Energized Water Study

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Background

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

Investigations to date have included experiments in storing healing intention using sophisticated EM equipment inside of a shielded Faraday cage. These have yielded very promising results, including the demonstration of reliable genomic changes in cancer in both in-vitro and in-vivo models. Published journal articles with these results can be found at bengstonresearch.com. We are currently amid investigating whether similar healing "storage" can be attained using high end audio equipment.

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

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

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

The application of treated cotton and water are interesting in addressing whether healing can be stored, but the simple application of either doesn't address whether it can be made scalable.

Some months ago, we made acquaintance with some researchers and clinicians who suggested that a dilution and succussion process on a liquid can increase its potency from the original. Skeptical always, we began to experiment with this process, and found some results suggestive of continuing the investigation. Indeed, there appeared to be some relationship of potency to variation in both dilution and succussion.

Since we had previous experimental and clinical experience re-producing healing using treated water, we decided to begin with treated water, and then try to increase its potency

through the dilution and succussion process. After experimenting with a variety of preparation methods, we consulted with a friend who is an accomplished "sensitive" for his advice on what might be the optimal recipe. We followed his intuitive advice, and came up with the formulation that was used in the present study. We should note that this is not a homeopathic formulation in any classically meaningful way, though dilution and succussion are involved in preparation.

Preliminary distribution of the new formulation produced seeming positive effects that we had not seen previously. To take one example, Parkinson's patients given the formulation by multiple administrators reported improvements with effect sizes more dramatic than previously observed using our various cycling healing methods. Patients with neurological conditions such as bi-polar disorder reported dramatic and lasting improvements, seemingly with larger effect sizes than previously reported.

With more and more anecdote being reported, we decided to do some distribution of the formulation in order to get more widespread feedback. This report is about that feedback.

We called for volunteers in the States who had health conditions and concerns to take the formulation for eight weeks, and to report back to us at baseline and two week intervals. Eighty six people volunteered to be participants in this study, and to take two drops under the tongue, four times a day.

Participant Profile

- Of the eighty six volunteers, about **90%** reported that they had a **serious condition** when the study began**.**

When asked what their condition was, many participants listed multiple issues that they were dealing with. In order to simplify matters, even if there were multiple conditions, only the most serious was coded. This yielded

- **18** different primary conditions. The most prevalent was **cancer** (22%), followed by symptoms related to **fatigue** (11%), including fibromyalgia, Hashimoto's, etc., followed by **depression** (10%), and **arthritis and pain** (10%). There were then a whole host of conditions having fewer complainants, such as neuropathy, migraines, allergies, etc.
- Interestingly, when explicitly asked whether they were depressed, a bit more than a third (36.47%) answered in the affirmative, but when listing the primary complaint, only about 10% specified depression.

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

Variable	Obs	Mean	Std. Dev.	Min	Max
physicalb	86	6.290698	1.877835	1	10
emotionb	86	6.872093	2.151861	1	10
spiritb	86	7.802326	1.877544	2	10

Feedback at 2 weeks

We explicitly asked participants whether they had taken the drops as prescribed from the beginning baseline up to the 2 week mark.

- About 94% said that they had taken the drops as prescribed, leaving 6% indicating that they had not explicitly followed the protocol. Reasons for this included forgetting and losing the bottles.

We asked participants whether they had experienced a change in health over the first two weeks.

- 56% said yes; 44% said no.
- A chi-square test for the relationship between taking the drops and change in health yielded **93% confidence that taking the drops was a predictor of experiencing a change in health** (X_2=3.29 (1), p=.07).

Of those reporting a change in health, the most common was a **general improvement** (36%), followed by feeling **more calm and less anxious** (20%) and then **pain reduction** (16%), feeling **stronger with more stamina** (16%), and then finally experiencing increased **mental clarity** (8%) and feeling **more rested.**

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

Variable	Obs	Mean	Std. Dev.	Min	Max
physical2	85	6.847059	1.67265	2	10
mental2	85	7.211765	1.746385	2	10
spiritual2	85	7.952941	1.717597	2	10

Note that these mean scores are higher than they were at baseline. Later in this report there will be more detailed comparisons of the trajectory over time.

