Title:

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

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This study was supervised from 2005 till 2007 by the Ethics International, Romania.

Abstract:

A global and momentous research project was developed for the last two years. The SCIO device is a Universal ElectroPhysiological 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 95,000 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 250,000 patient visits. Over 220 different diseases were reported. With a total record of the SCIO patient information, therapy parameters and reactivity data. No names of patients were recorded for confidentiality.

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

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

Introduction:

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

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

2,256 therapists enlisted in the study. There were 95,832 patients. 69% had more than one visit. 43% had over two visits. There were over 250,000 patient visits recorded. The therapists were trained and supervised by medical staff. They were to perform the SCIO therapy and analysis. They were to report any medical suspected or confirmed diagnosis. Unlicenced 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)

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

Part 4. QQC standardization

Methods and Materials:

SCIO Device:

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

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

Subspace Software :

The QXCI software is designed for electro-physiological connection to the patient

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

SOC Index :

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

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

Study Technicians :

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

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

To test the device as subspace against the placebo effect, two of the 2,200 + therapists were given placebo SCIO devices that were totally outwardly the same but were not functional. These two blind therapists were then assigned 35 patients each (only 63 showed). This was to assess the double blind factor of the placebo effect as compared to the device. Thus the studied groups were

A. placebo group, B. subspace group, and C. attached harness group.

Important Questions : these are the key questions of the study

1. *Define Diseases or Patient Concerns*
2. *Percentage of Improvement in Symptoms*
3. *Percentage of Improvement in Feeling Better*
4. *Percentage of Improvement Measured*
5. *Percentage of Improvement in Stress Reduction*
6. *Percentage of Improvement in SOC Behavior*
7. *What Measured+How*
8. *If Patient worsened please describe in detail involving SOC_*

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

Part 1. Results:

Before we review the direct disease improvement profiles, we need to review the overall results. The first most basic of question in the results is the basic feedback of the generic patient conditions. With over 96,000 patients and 256,800 patient visits we have direct evidence of the safety and efficacy.

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

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

OVERALL ASSESSMENT

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

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

19 cases reporting no improvement of Symptoms, 30% of group
12 cases reporting no improvement in feeling better, 19% of group
13 cases reporting no improvement in stress reduction 20% of group
12%--- Percentage of Improvement in Symptoms
15%--- Percentage of Improvement in Feeling Better
2%---. Percentage of Improvement Measured
12%-- Percentage of Improvement in Stress Reduction
3%---- Percentage of Improvement in SOC Behavior

B. Subspace Treatment 75,688 patient visits

There were 45 cases of patients who reported a negative Improvement. There were
433 cases reporting no improvement of Symptoms, .005% of group
567 cases reporting no improvement in feeling better, .007% of group
322 cases reporting no improvement in stress reduction .004% of group
35%--- Percentage of Improvement in Symptoms
46%--- Percentage of Improvement in Feeling Better
12%---.Percentage of Improvement Measured
49%-- Percentage of Improvement in Stress Reduction
14%----Percentage of Improvement in SOC Behavior

C. SCIO Harness Treatment 190,312 patient visits

There were 65 cases of patients who reported a negative Improvement. There were
532 cases reporting no improvement of Symptoms, .003% of group
759 cases reporting no improvement in feeling better, .004% of group
460 cases reporting no improvement in stress reduction .002% of group
65%--- Percentage of Improvement in Symptoms
56%--- Percentage of Improvement in Feeling Better
24%---.Percentage of Improvement Measured
53%-- Percentage of Improvement in Stress Reduction
20%----Percentage of Improvement in SOC Behavior

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

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

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

123 cases reporting no improvement of Symptoms, .003% of group
211 cases reporting no improvement in feeling better, .004% of group
97 cases reporting no improvement in stress reduction .004% of group
38%--- Percentage of Improvement in Symptoms
48%— Percentage of Improvement in Feeling Better
20%---. Percentage of Improvement Measured
48%-- Percentage of Improvement in Stress Reduction
13%---- Percentage of Improvement in SOC Behavior

