stabilization.,
3. 1830 ANTI-INFLAMMATION (NV)I Combo remedy for any inflammation, asthma (lung), sinusitis
4. 982 SARCOESIS (DR) | Lung. Combo remedy for inflammatory and swelling conditions
5. 594 Cervical nosode and sarcode of all tissues and diseases of the neck or cervical vertebrae.
nerve disorder
6. 660 IMMUNE STIM (NV) | Combo remedy for immune weakness or over action, stabilize reticuloendothelial system.
7. 672 MICROFLORA (NV) | Combo remedy for stabilizing the bowel (colon, intestine) flora, use until rectal gas/wind/flatulence subsides.
8. 1909 ENTOAMOEBA HISTOLYTICA | Ameba / ameoba / amoeba infection in mouth, liver or joints, use Amebex, dental nosode.

PREMENSTRUAL STRESS OR TENSION
This groups significant SOC cut off was 140.
This disease group total number of patients was 10,347
Subspace Treatment 7,941 patients, 2,406 SCIO Harness Patients

OVERALL ASSESSMENT
A. Subspace Treatment 22,504 patient visits
There were 71 cases of patients who reported a concerning negative result.
None of these cases reported any major difficulty.

There were
29 cases reporting worsening of Symptoms, .001 % of Subgroup
23 cases reporting feeling worse,.001% of Subgroup
21 cases reporting concerning increase in stress reduction.001% of Subgroup
25%—-- Percentage of Improvement in Symptoms
21%--- Percentage of Improvement in Feeling Better
31%----Percentage of Improvement Measured
34%-- Percentage of Improvement in Stress Reduction
13%-----Percentage of Improvement in SOC Behavior

B. SCIO Harness Treatment 7,890 patient visits
There were ---- cases of patients who reported a negative improvement.
FLEXIBILITY
Restricted Range of Motion
This group’s significant SOC cut off was 130.
This disease group total number of patients was 9,345
Subspace Treatment 2,941 patients, 6,404 SCIO Harness Patients

OVERALL ASSESSMENT
A. Subspace Treatment 8,504 patient visits
There were ---- cases of patients who reported a concerning negative result.
None of these cases reported any major difficulty.
There were
29 cases reporting worsening of Symptoms, .001 % of Subgroup
23 cases reporting feeling worse, .001% of Subgroup
21 cases reporting concerning increase in stress reduction .001% of Subgroup
25%—Percentage of Improvement in Symptoms
21%—Percentage of Improvement in Feeling Better
33%—Percentage of Improvement Measured
34%—Percentage of Improvement in Stress Reduction
15%—Percentage of Improvement in SOC Behavior

B. SCIO Harness Treatment 11,897 patient visits
There were ---- cases of patients who reported a negative Improvement.
None of these cases reported any major difficulty.
There were
7 cases reporting worsening of Symptoms, .001 % of Subgroup
10 cases reporting feeling worse, .001 % of Subgroup
11 cases reporting concerning increase in stress reduction .001% of Subgroup
47%—Percentage of Improvement in Symptoms
54%—Percentage of Improvement in Feeling Better
62%—Percentage of Improvement Measured
65%—Percentage of Improvement in Stress Reduction

45%—Percentage of Improvement in SOC Behavior

TVEP RESULTS (SPSS results show alpha .07 or 93% of the subjects in this category reacted 2+ standard deviations from the norm to these item)
1. 376 FLEX-ABILITY (SHUJIN, CHIH) | Herb to increase flexibility.
2. 594 Cervical nosode and sarcode of all tissues and diseases of the neck or cervical vertebrae. nerve disorder
3. 595 CONNECTIVE TISSUE | Sarcode of connective tissue, ids fault,
4. 648 FLEX (NV) | Combo remedy for promoting flexibility of joints and muscles.,
5. 668 LOW BACK PAIN I (NV) | Combo remedy for low back pain of internal organic origin.
6. 669 LOW BACK PAIN II (NV) | Combo remedy for low back pain of structural origin, vertebrae or nerves. N sarcode
7. 690 SCIATIC (NV) | Combo remedy for sciatic pain, avoid tobacco (smoking nicotine), adjust back. N
8. 707 CONNECTIVE TISSUE LIQUESCENCE (NV) | Combo remedy for connective tissue disease, helps repair tissue.,
9. 744 MUSCLE, LIGAMENT, CARTILAGE (NV) | Sarcode remedy for cleansing and rebuilding tissue in this area.,
10. 755 TMJ (NV) | Temporomandibular Joint Syndrome. Sarcode remedy for temporal mandibular joint or the jaw joint.
11. 757 CERVICAL (NV) | Sarcode remedy for cleansing and rebuilding tissue in this area. VERTEBRAE Isode
12. 758 CRANIAL SACRAL (NV) | Sarcode remedy for cleansing and rebuilding tissue in this area. VERTEBRAE Isode
13. 759 LUMBAR (NV) | Sarcode remedy for cleansing and rebuilding tissue in this area. VERTEBRAE Isode
14. 1010 INTERCOSTO ANODYNE (DR) | Combo remedy for intercostal neuralgia pain, rib cage pain.
15. 1011 LARGE JOINT ANODYNE (DR) | Combo remedy for large joint pain in knees, shoulders, elbows, low back. ]
16. 1012 LUMBO ANODYNE (DR) | Combo remedy for low back pain.
17. 1013 SCIATIC ANODYNE (DR) Combo remedy for sciatic nerve and low back pain.
18. 1014 SMALL JOINT ANODYNE (DR) | Combo remedy for small joint pain in fingers and toes.
19. 1015 THORACIC ANODYNE (DR) | Combo remedy for acute chest pain.,
20. 1027 LUMBAR (DR) | Sarcode remedy for tissue rebuilding and detox.
22. 1048 DIGESTIVE STIMULATOR (DR) | Oriental combo remedy, invigorates stomach, spleen, lung, heart.
23. 1729 C.A.D. MERIDIAN (Joint or cartilage degeneration) | This acupuncture meridian has shown reactivity, possible blockage.
24. 1817 CARTILAGE - Sarcode & nosode combo | Ids problem with cartilage. D Nosode,
25. 1818 LIGAMENTS - Sarcode & nosode combo | Ids problem. D Nosode,
26. 1826 TENDON - Sarcode & nosode combo | Ids problem,
27. 710 FATTY ACID LIQUESCENCE (NV) | Combo remedy supplying the most chronic nutritional deficiency.
28. 707 CONNECTIVE TISSUE LIQUESCENCE (NV) | Combo remedy for connective tissue disease, helps repair tissue.

FRACTURES
This group’s significant SOC cut off was 175.
This disease group total number of patients was 125
Subspace Treatment 32 patients, 93 SCIO Harness Patients

OVERALL ASSESSMENT
A. Subspace Treatment 87 patient visits
There were 0 cases of patients who reported a concerning negative result.
None of these cases reported any major difficulty.

There were
0 cases reporting worsening of Symptoms, 0% of Subgroup
0 cases reporting feeling worse, 0% of Subgroup
0 cases reporting concerning increase in stress reduction 0% of Subgroup
32%--- Percentage of Improvement in Symptoms
34%--- Percentage of Improvement in Feeling Better
39%---Percentage of Improvement Measured
43%-- Percentage of Improvement in Stress Reduction
7 %----Percentage of Improvement in SOC Behavior

TVEP RESULTS (SPSS results show alpha .07 or 93% of the subjects in this category reacted 2+ standard deviations from the norm to these items)
1. 705 BONE LIQUESCENCE (NV) | Combo remedy for supplying calcium to bone and correcting bone disease.
2. 729 BONE GLANDULAR (NV) | Combo remedy with sarco and nosode to stabilize bone function,
3. 730 BONE MARROW (NV) | Sarcode remedy for restoring bone marrow
4. 936 OSTEO LIQUITROPHIC (DR) | Combo remedy to assist in bone repair, cold and flu.
5. 1056 BONE (DR) | Oriental combo remedy for degenerative bone conditions.
6. 794 OSTEO GLANDULAR | For supplying bone nutrients.
7. 705 BONE LIQUESCENCE (NV) | Combo remedy for supplying calcium to bone and correcting bone disease.
8. 705 BONE LIQUESCENCE (NV) | Combo remedy for supplying calcium to bone and correcting bone disease. 0.0, 0.0, . / /
9. 730 BONE MARROW (NV) | Sarcode remedy for restoring bone marrow.

HIATAL HERNIA
This disease group total number of patients was 549
Subspace Treatment 121 patients, 428 SCIO Harness Patients

OVERALL ASSESSMENT
A. Subspace Treatment 331 patient visits
There were 0 cases of patients who reported a concerning negative result.
None of these cases reported any major difficulty.

There were
0 cases reporting worsening of Symptoms, 0.00% of Subgroup
0 cases reporting feeling worse, 0.00% of Subgroup
0 cases reporting concerning increase in stress reduction, 0.00% of Subgroup
12%---Percentage of Improvement in Symptoms
13%---Percentage of Improvement in Feeling Better
44%---Percentage of Improvement Measured
32%---Percentage of Improvement in Stress Reduction
11%---Percentage of Improvement in SOC Behavior

B. SCIO Harness Treatment 982 patient visits
There were 0 cases of patients who reported a negative improvement.
None of these cases reported any major difficulty.

There were
1 cases reporting worsening of Symptoms, 0.001% of Subgroup
3 cases reporting feeling worse, 0.001% of Subgroup
1 cases reporting concerning increase in stress reduction, 0.001% of Subgroup
41%---Percentage of Improvement in Symptoms
72%---Percentage of Improvement in Feeling Better
45%---Percentage of Improvement Measured
62%---Percentage of Improvement in Stress Reduction
32%---Percentage of Improvement in SOC Behavior

TVEP RESULTS (SPSS results show alpha .07 or 93% of the subjects in this category reacted 2+ standard deviations from the norm to these item)

1.625 ANTI-INFLAMMATION (NV) | Combo remedy for any inflammation, asthma (lung), sinusitis
2.982 SARCOESIS (DR) | Lung. Combo remedy for inflammatory and swelling conditions
3.594 Cervical nosode and sarcode of all tissues and diseases of the neck or cervical vertebrae. nerve disorder

4.660 IMMUNE STIM (NV) | Combo remedy for immune weakness or over action, stabilize reticuloendothelial system.
5.672 MICROFLORA (NV) | Combo remedy for stabilizing the bowel (colon, intestine) flora, use until rectal gas/wind/flatulence subsides.
6.1909 ENTOAMOEBA HISTOLYTICA | Ameba / ameoba / amoeba infection in mouth, liver or joints, use Amebex, dental nosode.

HAY FEVER _ ALLERGIC RHINITIS
This groups significant SOC cut off was 150.
This disease group total number of patients was 1,766
Subspace Treatment 899 patients, 867 SCIO Harness Patients

OVERALL ASSESSMENT
A. Subspace Treatment 2,334 patient visits
There were 0 cases of patients who reported a concerning negative result.
None of these cases reported any major difficulty.

There were
0 cases reporting worsening of Symptoms, 0% of Subgroup
0 cases reporting feeling worse, 0% of Subgroup
0 cases reporting concerning increase in stress reduction, 0% of Subgroup
49%---Percentage of Improvement in Symptoms
45%---Percentage of Improvement in Feeling Better
41%---Percentage of Improvement Measured
55%---Percentage of Improvement in Stress Reduction
21%---Percentage of Improvement in SOC Behavior

B. SCIO Harness Treatment 3,225 patient visits
There were 0 cases of patients who reported a negative improvement.
None of these cases reported any major difficulty.

There were
1 cases reporting worsening of Symptoms, 0.00% of Subgroup
3 cases reporting feeling worse, 0.00% of Subgroup
1 cases reporting concerning increase in stress reduction, 0.00% of Subgroup
41%---Percentage of Improvement in Symptoms
72%---Percentage of Improvement in Feeling Better
45%---Percentage of Improvement Measured
62%---Percentage of Improvement in Stress Reduction
32%---Percentage of Improvement in SOC Behavior
OVERALL ASSESSMENT

A. Subspace Treatment 4,670 patient visits
There were 21 cases of patients who reported a concerning negative result.
None of these cases reported any major difficulty.

There were
32 cases reporting worsening of Symptoms, .007 % of Subgroup
21 cases reporting feeling worse,.004% of Subgroup
21 cases reporting concerning increase in stress reduction .004% of Subgroup
32%--- Percentage of Improvement in Symptoms
43%--- Percentage of Improvement in Feeling Better
21%----Percentage of Improvement Measured
45%-- Percentage of Improvement in Stress Reduction
23%----Percentage of Improvement in SOC Behavior

TVEP RESULTS (SPSS results show alpha .07 or 93% of the subjects in this category reacted 2+ standard deviations from the norm to these item)

B. SCIO Harness Treatment 5,439 patient visits
There were23 cases of patients who reported a negative Improvement.
None of these cases reported any major difficulty.

There were
23 cases reporting worsening of Symptoms, .004% of Subgroup
23 cases reporting feeling worse,.004% of Subgroup
24 cases reporting concerning increase in stress reduction .004 % of Subgroup
32%--- Percentage of Improvement in Symptoms
43%--- Percentage of Improvement in Feeling Better
21%----Percentage of Improvement Measured
45%-- Percentage of Improvement in Stress Reduction
23%----Percentage of Improvement in SOC Behavior

HEADACHE
This groups significant SOC cut off was 175.
This disease group total number of patients was 5,891
Subspace Treatment 2,565 patients, 3,326 SCIO Harness Patients

47%--- Percentage of Improvement in Feeling Better
51%--- Percentage of Improvement Measured
59%-- Percentage of Improvement in Stress Reduction
7%----Percentage of Improvement in SOC Behavior

TVEP RESULTS (SPSS results show alpha .07 or 93% of the subjects in this category reacted 2+ standard deviations from the norm to these item)
1.749 PINEAL, PITUITARY, HYPOTHALAMUS (NV) | Sarcode remedy for cleansing and rebuilding tissue in this area (brain).
2.710 FATTY ACID LIQUESCENCE (NV) | Combo remedy supplying the most chronic nutritional deficiency.
3.706 BRAIN LIQUESCENCE (NV) | Combo remedy for supplying brain nutrients, ids vitamin B deficiency.
4.637 CIRCULATION (NV) | Combo remedy for treating any circulatory (heart) disease, blood return can bring pain.
5.622 ANGINA (NV) | Combo remedy for chest pain of any origin mostly cardiac (heart) insufficiency.
6.638 CONVALLARIA (NV) | Combo remedy that breaks up dried and crusty areas of the brain, treats stroke.
7.1728 CIRCULATION MERIDIAN | This acupuncture meridian has shown reactivity, possible blockage.

HERNIATED DISK
LUMBAR [L1, L2, L3, L4, L5]
This groups significant SOC cut off was 100.
This disease group total number of patients was 503
Subspace Treatment 320 patients, 183 SCIO Harness Patients

OVERALL ASSESSMENT
A. Subspace Treatment 430 patient visits
There were 0 cases of patients who reported a concerning negative result.
None of these cases reported any major difficulty.
There were
0 cases reporting worsening of Symptoms, 0% of Subgroup
0 cases reporting feeling worse,0% of Subgroup
0 cases reporting concerning increase in stress reduction0% of Subgroup
32%—Percentage of Improvement in Symptoms
23%—Percentage of Improvement in Feeling Better
56%—Percentage of Improvement Measured
43%-- Percentage of Improvement in Stress Reduction
21 %—Percentage of Improvement in SOC Behavior

B. SCIO Harness Treatment 230 patient visits
There were 0 cases of patients who reported a negative Improvement.
None of these cases reported any major difficulty.

There were
0 cases reporting worsening of Symptoms, 0% of Subgroup
0 cases reporting feeling worse, 0% of Subgroup
0 cases reporting concerning increase in stress reduction 0% of Subgroup

56%—Percentage of Improvement in Symptoms
56%—Percentage of Improvement in Feeling Better
34%—Percentage of Improvement Measured
45%—Percentage of Improvement in Stress Reduction
24%—Percentage of Improvement in SOC Behavior

TVEP RESULTS (SPSS results show alpha .07 or 93% of the subjects in this category reacted 2+ standard deviations from the norm to these item)

1.376 FLEX-ABILITY (SHUJIN, CHIH) | Herb to increase flexibility.
2.594 Cervical nosode and sarcode of all tissues and diseases of the neck or cervical vertebrae. nerve disorder
3.595 CONNECTIVE TISSUE | Sarcode of connective tissue, ids fault.
4.648 FLEX (NV) | Combo remedy for promoting flexibility of joints and muscles,
5.668 LOW BACK PAIN I (NV) | Combo remedy for low back pain of internal organic origin.
6.669 LOW BACK PAIN II (NV) | Combo remedy for low back pain of structural origin, vertrabrae or nerves. N sarcode
7.690 SCIATIC (NV) | Combo remedy for sciatic pain, avoid tobacco (smoking nicotine), adjust back. N
8.707 CONNECTIVE TISSUE LIQUESCENCE (NV) | Combo remedy for connective tissue disease, helps repair tissue.
9.744 MUSCLE, LIGAMENT, CARTILAGE (NV) | Sarcode remedy for cleansing and rebuilding tissue in this area.,
10.755 TMJ (NV) | Temporomandibular Joint Syndrome. Sarcode remedy for temporal mandibular joint or the jaw joint.
11. 757 CERVICAL (NV) | Sarcode remedy for cleansing and rebuilding tissue in this area. VERTEBRATE Isode
12.758 CRANIAL SACRAL (NV) | Sarcode remedy for cleansing and rebuilding tissue in this area. VERTEBRATE Isode
13.759 LUMBAR (NV) | Sarcode remedy for cleansing and rebuilding tissue in this area. VERTEBRATE Isode
14.1010 INTERCOSTO ANODYNE (DR) | Combo remedy for intercostal neuralgia pain, rib cage pain.
15.1011 LARGE JOINT ANODYNE (DR) | Combo remedy for large joint pain in knees, shoulders, elbows, low back.
16.1012 LUMBAR ANODYNE (DR) | Combo remedy for low back pain.
17.1013 SCIATIC ANODYNE (DR) Combo remedy for sciatic nerve and low back pain.
18.1014 SMALL JOINT ANODYNE (DR) | Combo remedy for small joint pain in fingers and toes.
19.1015 THORACIC ANODYNE (DR) | Combo remedy for acute chest pain.,
20.1027 LUMBAR (DR) | Sarcode remedy for tissue rebuilding and detox.
22.1048 DIGESTIVE STIMULATOR (DR) | Oriental combo remedy, invigorates stomach, spleen, lung, heart.,
23.1729 C.A.D. MERIDIAN (Joint or cartilage degeneration) | This acupuncture meridian has shown reactivity, possible blockage.
24.1817 CARTILAGE - Sarcode & nosode combo | Ids problem with cartilage. D Nosode,
25.1818 LIGAMENT - Sarcode & nosode combo | Ids problem. D Nosode,
26.1826 TENDON - Sarcode & nosode combo | Ids problem.,
27.710 FATTY ACID LIQUESCENCE (NV) | Combo remedy supplying the most chronic nutritional deficiency.
28.707 CONNECTIVE TISSUE LIQUESCENCE (NV) | Combo remedy for connective tissue disease, helps repair tissue.,

High Blood Pressure
This disease group total number of patients was 259
Subspace Treatment 29 patients, 230 SCIO Harness Patients

OVERALL ASSESSMENT
A. Subspace Treatment 53 patient visits
There were 0 cases of patients who reported a concerning negative result.
None of these cases reported any major difficulty.