Feedback at 4 weeks

At the four week mark, we asked participants whether they were complying with the dosage.

- Compliance went down to approximately **87%**, leaving about **13%** who did not follow the protocol. Reasons for non-compliance were varied, again including forgetfulness.

We asked participants whether they had experienced a change in health at 4 weeks.

- About **55%** said that they had; **45%** that they had not.

Of those reporting a change in health, the most common descriptors were **general improvement** and being **more calm and less anxious** (28% each), followed by **pain reduction** (19%), feeling **stronger with more stamina** (13%), and finally feeling **more rested** (7%) and **mental clarity** (6%).

It is important to note that these are not the percentages of participants who experienced improvements in these areas. Rather, in an extrapolation from their descriptions of how their health had changed, we picked only the most prominent description. The majority of descriptions of improvement listed multiple areas, and so these percentages are indicative only of the most prominent area in their description.

- Only four participants noted any adverse side effects (only asked at weeks 4 and 6) from the drops. Three indicated an increase in fatigue, and one an increase in pain. All four said they didn't know whether those symptoms were caused by the drops.

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

Variable	Obs	Mean	Std. Dev.	Min	Max
physical4	78	7.115385	1.635489	2	10
mental4	79	7.632911	1.58662	3	10
spiritual4	79	8.151899	1.609974	3	10

- Note that these self reported ratings have improved since the 2 week reporting.

Feedback at 6 weeks

At the six week mark, we asked participants whether they were complying with the dosage.

- Compliance continued to decline from the two week mark to **81%**, leaving about 19% who said they did not take the prescribed dosage.

We asked participants whether they had experienced a change in health at 6 weeks.

- About **69%** said that they had; **31%** that they had not.

Of those reporting a change in health, the most common primary descriptor was **general improvement** (27%), followed by **pain reduction** (12%), **stronger with more stamina** (8%), **more calm and less anxious** (6%), **mental clarity** (2%) and feeling **more rested** (1%).

- Again, these are only the *top rated* area mentioned in each of the participant descriptions. Most listed multiple areas of improvement.
- Once again, only four participants noticed any adverse symptoms. Three of the four were the same individuals, and even when they sensed adverse symptoms, they **also reported symptomatic improvements in their health.**

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

Variable	Obs	Mean	Std. Dev.	Min	Max
physical6	75	7.413333	1.685337	2	10
mental6	77	7.701299	1.522333	4	10
spiritual6	77	8.350649	1.430552	4	10

- Average scores continue to increase, however slightly.

Feedback at 8 weeks

At the eight week mark, we asked participants whether they were complying with the dosage.

- Compliance was **82%**, essentially the same as at the six week mark, leaving approximately 18% who did not follow the protocol.

We asked participants whether they had experienced a change in health at 8 weeks.

- The results were essentially identical to the six week mark, with about **68%** said that they had; **32%** that they had not.

Of those reporting a change in health, the most common primary area continued to be **general improvement** (24%), followed by **pain reduction** (11%), **more calm and less anxious** (9%), feeling **more rested** (6%), **stronger with more stamina** (5%), and **mental clarity** (3%). Only a couple of respondents reported any adverse effects.

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

Variable	Obs	Mean	Std. Dev.	Min	Max
physical8	81	7.530864	1.449883	3	10
mental8	81	8.074074	1.272574	5	10
spiritual8	81	8.382716	1.521249	1	10

- The eight week mark showed the highest scores of physical, mental, and spiritual health.

Some interesting trends:

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

Physical:

Variable	Obs	Mean	Std. Dev.	Min	Max
physicalb	86	6.290698	1.877835	1	10
physical2	85	6.847059	1.67265	2	10
physical4	78	7.115385	1.635489	2	10
physical6	75	7.413333	1.685337	2	10
physical8	81	7.530864	1.449883	3	10

- Note that the trend line points towards an increase in physical health at each of the time points.
- ANOVA comparisons suggest that indeed, the overall trend is statistically significant, and also that the **most gain in physical health** was **early on, in the interval between baseline and two weeks.**
- The increase in scores continued, but at a slower pace after 2 weeks.