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

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

310 cases reporting no improvement of Symptoms, .008% of group
356 cases reporting no improvement in feeling better, .009% of group
225 cases reporting no improvement in stress reduction .007% of group
32%--- Percentage of Improvement in Symptoms
45%--- Percentage of Improvement in Feeling Better
16%---.Percentage of Improvement Measured
54%-- Percentage of Improvement in Stress Reduction
14%----Percentage of Improvement in SOC Behavior

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

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

213 cases reporting no improvement of Symptoms, .002% of group
230 cases reporting no improvement in feeling better, .006% of group
143 cases reporting no improvement in stress reduction .005% of group
67%--- Percentage of Improvement in Symptoms
54%--- Percentage of Improvement in Feeling Better
28%---.Percentage of Improvement Measured
57%-- Percentage of Improvement in Stress Reduction
29%----Percentage of Improvement in SOC Behavior

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

There were 45 cases of patients who reported a negative Improvement.
There were
213 cases reporting no improvement of Symptoms, .003% of group
529 cases reporting no improvement in feeling better, .004% of group
317 cases reporting no improvement in stress reduction .002% of group
64%--- Percentage of Improvement in Symptoms
56%--- Percentage of Improvement in Feeling Better
22%---.Percentage of Improvement Measured
52%-- Percentage of Improvement in Stress Reduction
17%----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 points to value of behavioral medicine interview and the need to reduce suppression and obstruction of cure ability.

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

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

----APPENDIX—

List Of Diseases Reported:

ACNE VULGARIS
ACQUIRED IMMUNE DEFICIENCY SYNDROME | AIDS
ADULT /ACUTE RESPIRATORY DISTRESS SYNDROME (ARDS)| Lung cell

injury then respiratory failure, pulmonary edema (dropsy), high protein levels in fluids, hypoxemia (blood oxygen def.)
ACROPARESTHESIA | Numbness of extremities.
ALCOHOLISM
ALZHEIMER'S DISEASE
ARTERIOLOSCLEROSIS _ HARDENING OF THE ARTERIES
ASTHMA
ASTHMATIC BRONCHITIS | Lung
BACTERIA INFECTION _ BACTEREMIA
SPORT INJURIES
STOMACH PAIN
ANEMIA
ANGINA PECTORIS Heart Pain
EMPHYSEMA
LUPUS ERYTHEMATOSUS Presence of circulating auto antibodies to red cells, platelets, and white cells.
EPSTEIN BARR VIRUS (EBV) _ INFECTIOUS MONONUCLEOSIS Herpes, cellular enlargement, chronic fatigue, weak liver, nasopharyngeal carcinoma, Burkitts lymphoma.
BONE SPUR
BRAIN TUMOR
BREAST CANCER
BURSITIS | Inflammation of a bursa, especially those located between bony prominence and muscle or tendon, as the shoulder, knee.
BULIMIA | Purging induced vomiting after eating for weight loss.
CANCER
CANDIDA | Fungus
CARDIAC ARRHYTHMIA _ IRREGULAR PULSE | Heart
CIRRHOSIS | Scar tissue in liver. }
COMA
COMMON COLD
CONGESTIVE HEART FAILURE
CONJUNCTIVITIS | Eye disorders

CONSTIPATION | Bowel, colon, intestine
CROHN'S DISEASE | Irritation, bleeding or swelling in small intestine (bowel, colon, intestine) from fungus.
DEAFNESS _
DEMENTIA DISORDERS
DEMYLEINATION DISORDER
DEPRESSION _
SEASONAL AFFECTIVE DISORDER | Depression from lack of light in Winter.
ENDOMETRIOSIS | Excess growth of female endometrium tissue from excess stress.
ENTEROCOLITIS | Bowel, colon, intestine
EPILEPSY SEIZURES
ESOPHAGITIS _ GASTRIC REFLUX
FIBROCYSTIC BREAST DISEASE
FIBROSITIS | }
FRACTURES
GASTRITIS _ STOMACH INFLAMATION
GIARDIA
GLAUCOMA _ INCREASED OCCULAR PRESSURE
GOITER _ ENLARGED THYROID
GRAVES' DISEASE | Thyroid disorder. }
HEPATOMAS, PRIMARY | Metastatic carcinoma of the liver.
HAY FEVER _ ALLERGIC RHINITIS
HEADACHE
HEAT EXHAUSTION
HERNIATED DISK LUMBAR | L1, L2, L3, L4, L5]
HERNIATED DISK THORACIC
HERNIATED DISK CERVICAL
HERPES
HEPATITIS | Inflammation of the Liver, Hepattis A, Hepatitis B
HIATAL HERNIA _ HEARTBURN
HICCUPS _ HICCOUGH
HIVES