There were
0 cases reporting worsening of Symptoms, .000% of Subgroup
3 cases reporting feeling worse, .001% of Subgroup
3 cases reporting concerning increase in stress reduction  .001% of Subgroup
12%--- Percentage of Improvement in Symptoms
21%--- Percentage of Improvement in Feeling Better
30%--- Percentage of Improvement Measured
40%-- Percentage of Improvement in Stress Reduction
12%----Percentage of Improvement in SOC Behavior

B. SCIO Harness Treatment 433 patient visits
There were 0 cases of patients who reported a negative Improvement.
None of these cases reported any major difficulty.
There were
8 cases reporting worsening of Symptoms, .001% of Subgroup
3 cases reporting feeling worse,.001% of Subgroup
0 cases reporting concerning increase in stress reduction % of Subgroup
45%--- Percentage of Improvement in Symptoms
69%--- Percentage of Improvement in Feeling Better
45%----Percentage of Improvement Measured
65%-- Percentage of Improvement in Stress Reduction
23%----Percentage of Improvement in SOC Behavior

TVEP RESULTS (SPSS results show alpha .07 or 93% of the subjects in this category reacted 2+ standard deviations from the norm to these item)

1. AESCULUS HIPPO | Horse chestnut, bowel (colon, intestine), hemorrhoids and heart venous problems.
2. (105 COLLINSONIA CANADENSIS | Portal pelvic venous congestion, varicose veins. \,
3.122 DIGITALIS PURPUREA | Remedy for heart, dilates blood vessels of heart, weakness. \,
4.622 ANGINA (NV) | Combo remedy for chest pain of any origin mostly cardiac (heart) insufficiency.
5.637 CIRCULATION (NV) | Combo remedy for treating any circulatory (heart) disease, blood return can bring pain.
6.638 CONVALLARIA (NV) | Combo remedy that breaks up dried and crusty areas of the brain, treats stroke.
712 HEART LIQUESCENCE (NV) | Combo

HYPOADRENIA

This groups significant SOC cut off was 170
This disease group total number of patients was 25,850
Subspace Treatment 10,722 patients, 15,128 SCIO Harness Patients

OVERALL ASSESSMENT
A. Subspace Treatment 34,945 patient visits
There were 0 cases of patients who reported a concerning negative result.
None of these cases reported any major difficulty.
There were
0 cases reporting worsening of Symptoms, 0.0% of Subgroup
0 cases reporting feeling worse,0.0% of Subgroup
0 cases reporting concerning increase in stress reduction0.0% of Subgroup
33%--- Percentage of Improvement in Symptoms
33%--- Percentage of Improvement in Feeling Better
30%----Percentage of Improvement Measured
40%-- Percentage of Improvement in Stress Reduction
1 %----Percentage of Improvement in SOC Behavior

B. SCIO Harness Treatment 47,930 patient visits
There were 5 cases of patients who reported a negative Improvement.
None of these cases reported any major difficulty.
There were
8 cases reporting worsening of Symptoms, .001% of Subgroup
3 cases reporting feeling worse,.001% of Subgroup
0 cases reporting concerning increase in stress reduction % of Subgroup
47%--- Percentage of Improvement in Symptoms
69%--- Percentage of Improvement in Feeling Better
45%--- Percentage of Improvement Measured
65%-- Percentage of Improvement in Stress Reduction
23%----Percentage of Improvement in SOC Behavior

TVEP RESULTS (SPSS results show alpha .07 or 93% of the subjects in this category reacted 2+ standard deviations from the norm to these item)

1.AESCULUS HIPPO | Horse chestnut, bowel (colon, intestine), hemorrhoids and heart venous problems.
2. (105 COLLINSONIA CANADENSIS | Portal pelvic venous congestion, varicose veins. \,
3.122 DIGITALIS PURPUREA | Remedy for heart, dilates blood vessels of heart, weakness. \,
4.622 ANGINA (NV) | Combo remedy for chest pain of any origin mostly cardiac (heart) insufficiency.
5.637 CIRCULATION (NV) | Combo remedy for treating any circulatory (heart) disease, blood return can bring pain.
6.638 CONVALLARIA (NV) | Combo remedy that breaks up dried and crusty areas of the brain, treats stroke.
712 HEART LIQUESCENCE (NV) | Combo

HYPOADRENIA
1. ADRENAL LIQUESCENCE (NV) I Combo remedy for hypoadrenia or to provide adrenal stimulation.

2. ADRENO LIQUITROPHIC (DR) I Combo remedy for adrenal weakness.

3. KIDNEY, OVARIAN, ADRENAL (DR) I Bladder, urethra, urethra. Sarcode remedy for tissue rebuilding and detox.

4. KIDNEY, PROSTATE, ADRENAL (DR) I Bladder, urethra, urethra. Sarcode remedy for tissue rebuilding and detox.

5. ADRENAL LIQUESCENCE (NV) I Combo remedy for hypoadrenia or to provide adrenal stimulation. 701 ADRENAL LIQUESCENCE (NV) I Combo remedy for hypoadrenia or to provide adrenal stimulation.

6. 3M I Dental Materials Composite Materials dental isode.

HYPOGLYCEMIA

This groups significant SOC cut off was 150.

This disease group total number of patients was 10,144. Subspace Treatment 7,741 patients, 2,403 SCIO Harness Patients.

OVERALL ASSESSMENT

A. Subspace Treatment 21,534 patient visits.

There were ---- cases of patients who reported a concerning negative result.

None of these cases reported any major difficulty.

There were 22 cases reporting worsening of Symptoms, .001 % of Subgroup
21 cases reporting feeling worse, .001% of Subgroup.
21 cases reporting concerning increase in stress reduction .001% of Subgroup.
25%-- Percentage of Improvement in Symptoms
20%-- Percentage of Improvement in Feeling Better
31%-- Percentage of Improvement Measured
31%-- Percentage of Improvement in Stress Reduction
13%-- Percentage of Improvement in SOC Behavior.

B. SCIO Harness Treatment 15,393 patient visits.

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

None of these cases reported any major difficulty.

There were 7 cases reporting worsening of Symptoms, .001 % of Subgroup
10 cases reporting feeling worse, .001 % of Subgroup.
11 cases reporting concerning increase in stress reduction .001% of Subgroup.
42%-- Percentage of Improvement in Symptoms
51%-- Percentage of Improvement in Feeling Better
62%-- Percentage of Improvement Measured
67%-- Percentage of Improvement in Stress Reduction
45%-- Percentage of Improvement in SOC Behavior.

TVEP RESULTS (SPSS results show alpha .07 or 93% of the subjects in this category reacted 2+ standard deviations from the norm to these item).

1. (567 GLUCOSE | Lds sugar regulation (pancreas) imbalance.
2. 576 FRUCTOSE | Fruit sugar stimulates hormone production and delays aging.,
3. 642 DNA INSULIN (NV) | Used for treating diabetes (pancreas), can improve insulin usage 15-20%.
4. 926 GLUCO LIQUITROPHIC (DR) | Combo remedy to assist in diabetes (pancreas), hyperglycemia (blood, glucose).
7. 1426 GLUCO DEHYDROGENASE | Enzyme involved with sugar metabolism, ids sugar regulation disease.,
8. 1716 PINEAL, PITUITARY, HYPOTHALAMUS (NV) | Sarcode remedy for cleansing and rebuilding tissue in this area (brain).
9. 1884 DIABETES INSIPIDUS | Polyuria, polydipsia, inadequate vasopressin (antidiuretic hormone), pituitary (brain) disease.
10. 1420 SUCRASE | Enzyme for sugar, indicates blood sugar problems, cataract eye disorders, or muscle problem.
11. 13884 DIABETES INSIPIDUS | Polyuria, polydipsia, inadequate vasopressin (antidiuretic hormone), pituitary (brain) disease.
12. 1474 PINEAL, PITUITARY, HYPOTHALAMUS (NV) | Sarcode remedy for cleansing and rebuilding tissue in this area (brain).
13. 3057 X-RAY RADIATION,
TVEP RESULTS (SPSS results show alpha .07 or 93% of the subjects in this category reacted 2+ standard deviations from the norm to these item)

1.721 PITUITARY LIQUESCENCE (NV) | Combo remedy for treating weak pituitary (brain).
2.722 SEROTONIN-DOPAMINE (NV) | Combo remedy for supplying the hormones to the system, treat depression, etc.,
3.727 THYROID LIQUESCENCE (NV) | Combo remedy for stimulating thyroid function do not use with hyperthyroid.,
4.924 FEM LIQUITROPHIC (DR) | Combo remedy to help balance the female system.,
5.942 THYMO LIQUITROPHIC (DR) | Combo remedy to assist in thymus repair.
6. 1328 GLUCOSE-6-PHOSPHATASE | Enzyme. Part of the krebs cycle of energy production, ids energy pathway problem.
7.1723 HORMONAL MERIDIAN | This acupuncture meridian has shown reactivity, possible blockage.,
A. Subspace Treatment 55 patient visits
There were 0 cases of patients who reported a concerning negative result. None of these cases reported any major difficulty.

B. SCIO Harness Treatment 61 patient visits
There were 1 cases of patients who reported a negative Improvement. None of these cases reported any major difficulty.

There were
1 cases reporting worsening of Symptoms, 0.02% of Subgroup
1 cases reporting feeling worse, 0.02% of Subgroup
1 cases reporting concerning increase in stress reduction 0% of Subgroup
35%-- Percentage of Improvement in Symptoms
35%--- Percentage of Improvement in Feeling Better
35%--- Percentage of Improvement Measured
45%-- Percentage of Improvement in Stress Reduction
2 %----Percentage of Improvement in SOC Behavior

TVEP RESULTS (SPSS results show alpha .07 or 93% of the subjects in this category reacted 2+ standard deviations from the norm to these item)
16.(1054 MENTAL (DR) | Oriental combo remedy, invigorates kidney meridian, senility (brain), old age.
17.1073 MIASM-MEN (DR) | Combo remedy for mental unresolved concerns of ancestors - mental factors miasm.
18.734 FRONTAL LOBE (NV) | Brain sarcode for emotional and cognition control.,
19.740 LIMBIC SYSTEM (NV) | Sarcode remedy for emotional control and stabilization.,
20.1054 MENTAL (DR) | Oriental combo remedy, invigorates kidney meridian, senility (brain), old age.

IMPOTENCE
This groups significant SOC cut off was 100.
This disease group total number of patients was 211
Subspace Treatment 34 patients, 177 SCIO Harness Patients

OVERALL ASSESSMENT
3.734 FRONTAL LOBE (NV) | Brain sarcode for emotional and cognition control.
4.740 LIMBIC SYSTEM (NV) | Sarcode remedy for emotional control and stabilization.
1054 MENTAL (DR) | Oriental combo remedy, invigorates kidney meridian, senility (brain), old age.

INDIGESTION
This groups significant SOC cut off was 100.
This disease group total number of patients was 4,012
Subspace Treatment 1,032 patients, 2980 SCIO Harness Patients

OVERALL ASSESSMENT
A. Subspace Treatment 3,450 patient visits
There were 3 cases of patients who reported a concerning negative result.
None of these cases reported any major difficulty.
There were
3 cases reporting worsening of Symptoms, .001% of Subgroup
3 cases reporting feeling worse, .001% of Subgroup
3 cases reporting concerning increase in stress reduction .001% of Subgroup
40 %--- Percentage of Improvement in Symptoms
38 %--- Percentage of Improvement in Feeling Better
23 %--- Percentage of Improvement Measured
43%-- Percentage of Improvement in Stress Reduction
21%----Percentage of Improvement Measured

B. SCIO Harness Treatment 3991 patient visits
There were 1 cases of patients who reported a negative Improvement.
None of these cases reported any major difficulty.
There were
1 cases reporting worsening of Symptoms, .001% of Subgroup
1 cases reporting feeling worse,.001% of Subgroup
0 cases reporting concerning increase in stress reduction 0% of Subgroup
35%--- Percentage of Improvement in Symptoms
45%---- Percentage of Improvement in Feeling Better

TVEP RESULTS (SPSS results show alpha .07 or 93% of the subjects in this category reacted 2 standard deviations from the norm to these item)
1.435 PANCREATIN | Can id enzyme deficiency or pancreatic disease.
2.641 DIGESTIVE ENZYME (NV) | Combo remedy for stabilizing digestive organs, ids indigestion.
3.694 STOMACH ENZYME (NV) | Combo remedy for ulcers or any stomach concern.
4.709 DIGESTIVE ENZYME LIQUESCENCE (NV) | Combo remedy for stabilizing the digestive system.
5.784 DIGESTIVE GLANDULAR, CARBOHYDRATES | Supplies amylase and other carbohydrate enzymes.
6.785 DIGESTIVE GLANDULAR, GENERAL | For anti inflammation enzyme and cancer therapy, use at bed, on empty stomach.
7.786 DIGESTIVE GLANDULAR, FAT | For bile (liver) supply and fat digestion and regulation.
8.787 DIGESTIVE GLANDULAR, PROTEIN | Supplies protease enzyme for protein digestion, can id protein metabolic disease.
9.788 ESSENTIAL LIPOID FACTORS | Garlic oils for detox, circulation (heart), asthma (lung).
10.939 PROPEPSIA LIQUITROPHIC (DR) | Combo remedy to stimulate and balance digestive enzyme release.
11. 1711 STOMACH MERIDIAN | This acupuncture meridian has shown reactivity, possible blockage.
12.1712 SMALL INTESTINE MERIDIAN | (bowel, colon, intestine) This acupuncture meridian has shown reactivity, possible blockage.
13.1716 PANCREAS MERIDIAN | This acupuncture meridian has shown reactivity, possible blockage.
14.1720 LARGE INTESTINE MERIDIAN | (bowel, colon, intestine) This acupuncture meridian has shown reactivity, possible blockage.
15.1813 LUNG - Sarcode & nosode combo | Lds problem with lung.
16.2810 POLYNEURITIS | Multiple neurological inflammations or nerve compressions.
17.435 PANCREATIN | Can id enzyme deficiency or pancreatic disease.

INFECTION UNSPECIFIED

28%--Percentage of Improvement Measured
54%-- Percentage of Improvement in Stress Reduction
9 %----Percentage of Improvement in SOC Behavior
This disease group number was 43,023. There were 93,890 patient visits. Subspace Treatment 24,516 patients, 18,507 SCIO Harness Patients

OVERALL ASSESSMENT

A. Subspace Treatment 25,516 patients

There were 238 cases were patients reported a negative improvement. None of these cases reported any major difficulty. There were

- 439 cases reporting worsening of Symptoms, .0173% of Subgroup
- 69 cases reporting feeling worse,.0001% of Subgroup
- 32 cases reporting concerning increase in stress reduction.0001% of Subgroup

23%--- Percentage of Improvement in Symptoms
40%--- Percentage of Improvement in Feeling Better
21%--- Percentage of Improvement Measured
34%-- Percentage of Improvement in Stress Reduction
19%----Percentage of Improvement in SOC Behavior

5,431 patients reported measured infections. There was a 32% measured improvement over a one month period.

B. SCIO Harness Treatment 18,507 patients

There were 50 cases of patients who reported a negative improvement. None of these cases reported any major difficulty. There were

- 531 cases reporting worsening of Symptoms, .0028% of Subgroup
- 12 cases reporting feeling worse,.0001% of Subgroup
- 13 cases reporting concerning increase in stress reduction.0001% of Subgroup

43%--- Percentage of Improvement in Symptoms
43%--- Percentage of Improvement in Feeling Better
32%---Percentage of Improvement Measured
68%-- Percentage of Improvement in Stress Reduction
23%——Percentage of Improvement in SOC Behavior
7,800 patients reported measured infections. There was a 56% measured improvement over a one month period.

TVEP RESULTS (SPSS results show alpha .07 or 93% of the subjects in this category reacted 2+ standard deviations from the norm to these item)
1. (499 THYMOPOIETIN | Ids problem with blood system immunity.,
2. 660 IMMUNE STIM (NV) | Combo remedy for immune weakness or over action, stabilize reticuloendothelial system.
3. 672 MICROFLORA (NV) | Combo remedy for stabilizing the bowel (colon, intestine) flora, use until rectal gas/wind/flatulence subsides.
4. 756 TONSILS, ADENOIDS, APPENDIX (NV) | Sarcode remedy for cleansing and rebuilding tissue in this area.,
5. 966 IMMUNOPOIE (DR) | Combo remedy to help stimulate the immune system.,
6. 1064 PREVENTATIVE (DR) | Oriental combo remedy to tonify and improve immune system.
7. 1985 LUPUS | Auto immune disease with sun sensitivity, ulcerations of skin, blotches.,
8. 2872 BACH FLOWER CHICORY | Possessiveness, self love, self pity. (FE),
9. 660 IMMUNE STIM (NV) | Combo remedy for immune weakness or over action, stabilize reticuloendothelial system.
10. 608 CHEMEX (NV) | Detox remedy for synthetic chemicals

Injured or Diseased Tissue
This groups significant SOC cut off was 170.
This disease group total number of patients was
Subspace Treatment 15,032 patients, 19,900 SCIO Harness Patients

OVERALL ASSESSMENT
A. Subspace Treatment 45,082 patient visits
There were 23 cases of patients who reported a concerning negative result.
None of these cases reported any major difficulty.
There were
592 cases reporting worsening of Symptoms, .01% of Subgroup
326 cases reporting feeling worse,.007% of Subgroup
44 cases reporting concerning increase in stress reduction.001% of Subgroup
21%—— Percentage of Improvement in Symptoms
31%—— Percentage of Improvement in Feeling Better
16%—— Percentage of Improvement Measured
43%—— Percentage of Improvement in Stress Reduction
9%—— Percentage of Improvement in SOC Behavior
12,985 patients reported measured injuries. There was a 22% measured improvement over a one month period.
B. SCIO Harness Treatment 53,891 patient visits
There were 32 cases of patients who reported a negative Improvement.
None of these cases reported any major difficulty.
There were
23 cases reporting worsening of Symptoms, .001% of Subgroup
56 cases reporting feeling worse,.001% of Subgroup
3 cases reporting concerning increase in stress reduction.0001% of Subgroup
69%—— Percentage of Improvement in Symptoms
67%—— Percentage of Improvement in Feeling Better
45%—— Percentage of Improvement Measured
42%—— Percentage of Improvement in Stress Reduction
21%——Percentage of Improvement in SOC Behavior
35,811 patients reported measured injuries. There was a 65% measured improvement over a one month period.

TVEP RESULTS (SPSS results show alpha .07 or 93% of the subjects in this category reacted 2+ standard deviations from the norm to these item)
1. 499 THYMOPOIETIN | Ids problem with blood system immunity.,
2. 660 IMMUNE STIM (NV) | Combo remedy for immune weakness or over action, stabilize reticuloendothelial system.
3. 672 MICROFLORA (NV) | Combo remedy for stabilizing the bowel (colon, intestine) flora, use until rectal gas/wind/flatulence subsides.
4. 756 TONSILS, ADENOIDS, APPENDIX (NV) | Sarcode remedy for cleansing and rebuilding tissue in this area.,
5. 966 IMMUNOPOIE (DR) | Combo remedy to help stimulate the immune system.,
6. 1064 PREVENTATIVE (DR) | Oriental combo remedy to tonify and improve immune system.
7. 1985 LUPUS | Auto immune disease with sun sensitivity, ulcerations of skin, blotches.,
8. 2872 BACH FLOWER CHICORY | Possessiveness, self love, self pity. (FE),
9. 660 IMMUNE STIM (NV) | Combo remedy for immune weakness or over action, stabilize reticuloendothelial system.
10. 608 CHEMEX (NV) | Detox remedy for synthetic chemicals

Injured or Diseased Tissue
This groups significant SOC cut off was 170.
This disease group total number of patients was
Subspace Treatment 15,032 patients, 19,900 SCIO Harness Patients

OVERALL ASSESSMENT
A. Subspace Treatment 45,082 patient visits
There were 23 cases of patients who reported a concerning negative result.
None of these cases reported any major difficulty.
There were
592 cases reporting worsening of Symptoms, .01% of Subgroup
326 cases reporting feeling worse,.007% of Subgroup
44 cases reporting concerning increase in stress reduction.001% of Subgroup
21%—— Percentage of Improvement in Symptoms
31%—— Percentage of Improvement in Feeling Better
16%—— Percentage of Improvement Measured
43%—— Percentage of Improvement in Stress Reduction
9%—— Percentage of Improvement in SOC Behavior
12,985 patients reported measured injuries. There was a 22% measured improvement over a one month period.
B. SCIO Harness Treatment 53,891 patient visits
There were 32 cases of patients who reported a negative Improvement.
None of these cases reported any major difficulty.
There were
23 cases reporting worsening of Symptoms, .001% of Subgroup
56 cases reporting feeling worse,.001% of Subgroup
3 cases reporting concerning increase in stress reduction.0001% of Subgroup
69%—— Percentage of Improvement in Symptoms
67%—— Percentage of Improvement in Feeling Better
45%—— Percentage of Improvement Measured
42%—— Percentage of Improvement in Stress Reduction
21%——Percentage of Improvement in SOC Behavior
35,811 patients reported measured injuries. There was a 65% measured improvement over a one month period.

TVEP RESULTS (SPSS results show alpha .07 or 93% of the subjects in this category reacted 2+ standard deviations from the norm to these item)
1. 499 THYMOPOIETIN | Ids problem with blood system immunity.,
2. 660 IMMUNE STIM (NV) | Combo remedy for immune weakness or over action, stabilize reticuloendothelial system.
3. 672 MICROFLORA (NV) | Combo remedy for stabilizing the bowel (colon, intestine) flora, use until rectal gas/wind/flatulence subsides.
4. 756 TONSILS, ADENOIDS, APPENDIX (NV) | Sarcode remedy for cleansing and rebuilding tissue in this area.,
5. 966 IMMUNOPOIE (DR) | Combo remedy to help stimulate the immune system.,
6. 1064 PREVENTATIVE (DR) | Oriental combo remedy to tonify and improve immune system.
7. 1985 LUPUS | Auto immune disease with sun sensitivity, ulcerations of skin, blotches.,
8. 2872 BACH FLOWER CHICORY | Possessiveness, self love, self pity. (FE),
9. 660 IMMUNE STIM (NV) | Combo remedy for immune weakness or over action, stabilize reticuloendothelial system.
10. 608 CHEMEX (NV) | Detox remedy for synthetic chemicals
There were 3 cases of patients who reported a negative Improvement. None of these cases reported any major difficulty.