Mental:

Variable	Obs	Mean	Std. Dev.	Min	Max
emotionb	86	6.872093	2.151861	1	10
mental2	85	7.211765	1.746385	2	10
mental4	79	7.632911	1.58662	3	10
mental6	77	7.701299	1.522333	4	10
mental8	81	8.074074	1.272574	5	10

- The trend here is also consistently higher at each time point.
- ANOVA comparisons suggest that the overall trend is statistically significant, and that the strongest increases occur between weeks 2 and 4, followed by baseline to 2 weeks.

Spiritual:

Variable	Obs	Mean	Std. Dev.	Min	Max
spiritb	86	7.802326	1.877544	2	10
spiritual2	85	7.952941	1.717597	2	10
spiritual4	79	8.151899	1.609974	3	10
spiritual6	77	8.350649	1.430552	4	10
spiritual8	81	8.382716	1.521249	1	10

- The trend with self-reported spiritual health is also consistently higher at each time point.
- ANOVA comparisons suggest that here too the overall trend is statistically significant, with the strongest increases occur between weeks 2 and 4, and weeks 4 and 6.

Some observations:

Participant compliance – there was a large drop off rate in dose compliance over the course of the study. And, some reported difficulty taking two drops 4 times/day; counting the number of drops taken (some reported being out of drops at the end of 2 and 4 weeks); remembering to take the drops at all. It might be worthwhile to explore methods of administration of the formulation in methods other than drops.

Participant descriptions – we provided multiple opportunities for participants to describe any conditions, symptoms, and changes over time. These responses were then (conservatively) coded to represent symptoms and changes.

We found that participants descriptions often did not match their "forced choice" answers. For example, a respondent might answer "no change in health condition" even while describing how much better they feel, how pain has been diminished, how tumors have disappeared, and the like. Whether one pays attention to the forced choices or the descriptions, many times they did not match. We continued with our scoring protocol, even though it seemed to minimize the effects that were otherwise being described.

Overall trends – the vast majority of the respondents reported positive experiences both from participating in the study as well as taking the drops. Only a handful reported anything negative from the experience, and these negative reports tended to be complemented with other positive reports. This was extremely encouraging for a potential clinical application.

Because of the relatively small number of participants and the wide variety of conditions reported, it is premature to make any conclusions about whether the formulations are most efficacious for a particular condition. For example, although all of the participants who reported depression as their primary condition reported improvements, the sub sample was only 7. Eleven out of 15 cancer patients reported improvement; 5 of 8 arthritis. But, there was no metric provided to explicitly rate how much improvement was noted; only that something positive seemed to happen as a result of the drops. The other conditions had far too few numbers to make any meaningful conclusions.

Positive trends – the most standardized and consistent measurement of changes over time were the self-reported scales of physical, mental, and spiritual health. All three of these reported increased health over all the time points. These time comparisons all reached statistical significance as an overall model, but the bulk of the changes also seemed to come towards the earlier part of the study; certainly by week 6.

With extreme speculation, could it be that more change occurs earlier in the time frame, because the participants are at their low point of health? Then, as they improve, the relative improvements, while continuing, seem to slow down as they get healthier?

Simply put, individuals in more relative need have more opportunity for improvement; conversely, those who have little or diminishing need have less opportunity.

Some final observations – clinical applications

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

At the same time, there were two who consistently reported no meaningful change, and thought they might have received a placebo (they hadn't). One takeaway then, is that it is very likely that much good came from taking the drops, and it is very very likely that no real harm came from the drops. They are safe.

One interesting observation is the number of participants who wanted to continue even after 8 weeks, and who wanted to know how they could get more drops. To be honest, we hadn't anticipated this demand (!), and we're not sure at this point what to do. We're in discussion about possibilities of producing this formulation to make it widely available.

Future study applications

As you've probably surmised, any study, particularly a pilot study such as this, tends to raise more questions than it answers. To understate, certainly something interesting is going on with the drops. In addition to making them clinically available, complementary study questions include more focus on selective conditions. What would happen with a large number of volunteers with condition X? With condition Y? You get the idea.

What would happen if we attempted to again increase potency? To change dosage?

What would happen if we attempted a similar study using a different method of healing "storage" and "delivery"?

The questions are indeed endless!

A Heartfelt Thanks to All the Participants

We are In Your Debt