There were
3 cases reporting worsening of Symptoms, .001% of Subgroup
3 cases reporting feeling worse, .001% of Subgroup
3 cases reporting concerning increase in stress reduction .001% of Subgroup
43%-- Percentage of Improvement in Symptoms
44%--- Percentage of Improvement in Feeling Better
51%--- Percentage of Improvement Measured
50%-- Percentage of Improvement in Stress Reduction
5 %----Percentage of Improvement in SOC Behavior

TVEP RESULTS (SPSS results show alpha .07 or 93% of the subjects in this category reacted 2+ standard deviations from the norm to these item)
1. (920 B LIQUITROPHIC (DR) | Combo remedy supplying vitamin Bs, mental depression, pellagra.
2.743 MAJOR NERVES (NV) | Combo remedy for all nerval diseases, ids neurological involvement. N Isode
3.740 LIMBIC SYSTEM (NV) | Sarcode remedy for emotional control and stabilization.,
4.710 FATTY ACID LIQUESCENCE (NV) | Combo remedy supplying the most chronic nutritional deficiency.
5.753 TEMPORAL LOBE (NV) | Sarcode remedy for stabilization of auditory, speech and memory brain function.,
6.608 CHEMEX (NV) | Detox remedy for synthetic chemicals

INSOMNIA
This groups significant SOC cut off was 150
This disease group total number of patients was 2,198
Subspace Treatment 392 patients, 1,806 SCIO Harness Patients

OVERALL ASSESSMENT
A. Subspace Treatment 433 patient visits
There were 1 case of a patient who reported a negative Improvement. None of these cases reported any major difficulty.
There were
1 cases reporting worsening of Symptoms, .002% of Subgroup
1 cases reporting feeling worse,.002% of Subgroup
1 cases reporting concerning increase in stress reduction .002% of Subgroup
22%--- Percentage of Improvement in Symptoms
20--- Percentage of Improvement in Feeling Better
35%---Percentage of Improvement Measured
44%-- Percentage of Improvement in Stress Reduction
3 %----Percentage of Improvement in SOC Behavior

B. SCIO Harness Treatment 2,145 patient visits

There were 3 cases of patients who reported a negative Improvement. None of these cases reported any major difficulty.

There were
3 cases reporting worsening of Symptoms, .001 % of Subgroup
3 cases reporting feeling worse, .001% of Subgroup
3 cases reporting concerning increase in stress reduction .001 % of Subgroup
43%-- Percentage of Improvement in Symptoms
44%--- Percentage of Improvement in Feeling Better
51%--- Percentage of Improvement Measured
50%-- Percentage of Improvement in Stress Reduction
5 %----Percentage of Improvement in SOC Behavior

IRRITABLE BOWEL SYNDROME
This groups significant SOC cut off was 150.
This disease group total number of patients was 1,200
Subspace Treatment 322 patients, 878 SCIO Harness Patients

OVERALL ASSESSMENT
A. Subspace Treatment 499 patient visits
There were 0 cases of patients who reported a concerning negative result. None of these cases reported any major difficulty.
There were
B. SCIO Harness Treatment 1003 patient visits
There were 0 cases of patients who reported a negative Improvement.
None of these cases reported any major difficulty.
There were
0 cases reporting worsening of Symptoms, 0% of Subgroup
0 cases reporting feeling worse, 0% of Subgroup
0 cases reporting concerning increase in stress reduction, 0% of Subgroup
43%—Percentage of Improvement in Symptoms
43%—Percentage of Improvement in Feeling Better
50%—Percentage of Improvement Measured
57%—Percentage of Improvement in Stress Reduction
4%—Percentage of Improvement in SOC Behavior

TVEP RESULTS (SPSS results show alpha .07 or 93% of the subjects in this category reacted 2+ standard deviations from the norm to these item)
1.939 PROPEPSIA LIQUITROPHIC (DR) | Combo remedy to stimulate and balance digestive enzyme release.
2. 1711 STOMACH MERIDIAN | This acupuncture meridian has shown reactivity, possible blockage.
3.1712 SMALL INTESTINE MERIDIAN | (bowel, colon, intestine) This acupuncture meridian has shown reactivity, possible blockage.
4.1716 PANCREAS MERIDIAN | This acupuncture meridian has shown reactivity, possible blockage.
5.1720 LARGE INTESTINE MERIDIAN | (bowel, colon, intestine) This acupuncture meridian has shown reactivity, possible blockage.
6.1813 LUNG - Sarcode & nosode combo | Ids problem with lung.
7.2810 POLYNEURITIS | Multiple neurological inflammations or nerve compressions

8.607 BEAUTOX (NV) | Combo remedy for beauty shop toxins, hairspray deodorant, etcsensitivity,

ITCHING UNSPECIFIED
This group's significant SOC cut off was 120.
This disease group total number of patients was 636
Subspace Treatment 123 patients, 511 SCIO Harness Patients

OVERALL ASSESSMENT
A. Subspace Treatment 327 patient visits
There were 0 cases of patients who reported a concerning negative result.
None of these cases reported any major difficulty.
There were
0 cases reporting worsening of Symptoms, 0% of Subgroup
0 cases reporting feeling worse, 0% of Subgroup
0 cases reporting concerning increase in stress reduction, 0% of Subgroup
43%—Percentage of Improvement in Symptoms
43%—Percentage of Improvement in Feeling Better
50%—Percentage of Improvement Measured
57%—Percentage of Improvement in Stress Reduction
4%—Percentage of Improvement in SOC Behavior

B. SCIO Harness Treatment 1,321 patient visits
There were 0 cases of patients who reported a negative Improvement.
None of these cases reported any major difficulty.
There were
0 cases reporting worsening of Symptoms, 0% of Subgroup
0 cases reporting feeling worse, 0% of Subgroup
0 cases reporting concerning increase in stress reduction, 0% of Subgroup
43%—Percentage of Improvement in Symptoms
43%—Percentage of Improvement in Feeling Better
50%—Percentage of Improvement Measured
57%—Percentage of Improvement in Stress Reduction
4%—Percentage of Improvement in SOC Behavior
33%—Percentage of Improvement in Feeling Better
54%—Percentage of Improvement Measured
32%—Percentage of Improvement in Stress Reduction
11%—Percentage of Improvement in SOC Behavior

TVEP RESULTS (SPSS results show alpha .07 or 93% of the subjects in this category reacted 2+ standard deviations from the norm to these item)

1.625 ANTI-INFLAMMATION (NV) Combo remedy for any inflammation, asthma (lung), sinusitis
2.982 SARCOESIS (DRJ) Lung. Combo remedy for inflammatory and swelling conditions
3.710 FATTY ACID LIQUESCENCE (NV) Combo remedy supplying the most chronic nutritional deficiency
4.3710 HARTMAN CROSS | Geopathic stress, ids cancer causing or degenerative disturbing energies.,
5.1328 GLUCOSE-6-PHOSPHATASE | Enzyme. Part of the krebs cycle of energy production, ids energy pathway problem.
6.742 LYMHP, SPLEEN, MAMMARY (NV) | Breast. Sarcode remedy for cleansing and rebuilding tissue in this area.
7.470 WE SOIL-WETTING AGENT | Sensitivity or toxic exposure.,

**KIDNEY DISORDERS**
This groups significant SOC cut off was 125.
This disease group total number of patients was 2,598

**OVERALL ASSESSMENT**
A. Subspace Treatment 1,290 patient visits
There were 7 cases of patients who reported a concerning negative result.
None of these cases reported any major difficulty.
There were
9 cases reporting negative Symptoms,.001% of Subgroup
7 cases reporting feeling worse,.001% of Subgroup
1 case reporting worsening stress .001% of Subgroup

23%—Percentage of Improvement in Symptoms
25%—Percentage of Improvement in Feeling Better
22%—Percentage of Improvement Measured
40%—Percentage of Improvement in Stress Reduction
11%—Percentage of Improvement in SOC Behavior

B. SCIO Harness Treatment 7,820 patient visits
There were 11 cases of patients who reported a negative Improvement.
None of these cases reported any major difficulty.
There were
2 cases reporting negative Symptoms,.001% of Subgroup
1 cases reporting feeling worse,.001% of Subgroup
2 cases reporting worsening stress .001% of Subgroup
44%—Percentage of Improvement in Symptoms
43%—Percentage of Improvement in Feeling Better
66%—Percentage of Improvement Measured
68%—Percentage of Improvement in Stress Reduction
19%—Percentage of Improvement in SOC Behavior

TVEP RESULTS (SPSS results show alpha .07 or 93% of the subjects in this category reacted 2+ standard deviations from the norm to these item)
1.(431 L-PHENYLALANINE | Amino acid used for pain control.,
2.461 URIC ACID | Phenol used in gout, joint pain and kidney dysfunction urinary (renal) diseases (kidney, bladder, urethra).
3.666 KIDNEY STONE (NV) | Sarcode remedy for cleansing and rebuilding tissue in this area.
6.742 LYMPH, SPLEEN, MAMMARY (NV) | Breast. Sarcode remedy for cleansing and rebuilding tissue in this area.
7.470 WE SOIL-WETTING AGENT | Sensitivity or toxic exposure.,

1.431 L-PHENYLALANINE | Amino acid used for pain control,
2.461 URIC ACID | Phenol used in gout, joint pain and kidney dysfunction urinary (renal) diseases (kidney, bladder, urethra).
3.666 KIDNEY STONE (NV) | Sarcode remedy for cleansing and rebuilding tissue in this area.
4.715 KIDNEY LIQUESCENCE (NV) | Combo remedy for treating all kidney (bladder, urethra) dysfunction.
5.738 KIDNEY, OVARIAN, ADRENAL (NV) | Sarcode remedy for cleansing and rebuilding tissue in this area (bladder, urethra) (ovary).
6.739 KIDNEY, PROSTATE, ADRENAL (NV) | Sarcode remedy for cleansing and rebuilding tissue in this area (bladder, urethra).
7.935 NEPHRO LIQUITROPHIC (DRJ) | Very powerful and yet gentle kidney remedy for all kidney (bladder, urethra) concerns.
There were 0 cases of patients who reported a negative Improvement. None of these cases reported any major difficulty.

There were 0 cases reporting worsening of Symptoms, 0% of Subgroup 0 cases reporting feeling worse, 0% of Subgroup 0 cases reporting worsening stress 0% of Subgroup 45%--- Percentage of Improvement in Symptoms 54%--- Percentage of Improvement in Feeling Better 67%---Percentage of Improvement Measured 67%-- Percentage of Improvement in Stress Reduction 2 %----Percentage of Improvement in SOC Behavior

**TVEP RESULTS (SPSS results show 83% of the subjects in this category reacted 2+ standard deviations from the norm to these item)**

1. Hemo _L ringtailed octopus venom, lien, mesenchymal tissue, arsenic, for leukemia
2. (499 THYMOPOIETIN | Ids problem with blood system immunity.
3. 660 IMMUNE STIM (NV) | Combo remedy for immune weakness or over action, stabilize reticuloendothelial system.
4. 672 MICROFLORA (NV) | Combo remedy for stabilizing the bowel (colon, intestine) flora, use until rectal gas/wind/flatulence subsides.
5. 756 TONSILS, ADENOIDS, APPENDIX (NV) | Sarcode remedy for cleansing and rebuilding tissue in this area.
7. 2867 BACH FLOWER BEECH | Intolerance, criticism, passing, judgmental. (FE)
8. 2868 BACH FLOWER CENTAURY | Weak willed, too easily influenced, willing to serve.
9. 2869 BACH FLOWER LUPINUS | Auto immune disease with sun sensitivity, ulcerations of skin, blotches.
10. 2870 BACH FLOWER AGRIMONY | For mental torture concealed from others. (FE)
11. 2871 BACH FLOWER ASPEN | Vague fears of unknown origin, anxiety, apprehension. (FE)
12. 2872 BACH FLOWER BEECH | Intolerance, criticism, passing, judgmental. (FE)
13. 2873 BACH FLOWER CENTAURY | Weak willed, too easily influenced, willing to serve.
14. 2874 BACH FLOWER CHICORY | For mental torture concealed from others. (FE)
15. 2875 BACH FLOWER ASPEN | Vague fears of unknown origin, anxiety, apprehension. (FE)
16. 2876 BACH FLOWER BEECH | Intolerance, criticism, passing, judgmental. (FE)
17. 2877 BACH FLOWER CENTAURY | Weak willed, too easily influenced, willing to serve.
18. 2878 BACH FLOWER CHICORY | For mental torture concealed from others. (FE)
19. 2879 BACH FLOWER ASPEN | Vague fears of unknown origin, anxiety, apprehension. (FE)
20. 2880 BACH FLOWER BEECH | Intolerance, criticism, passing, judgmental. (FE)

**OVERALL ASSESSMENT**

A. Subspace Treatment 211 patient visits
There were 0 cases of patients who reported a concerning negative result.
None of these cases reported any major difficulty.
There were 0 cases reporting worsening of Symptoms, 0% of Subgroup 0 cases reporting feeling worse, 0% of Subgroup 0 cases reporting worsening stress 0% of Subgroup 32%--- Percentage of Improvement in Symptoms 12%--- Percentage of Improvement in Feeling Better 23%---Percentage of Improvement Measured 32%-- Percentage of Improvement in Stress Reduction 1 %---- Percentage of Improvement in SOC Behavior

B. SCIO Harness Treatment 299 patient visits
science of medication testing

TVEP RESULTS (SPSS results show alpha .07 or 93% of the subjects in this category reacted 2+ standard deviations from the norm to these items)

1. 777 LIVER LIQUESCENCE (NV) | Combo remedy for treating all liver disease.
2. 790 H.E.P.A. | Remedy for liver detox, consists of desiccated liver, id's liver toxicity.
3. 790 H.E.P.A. | Remedy for liver detox, consists of desiccated liver, id's liver toxicity.
4. 631 H.E.P.A. | Remedy for liver detox, consists of desiccated liver, id's liver toxicity.
5. 608 CHEMEX (NV) | Detox remedy for synthetic chemicals.

OVERALL ASSESSMENT

A. Subspace Treatment 3,472 patient visits.
There were 0 cases of patients who reported a concerning negative result.
None of these cases reported any major difficulty.
There were 0 cases reporting worsening of symptoms, 0% of Subgroup.
There were 0 cases reporting feeling worse, 0% of Subgroup.
There were 0 cases reporting worsening stress, 0% of Subgroup.
There were 11% Improvement in Symptoms.
There were 33% Improvement in Feeling Better.
There were 21% Improvement Measured.
There were 45% Improvement in Stress Reduction.
There were 10% Improvement in SOC Behavior.

B. SCIO Harness Treatment 3,472 patient visits.
There were 1 cases of patients who reported a negative result.
None of these cases reported any major difficulty.
There were 2 cases reporting worsening of symptoms, 0.001% of Subgroup.
There were 5 cases reporting feeling worse, 0.001% of Subgroup.
There were 1 cases reporting worsening stress, 0.001% of Subgroup.
There were 33% Improvement in Symptoms.
There were 33% Improvement in Feeling Better.
There were 54% Improvement Measured.
There were 32% Improvement in Stress Reduction.
There were 11% Improvement in SOC Behavior.

This groups significant SOC cut off was 80.
This disease group total number of patients was 3,034.
Subspace Treatment: 1,687 patients, 1,344 SCIO Harness Patients.

OVERALL ASSESSMENT

A. Subspace Treatment 3,323 patient visits.
There were 0 cases of patients who reported a concerning negative result.
None of these cases reported any major difficulty.
There were 0 cases reporting worsening of symptoms, 0% of Subgroup.
There were 0 cases reporting feeling worse, 0% of Subgroup.
There were 0 cases reporting worsening stress, 0% of Subgroup.
There were 33% Improvement in Symptoms.
There were 32% Improvement in Feeling Better.
There were 21% Improvement Measured.
There were 45% Improvement in Stress Reduction.
There were 10% Improvement in SOC Behavior.

B. SCIO Harness Treatment 3,308 patient visits.
There were 1 cases of patients who reported a negative improvement.
None of these cases reported any major difficulty.
There were 2 cases reporting worsening of symptoms, >.001% of Subgroup.
There were 5 cases reporting feeling worse, >.001% of Subgroup.
There were 1 case reporting worsening stress, >.001% of Subgroup.
There were 43% Improvement in Symptoms.
There were 33% Improvement in Feeling Better.
There were 54% Improvement Measured.
There were 32% Improvement in Stress Reduction.
There were 11% Improvement in SOC Behavior.

TVEP BEAK 1.006 (NV) | Sarcode remedy for cleansing and rebuilding tissue in the area.

TVEP BEAK 1.006 (NV) | Sarcode remedy for cleansing and rebuilding tissue in the area.

LOW BACK PAIN

This disease group total number of patients was 2,934.
Subspace Treatment 1,122 patients, 1,590 SCIO Harness Patients.

OVERALL ASSESSMENT

A. Subspace Treatment 1,122 patients.
There were 1 cases of patients who reported a concerning negative result.
None of these cases reported any major difficulty.
There were 2 cases reporting worsening of symptoms, 0.001% of Subgroup.
There were 5 cases reporting feeling worse, 0.001% of Subgroup.
There were 1 cases reporting worsening stress, 0.001% of Subgroup.
There were 33% Improvement in Symptoms.
There were 33% Improvement in Feeling Better.
There were 21% Improvement Measured.
There were 45% Improvement in Stress Reduction.
There were 10% Improvement in SOC Behavior.
210

B. SCIO Harness Treatment 3,912 patient visits
There were 2 cases of patients who reported a negative Improvement. None of these cases reported any major difficulty.
There were
2 cases reporting worsening of Symptoms, .001 % of Subgroup
2 cases reporting feeling worse,.001 % of Subgroup
2 cases reporting worsening stress .001 % of Subgroup
45%--- Percentage of Improvement in Symptoms
55%--- Percentage of Improvement in Feeling Better
65%---.Percentage of Improvement Measured
66%--  Percentage of Improvement in Stress Reduction
21%----Percentage of Improvement in SOC Behavior

TVEP RESULTS (SPSS results show alpha .07 or 93% of the subjects in this category reacted 2+ standard deviations from the norm to these item)
1.(431 L-PHENYLALANINE | Amino acid used for pain control.,
2.(1054 MENTAL (DR) | Oriental combo remedy, invigorates kidney meridian, senility (brain), old age.
3.1073 MIAASM-MEN (DR) | Combo remedy for mental unresolved concerns of ancestors - mental factors miasm.
4.734 FRONTAL LOBE (NV) | Brain sarcode for emotional and cognition control.,
5.740 LIMBIC SYSTEM (NV) | Sarcode remedy for emotional control and stabilization.,
6.1054 MENTAL (DR) | Oriental combo remedy, invigorates kidney meridian, senility (brain), old age.

MALABSORPTION SYNDROME
This groups significant SOC cut off was 125.
This disease group total number of patients was 1,344
Subspace Treatment 455 patients, 889 SCIO Harness Patients

OVERALL ASSESSMENT
A. Subspace Treatment 744 patient visits
There were 0 cases of patients who reported a concerning negative result. None of these cases reported any major difficulty.
There were
0 cases reporting worsening of Symptoms, 0% of Subgroup
0 cases reporting feeling worse,0% of Subgroup
0 cases reporting worsening stress 0% of Subgroup
43%--- Percentage of Improvement in Symptoms
45%--- Percentage of Improvement in Feeling Better
33%---.Percentage of Improvement Measured
66%--  Percentage of Improvement in Stress Reduction
10%----Percentage of Improvement in SOC Behavior
B. SCIO Harness Treatment 881 patient visits
There were 0 cases of patients who reported a negative Improvement. None of these cases reported any major difficulty.
There were
0 cases reporting worsening of Symptoms, 0 % of Subgroup
0 cases reporting feeling worse, 0% of Subgroup
0 cases reporting worsening stress 0% of Subgroup
56%--- Percentage of Improvement in Symptoms
55%--- Percentage of Improvement in Feeling Better
44%---.Percentage of Improvement Measured
55%--  Percentage of Improvement in Stress Reduction
13%----Percentage of Improvement in SOC Behavior

TVEP RESULTS (SPSS results show alpha .07 or 93% of the subjects in this category reacted 2+ standard deviations from the norm to these item)
1.710 FATTY ACID LIQUESCENCE (NV) | Combo remedy supplying the most chronic nutritional deficiency.
2.(382 BIOTIN, VITAMIN H | Energy vitamin, ids deficiency or toxicity, emotional remedy for insecurity.,
3.391 L-CARNITINE (VITAMIN B20) | Energy vitamin for heart and all muscle metabolism.,
4.412 INOSITOL (VITAMIN B11) | Liver related vitamin has equi-symmetric placed protons on carbon, tonic.,
6.424 NICOTINIC ACID | Vitamin used for circulation and nerves.
6.425 NIACIN | Circulation vitamin also used for nerves, can id arteriole blockage.
7.426 NIACINAMIDE | Vitamin used in circulation energy, metabolism.,
pictures on China, AC Milan, San Antonio Spurs, Dennis Johnson

The first sport study with the Quantum Xrraid technology was on members of the Cleveland Browns football team in 1989. The results were amazing and all of the participants went all Pro over the next five years. Having worked with the power lifting team of Hungary in 1991 they went from moderate to gold medal performance.

AC Milan bought some systems and their injury level dropped 91%. This was because the system can stimulate and accelerate healing of injured tissue. They asked for us to develop the device to sharpen the athletic skills of the clients. With this in mind we developed a way to sharpen coordination endurance and strength. AC Milan won the European championship the next two years. We worked with Dennis Johnson ex twice NBA MVP in the San Antonio Spurs system. The results were amazing.

The Chinese Olympic team had us do a study. Out of their 467 athletes in the 2008 Olympic Games, they assigned 150 of the sick, old, weak, and tired to us. The study was to see if we could repair injured tissue and get an athlete back onto the field. The results were astounding. Out of the hundred medals won by the Chinese our 30% of the injured performers won 33% of the medals. Our athletes were not supposed to win. And because of this Desiri was awarded an honorary Gold medal.

Sports medicine has entered the energetic arena. There are those who want to win and they differ from those who want to conform.

Some of the best cyclists in the world have used the SCIO to win championships.

8.693 ALGAE AQUA SCOURSE | Nutritional supplement,
9.695 SUBSTANCE ABUSE (NV) | Combo remedy for any substance addiction, specify drug for best results,
10.728 VITAMIN C LIQUESCENCE (NV) | Combo remedy for natural supply of vitamin C.,
11. 761 A-Z FORMULA | Multi-vitamin supplement,
12.762 A-Z LIQUID FORMULA | Combo remedy supplying a natural source of essential vitamins.,
13.763 VITAMIN B-1 THIAMINE | Deficiency causes fatigue, poor memory (brain), irritation, anorexia, sleep discomfort, constipation (bowel, colon, intestine).
14.764 VITAMIN B-2 RIBOFLAVIN | Impaired growth, weakness, cheliosis, glossitis, atrophy of skin, cataract (eye disorders) , anemia.
15.765 VITAMIN B-6 PYRIDOXINE | Deficiency deprives dreams, weak memory (brain), anemia, bloats, neuritis (nerves), nausea, mouth sores.
16.766 DEGEX (NV) | Combo remedy for degenerative disease, used as cancer preventative, use with clean mouth.,
17.767 CHELATED IRON | Can id deficiency or hemolytic anemia risk, mineral,
18.768 CHELATED ZINC | Deficiency weakens the immune system and sexual interest, mineral,
19.769 CRYSTALLIZED CELL SALTS | Supplies all minerals for balancing mineral function, ids mineral imbalance.,
20.770 E-Z ABSORBABLE CALCIUM | Calcium lactate for supplying calcium, use with meals, mineral.,
21.773 VITAMIN B5 PANTOTHENIC ACID | Adrenal supplement, deficiency produces hypoadrenia.
22.774 POTASSIUM COMPLEX | Deficiency produces weakness and fatigue, mineral,775 VITAMIN B3 NIACIN | Deficiency produces pellagra, gastrointestinal (bowel, colon, intestine) disturbance, mental (brain) disturbance.
23.608 CHEMEX (NV) | Detox remedy for synthetic chemicals

METACARPAL TUNNEL

This groups significant SOC cut off was 130. This disease group total number of patients was 377
Subspace Treatment 132 patients, 245 SCIO Harness Patients

OVERALL ASSESSMENT

A. Subspace Treatment 437 patient visits

There were 0 cases of patients who reported a concerning negative result. None of these cases reported any major difficulty. There were
0 cases reporting worsening of Symptoms, 0 % of Subgroup
0 cases reporting feeling worse, 0 % of Subgroup
0 cases reporting worsening stress 0 % of Subgroup
21%--- Percentage of Improvement in Symptoms
21%--- Percentage of Improvement in Feeling Better
20%--- Percentage of Improvement Measured
34%-- Percentage of Improvement in Stress Reduction
12%----Percentage of Improvement in SOC Behavior
B. SCIO Harness Treatment 768 patient visits
There were 0 cases of patients who reported a negative Improvement. None of these cases reported any major difficulty. There were
0 cases reporting worsening of Symptoms, 0 % of Subgroup
0 cases reporting feeling worse, 0 % of Subgroup
0 cases reporting worsening stress 0 % of Subgroup
TVEP RESULTS (SPSS results show alpha .07 or 93% of the subjects in this category reacted 2+ standard deviations from the norm to these item)
1.936 OSTEO LIQUITROPHIC (DR) | Combo remedy to assist in bone repair, cold and flu.
2.1056 BONE (DR) | Oriental combo remedy for degenerative bone conditions.
3.794 OSTEO GLANDULAR | For supplying bone nutrients.
4.705 BONE LIQUESCENCE (NV) | Combo remedy for supplying calcium to bone and correcting bone disease.
5.464 ROUND UP INSECTICIDE OR HERBICIDE | Strong toxin to nerves, adrenal and all hormonal production.

OSTEOPOROSIS
This disease group total number of patients was 599
Subspace Treatment 210 patients, 389 SCIO Harness Patients

OVERALL ASSESSMENT
A. Subspace Treatment 334 patient visits
There were 0 cases of patients who reported a concerning negative result. None of these cases reported any major difficulty. There were
0 cases reporting worsening of Symptoms, 0.00 % of Subgroup
0 cases reporting feeling worse, 0.00 % of Subgroup
0 cases reporting concerning increases in stress 0.00 % of Subgroup
12%--- Percentage of Improvement in Symptoms
23%--- Percentage of Improvement in Feeling Better
40%--- Percentage of Improvement Measured
30%-- Percentage of Improvement in Stress Reduction
12%----Percentage of Improvement in SOC Behavior

B. SCIO Harness Treatment 598 patient visits
There were 0 cases of patients who reported a negative Improvement. None of these cases reported any major difficulty. There were
0 cases reporting worsening of Symptoms, 0 % of Subgroup
0 cases reporting feeling worse, 0 % of Subgroup
0 cases reporting worsening stress 0 % of Subgroup
45%--- Percentage of Improvement in Symptoms
59%--- Percentage of Improvement in Feeling Better
75%--- Percentage of Improvement Measured
56%-- Percentage of Improvement in Stress Reduction
11%----Percentage of Improvement in SOC Behavior

TVEP RESULTS (SPSS results show alpha .07 or 93% of the subjects in this category reacted 2+ standard deviations from the norm to these item)
1.936 OSTEO LIQUITROPHIC (DR) | Combo remedy to assist in bone repair, cold and flu.
2.1056 BONE (DR) | Oriental combo remedy for degenerative bone conditions.
3.794 OSTEO GLANDULAR | For supplying bone nutrients.
4.705 BONE LIQUESCENCE (NV) | Combo remedy for supplying calcium to bone and correcting bone disease.
5.464 ROUND UP INSECTICIDE OR HERBICIDE | Strong toxin to nerves, adrenal and all hormonal production.
5.1056 BONE (DR) | Oriental combo remedy for degenerative bone conditions.
6.794 OSTEO GLANDULAR | For supplying bone nutrients,
7.705 BONE LIQUESCENCE (NV) | Combo remedy for supplying calcium to bone and correcting bone disease.
8.705 BONE LIQUESCENCE (NV) | Combo remedy for supplying calcium to bone and correcting bone disease. 0.0, 0.0 , 0/0
9.730 BONE MARROW (NV) | Sarcode remedy for restoring bone marrow,

**4.936 OSTEO LIQUITROPHIC (DR) |** Combo remedy to assist in bone repair, cold and flu.

**5.1056 BONE (DR) |** Oriental combo remedy for degenerative bone conditions.

**6.794 OSTEO GLANDULAR |** For supplying bone nutrients,

**7.705 BONE LIQUESCENCE (NV) |** Combo remedy for supplying calcium to bone and correcting bone disease.

**8.705 BONE LIQUESCENCE (NV) |** Combo remedy for supplying calcium to bone and correcting bone disease. 0.0, 0.0 , 0/0

**9.730 BONE MARROW (NV) |** Sarcode remedy for restoring bone marrow,

**OTITIS MEDIA**

This groups significant SOC cut off was 105.

This disease group total number of patients was 17,501

Subspace Treatment 12,700 patients, 4,801 SCIO Harness Patients

**OVERALL ASSESSMENT**

A. Subspace Treatment 17,453 patient visits

There were 7 cases of patients who reported a concerning negative result.

None of these cases reported any major difficulty.

There were
9 cases reporting worsening of Symptoms, .001% of Subgroup
11 cases reporting feeling worse,.001% of Subgroup
8 cases reporting worsening stress .001% of Subgroup
24%--- Percentage of Improvement in Symptoms
25%--- Percentage of Improvement in Feeling Better
29%---Percentage of Improvement Measured
40%-- Percentage of Improvement in Stress Reduction
14%----Percentage of Improvement in SOC Behavior

B. SCIO Harness Treatment 7,860 patient visits

There were 11 cases of patients who reported a negative Improvement.

None of these cases reported any major difficulty.

There were
8 cases reporting worsening of Symptoms, .001 % of Subgroup
9 cases reporting feeling worse, .001 % of Subgroup

**5 cases reporting worsening stress .001 % of Subgroup**

**44%--- Percentage of Improvement in Symptoms**

**43%--- Percentage of Improvement in Feeling Better**

**68%---Percentage of Improvement Measured**

**68%-- Percentage of Improvement in Stress Reduction**

**15%----Percentage of Improvement in SOC Behavior**

**TVEP RESULTS (SPSS results show alpha .07 or 93% of the subjects in this category reacted 2+ standard deviations from the norm to these item)**

1.625 ANTI-INFLAMMATION (NV) | Combo remedy for any inflammation, asthma (lung), sinusitis

2.982 SARCOESIS (DR) | Lung. Combo remedy for inflammatory and swelling conditions

3.567 GLUCOSE | I ds sugar regulation (pancreas) imbalance.


5.732 EAR (NV) | Sarcode remedy for cleansing and rebuilding tissue in this area, for degeneration and inflammation.

6.732 EAR (NV) | Sarcode remedy for cleansing and rebuilding tissue in this area, for degeneration and inflammation.

7.705 BONE MARROW (NV) | Sarcode remedy for restoring bone marrow.

**OSTITIS MEDIA**

This groups significant SOC cut off was 105.

This disease group total number of patients was 17,501

Subspace Treatment 12,700 patients, 4,801 SCIO Harness Patients

**OVERALL ASSESSMENT**

A. Subspace Treatment 17,453 patient visits

There were 7 cases of patients who reported a concerning negative result.

None of these cases reported any major difficulty.

There were
9 cases reporting worsening of Symptoms, .001% of Subgroup
11 cases reporting feeling worse,.001% of Subgroup
8 cases reporting worsening stress .001% of Subgroup
24%--- Percentage of Improvement in Symptoms
25%--- Percentage of Improvement in Feeling Better
29%---Percentage of Improvement Measured
40%-- Percentage of Improvement in Stress Reduction
14%----Percentage of Improvement in SOC Behavior

B. SCIO Harness Treatment 7,860 patient visits

There were 11 cases of patients who reported a negative Improvement.

None of these cases reported any major difficulty.

There were
8 cases reporting worsening of Symptoms, .001 % of Subgroup
9 cases reporting feeling worse, .001 % of Subgroup

**5 cases reporting worsening stress .001 % of Subgroup**

**44%--- Percentage of Improvement in Symptoms**

**43%--- Percentage of Improvement in Feeling Better**

**68%---Percentage of Improvement Measured**

**68%-- Percentage of Improvement in Stress Reduction**

**15%----Percentage of Improvement in SOC Behavior**

**PAIN UNSPECIFIED**

This groups significant SOC cut off was 75.

This disease group total number of patients was 10,403

Subspace Treatment 4,022 patients, 6,481 SCIO Harness Patients

**OVERALL ASSESSMENT**

A. Subspace Treatment 4,788 patient visits

There were 9 cases of patients who reported a concerning negative result.

None of these cases reported any major difficulty.

There were
34 cases reporting worsening of Symptoms, .007% of Subgroup
53 cases reporting feeling worse,.012% of Subgroup
3 cases reporting worsening stress .001% of Subgroup
B. SCIO Harness Treatment 14,555 patient visits
There were 5 cases of patients who reported a negative improvement.
None of these cases reported any major difficulty.

There were
21 cases reporting worsening of symptoms, .001% of subgroup
15 cases reporting feeling worse, .001% of subgroup
21 cases reporting worsening stress, .001% of subgroup
65%--- Percentage of improvement in symptoms
67%--- Percentage of improvement in feeling better
66%--- Percentage of improvement measured
78%--- Percentage of improvement in stress reduction
21%--- Percentage of improvement in SOC behavior

TVEP RESULTS (SPSS results show alpha .07 or 93% of the subjects in this category reacted 2+ standard deviations from the norm to these item)
1. 920 B LIQUITROPHIC (DR) | Combo remedy supplying vitamin Bs, mental depression, pellagra.
2. 743 MAJOR NERVES (NV) | Combo remedy for all nervous diseases, ieds neurological involvement.
3. N Isode
4. 740 LIMBIC SYSTEM (NV) | Sarcode remedy for emotional control and stabilization.
5. 710 FATTY ACID LIQUESCENCE (NV) | Combo remedy supplying the most chronic nutritional deficiency.
6. 753 TEMPORAL LOBE (NV) | Sarcode remedy for stabilization of auditory, speech and memory brain function.
7. 670 MEMORY (NV) | Combo remedy for any memory (brain) disorder, stimulate oxygen, increase attention.
8. 72810 POLYNEURITIS | Multiple neurological inflammations or nerve compressions.
OVERALL ASSESSMENT

A. Subspace Treatment 266 patient visits
There were ---- cases of patients who reported a concerning negative result.
None of these cases reported any major difficulty.
There were
0 cases reporting worsening of Symptoms, 0% of Subgroup
0 cases reporting feeling worse, 0% of Subgroup
0 cases reporting worsening stress, 0% of Subgroup

21%----Percentage of Improvement in Symptoms
21%----Percentage of Improvement in Feeling Better
21%----Percentage of Improvement Measured

66%--Percentage of Improvement in Stress Reduction
19%----Percentage of Improvement in SOC Behavior

B. SCIO Harness Treatment 455 patient visits
There were 0 cases of patients who reported a negative Improvement.
None of these cases reported any major difficulty.
There were
2 cases reporting worsening of Symptoms, 0.004% of Subgroup
0 cases reporting feeling worse, 0% of Subgroup
0 cases reporting worsening stress, 0% of Subgroup

77%----Percentage of Improvement in Symptoms
67%----Percentage of Improvement in Feeling Better
69%----Percentage of Improvement Measured

66%--Percentage of Improvement in Stress Reduction
19%----Percentage of Improvement in SOC Behavior

TVEP RESULTS (SPSS results show alpha .07 or 93% of the subjects in this category reacted 2+ standard deviations from the norm to these item)

1.710 FATTY ACID LIQUESCENCE (NV) | Combo remedy supplying the most chronic nutritional deficiency.
2.438 PROGESTERONE | Female hormone associated with premenstrual syndrome (PMS).
3.521 PLACENTA | Indicates a possible excess of hormones creating hormonal imbalance.,
4.642 DNA INSULIN (NV) | Used for treating diabetes (pancreas), can improve insulin usage 15-20%.
5.671 MENO (NV) | Remedy for menopausal endocrine imbalance symptoms such as hot flashes / flushes.
6.711 FEMALE LIQUESCENCE (NV) | Combo remedy for female disorders, supplies some estrogen try as Hormone Replacement Treatment (HRT).
7.721 PITUARY LIQUESCENCE (NV) | Combo remedy for treating weak pituitary (brain).
8.722 SEROTONIN-DOPAMINE (NV) | Combo remedy for supplying the hormones to the system, treat depression, etc.,
9.727 THYROID LIQUESCENCE (NV) | Combo remedy for stimulating thyroid function do not use with hyperthyroid.,
10.924 FEM LIQUILOMERIC (DR) | Combo remedy to help balance the female system.,
11.942 THYMO LIQUILOMERIC (DR) | Combo remedy to assist in thymus repair.,
12. 1328 GLUCOSE-6-PHOSPHATASE | Enzyme. Part of the kreb cycle of energy production, ids energy pathway problem.
13.1723 HORMONAL MERIDIAN | This acupuncture meridian has shown reactivity, possible blockage.
14.469 MOTOR OIL (ALR) | Ids environmental toxicity, emotional link to conflict with modern society
15.640 DEGEX (NV) | Combo remedy for degenerative disease, used as cancer preventative
16.1491 NAJA NAJA VENOM COBRA | Asthma (lung), angina (heart), spasmodic jaundice (liver).

PROSTATITIS - PROSTATIC HYPERPROPHROPHY
This groups significant SOC cut off was 150.
This disease group total number of patients was 344
Subspace Treatment 143 patients, 201 SCIO Harness Patients

TVEP RESULTS (SPSS results show alpha .07 or 93% of the subjects in this category reacted 2+ standard deviations from the norm to these item)
1.739 KIDNEY, PROSTATE, ADRENAL (NV) | Sarcode remedy for cleansing and rebuilding tissue in this area (bladder, urethra),
2.935 NEPHRO LIQUILOMERIC (DR) | Very powerful and yet gentle kidney remedy for all kidney (bladder, urethra) concerns.

65%--Percentage of Improvement in Stress Reduction
21%----Percentage of Improvement in SOC Behavior
3.980 REN-P (DR) | Combo remedy for excess urinary protein (kidney, bladder, urethra, urethra), enzymatic disturbance.
4.469 MOTOR OIL (ALR) | Ids environmental toxicity, emotional link to conflict with modern society
5.608 CHEMEX (NV) | Detox remedy for synthetic chemicals
6.714 HERBAL LIQUID BEE POLLEN LIQUESCENCE (NV) | Combo remedy for increasing oxidation.

TENDON CALCIFICATION
This disease group total number of patients was 59
Subspace Treatment 21 patients, 38 SCIO Harness Patients

OVERALL ASSESSMENT
A. Subspace Treatment 33 patient visits
There were 0 cases of patients who reported a concerning negative result.
None of these cases reported any major difficulty.
There were
0 cases reporting worsening of Symptoms, .000% of Subgroup
3 cases reporting feeling worse, .001% of Subgroup
3 cases reporting concerning increases in stress, .001% of Subgroup
12%---Percentage of Improvement in Symptoms
23%---Percentage of Improvement in Feeling Better
40%---Percentage of Improvement Measured
30%---Percentage of Improvement in Stress Reduction
12%---Percentage of Improvement in SOC Behavior

B. SCIO Harness Treatment 98 patient visits
There were 0 cases of patients who reported a negative Improvement.
None of these cases reported any major difficulty.
There were
1 cases reporting worsening of Symptoms, .001% of Subgroup
4 cases reporting feeling worse, .04% of Subgroup

TVEP RESULTS (SPSS results show alpha .07 or 93% of the subjects in this category reacted 2+ standard deviations from the norm to these item)
1.936 OSTEO LIQUITROPHIC (DR) | Combo remedy to assist in bone repair, cold and flu,
2.1056 BONE (DR) | Oriental combo remedy for degenerative bone conditions.
3.742 LYMPH, SPLEEN, MAMMARY (NV) | Breast. Sarcode remedy for cleansing and rebuilding tissue in this area.
7.07 CONNECTIVE TISSUE LIQUESCENCE (NV) | Combo remedy for connective tissue disease, helps repair tissue.
4.744 MUSCLE, LIGAMENT, CARTILAGE (NV) | Sarcode remedy for cleansing and rebuilding tissue in this area.
5.472 ATTREX ATRAZINE | Industrial toxins, sensitivity to or toxic exposure.

THYMUS DISORDERS
This groups significant SOC cut off was 100.
This disease group total number of patients was 52
Subspace Treatment 21 patients, 31 SCIO Harness Patients

OVERALL ASSESSMENT
A. Subspace Treatment 34 patient visits
There were 0 cases of patients who reported a concerning negative result.
None of these cases reported any major difficulty.
There were
1 cases reporting worsening of Symptoms, .01% of Subgroup
45%---Percentage of Improvement in Symptoms
69%---Percentage of Improvement in Feeling Better
40%---Percentage of Improvement Measured
62%---Percentage of Improvement in Stress Reduction
29%---Percentage of Improvement in SOC Behavior

B. SCIO Harness Treatment 98 patient visits
There were 0 cases of patients who reported a negative Improvement.
None of these cases reported any major difficulty.
There were
1 cases reporting worsening of Symptoms, .001% of Subgroup
3 cases reporting feeling worse, .001% of Subgroup
3 cases reporting concerning increases in stress, .001% of Subgroup
12%---Percentage of Improvement in Symptoms
21%---Percentage of Improvement in Feeling Better
40%---Percentage of Improvement Measured
This disease group total number of patients was 157
Subspace Treatment 43 patients, 114 SCIO Harness Patients

OVERALL ASSESSMENT
A. Subspace Treatment 101 patient visits
There were 0 cases of patients who reported a concerning negative result.
None of these cases reported any major difficulty.
There were
0 cases reporting worsening of Symptoms, .001 % of Subgroup
0 cases reporting feeling worse,.001 % of Subgroup
49%--- Percentage of Improvement in Symptoms
69%--- Percentage of Improvement in Feeling Better
41%---Percentage of Improvement Measured
62%-- Percentage of Improvement in Stress Reduction
39%----Percentage of Improvement in SOC Behavior
TVEP RESULTS (SPSS results show 85% of the subjects in this category reacted 2+ standard deviations from the norm to these item)

B. SCIO Harness Treatment 234 patient visits
There were 0 cases of patients who reported a negative Improvement.
None of these cases reported any major difficulty.
There were
0 cases reporting worsening of Symptoms, 0% of Subgroup
0 cases reporting feeling worse,0% of Subgroup
0 cases reporting worsening stress 0% of Subgroup
32%--- Percentage of Improvement in Symptoms
33%--- Percentage of Improvement in Feeling Better
43%----Percentage of Improvement Measured
56%-- Percentage of Improvement in Stress Reduction
11%----Percentage of Improvement in SOC Behavior

TVEP RESULTS (SPSS results show alpha .07 or 93% of the subjects in this category reacted 2+ standard deviations from the norm to these item)

1. (499 THYMOPOIETIN | Ids problem with blood system immunity.,
2.660 IMMUNE STIM (NV) | Combo remedy for immune weakness or over action, stabilize reticuloendothelial system.
3.672 MICROFLORA (NV) | Combo remedy for stabilizing the bowel (colon, intestine) flora, use until rectal gas/wind/flatulence subsides.
4.756 TONSILS, ADENOID, APPENDIX (NV) Sarcode remedy for cleansing and rebuilding tissue in this area.,
5.966 IMMUNOPOIE (DR) | Combo remedy to help stimulate the immune system.,
6.1064 PREVENTATIVE (DR) | Oriental combo remedy to tonify and improve immune system.
7.1985 LUPUS | Auto immune disease with sun sensitivity, ulcerations of skin, blotches.,
8.2872 BACH FLOWER CHICORY | Possessiveness, self Love, self pity. (FE),
9.660 IMMUNE STIM (NV) | Combo remedy for immune weakness or over action, stabilize reticuloendothelial system.

TRANSIENT ISCHEMIC ATTACK
This groups significant SOC cut off was 75.
1.710 FATTY ACID LIQUESCENCE (NV) | Combo remedy supplying the most chronic nutritional deficiency.

2.781 VITAMIN E | Deficiency causes red blood cell rupture, sex interest wanes, dry skin.

3. 3721 ADVENTURINE | Stimulates muscle tissue + blood, brain stone, purifies mental + etheric bodies, centers you.

3.709 CURRY CROSS | Geopathic stress, ids electrical disturbing energies.

4.3703 ESTROGENIFICATION FROM ENVIROMENTAL POLLUTION,

5. AECULUS HIPPO | Horse chestnut, bowel (colon, intestine), hemorrhoids and heart venous problems. \\

6. (105 COLLINSONIA CANADENSIS | Portal pelvic venous congestion, varicose veins. \\

7.122 DIGITALIS PURPUREA | Remedy for heart, dilates blood vessels of heart, weakness. \\

8.622 ANGINA (NV) | Combo remedy for chest pain of any origin mostly cardiac (heart) insufficiency.

9.637 CIRCULATION (NV) | Combo remedy for treating any circulatory (heart) disease, blood return can bring pain.

10.638 CONVALLARIA (NV) | Combo remedy that breaks up dried and crusty areas of the brain, treats stroke.

11.712 HEART LIQUESCENCE (NV) | Combo remedy used to reduce infarction risk and increase heart circulation.

12.734 FRONTAL LOBE (NV) | Brain sarcode for emotional and cognition control.

13.922 CARDIO LIQUITROPHIC (DR) | Combo remedy to assist in heart repair, infarction risk.

14.944 ARRHYTH-I (DR) | Combo remedy for irregular heart beat or any arrythmia.

15.964 HYPERTONIA-2 (DR) | Combo remedy for high blood pressure

16.985 THRICIRCULO (DR) | Combo remedy to increase circulation, circulatory disorders.

17.1052 HYPERTENSIVE (DR) | Oriental combo remedy, alleviates heat in liver, balances excess yang.

18.1724 HEART MERIDIAN | This acupuncture meridian has shown reactivity, possible blockage.

19.1809 HEART - Sarcode &nosode combo | Ids some heart problem.

20.736 HEART, LUNG (NV) | Sarcode remedy for cleansing and rebuilding tissue in this area.

21.550 LITHIUM CARBONICUM | Emotional powder keg, don’t light fuse.

22.710 FATTY ACID LIQUESCENCE (NV) | Combo remedy supplying the most chronic nutritional deficiency.

**Weight Loss**

This group’s significant SOC cut off was 175.

This disease group total number of patients was 39,300
OVERALL ASSESSMENT

A. Subspace Treatment 73,324 patient visits
There were 538 cases of patients who reported a concerning negative result.
None of these cases reported any major difficulty.
There were
657 cases reporting worsening of Symptoms, .009% of Subgroup
580 cases reporting feeling worse, .007% of Subgroup
753 cases reporting worsening stress .008% of Subgroup
34%— Percentage of Improvement in Symptoms
33%— Percentage of Improvement in Feeling Better
16%— Percentage of Improvement Measured
13%— Percentage of Improvement in Stress Reduction
12%— Percentage of Improvement in SOC Behavior
37,203 patients reported their weight loss, their average weight loss was .8 kilos per month

B. SCIO Harness Treatment 45,980 patient visits
There were 371 cases of patients who reported a negative Improvement.
None of these cases reported any major difficulty.
There were
386 cases reporting worsening of Symptoms, .008% of Subgroup
411 cases reporting feeling worse, .009% of Subgroup
151 cases reporting worsening stress .002% of Subgroup
76%— Percentage of Improvement in Symptoms
65%— Percentage of Improvement in Feeling Better
43%— Percentage of Improvement Measured
68%— Percentage of Improvement in Stress Reduction
23%— Percentage of Improvement in SOC Behavior
23,143 patients reported their weight loss, their average weight loss was 1.9 kilos per month

TVEP RESULTS (SPSS results show alpha .07 or 93% of the subjects in this category reacted 2+ standard deviations from the norm to these item)
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 Xrroid. A Xrroid 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 electrodynamic 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 electrodynamic 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 bioresonance 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 is 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, and 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 Electrophysiologial therapy. Hence it is called the Electro Physiological Feedback Xrroid or as known in Europe SCIO.
TVEP Literature Review and 2011 New Research

STUDY INFORMATION

SUPERVISING RESEARCHER: Dr. Danis György, MD, Licensed Hungarian Medical Doctor
written and edited by Desire’ Dubounet Professor of Medicine IMUNE

DATES: March 2011

SPONSOR

Maitreya Kft.
H-1089 Budapest,
Kalvaria ter 2.
Hungary
Phone: 36-1-303-6043
Fax: 36-1-210-9340

IMUNE (International Medical University of Natural Education)

Abstract

The SCIO device is EC registered to detect the Transcutaneous Voltammetric Evoked Potential (TVEP) of a patient. Using electrodes placed over the skin (Transcutaneous) measuring volt, amp, resistance and oscillation changes (Voltammetric) and measuring reactions to stimuli (Evoked Potential) the SCIO device is registered to do TVEP. In this article a brief review of medical doctor studies published in peer reviewed medical journals done over a twenty year period in England, Canada, America, Hungary, Germany, Switzerland, South Africa, Mozambique, France, Japan, Ghana, China, and Romania will more than validate the TVEP. Studies have shown time tested validity and medical acceptance of the art of TVEP.

In this study we assay the amount of repeated items in a pre and post Xrroid test of treatment versus placebo testing. In the placebo group the test is set on subspace only. During our research on patients we test the pre and post Xrroid test of over 10,000 voltammetric signatures of various items after a treatment or a placebo treatment. The top reactant items are calculated. In the post test significantly more repeated items show that the TVEP reactivity is functioning compared to the placebo group.

There have been tens of thousands of therapists confirming the TVEP everyday in the field and thousands of testimonials. But this paper is just to present the peer reviewed medical papers and the new 2011 research as proof of the validity of safety and efficacy of the TVEP.

CLINICAL LITERATURE REVIEW

In 1974 the first TVEP study at Youngstown State University showed a transcutaneous reaction of people to a photo Evoked Potential. The voltammetric fields were measured with an old fashioned polygraph device. see Nelson 1974

1985 studies showed an ability to increase TVEP data accuracy with a computer handled data stream.

In 1986 patients in Germany and Finland were measured for TVEP reactions to compounds after the Chernobyl disaster. This has a strong correlate to the TVEP results in Japan after the recent 2011 crisis.

The electro-physiological reactions to different Voltammetric patterns of nosodes, allerodes, isodes, sarcodes and other compounds can give us family or trends of reactivity patterns. This was first registered with the FDA in 1989, had the CE mark in 1996 and a new TVEP CE mark in 2010.
The following medical supervised studies on TVEP electro-physiological reactivity were done to the letter of the law and past peer review and were published in medical journals.

1. We are all made of atoms with electrons on the outside. The electrons and the atoms never touch each other they repel. The atoms are held in place by energetic fields. We are 99.99999999% energetic fields.
2. Every molecules of a substance have a specific signature energetic field which can be measured with Voltammetry
3. Every living creature has a reactive field that is seeking nutrition and repelling toxins. The global field of the body maintains a changing field of Voltage, Amperage, Resistance, Hydration, Oxidation and Ph variables. This reactive field reacts to stimulation.
4. By measuring the Voltammetric field of a substance and amplifying the field we can send the field into the body and measure its reactance to the stimulation.
5. We use over the skin thus Transcutaneous electrodes. We send in a known Voltammetric
6. Research has shown that the TVEP reactions are interesting not diagnostic. The family trends of reactivity are of more interest but still not accurate enough to be diagnostic. Thus a disclaimer of these patterns needs to be displayed.

The following medical supervised studies on TVEP electro-physiological reactivity were done to the letter of the law and past peer review and were published in medical journals.
An English study was done in 1990 at the city of a toxic aluminum spill in 1988, Camelford, England. Here a TVEP reactivity profile was developed testing hundreds of people exposed to excess Aluminum toxicity. See IJMSH 1997 volume1/4 ISSN 1417 0876
The yearlong study of almost 2,000 patients showed the TVEP as a valuable tool for study. 

Title: Electro-Physiological Reactivity Profiles 

Supervising researcher: Dr Istvan Bandics MD Licensed Hungarian Medical doctor. This study was done at the Hippocampus clinic in Budapest on 1834 patients attending the clinic in 1994. Studies done with the supervision of a local ethics committee and all subjects gave informed consent to participate as part of their intake form.

In 1992 a peer reviewed study on immune-compromised HIV positive and Aids patients was done in Semmelwise hospital and presented at the International conference of Sexually Transmitted Diseases in Singapore in 1995. see Electro-Reactivity as a pre screen of HIV infection patients, IUMSH 1997 volume1/ 4 ISSN  1417 0876
Abstract

During the course of a one year period the 1834 patients in our clinic were all asked in their intake form to participate in a study. All patients were treated with the EPFX device. The types of disease trends these patients presented were evaluated by one of the medical doctors on staff. The EPR reactivity profile was checked by the EPFX device. A comparison of the EPR reactivity patterns yielded a Risk probability profile. The results of this profile are reported here.

At the Szent Janos hospital in 1995 Budapest a TVEP study was done on cataract patients. Both of these studies proved TVEP reactions patterns to be helpful and significant in detection of disease patterns. see XRROID reactivity patterns in Cataract patients, IJMSH 1997 volume1/4 ISSN 1417 0876

The following reactants are statistically significant at alpha levels .05 for the cataract patient:
- sucrose sucrase
- glucurondase
- glucose
- glucogen
- glucose dehydrogenase
- aspartase
- myeloperoxidase
- cataract nosode
- pancreatin
- pancrease sarcode
- glutathione

Another study of the Electrical Reactivity of Patients to Nosodes, Allersode, Isodes, and Sarcodes IJMSH 1997 volume1/4 ISSN 1417 0876 showed a high correlation of reactivity to clinical diagnosis.
A 2002 several Canadian medical studies showed the Value of the TVEP. This is but one.

**QED TVEP Biofeedback, Gut Dysbiosis & Hypomonocytosis Clinical SOAP Correlation Study**

IRB supervision: Under the supervision of Ethics International of Romania acting as the IRB for this study under rights of International law. This study was commissioned by Ethics International in 2001.

Gut Dysbiosis multidimensional analysis is compared to bioelectric Quantum Electro Dynamic Biofeedback (QEDBF). QEDBF’s key VARHOPE & Cellular Vitality Index (CVI) indicators are clinically correlated with subjective clinical context of stress to determine if they reliably mirror conventional of systemic Hyper or Hypo-Monocytosis, Hyperlipidemia, and Hyperuricemia, or other Immune indexes that indicate confirmation of the activation of the immune cascade (called the TH2 Induction Stress Response which leads to lymphoma and autoimmune disease). We intend to determine how and where QEDBF can be used as a prediagnostic integrated medicine tool to help navigate personalized health record by providing a safe, reliable and objective non-invasive bioenergetic information gathering tool.

In particular, the body electric and its bioterrain balance were measured and show ill health may ensue as a result of low mineral resistance causing abnormally high conductivity. Vitality can be measured now with QEDBF to indicate states of Low Resistivity, along with low adrenal Voltage and lymphatic Amperage for drive and willpower, along with indicators of pH balance, Phase Angle of cellular permeability, Resonance Frequency Pattern to objectify anxiety states or exhaustion, Reaction Speed to indicate enzymatic response, and other electrical measurements to indicate Cellular Vitality Index (CVI). The data gathered efficiently and safely by the addition of the integrated medicine tool QEDBF provided a bird’s eye view at a fraction of the time and conventional laboratory costs, while successfully mapping many suspected but heretofore hidden stressors and especially pathogens leading to gut dysbiosis. These repeatable, predictable disease patterns are reliably detected electrically with QEDBF and hint in advance at the unfolding of chronic illness, which predictably cause increased morbidity and mortality in middle aged, ambulatory community based patients seeking stress, pain and relaxation management.

- Principal Investigator: Dr. Deborah Anne Drake, BSc, MD, CCFP(EM), FCFP, CQI
- Nutritionist Jennifer Hough, Research Nurse Practitioner Joanne Hunter, Research Assistant Darria Pressey, Statistical Assistant Electrical Engineer Vivian Jones

**Abstract**

This Gut Dysbiosis study to quantify immune induction, comparing old to new tools like biocommunication scanners like the QEDBF, is the first study of its kind in Canada to confirm the safety and efficacy of the Quantum Electro Dynamic Bio- Feedback (QEDBF) using the Electro-physiologic Feedback Xrroid or EPFX scanner as well as to confirm the recognition of bioterrain disruption. We map with subjective surveys, compared to conventional and complementary testing methods to map the lay out of the immune systems, nutrition, toxic load, mood, social stress and other factors like Candidiasis, parasite overload or celiac disease. We compare the QEDBF findings with the high clinical suspicion that stressed individuals, as determined by low peripheral white blood cell absolute Monocyte count, may harbor occult pathogenic infections.

We studied 50 voluntary, ambulatory, community based male and female middle aged patients in great detail, using 7 health surveys, dozens of conventional and research screening tests in hematology, biochemistry, autoimmune, specialized brain cerebro-ganglioside markers. We tested a further 50 subjects with QEDBF for comparison and trends, and further compared 10 randomly selected subjects to be evaluated with QEDBF testing. The goal is to determine what historical, risk, or symptoms, signs or lab tests provide the forewarning. It appears through observation that illness and immune induction are forecast when the bioterrain conditions permit loss of homeostasis. This study focuses on the correlation of hyper or hypomonocytosis with low Resistivity, (low grounding minerals from a variety of causes). We correlate stress and exhaustion from biochemical and bioelectric perspective and attempt to map under close research control,
the comparison of conventional and bioelectric impairments, using bioelectric vectors, called VARHOPE score, Cellular Vitality Index (CVI and Phase Angle (PA)). Furthermore, we predict the worse the electrical grounding and mineralization, as detected with low Resistivity scores, the higher the prevalence of subsequent bioterrain shift, and thus colonization of a change in flora, ultimately culminating in reduced infection resistance, Candidiasis, Fungal and pathogenic overgrowth, and the resultant induction of the immune cascade which should be measurable. The worse the homeostasis, we predict the worse the oxygenation, hydration and nutritional status, digestion and weight. The lower the cellular vitality index (CVI), we predict the worse the healing speed or increased chance of infection or relapses, leading to higher than normal rates of Signal Transduction Pathway Immune cascading, leading to chronic illness, and the 4 top North American Disease Killers – Cardiovascular, Cancerous, Autoimmune diseases and iatrogenic death. (This preventable escalating predictable cascade follows the Autoimmune/TNFalpha/Celiac tri-genes on chromosome 6, triggering the TH2 Signal Transduction Pathway of body defense and stress response, leading to platelet aggregation, Betaoncogene induced Lymphoma, and Interleukin IL6 & IL8 Inflammatory cytokines and White Blood Cell Neutrophilic degranulation.)

In 2006 a large scale study of over 97,000 patients on almost 300,000 patient visits has further confirmed the safety and effectiveness of the TVEP study.

970,000+ Study of the Safety and Efficacy of the TVEP families in the SCIO Device

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 has insignificant risk. There was a staff of medical doctors who designed and supervised the study. Over 97,000 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.

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 an 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 as well as the validity of the TVEP family reactivity. There were small effects seen in the placebo group, larger effects in the subspace, and astounding effects in the real harness group.

Qualified studies are being organized in China after the success the SCIO had in treating and helping the China Olympic team in 2008.

Project Nahinga in South Africa, Ghana and Mozambique has shown the validity of the TVEP in AIDS patients.

So now we have reviewed how over 2,300 medical personnel have done clinical tests on over 100,000 patient visits in over 50 different peer reviewed published medical studies. And now we will review the current 2011 data.

Introduction

Method

Now in this study using the clinical protocol we would like to develop and test TVEP patterns for allergy, organic disease, and infection. By finding patient with medical diagnosis or qualified opinion of a disease we will test the patient and compare his TVEP results to others with the same disease versus the control groups we have from other studies.

The hypothesis is that TVEP patterns can be used to help in pre-diagnostic ways to help us to understand patients better.

Repeatability DATA

- Romania:
  TOTAL TREATMENT SUBJECTS: 72 - Total repeating items: 5154
  Average: 71.16 repeating items per patient
  Total Placebo subjects 32: Total repeating items: 1076
  Average: 33.62 repeating items per patient
- USA:
  TOTAL TREATMENT SUBJECTS: 64 - TOTAL REPEATING ITEMS: 4748
  AVERAGE: 74.18
  Total Placebo subjects 24. Total repeating items: 810
  AVERAGE: 33.75
- HUNGARY:
  TOTAL TREATMENT Subjects: 28 Total repeating items: 2176
  Average: 77.7 repeating items per patient
  Total Placebo Subjects: 24 Total repeating items: 5874
  Average: 24.45 repeating items per patient

Subjects total= 244
Conclusions of Repeatable Validity
The odds of a single item being at the top of the reactivity score is about one in ten thousand. The odds of it repeating at the top are thus one in ten million. The odds of an item being in the top three standard deviations from the mean are about one in 2000. Repeating in the top 3 standard deviations the odds are about one in 4000. Chance would dictate the odds of repeating items to reoccur at about 10 items in two tests.

In our subspace Placebo test the system uses a prayer wheel variation of the I-Ching and we see over 33 items reoccurring during Placebo tests. In the placebo test the QQC TVEP treatment is off.

In our treatment group there was over 70 items consistently repeating which shows a dramatic scientific significance of the TVEP validity. Thus our TVEP function has validity. But what of the choices? Are the choices relevant to the disease risk state? Let’s compare the old research with our new data.

Family TVEP Data 2011 study
Stress- Of the 244 2011 subjects so far tested Nine five showed stress. 15 of these were in the Placebo group. The placebo group showed no similarities of reactivity but the TVEP treatment group showed consistency of these items on SPSS review.

1. 630 ANTI-STRESS (NV) | Combo remedy for excess stress improves the effects of stress about 15% to 20%.
2. 799 STRESS FORMULA | Supplies nutrients depleted by stress.
3. 935 EU-STRESS (DR) | Combo remedy to help deal with stress.
4. 1024 KIDNEY, OVARIAN, ADRENAL (DR) | Sarcode remedy for tissue rebuilding and detox.
5. 710 FATTY ACID LIQUESCENCE (NV) | Combo remedy supplying the most chronic nutritional deficiency.

Brain Fatigue- 12 of the treatment group reported having Brain fatigue. They had 80% reaction to these items on SPSS analysis.

1. 940 PULMO LIQUITROPHIC (DR) | Combo remedy to assist in lung repair.
2. 937 OXY LIQUITROPHIC (DR) | Combo remedy for oxygenation and energizing aid.
3. 701 ADRENAL LIQUESCENCE (NV) | Combo remedy for hypo-adrenia or to provide adrenal stimulation.
4. 670 MEMORY (NV) | Combo remedy for any memory (brain) disorder, stimulate oxygen, increase attention.

Pain- Ten patients reported pain in the 2011 tests. They had 80% reaction to these items on SPSS analysis.

1. 2810 POLYNEURITIS | Multiple neurological inflammations or nerve compressions.
2. 920 B LIQUITROPHIC (DR) | Combo remedy supplying vitamin Bs, mental depression, pellagra.
3. 431 L-PHENYLALANINE | Amino acid used for pain control.
4. 743 MAJOR NERVES (NV) | Combo remedy for all nervous diseases, ids neurological involvement.

Digestive- Twelve patients reported digestion disturbance. They had 80% reaction to these items on SPSS analysis.

1. 641 DIGESTIVE ENZYME (NV) | Combo remedy for stabilizing digestive organs, ids indigestion.
2. 709 DIGESTIVE ENZYME LIQUESCENCE (NV) | Combo remedy for stabilizing the digestive system.
3. 785 DIGESTIVE GLANDULAR, GENERAL | For anti inflammation enzyme and cancer therapy, use at bed, on empty stomach.
4. 939 PROPEPSIA LIQUITROPHIC (DR) | Combo remedy to stimulate and balance digestive enzyme release.

Connective Tissue injury - There was 5 cases of connective tissue injury reported in the treatment group. They had 80% reaction to these items on SPSS analysis.

1. 376 FLEX-ABILITY (SHUJIN, CHIH) | Herb to increase flexibility.
2. 594 Cervical nosode and sarcode of all tissues and diseases of the neck or cervical vertebrae. nerve disorder
3. 595 CONNECTIVE TISSUE | Sarcode of connective tissue, ids fault
4. 648 FLEX (NV) | Combo remedy for promoting flexibility of joints and muscles.
5. 707 CONNECTIVE TISSUE LIQUESCENCE (NV) | Combo remedy for connective tissue disease, helps repair tissue.

AIDS- There were 3 AIDS patients tested in 2011. They had 80% reaction to these items on SPSS analysis.

1. 928 HEMO-A LIQUITROPHIC (DR) | Combo remedy to assist in blood (hemoglobin) autoimmune disorders.
2. 937 OXY LIQUITROPHIC (DR) | Combo remedy for oxygenation and energizing aid.
3. 714 HERBAL LIQUID BEE POLLEN LIQUESCENCE (NV) | Combo remedy for increasing oxidation.

Cataracts- There were 3 patients with cataracts treated with the TVEP and pre and post measures. They had 80% reaction to these items on SPSS analysis.

1. sucrose
2. aspartame
3. glucose
4. cataract nosode
Infections- There were 5 reported cases of infections reported. They had 80% reaction to these items on SPSS analysis.
1. 606 BAC (NV) | Combo remedy for bacterial immune stimulation.
2. 726 THYMUS LIQUESCENCE (NV) | Combo remedy for stimulating thymus and immune function.
3. 903 BACTERIA FUGE (DR) | Combo remedy for bacterial immune stimulation.
4. 1760 ACIDOPHILUS | Bowel (colon, intestine) flora bacteria, can id flora imbalance, good food.

Worms. There were 3 patients with confirmed intestinal parasites. They had 80% reaction to these items on SPSS analysis.
1. 2872 BACH FLOWER CHICORY | Possessiveness, self Love, self pity. (FE),
2. 660 IMMUNE STIM (NV) | Combo remedy for immune weakness or over action, stabilize reticuloendothelial system.
3. Vermex

Radiation. From Japan one of our Japanese doctors challenged 12 subjects within the exposure of the recent 2011 nuclear accident. They had 80% reaction to these items on SPSS analysis.
1. Algin
2. Radiation detox
3. sodium Alginate

Toxic Aluminum Exposure: Three people from the Hungarian aluminum spill were checked in the treatment group. They had 80% reaction to these items on SPSS analysis.
1. Metex
2. Aluminum
3. Radon

Allergy. Twelve allergy patients had treatment from TVEP. They had 80% reaction to these items on SPSS analysis.
1. 615 OPSIN I (NV) | Assists in desensitizing allergic reactions from miscellaneous foods.
2. 616 OPSIN II (NV) | Assists in desensitizing allergic reactions from miscellaneous inhalant allergens.
3. 1354 AFLATOXINS | Highly toxic compound that can id allergies or treat allergic conditions, phenol.
4. 1710 ALLERGY MERIDIAN | this acupuncture meridian has shown reactivity, possible blockage.
5. 1752 ALLERGY MALUS - Bad Allergy | Ids strong allergy known or unknown.

Conclusions of Family TVEP Validity:
We can compare the twenty year history of family reactivity of the TVEP. Our scientific conclusions show that individual item reactions can have interesting results. But they are not valid enough to form complete medical conclusions. The Family reactions that form the “Risk Profiles” of disease states are much more valid but they are also still not valid enough to form firm diagnostic conclusions from. There is a science of TVEP and medication reaction. This is more valid with natural compounds than synthetic, making this hard for medical people who live by using synthetic drugs to replicate or even understand. This science is still in its infancy after almost twenty years. A full disclaimer of the questionable Xrroid results and probable risk profile results must be used and made aware to all users. These constitute probabilities and can turn the doctor to deeper more refined medical techniques. The TVEP is of pre-diagnostic interest only.

DISCLAIMER: EPFX ELECTRO-PHYSIOLOGICAL FEEDBACK XRROID Ambulent Cardiotorocographic (with Passive Sensor) Universal Electrophysiological System
This system is to be used as a Biofeedback multimedia system. It is designed for stress detection and stress reduction. The device does not diagnose any disease other than stress. Stress can come from many sources, this system uses many multimedia treatments to treat stress. This device also measures patients electrophysiological reactivity, which is another way to represent stress. Only a licensed practitioner can diagnose a patient.
This system is calibrated to measure the very fine and subtle electrical and subspace reactions to a group of biological and medical substances. The sensitivity is set so fine so as to pick up the earliest sign of disease and distress. Thus the results might be below the client recognition. The readings should be evaluated by trained staff. always use additional tests or referrals. No claims other that Biofeedback Stress detection and treatment are made of the system or results.
Four Decades of the Trivector

Chief Editor:
Andreea Taflan DBF

Edited and Validated By Medical Staff:
Mezei Iosif MD, Romania
Sarca Ovidiu MD, Romania
Igor Cetojevic MD, Cypress
Matthias Heiliger M.D. Germany/Switzerland
Klara Hilf M.D. Hungary
Anna Maria Cako M.D. Hungary
Debbie Drake M.D. Canada
Bacean Aurel MD Romania

Consultant:
International Ethics, Lebedei 58,
Oradea, Romania
John Kelsey Phd, ND N.Z. Eng,
Gage Tarrant LBT, C.H.T, USA, Somlea Livia Romania
Richard Atkinson MCSP, Physical Therapist, West Yorkshire England

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


The atoms of all things are made of mostly electrically charged electrons and protons, with neutrons and other miscellaneous sub atomic particles. Everything has a electric field around it because of the electrons and protons that make it up. The workings of these atoms is covered in chemistry. In chemistry we learn that most atoms have imbalances in their outer electron shell. So they seek atoms that can help to fill these shells. These shells are only explained in quantum physics. All things are only describable with quantum physics. All other physics description are only superficial. The electrons are placed far around the nucleus of the atom. If the nucleus is the size of a golf ball the electron is less than the sharp point of a pin and about a half mile away from the nucleus. The truth is that we are mostly all empty space. Space that is full of fields. Fields that interact and make biology possible. To study biology we must study these fields. But these fields are only explainable thru electronics and quantum physics.

What we call modern medicine is not modern at all. Infact it is based in antiquated science of thermodynamic newtonian physics and old style chemistry. Today a trully modern science is based in non linear fractal quantum electrodynamics. We need a more trully modern medicine. A medicine of the body electric.

Everything has a electric field around it because of the electrons and protons that make it up. We all know about these fields today especially if you have travelled and had to go thru a metal detector. The metal detector senses the magnetic field of metal. Metals have a strong magnetic field. Other substances have a weaker or paramagnetic field such as water. Water has a weak field. Some things have an almost nil field and some substances such as bismuth have a negative magnetic field. But Everything has a electric field around it because of the electrons and protons that make it up.

To study the body, we need to study the body electric and use QED as our scientific guide. The first really definitive book on Quantum Electro Dynamics (QED) is in 1961. QED dates back to the fifties, but Feynman’s work was most definitive.

In 1968 William Nelson learned of the idea that there was an electrical detectable field around all things. This field around a non-living compound would be stagnant or just slightly consistent. A live organism would have a reactive and adaptive field, drawn towards nutrition and repelled from toxins. In 1969 while working at AC Electronics, Milwaukee, Wisc. a division of General Motors, who made the navigation gyro for the Apollo project, Nelson found the value of the Trivector system. People try to reduce complex systems to more simple terms. We must describe shape in at least three dimensions. Some people reduce this to one dimension, like a single frequency. The mistake of the energetic medicine people with little or no scientific background. Others read about electronics and see two dimensional wave forms like a sine wave. On paper it is two dimensional, but in reality it is a three dimensional spiral, that only appears two
In electronics we learn early of the right hand rule. As an electron moves on the direction of the thumb a magnetic field is generated at 90% to the flow, and an electrostatic field is generated at yet another 90%. Thus all of electricity is at least three dimensional in nature. And all of shape is at least three dimensional in nature. Volt-ammetry trivector is just an electronic display of the three dimensional forces that surround a substance. Although there is an abundant amount of three dimensional volt-ammetry today Nelson pioneered it in 1987.

In 1972 thru 1974 the first experiment was done at Youngstown State University to evaluate this reactive field of a person. In this study 40 couples were assayed for their trivector reactions to their partner being subjected to optical stress. The tested subject was assayed for measures of voltage, amperage, and resistance with a polygraph. There was a definable Bio-electro trivector reaction. The trivector body electric was substantiated as a working model of biological procedure.

The first extensive assay of these factors was done in 1988, then again 1994 and now in 2007. One of those papers was presented at the Hungarian Diagnostic and Laboratory World Seminar in September, 1994, in Pecs, Hungary (a major world wide congress on laboratory and diagnostic techniques). The 1989 paper was the basis of USA registration of the EPFX. After four decades there was a need for a more complete reevaluation. Papers on the subject of AIDS were presented in Singapore, 1995. At the Sexually Transmitted Disease International conference. Results with cancer patients were presented at the International conference of Oncology in Paris France 1996. Many other presentations and papers have been published on an international scale.

This review report scrutinizes a comparison between cultured blood, skin, urine, lymph and stool results, and SCIO Electro_Physiological_Feedback EPR reactivity. Events display that the Xrroid has a very high interdependence to culture results, and thus the Xrroid is very helpful in determining the electrical reactivity of the patient, and in determining the type of infection the patient might have. The over_all correlation was approximately 91%. The existence of many so called false positives or infections that are subclinical makes reading difficult. This makes the SCIO profile a good pre_diagnostic tool.

Electro_Chemistry has been a respected and developed science for many decades. Thousands of articles and books have been written on the subject. It is also known as polography. A three_dimensional (TRIVECTOR) topological electro field can be measured which shows the relationships among various time_dependent volt_ammetric techniques using micro electrodes. Intersections of the surface with appropriately oriented planes represent conventional polarography, chronopotentiometry, polarography at a stationary electrode, and constant_potential voltammetry.

Homeopathy is dependent on a shape transfer process. The activation of neuro_emotional shape receptors can offer an explanation of homeopathy. Our TRIVECTOR three_dimensional topological field time_dependent voltammetric techniques offers a good compatibility with the TRIVECTOR resonance system. This has been shown to provide an accurate system of homeopathic analysis. This article will only deal with the three_dimensional topological field time_dependent voltammetric techniques as part of a whole system for homeopathic shape analysis.

In 1983 I developed a trivector system of analyzing the volt_ammetric signature of a compound. I developed a three dimensional system I refer to as the trivector. The basic theory was to make a volt_ammetric__electro_chemistry analysis system that would be as similar to the actual process in the body. So the volt_ammetric test should use volts and amps similar to the actual body potentials. Thus the measured volt_ammetric signature would be very similar to the actual body natural processes.

Nerve Impulse and Cardiovascular Electrochemistry
The importance of transmembrane potentials in cells has been demonstrated. Since the cells are totally enclosed by a membrane they naturally form an electrochemical cell. The cellular fluids contain sufficient concentrations of sodium, potassium, and chloride ions to be a good electrolyte, and potential differences originate in the intra- and extracellular membrane surfaces. We now discuss what happens when there is an external depolarizing or hyperpolarizing stimulus in the cases of the nerve impulse and cardiovascular problems. The action potential is the response to the stimulus which puts the biological electrochemical cell outside equilibrium. They have been accurate in measuring sarcodes and other hormonal, enzymatic, and interstitial reactions. These reactions depend on a shape receptor stimulus that recieves a three dimensional shape signal. The receptor sites also stimulate neuronal reactions.

The nerve impulse
The nerve cell membrane separates the external from the internal cell fluid, as does any cell membrane. As is true of virtually all cells, the intra- and extracellular fluids are electrolytic solutions of almost equal conductivity, but their chemical composition is very different. The ions present in largest quantities are sodium and potassium. The species in the external fluid are made up of more than 90 per cent sodium and chloride ions: in the cell interior there are principally potassium and organic ions that cannot pass through the membrane, only 10 per cent of the ions being sodium and chloride.

The nerve impulse is called the action potential, and consists principally of two events that occur consecutively: an influx of positive charge...
Proteins (because of their amphoteric properties) and nucleic acids (because of their phosphate groups) are both polyions, exhibiting the behaviour of a polyelectrolyte in solution. They have been accurate in measuring allersodes as that they are proteins and phenol compounds that can provoke allergic response. The tivector allersodes have had quite a record of success in the medical arena.

Cellular membranes are usually made up of approximately 40 per cent lipids and 60 per cent proteins. These percentages can vary in certain cases: for example, the internal membrane of mitochondria has 20 per cent lipids and 80 per cent proteins, and myelin has 80 per cent lipids and 20 per cent proteins.

At the present time, with the development of new electrochemical methods and new electrode materials a large amount of research has been carried out in the electrochemistry of proteins, enzymes, and cellular components. The trivector has had a rich history of medical acclaim. Electrochemical experiments, in conjunction with other techniques, have provided a successful ability to measure nosodes, allersodes, isodes, sarcodes and classical homeopathics. Then by analyzing the patient’s reactivity to such items a integral health profile can be ascertained

We have developed a view of present developments and research in bioelectrochemistry. It is not possible to describe the electrochemical aspects of all kinds of biological events and processes occurring in living systems, but some examples will be presented and discussed to give an idea of the extent of bioelectrochemistry. The Volt-Ammetric signature have been accurate in measuring nosodes, isodes, allersodes, sarcodes, and classic homeopathics as determined in many medical references.

**References.**


Brezina ,M. Zuman, P. (1958) Polarography in Medicine , Biochemistry, and Pharmacy, Interscience NY. NY.


Del Giudice E.,(1983) , Order and Structure in Biological Systems, proceedings of conference on Nonlinear electrodynamics in biology Loma Linda CA.


H.P.U.S. 1989 , Homeopathic Pharmacopoeia of the United States page 5


Kenyon J. (1991) Address to Energetic Medicine Conference at the Royal Society of Medicine in London England


NATO Conference on Human Evoked Potentials Constance, 1978


White N. (1993), Magnetic Resonance Techniques in Homeopathy, Academy Press Rio Rancho NM.


Review of the Literature and History of Electro-Dermal Medication Testing

BACKGROUND & DISCOVERY

A German physician, Reinhold Voll, M.D., developed the first electro-dermal testing instrument in 1953 after having cured himself of terminal bladder cancer with acupuncture. In his struggle to integrate the very different system of acupuncture with his knowledge as a western, anatomically trained medical doctor, he found that there were electrical resistance differences that could be measured with a modified galvanometer on the surface of the skin (no needles!) on these reputed acupuncture points.

Voll was not experienced in bio-electrical or any electrical theory or practice. His assumptions and lack of professional procedure coupled with the ability of the point probe to allow the therapist to control the results rather than the patient’s body electric led to the lack of medical acceptance of this procedure.

However, the idea that the body’s fundamental nature was electromagnetic can be traced back to 1935 when Dr. Harold Saxton Burr, Professor of Anatomy at Yale University School of Medicine published his Electro-dynamic Theory of Life.

Dr. Burr designed a voltmeter to measure energy fields surrounding every living system, which he labeled “L-Fields.” He theorized that L-Fields were pre-physical fields which organize the physical body as it continually goes through the processes of growth and metabolic change. In other words he felt there is a deeper level of life beneath the physical and chemical levels we normally measure—an electrical level that is ultimately responsible for producing our physical and chemical bodies.

G.W. Crile, M.D. was a surgeon and the founder of the famous Cleveland Clinic. He wrote a work entitled, The Phenomenon of Life—A Radio-Electric Interpretation. Addressing the American College of Surgeons in 1933 he predicted that a “radio-diagnostician” would detect the presence of disease before it becomes outwardly apparent. He stated that man is a radio-electric mechanism, emphasizing that when life ends, electro-magnetic radiation mechanism ends:

“It is clear that radiation produces electric current which operates adaptively the organism as a whole, producing memory, reason, imagination, emotion, the special senses, secretions, muscular action, the response to infection, normal growth, and the growth of benign tumors and cancers, all of which are governed adaptively by the electrical charges that are generated by the short wave or ionizing radiation in protoplasm.”

That is pretty incredible—here’s one of the giants of conventional medicine in the 20th century stating the basic foundation for the electro-dermal testing done today. However what he spoke of could not be accomplished with a single channel skin resistance measure. Electro-dermal testing was doomed for failure but it set the stage for a more dynamic full electronic system of analysis.
The theory of the electro-dermal testing was sound but the technology of a one channel skin resistance device applied by therapist controlled means led to enough deficiency in technology and thus statistical results that the field of medicine gave up on the system of electro-dermal testing. Here is a literature review of electro-dermal testing that leads us to the same conclusion.

**Subject: Asyra and Blood Chemistry**

Drawing from a clinical pool of 1,800 patients, E.Alan Jeppsen, M.D., and Steven G. Ogusthorpe, N.D., conducted a double blind study of over 600 randomly assigned patients, of which 100 were used as control subjects. This study, “Effectiveness of the Asyra in Assessing Sub-Physiologic Thyroid Levels in Women 35 to 65 Years of Age,” yielded a 97 percent correlation with blood chemistry. See Study #1 at the end of this chapter.

**Subject: Reproducibility of Point Readings**

There were 34 subjects measured on two occasions in this study with 44 points measured 4 times on each occasion for a total of 11,968 readings. The results showed a mean deviation of 0.70 respectively. The readings were taken by Mark Galloway a long-time and accomplished practitioner in this field. Nancy R. Roberts, Ph.D., C. Norman Shealy, M.D., Ph.D., William A. Tiller Ph.D. “Are there Electrical Devices that can Measure the body’s Energy State Change to an Acupuncture Treatment?”

**Subject: Allergy Desensitization**

Meridian stress assessment seems to be at least as reliable, and probably more reliable, than other forms of allergy testing available. It is much safer than skin or challenge testing, since exposure to an allergenic substance is minimal. It is also much more pleasant for the patient than skin testing, since this form of testing is relatively painless. There are also no unpleasant adverse reactions, which may last for many days with skin or challenge testing. Meridian assessment is usually much less expensive and helps to eliminate trial and error treatment dosages. Dennis W. Remington, M.D. “A History of Meridian Stress Assessment”

**Subject: Electrical Skin Conductance in diagnosis**

In clinical practice, EDS instruments are useful as diagnostic supplements to blood tests, radiographic imaging, and case histories historically and currently, EDS instruments characterize differences between inflammatory and degenerative conditions. The integration of reliable and valid bioelectric medical instruments into the clinical setting augments the ability to rapidly evaluate tissues which are difficult or impossible to assess by conventional test procedures. Quantitative analysis of Electrical Skin Conductance in diagnosis: Historical and current views of Bioelectric Medicine by Barbara Browitt, Ph.D. Journal of Naturopathic Medicine Volume 6, Number 1

This study was done on healthy subjects; 348 males and 135 females were studied for the bioelectric activities of the body using the principles of electro-acupuncture according to Voll. In spite of some variance among testers there were no gender and age effects for all specific points studied. These findings should be important for consideration in using these measurements for medical diagnosis. Studies of Bioenergy in Healthy Subjects by Julia J. Tsuei, M.D., Chieh Chung, M.D., Frederick M.K. Lam, M.D., and Ming-pi Mi, Ph.D. American Journal of Acupuncture, Vol. 16, No. 2, April-June 1988

**Subject: Bioelectric Homeostasis**

A homeostat is a hierarchical regulating structure, which in the process of its action maintains dynamic stability of some physiological parameter of the living organism. Bioelectrical homeostasis forms a first level homeostat that is united into a second level homeostat by the autonomic nervous system. The first level homeostat, bioelectrical, influences control through the autonomic nervous system which is responsible for the equilibrium in the internal systems of the body. Where meridians are regulator-executors that provide information to glands and organs that are regulator-controllers through the autonomic nervous system. Bioelectrical Homeostasis as a Component of Acupuncture Mechanism by G. Zukauskas, M.D., K.Dapsys, Biophysicist Acupuncture & Electro-Therapeutics Res., Int. J., Vol.16, PP.117-126, 1991

**Subject: Bioenergetic Diagnosis and Conformation using Classical Diagnosis**

The selected eleven cases presented are reported from a family practitioner’s office using Electroacupuncture According to Voll (EAV) diagnostic technique. Six cases had finding of malignant tumors, three were diagnosed as GI bleeding, one for acute inflammation, and one for chronic degenerative disease. All findings were confirmed by classical means of diagnosis. Reprint requests should be addressed to: Julia J. Tsuei, M.D., Professor, International Health, School of Public Health, University of Hawaii, 1960 East-West Road, Honolulu, Hawaii 96822.

**Subject: Electrical Properties and Responsive Behavior of Skin**

This article defines the conductance, capacitance, and resistance properties of both macroscopic and microscopic areas of human skin and the inter-relations with bioenergetic measurements. On the Explanation of Electrodermal Diagnostic and Treatment Instruments: Part I. The Electrical Behavior of the Human Skin by William A. Tiller, Department of Materials Science and Engineering Stanford University, Stanford, CA 94305

**Subject: Electromagnetic Frequencies (Signatures of Items)**

The most straightforward expressions of useful electrical quantities are as complex numbers in frequency domain. This article goes on to explain how the body responds to these frequencies and how we can measure that response through specific locations on the skin. Dialectic Response in Human Skin by William A. Tiller, Department of Materials Science and Engineering Stanford University, Stanford, CA 94305

**Subject: Bioelectromagnetics versus Biochemistry**

The National Institute of Health states that “bio-electro-magnetic essentially underlies biochemistry, in that chemical reactions of biological importance are mediated by the electromagnetic force.” Bioenergetic Medicine offers the possibility of more economical and more effective diagnosis and noninvasive therapies for medical problems, including those considered intractable or recalcitrant to conventional treatments. Electromagnetic Applications in Medicine NIH-OAM Panel Report by...
The work was conducted on over 250 healthy control subjects and on 80 patients with renal pathology. The work was conducted on patients form the Department of Urology and from the Acupuncture Department of Biophysics and Nuclear Medicine from the Necker Hospital in Paris with each experiment repeated several times. Morphological studies found those tracer migrations from acupoints in both healthy and sick patients followed the same identical pathways with those described as “meridians” in Chinese traditional medicine. The study also found that the rate of flow through the meridians was altered by chronic or acute pathology. Nuclear Medicine and Acupuncture: A Study on the Migration of Radioactive Tracers after Injection at Acupoints; American Journal of Acupuncture, Vol.20, No.3. 1992 by Jean-Claude Darras, Pierre de Vernejoul, and Pierre Albarede, C.H.U. Necker-Enfants Malades, F-75 743 Paris Cedex 15 France

**Subject: Snapshots in Time**

Disease processes disrupt the body’s normally balanced mechanisms. Current chemical analysis only captures “snapshots” that measure a brief time frame, creating the appearance of a static state where none exists. By measuring electrical resistance over time, EDS devices provide clinicians with a dynamic profile of these normal or distorted oscillatory patterns. The evolving field of bioelectric medicine holds great promise for the early diagnosis of significant disease states and for earlier and more effective treatments. EDS: Auto-regulation & Cell Signal Enhancement by Barbara Brewitt, Ph.D., Bridges / ISSSEEM Magazine, vol.7, No.2, 1996

**Subject: Meridians and Coronary Heart Disease**

This research found that there was a relation to diagnosed heart disease and the electrical resistance of tissues connected through a meridian pathway. They showed these electrical resistance values were specific and distinct for each type of disorder as well as chronic and acute interrelations. Characteristics of Reactive Electropermeable Points on the Auricles of Coronary Heart Disease Patients; Clinical Cardiology (16, 415-419, 1993) by Keijiro Daku, M.D., Ph.D.; Yoshiyo Mukaino, M.D., Ph.D; Hong Ying, M.D.; Kikuo Arakawa, M.D. Ph.D. (Department of Internal Medicine, Fukuoka University School of Medicine, Fukuoka City, Japan)

**Subject: Diabetes Mellitus**

This study showed the effectiveness of medicine testing as a beneficial adjunct to the physician in determining the proper dosages of medicines prior to dispensing to the patient. It also showed that abnormally functioning organs, as indicated by testing the disease related acupuncture points, can be balanced by corresponding properly dosed allopathic medicines or homeopathic remedies and nosedoses. Study on the Bioenergetic Measurement of Acupuncture Points for Determination of Correct Dosages of Allopathic or Homeopathic Medicines in the Treatment of Diabetes Mellitus by Fred M. K. Lam, M.D., Julia J. Tsuei, M.D., Zixian Zho, M.D.; American Journal of Acupuncture, Vol.18, No.2, 1990

**Subject: Skin Impedance is Frequency Sensitive**

A special differential electrode was designed to perform continuous press intensity against the skin. The study revealed that the impedance readings would respond differently to set ranges of frequencies and intensities. Active Acupuncture Point Impedance and Potential Measurements by Jacob Fraden, Engineering Design Center Case Western Reserve University, Cleveland, Ohio 44106; Am. J. Acupuncture, No.2, Vol.7, April-June 1979

**Subject: The Process of Healing**

Injury to tissues represents a source of release of energy, leading to structural modifications in tissue. Artificial activation can even lead to beneficial effects in disease. This energy gives rise to a physiochemical potential difference in relation to surrounding non-injured tissue. This book goes on to explain the relationship between meridians, tissues, and how they are affected by something as small as one ionic charge. Biologically Closed Electrical Circuits by Bjorn E. W. Nordenstrom, M.D.; Nordic Medical Publications

**Subject: Pictures of GSR or Acupuncture Points**

Galvanic Skin Response clearly demonstrates the presence of an organized system of highly electro-conductive points on the human skin. The techniques described in this article allow photography of these points and how they relate to the autonomic nerve reflexes. The photographed points form distinct organized patterns on the skin which closely correspond to the points noted on oriental acupuncture charts. Direct Observation and Photography of Electroconductive Points on Human Skin by Ralph J. Luciani, D.O., Ph.D; 125 Fry Boulevard, Suite 4, Sierra Vista, AZ 85635; Am. J. Acupuncture, No.4, Vol.6, Oct-Dec 1978

**Study #1**

**Asyra and Blood Chemistry**

Drawing from a clinical pool of 1,800 patients, E.Alan Jeppsen, M.D., and Steven G. Osghuthorpe, N.D., conducted a double blind study of over 600 randomly assigned patients, of which 100 were used as control subjects. This study, “Effectiveness of the Asyra in Assessing Sub-Physiologic Thyroid Levels in Women 35 to 65 Years of Age,” yielded a 97 percent correlation with blood chemistry.
Introduction

The concept for the Electro-Dermal screening devices, EDS, was the creation of Dr. Reinhardt Voll, who discovered that the electrical resistance of the human body is not homogenous and that meridians exist over the body which have been demonstrated as electrical fields.[22] Voll found the body had 1000 points on the skin which followed the 12 lines of the classical Chinese meridians. Working with Fritz Werner, Voll created an instrument to measure the skin resistance at each of the acupuncture points, patterned after Galvanic Skin Resistance (GSR) technique. During the 1950s, many investigators[3]3 studied the electrical conductance of the skin. Elasticity, resistance, permeability, and chemistry of the skin was evaluated and found that there was a much lower skin resistance at specific points on the skin. Normally, the skin has a resistance of 2-4 million Ohms but over the specific conductance points, the resistance of only 100,000 Ohms is found in normal healthy persons. These points corresponded to classical acupuncture points.

These acupuncture points were investigated and the assumption was made that the health status of an organ will affect the concentrations of the ions at the measurement points along the meridian. It was considered that inflammation of an organ may cause increase ion concentration and the increase of ions enhances the flow of electrons causing resistance to decrease while the conductance may increase. Conversely, a degeneration of an organ may cause decrease in ion concentration that hinders the flow of electrons, so as the resistance increases conductance decreases.

During the procedure of Electro-Dermal point probe screening the body becomes an integral part of a closed circuit. The conductance circuit touches two areas on the body being tested. For the first point of contact, the ground electrode is held in the palm of the opposite hand to be tested. For the second contact the test probe touches the acupuncture point on the skin. After completing this closed circuit, a known amount of electric current is emitted from the instrument through the probe. The instrument then measures the conductance from baseline to peak and return to baseline through the conductance point that is being tested by the probe. This represents a dynamic conductance value.

Assessment of Thyroid Status

Because hypothyroidism is a relatively common disorder and its symptoms may be subtle, laboratory tests are usually required to assess thyroid dysfunction. The transition from the euthyroid to the hypothyroid state may first be manifested as a slightly increased TSH level in the presence of normal levels of T4 and T3. This is because as thyroid hormone levels begin to decrease, a compensatory increase in TSH secretion occurs, thus maintaining normal levels of T3 and T4. As thyroid failure progresses, levels of thyroid hormones continue to decrease despite further increases in TSH. In general, a TSH level below the normal range suggests high thyroid hormone activity at the tissue level. Conversely, a higher-than-normal TSH suggests that cells are receiving inadequate stimulation by thyroid hormone. Levels of TSH are correlated with serum free T4 rather than T3 because T4 is the principal hormone produced by the thyroid gland in response to TSH stimulation.[5] However, these levels do not correlate to adequate free T3 levels. Some healthy individuals may have normal TSH levels despite having low free T3 values, suggesting that there are individual variations in the threshold for TSH inhibition.[116] Of course, the presence of a pituitary tumor or disease should be excluded when the TSH is low relative to the levels of T4.

The measurement of TSH as an initial step in the diagnosis of hypothyroidism is appropriate because, in most patients, the amount of thyroid hormone reaching the pituitary is comparable to that reaching the peripheral tissues. Furthermore, almost no other disease increases serum TSH levels, and individuals with primary hypothyroidism may have high TSH levels even when serum thyroid hormones are in the normal range. The assessment of both TSH and free T3 is required to achieve a definitive diagnosis and to develop an appropriate treatment approach. It has been suggested that in rare instances, thyroid hormones, and not TSH, are the most relevant and appropriate indicators of thyroid status, but this approach is not yet widely accepted.[9,159] The utility of using TSH for screening purposes depends on the presence of a normal pituitary gland.

Primary hypothyroidism is the most common cause of elevated TSH. Serum T4 is decreased early in the disease, whereas T3 remains normal until a substantial deterioration of thyroid function occurs.

Subclinical Hypothyroidism

In subclinical hypothyroidism, although the patient is usually asymptomatic and clinically euthyroid with apparently normal free T4, TSH is higher than the upper limit of normal, free T3 is below 4.0 and thyroid peroxidase and thyroglobulin antibodies are frequently present.[133,134,135,136,160]

The prevalence of subclinical hypothyroidism is approximately 47% in women.[133] There is a much higher prevalence in those over 60 years of age.[137,138] Parle and colleagues[139] observed that approximately 17% of patients over 60 years of age with subclinical hypothyroidism progressed to overt hypothyroidism over a 12-month period. The number of patients progressing to overt hypothyroidism may be higher over a more prolonged period of time. The causes of subclinical hypothyroidism are similar to those that cause overt hypothyroidism. Most patients have Hashimoto’s thyroiditis, as defined by positive titers of thyroid peroxidase antibodies. A previous history of ablative therapy for the thyrotoxicosis of Graves’ disease is another major cause. Drugs such as lithium or iodine-containing medications such as amiiodarone, as well as external radiation to the neck, may also cause subclinical hypothyroidism.

Although a TRH-stimulation test is rarely necessary to confirm the diagnosis of subclinical hypothyroidism, patients may exhibit an exaggerated TSH response to TRH stimulation.[124] It is recommended that a thorough history and physical exam be performed on all patients with subclinical hypothyroidism. The evaluation should include measurements, on at least 2 separate occasions, of TSH, free T4, free T3, and thyroglobulin and thyroperoxidase antibodies. Repeated measures would detect transient elevations in TSH, such as those associated with nonthyroidal illness. If there are palpable thyroid abnormalities, an ultrasonographic exam should be considered. A radionuclide scan is generally not useful for making a diagnosis. For example, radioactive iodine uptake by the thyroid gland may be inappropriately elevated in Hashimoto’s thyroiditis.[140]

There is an ongoing debate as to whether patients with subclinical hypothyroidism (eg, TSH between 5-10 mU/L and free T3 below 4.0) should be treated with thyroid hormone replacement. Several double-blind, controlled studies indicate that patients with subclinical hypothyroidism experience improvements in symptoms, such as psychomotor functioning, after being treated with L-T3.[141,142,143,144,145,159] Most clinicians agree that individuals with a TSH level higher than 10 mU/L should undergo thyroid hormone replacement therapy, but there is some
uncertainty about how to manage those with TSH levels between 5-10 mU/L. The best approach is to measure free T4 and free T3 over several weeks or months to assess the consistency of testing and to ensure that the patient is not experiencing transient silent thyroiditis. If free T4 and free T3 values are consistent, and especially if thyroid antibody titers are high, treatment with L-T3 should be strongly considered. The decision to treat should be achieved jointly by the physician and patient after the potential advantages and disadvantages of therapy are discussed. If the decision is made not to treat, then thyroid function should be assessed at regular intervals.

In general, once treatment with L-T3 is started, it usually continues indefinitely. The diagnosis of subclinical hypothyroidism has been complicated by a recent report of TSH resistance developing in some patients with elevated levels of TSH and normal circulating T4 and T3, thus leading to confusion as to whether subclinical hypothyroidism was actually present in this individuals.[146] It is important to consider that resistance to TSH is considered extremely rare, and these patients would not be expected to have high titers of thyroglobulin and thyroid peroxidase antibodies. Furthermore, the presence of antibodies indicates that more overt hypothyroidism will eventually develop.[147] Therefore, in mild hypothyroidism, if treatment with L-T3 is not initiated, patients should have their thyroid function evaluated as often as every 6 to 12 months. Because TSH resistance is rare, the vast majority of patients with elevated TSH levels are considered to have subclinical hypothyroidism.

Study Design
This study of ElectroDermal screening was designed as blinded to the EDS operator in which 500 patients were evaluated by the EDS technique without the aid of a medical history or a physical examination or diagnosis known to the operator before the testing. The same patient was immediately evaluated by a separate rater, an MD or ND student who did a complete history and physical examination and complete laboratory test results. Following the data pooling an additional statistician evaluated and correlated the results. The construction of the study was to measure the capability of the EDS system for the purpose of evaluating sub-physiologic hypothyroidism in women and to evaluate the EDS without interview technique.

Method of Study
Each of the patients was randomly assigned to the study, from a clinic pool of 1,800 patients, after appropriate approval was granted. A complete medical and surgical history and examination was obtained at the time of the study and all of the necessary supporting laboratory data was provided to support the medical diagnosis. Each patient was evaluated, without any interview, by the EDS operator and then by an MD or ND student. A diagnosis was made on the basis of the detailed biochemical laboratory data. The laboratory for each patient was compared to the medical diagnosis and the EDS graphic recording. Control patients without sub-physiologic hypothyroid levels were also tested by the same EDS operator.

Equipment and Use
Electro-Dermal Screening (using the Asyra EDS) consists of obtaining conductance measurements at different (acupressure) locations on the skin, storing these baseline measurements and displaying these readings on a monitor. The normal flow of electrical energy is briefly inhibited by a micro current and the conductance was again measured. While the subject is the ground for a closed system, the instrument functions as a micro-Ohm meter. The technique is non-invasive and has no-risk to the subject. The instrument is calibrated to read the resistance on a scale of 0 (lowest conductance) to 100 (highest conductance). The higher conductance has been associated with inflammation while the lower conductance is associated with degeneration. Each of these acupuncture points become part of one or more channels or meridians and generally follow the Chinese Meridian lines. Ordinarily, the normal individual will register about 50 plus or minus 5-10 on this scale for each point. In general, it is thought that the point of higher conductance represents an imbalance with higher energy while a lower conductance represent an imbalance with lower energy. However, this does not imply that a EDS disturbance (higher or lower conductance) corresponds to pathological changes in an organ that is named as a specific acupuncture point or meridian.

Analysis of Data
The patient population ranged in age from 35 to 65 with a mean age of 46.6, pregnancies 4.3 and live births 3.6. There were 600 females in the study as compared to 0 males. The diagnostic categories were:

Sub-physiologic Hypothyroid - 500 patients (Free T3 less than 4.0)[159]. Each of these symptomatic patients were associated with sub-physiologic Free T-3 levels, fatigue, headaches, short term memory loss, weight gain and cold extremities.

Age-matched control subjects - 100 patients.

Each of the patients/means of the data was statistically analyzed for rise/fall and peak in each of acupressure points. Furthermore, each patient was screened for history of medical illness and clinical features of disease.

Statistical Analysis
Deviations of more than 1 standard deviation from the mean for each acupressure (testing point) were calculated and the statistical mean was plotted for each patient and group. Statistical difference of the means was then developed and calculated using the ANOVA method.

Results
The acupressure points/meridians used for this study were thyroid, metabolic, female and hormonal. The mean data points with 1 SD variance for the 500 patients with sub-physiologic (sub-clinical) Free T3[159] were consistently found in endocrine abnormalities included 97% incidence of measurable symptomatic thyroiditis and multiple estrogen/progesterone abnormalities.

Utilizing this technique, the statistical variation for each mean acupressure point was calculated for the purpose of defining the appropriate diagnosis / remedy for therapy for sub-physiologic hypothyroid. It was noted that the variance of the means in the sub free T3 group demonstrates significantly less variation than the control patients.

The EDS disturbances consistently found in the sub-physiologic hypothyroid patients but not in the controls:
A. Thyroid meridian - Lower conductance (under active imbalance) - Degeneration
- T4, free T3

B. Metabolic meridian - Lower conductance (under active imbalance) - Degeneration
- Thyroid

C. Female meridian - Lower conductance (under active imbalance) - Degeneration
- Estrogen, HGH, Progesterone

D. Hormonal meridian - Lower conductance (under active imbalance) - Degeneration
- DHEA, Testosterone

**Conclusion**

Because the majority of the effects of hypothyroidism can be prevented or reversed by thyroid hormone replacement, the clinician must be able to identify those patients who are most at risk for developing hypothyroidism and recognize the subtle clinical signs and symptoms of the disease. It is important to consider that there may be a wide variation in the clinical presentation. Routine screening programs identify hypothyroid neonates, so that treatment can be started shortly after birth. Hypothyroidism should be suspected when there is evidence of underlying thyroid, pituitary, or hypothalamic disease or when the patient has been previously exposed to any treatment that may disrupt the function of the hypothalamic-pituitary-thyroid axis. Laboratory assessment after an EDS assessment of thyroid function is the optimal approach to confirm the diagnosis. However, thyroid function tests may not accurately reflect thyroid status in individuals with non-thyroidal illness, conditions that affect thyroid binding to plasma proteins, and thyroid hormone resistance. Consequently, the clinician must integrate clinical observations, EDS findings and laboratory data to properly diagnose and manage the hypothyroid patient. The goals of thyroid hormone replacement are to relieve symptoms. Many decades of experience show the efficacy of treating hypothyroidism with L-T3 alone.

This study has demonstrated the effectiveness of Electro-Dermal screening with both the clinical and laboratory diagnosis in 500 patients with sub-physiologic hypothyroid have been compared to 100 normal age adjusted control subjects. The correlation between the EDS measured abnormalities, using standard deviation (SDI) criteria and patients with sub-physiologic hypothyroid state was statistically significant at 99.5% with a P< 0.005. Thus EDS has demonstrated its effectiveness as a valuable tool for the analysis and diagnoses of sub-physiologic hypothyroid levels.

[This study was rejected as proof of the electro-dermal testing technique because there was no real placebo group. Signs of hyper or hypothyroid are probably the most profound signs in medicine. Any practitioner would be able to see these signs and change point probe speed of contact to fit his expectations.]

No real double-blind measures of the electro-reaction of the electro-dermal point probe devices were shown to really work as claimed. The FDA has thus labeled devices that use point probes to measure biofeedback as fraudulent QUACK devices.

---

The following is a published article on the Russian devices.

**The PHYSIOSPECT, INTRASCAN, INTROSPECT, OBERON DEVICES HAVE BEEN PROVEN FRAUDULENT AND ILLEGAL FOR SALE OR MEDICAL USE**

*written by Laima Jonusiene*

**Physiospect-15**

The PHYSIOSPECT, INTRASCAN, INTROSPECT, OBERON DEVICES HAVE BEEN PROVEN FRAUDULENT AND ILLEGAL FOR SALE OR USE.

There was a major discovery in medicine. Medical frauds have been with us for a long time. They found out that people could lie to sell a medical device. There was a host of fraudulent medical devices being sold with grand and glorious claims being made. There was studies discussed that were never even done. America developed a medical device law passed in 1976 to try to stop such frauds. Europe and most all countries no also have laws to stop such frauds. Russia does not.

The devices listed above all claim to have some sort of light (laser beam) directed at a set of headphones sitting on the head. The claims are that a frequency of information strikes the head and makes a reaction that determines the health of an internal organ. We asked for the literature about this frequency science and got books that had no such frequency description. In fact there was not one word of any true science linking the organ health to any such signal.

We tested all of the devices in question and found that the laser beam has a set frequency. There is a set unvarying frequency in the headphones. The headphones had a switch that when opened to the size of a head it triggered the computer. We did test on humans, melons and footballs all with similar results. One of the instructors of the devices said that there was a magic change in the body at midnight. There is no known such Cinderella effect but when we reset the date in the computer the results changed. Thus the device appears to be valid if testing during the same day.

All of our scientific measure led to the conclusion that this device was not using any scientifically known frequencies of any nature.

[Novacorp devices proven fraud]

---

written by Laima Jonusiene

Physiospect-15
To be legal for sale in America and Europe a device must have three certificates of registration. One for the manufacturer and or distributors, one for the safety testing that no shocks or other safety issues will occur, and one medical use certificate. The company in question could produce only a safety certificate meaning that these devices are not legal for sale. Doctors and therapists are being fooled into buying it and your internet service is complicit in the crime as you help them sell an illegal medical device.

In a medical supervised study at the Läänemaa Hospital, Haapsalu Estonia, three of the Russian laser devices were used on one patient during one afternoon session. When the three computers were set on the same day the readings of the three computers were similar, but when they were set on different days the readings were drastically different. The salesman for the Russian devices then admitted the fraudulent software and confessed to knowledge of the medical con. Interpol Covert Criminal Investigations of the fraud and the full extent of those participating is currently being perused.

We were able to interview one of the Interpol investigators who will remain anonymous. He said our job is to investigate all medical devices without a medical CE mark. There are a host of frauds making wild claims with lies of research that just doesn’t exist. There is a German system called the CORE which has been proven completely fraudulent. They give large sales incentives to dupes who lie to doctors to make sales. We are trying to get a full understanding of the people behind this and just how deep the web of this con game goes.

Many good intentioned people are being duped into this fraud. We would like to announce that if there is no medical CE mark (a safety certificate is not enough) the device is not legal for sale. before some of these innocent people get charged with a crime they should investigate. But the CORE and these Russian devices are not legal for sale here in Europe.

We wish to warn buyers and authorities of the sale of illegal fraudulent devices.

This is taken from the Novacorp internet advert:

We don’t use wireless data transmitting!!! And we don’t recommend to use wireless data in NLS diagnostic. According to our experience we decided not to produce wireless data transmitting accessories like headphones or connection with computer. NLS diagnostic devices use signals with very low amplitudes (VLA signals), such signals are absolutely safe for living cells of patient’s organism because they have very small energy. Mobile phone, satellite communications networks, radiowaves, magnetic waves can influence the energy of etalon NLS analogue signals and this energy can change in several times, also you can see changes of modulation, phase, so results can be very different if you use wireless data transmitting. When we use cords, analogue data transmitting is provided without mistakes.

At the request of the customer software can contain the following items:

- PATHOMORPHOLOGY
- NOSOLOGIC FORMS
- MICROORGANISMS AND HELMINTHS
- ALLERGENS
- FOOD
- HOMEOPATHY
- LITHOTHERAPIA

- VISION - ВНЕДРЕННЫЕ ПРОГРАММЫ-23
- ALLOPATHY
- BIO-ENERGETIC REGULATORS
- VICTORIA
- MAGERIC
- INS
- FEARS
- FOOD
- HORMONE PREPARATIONS
- Microelement
- NEGATIVE MOODS
- AFFIRMATION
- GEO-PATHOGENIC POLLUTION
- NOSODE
- ARGO
- ART LAIF
- GLORION
- MSP
- NUTRILITE
- NUTRIPOWER
- PHYTOTHERAPY
- SCHUESSLER SALTS
- TROCADERO
- BACH FLOWERS
- TIANSHI GROUP
- SPAGYRIC PHYTOTHERAPIES
- VACCINATIONS-
- DENTAL PROSTHESIS
- REGENA-THERAPY
- CATALYSERS BIOCHEMICAL HOMEOSTASIS
- NUTRICEUTICALS and PARAPHARMACEUTICALS

As you can see they claim to be able to diagnose organs, allergies and infections and many other things. This can be misunderstood and complicate a medical therapy. Doctors have lost their license for using such illegal equipment and allowing them to market these products on the net might result in harm to the patients or purchaser.

Please do not allow these fraudulent companies to market their devices on the internet without proper medical registration.

What we can clearly see is that there are frauds and charlatans selling medical devices with bogus claims and blatant lies. So an FDA or other regulatory body is needed to find such frauds and stop them like the point probe devices, muscle testers, and some Russian devices. If you want to see proof a device works look for good studies and double-blind studies and especially medical registration.

For further info go to: www.muscles-testing.com
Differences in SCIO device of other Medication Testing Technologies

Most biofeedback units work to send information to the verbal mind and thus allow conscious relaxation to take place. Our device interfaces with the non-verbal mind and it interfaces to the body electric. We measure real time body voltage, amperage, resistance, hydration, redox potential and charge stability (VARHOPE) at the extremities. We make over 235 mathematical virtual calculations of the body electric. Then a stimulus of micro-current transcutaneous electro-nerval stimulation, cranial electrical stimulation, electro-wound healing, and VARHOPE correction are sent into the body to treat the electrical imbalance. This forms an auto-focusing treatment measurement cybernetic loop allowing the body electric to correct itself. There are devices that measure and other devices that treat, but our device is the first to do both in a cybernetic loop.

There have been many devices in history claiming to be able to measure reactivity of nosodes, sarcodes, allersode, isodes. The first of these were the point probe devices like the Voll devices (BEST system, LISTEN, Acupro, Avatar, Clinic-in-a-Case, VEGA and Biomed) that used electro point probes applied to the body by the therapist. Pressure and speed changes however made these Voll system point probe techniques prone to operator control. Muscle testing for medications was also found to be inaccurate. The operator’s mind consciously and unconsciously completely controlled the results rendering the test invalid. Russian devices like the Physiospect, Introspect, Oberon devices were found completely fraudulent and measured nothing.

These substances in question have individual electrical fields that make up an electrical signature. These Voltammetric fields can be detected with the patented QQC Voltammetric device. The SCIO device uses Transcutaneous Voltammetric Evoked Potential (TVEP) to challenge the body with an amplified Voltammetric signature pulse of a substance and measure the electro-reactivity of the patient. Our device differs from others in the field because it more accurately detects TVEP reactions with much less operator interference.

BIBLIOGRAPHY

BOOKS


ARTICLES

• Brezina M., Zuman, P. (1958) Polarography in Medicine, Biochemistry, and Pharmacy, Interscience NY, NY.
science of medication testing

- Handbook of Electronics Tables and Formulas sixth edition (1986), Howard and Sams & Co., Indianapolis, Indiana
- H.P.U.S. 1989, Homeopathic Pharmacopoeia of the United States
- USA Patents Nelson Homeopathic Manufacturer
- NATO Conference on Human Evoked Potentials Constance, 1978

• KEY ARTICLES AND STUDIES

- The Chiroliquicrystal Microscope Technique of Freezing Analysis of the Polyomorphic Shape Structure of a Homeopathic (Freezing as a Technique of Analyzing the Clath Rate Structure of a Water-Based Homeopathic). The Staff of Maitreya, Ltd. Acad. Press, 1994.
- Near Infrared and NMR Relaxation Study of Some Homeopathic Drug Solutions, Presented at the 1994 twelfth annual conference of the U.S. Psychotronics Association in Milwaukee, Wisconsin.

- White N. (1993), Magnetic Resonance Techniques in Homeopathy, Academy Press Rio Rancho NM.

Kh. Brainina, E. Neyman, "Electroanalytical Stripping Methods" by John Wley & Sons, Inc. USA
Samit Kha, S. M. (1986) Bioelectrochemistry, Bioenerg. 15, 147
White N. (1993), Magnetic Resonance Techniques in Homeopathy, Academy Press Rio Rancho NM.

- The Chiroliquicrystal Microscope Technique of Freezing Analysis of the Polyomorphic Shape Structure of a Homeopathic (Freezing as a Technique of Analyzing the Clath Rate Structure of a Water-Based Homeopathic). The Staff of Maitreya, Ltd. Acad. Press, 1994.
Selected publications


More publications

Patents


Invited Publications

Patents

Presentations
• 58. “SEM Imaging with the TPM-Impedance (TPMZ) Mode,” David O. Wipf at the 2nd Workshop on Scanning Electrochemical Microscopy (SECM) at Falcade, Italy September 3 - 6, 2006.
• 60. “Chemical Imaging Possibilities with Scanning Electrochemical Microscopy,” David O. Wipf at the South Dakota School of Mines and Technology, Rapid City, SD, June 20, 2005. (Invited)
• 64. “Multidimensional Imaging with Scanning Electrochemical Microscopy,” David O. Wipf at the University of Southampton, Southampton, UK, June 3, 2005. (Invited)
• 66. “New Imaging Possibilities with Fast-Scan Cyclic Voltammetry Scanning Electrochemical Microscopy,” David O. Wipf, M. Alpuche-Aviles (Mississippi State University), and L. Diaz-
Ballotte at the 205th Meeting of the Electrochemical Society, San Antonio, TX, May 9-14, 2004. (Invited)


*25. Local Modification of Electrode Surfaces by the Scanning Electrochemical Microscope,” D. O. Wipf, University of South Dakota, November 18, 1996. (Invited)


*20. Local Modification and Imaging of Surfaces by the Scanning Electrochemical Microscope,” D. O. Wipf, April 4, 1996, presented at the University of Alabama, Tuscaloosa. (Invited)

*19. Local Modification and Imaging of Surfaces by the Scanning Electrochemical Microscope,” D. O. Wipf, March 8, 1996 presented at Illinois State University, Normal, IL. (Invited)


*13. Scanning Electrochemical Microscopy”, D. O. Wipf, Oct. 6, 1995 presented at Tennessee Technological University, Cookeville TN. (Invited)


*10. Initiation and Study of Localized Corrosion with the Scanning Electrochemical Microscope,” David O. Wipf, October 21, 1994, presented at Jackson State University, Jackson MS. (Invited)


Student and Collaborator Presentations


• *11. UV/Ozone Pretreatment of Carbon Electrodes,” Junfeng Zhou and David O. Wipf, Paper #112P, Pittsburgh Conference and Exposition, March 6, 1996, Chicago, IL


• *6. UV/Ozone Treatment to Activate Carbon Electrodes,” J. Zhou and D. O. Wipf, 47th Southeast / 51st Southwest Joint Regional Meeting of the American Chemical Society, Nov. 29-Dec. 1, 1995 Memphis, TN, No. 84

• *5. Chemical Activation of Carbon Electrodes,” L. H. Bluhm+ and David O. Wipf, presented at the 27th Annual Southeast Regional American Chemical Society Conference of Undergraduate Student Chemists, Clemson, SC, March 16-17, 1995


• *2. Electrochemical Investigation of the Reduction of Trichloroacetic Acid in Aqueous Solution,” David O. Wipf, John Still, at the Advances in Modern Nuclear Magnetic Resonance Techniques, June 9-11, 1994 Mississippi State University, John Still, presenter.


Theses and Dissertations


Author Contributions on electrosense

DB, JEL, and AL conceived and designed the experiments and wrote the paper. DB performed the experiments, analyzed the data, and contributed analysis tools. Note that this is a modeling study, so by “experiments,” we mean “simulations.”

References

- Crampton WGR (1998) Electric signal design and habitat preferences in a species rich assemblage of gymnotiform fishes from the Upper Amazon basin. An Acad Bras Cinc 70: 805–


Other References:


Poitout, V. et al., “A glucose monitoring system for on line estimation in man of blood glucose concentration using a miniaturized sensor implanted in the subcutaneous tissue and a wearable control unit,” Diabetologia, 36(7) (1 page—Abstract only) (Jul. 1993).


• Zarnzow, K. et al., New Wearable Continuous Blood Glucose Monitor (BGM) and Artificial Pancreas (AP), Diabetes, 39-S(A20) (May 1990).


Other References on patents

• Abel, P. U.; von Woedtke, T. Biosensors for in vivo glucose measurement: can we cross the experimental stage. Biosens Bioelectron 2002, 17, 1059-1070.


• Brauer, et al. Sustained expression of high levels of human factor IX from human cells implanted within an immunosolation device into athymic rodents. Hum Gene Ther 1998, 9, 879-888.


• Cox, et al., Accuracy of perceiving blood glucose in IDDM. Diabetes Care 1985, 8, 529-536.


• Selam, J. L. Management of diabetes with glucose sensors and implantable insulin pumps. From the dream of the 60s to the realities of the 90s. ASAIO J 1997, 43, 137-142.


• Thompson, et al., In Vivo Probes: Problems and Perspectives, Department of Chemistry, University of Toronto, Canada, pp. 255-261.


TVEP reactivity scores to compounds measured
Written by Prof Desiré Dubounet of IMUNE

STUDY INFORMATION:
SUPERVISING RESEARCHER: Dr. Danis György, MD, Licensed Hungarian Medical Doctor
DATE and PLACE: August, 2011, Budapest
SPONSOR: Maitreya Kft.
MONITOR: IMUNE (International Medical University of Natural Education)

Abstract
In this study we tested 21 males Transcutaneous Voltammetric Evoked Potential (TVEP) electrical reactivity to two compounds given internally. One was diluted orange juice to act as a placebo and the next one was a safe weak dilution of a common insecticide. The subjects had a very significant reaction to homeopathic compounds containing the insecticide detox and other detox compounds. They also had a no measurable reaction to placebo orange juice after testing. The placebo test showed no reaction to the sensitive compounds were as the treatment group had significant reactions. This points to the efficacy of the TVEP method.

Introduction
There is irrefutable confirmation that the genetic family of the electro sense of fish is the same as the olfaction sense in humans. Humans have evolved a diverse use and utility for the voltammetric function known as olfaction. Voltammetry is the science of the recognition of this field. Our literature review shows this. Since the olfaction sense is irrefutable electric, a stimulus of a voltammetric signature amplified over ten thousand times and given globally through the SCIO harness will provoke a transcutaneous electro-dermal evoked potential reaction (TVEP) of the electro-olfactory system. This is the Xrroid part of the test registered in the 1989 510k of the USA registration. Siemens defines the reactance of an item to measure of the change in voltage, plus the change in amperage, plus the change in resistance. See how in the articles that follow how change in trans-dermal resistance is the key factor in calculating the electro sense.

Electrochemical sensing procedures are used in a wide range of applications, from understanding the physics of electron transfer (ET) to process checking. From a plethora of electrochemical methods, voltammetry, where the electrode voltage is excited in a programmed manner, has been heavily applied for various chemical, biological, environmental and industrial measurements. For instance, the widely used cyclic voltammetry, where the voltage excitation is a ramp, has delivered new insights in occurrences as varied as neurotransmitter dynamics, protein ET or fuel cell technology. Recently, more complicated voltage inputs such as ac voltammetry have been applied in order to probe the electrochemical system under investigation on different timescales, explore the kinetics and thermodynamics of different processes or selectively target specific...
process dynamics, such as parallel reactions, leading to comparisons with NMR or impedance spectroscopy but with the advantage of including in vivo applications. Despite the obvious advantages of such voltammetric methodologies their application is demanding. The major challenge lies in the interpretation of the current response signal. Whilst previous work has revealed how the shape of the current response is related to different processes such as kinetic- or mass transport- control, it did not offer direct information about the relationship between the applied voltage and the resulting patterns in the current response. This is due to the highly nonlinear relation between the applied voltage and the transient current response which renders a direct association non-intuitive.

How do the parameters of the applied voltage influence the electrochemical current response? Indeed, how could the applied voltage waveform be manipulated in such a manner to quantify the underlying dynamics even more efficiently? Using voltammetry the experimentalist can apply a wide variety of voltage waveforms that can be used to analyze the electrochemical process.

Up till now, such prospects have remained unexplored due to the mainly empirical knowledge regarding such processes. For instance, cyclic voltammetry or square wave voltammetry, the two most popular voltammetric methods, were developed over 50 years ago and the techniques used to analyze them, mostly empirical, have remained essentially the same for the past two decades. The research planned herein will enhance our understanding of the underlying phenomena and the leading parameters of such processes. Based on this knowledge we will design more efficient excitations and propose rules of extracting the information sought. For instance, the findings of this analysis could be used to enable harmonic time-dependent amplitude and frequency excitations, so-called chirps, to be used to provide fast and accurate information about various processes occurring on different timescales.

This would be a significant step towards the use and application of "tailored" voltage waveforms to interrogate electrochemical systems. The QQC effects are using well-established analytical tools for four model cases: (a) an electrochemical species undergoing heterogeneous ET and 1-dimensional diffusion as in macroelectrode experiments; (b) apply the findings of (a) for very slow diffusion (D ≈ 0, where D is the diffusivity) in order to include cases for permanently adsorbed species on the electrode surface; (c) include uncompensated resistance in (a) and quantify its effect on the overall functionalities; and (d) an electrochemical species undergoing heterogeneous ET and 2-dimensional axis-symmetric diffusion as in micro-electrode experiments.
Electrical Measures for Electro-Sense Reactance

The SCIO measures reactance or electro dermal changes of voltammetric reactivity to various voltammetric signals. To understand these signals more please see the Volt-Ammetry electrochemistry thesis.

Scientists all over have found the trans-dermal skin resistance to be the best or at least the easiest way to measure the reactivity of the electro-sense. The literature review that follows makes that apparent. This brief article on the electro sense should outline the science and the process. Since the measures of reactivity are interesting but fractal, a disclaimer is used when reviewing the Xroid scores. The reactions are at best interesting, often very profound, and always need further evaluation in a clinical setting.

Method

Here in Budapest in August 2011 we tested 21 young healthy males with Transcutaneous Voltammetric Evoked Potential (TVEP) electrical reactivity to two compounds they were told to imbibe internally.

Product BioLit contains: [Empenthrin/(1-etinyl-2-metylpent-2-enyl)-2,2-dimetyl-3-(2-metylprop-1-enyl) cyclopropankarboxylat [EC 259-154-4] 3 g/kg, deltametrin [EC 258-256-6] 0.2 g/kg. This was given a one drop in a gallon of water constituting one part per 100,000. A shot glass of this was given the treatment group.

Subjects were each given one shot glass of the diluted substance and then tested with the placebo setting and then tested with the real SCIO. One was diluted orange juice to act as a placebo and it was coupled with the placebo setting. And the next shot glass contained a safe weak dilution of a common insecticide. The TVEP reaction scores were measured and analyzed for reactivity measure.

Results

The subjects had a very significant reaction to homeopathic compounds containing the insecticide detox and other detox compounds. In the Xroid test of the substances in the homeopathic screen we get a rating of the reactivity. There is also a placement or ranking of the reaction in the screen as to how many standard deviations from the norm the Xroid reactions is. In the placebo test the compounds in question were in the norm area in 17 of the 21 subjects, 1 in one standard deviation, and 3 in 2 standard deviations. None in standard deviation number 3.

In the treatment group of the concerned tests there were 5 in standard deviation number 3, 8 in standard deviation number 2, 7 in standard deviation number one, and only one in the norm. This shows a significant reaction to the compound after exposure.

Discussion

Thus the TVEP was sensitive to picking up the exposure of the subjects to a toxic compound. Which verifies the basic premise of the ElectroPhysiological Reactivity (EPR) and the Transcutaneous Voltammetric Evoked Potential (TVEP).

KEY ARTICLES AND STUDIES

- The Chiroliquicrystal Microscope Technique of Freezing Analysis of the Polymorphic Shape
- Structure of a Homeopathic (Freezing as a Technique of Analyzing the Clath Rate Structure of a Water-Based Homeopathic). The Staff of Maitreya, Ltd. Acad. Press, 1994.
10. Assembly Therefore.

BOOKS
30. Selected publications
35. "Investigating and exploiting the electrocatalytic properties of hydrogenases." K.A. Vincent, A.
37. "A stable electrode for high-potential, electrocatalytic O2 reduction based on rational attachment of a blue copper oxidase to a graphite surface." C.F. Blanford, R.S. Heath and F.A.
40. "Rapid and Reversible Reactions of [NiFe]-Hydrogenases with Sulfide." K.A. Vincent, N.A.
42. "Electrochemical investigations of the interconversions between catalytic and inhibited states of the [FeFe]-hydrogenase from Desulfovibrio desulfuricans." A. Parkin, C. Cavazza, J.C.
44. "Application of Power Spectra Patterns in Fourier Transform Square Wave Voltammetry To Evaluate Electrode Kinetics of Surface-Confined Proteins." B.D. Fleming, N.L. Barlow, J. Zhang,
51. "Recent developments in dynamic electrochemical studies of adsorbed enzymes." ARTICLES
on Nonlinear electrodynamics in biology Loma Linda CA.


Handbook of Electronics Tables and Formulas sixth edition(1986), Howard and Sams & Co., Indianapolis, Indiana

H.P.U.S. 1989, Homeopathic Pharmacopoeia of the United States


USA Patents Nelson Homeopathic Maufacturer


Kenyon J. (1991) Address to Energetic Medicine Conference at the Royal Society of Medicine in London England


NATO Conference on Human Evoked Potentials Constance, 1978


NM.


White N. (1993), Magnetic Resonance Techniques in Homeopathy, Academy Press Rio Rancho

NM.

Zhalko-Titarenko O. (1994) Near Infrared and NMR relaxation Study of Some Homeopathic Drug Solutions ,

Professor Desiré Dubounet

and her friends have spent over 35 million dollars to bring the world a professional and thorough course on Wellness, Naturopathy and Neuro-Electro-Physiology of Biofeedback as Bioresonance.

She is such a humanitarian Angel, she lets you pay for the course videos, books and materials with Karma...

These are the TOP FIVE REASONS to get a Doctorate in Wellness PHD International Medical University degree at home.

1. Getting a degree means you will increase your earning potential. Studies have shown that at home study is just as good as attended classes.
2. Study and Complete Courses at Your Own Pace. Use this to maximize the learning.
3. Scheduling Convenience. Work when you are ready to work.
4. Teaching Faculty Who Actually Have Work Experience in Your Field of Study. Global faculty at IMUNE is with worldwide famous doctors.
5. Save Money on Travel, Parking, Childcare, and Books. You save money the world saves energy, this makes you and the world better.
6. Employer Support. Many employers offer tuition reimbursement for employees' tuition associated with training in their fields. Employers also tend to encourage enrollment in online degree programs because they know employees will be able to go to school and still be able to be committed to their jobs. Don’t be afraid to ask your employer. Every company needs a wellness consultant.

Professor Desiré Dubounet the world’s most famous Naturopath and her friends have spent over 35 million dollars to bring the world a professional and thorough course on Wellness, Naturopathy and Neuro-Electro-Physiology of Biofeedback as Bioresonance. She is such a humanitarian Angel, she lets you pay for the course videos, books and materials with Karma go to www.imune.name for more information.

fill the room with your intelligence...