HODGKIN'S DISEASE
HYPERHIDROSIS _ EXCESSIVE SWEATING
HYPERLIPOPROTEINEMIA
HYPOADRENIA _ WEAK ADRENALS - STRESS SYNDROME
HYPOGLYCEMIA _ HYPERGLYCEMIA | Oscillating.
HYPOPLASIA OF RED BLOOD CELLS _ SICKLE CELL ANEMIA
HYPOTHYROID
HYSTERIA
IMPOTENCE
INDIGESTION
INJURIES _ ACCIDENTS
INSOMNIA
INFARCTION | Blockage of heart circulatory flow.
INFLAMMATION CHRONIC
IRRITABLE BOWEL SYNDROME | Bowel, colon, intestine
KIDNEY STONES UNSPECIFIED
LACTATION, INSUFFICIENT
LARYNGITIS
LEUKEMIA UNSPECIFIED
LOW BACK PAIN
LUPUS ERYTHEMATOSUS
MALABSORPTION SYNDROME
MEASLES
METACARPAL TUNNEL | Wrist
MULTIPLE SCLEROSIS
OBESITY
PSYCHOSIS
POLYCYSTIC OVARIES | Multiple ovarian cysts.
PULMONARY EMPHYSEMA | Lung condition, distension, elasticity loss, alveoli rupture, labored breathing, husky cough, impairs heart action
PROSTATITIS _ BENIGN PROSTATIC HYPERTROPHY (BPH)
RECTAL GAS | Bowel, colon, intestine
RHINITIS _

SINUSITIS
SORE THROAT
STUTTERING
STROKE
SUBLUXATION VERTEBRAE | Non allopathic injury results in not a dislocation but a subluxation or misalignment of a joint or other connection.
TENDONITIS, ELBOW
THORACIC OUTLET SYNDROMES
TINITIS RINGING IN THE EARS | Ear disorders }
TONSILLITIS
TOOTHACHE
TOXIC SHOCK SYNDROME | Can come from improper use of tampons, etc.
TRANSIENT ISCHEMIC ATTACK (TIA) | Stroke. Temporary interruption of blood flow to brain, often in carotid and vertebrobasilar arteries.
TUBERCULOSIS
ULCER DUODENAL
ULCER PEPTIC
URETHRITIS | Kidney, bladder, ureter, urethra
UROCLEPSIA | Kidney, bladder, ureter, urethra
VAGINITIS
VARICOSE VEINS
VENEREAL DISEASE
VERRUCA VULGARIS _ WARTS
WEBER CHRISTIAN DISEASE | Improper fat tissue collection as small lumps on skin.
WERNICKE'S SYNDROME | Condition of old age or alcoholism frequently seen, marked by loss of memory and disorientation with confabulation.
WHIPPLE'S DISEASE _ STEATORRHEA, IDIOPATHIC | Excess fat in the stools (bowel, colon, intestine)
WHOOPING COUGH | Lung
GRANULOMATOUS DISEASE | Chronic inflammatory conditions characterized by the finding of granulomas composed of circumscribed collections of modified (epithelioid), macrophages.)

PROTOZOA AND OR HELMINTH INFECTION
VIRAL INFECTION
THROMBOSIS
PAIN UNSPECIFIED
ITCHING UNSPECIFIED
DEPRESSION UNSPECIFIED
STRESS UNSPECIFIED
ANXIETY UNSPECIFIED
INFECTION UNSPECIFIED
BRAIN FATIGUE UNSPECIFIED
CHRONIC FATIGUE UNSPECIFIED
INJURY UNSPECIFIED
TOXICITY UNSPECIFIED

SCIO device functions assayed in the study

1. Provocative Allergy Tests
2. Infection Reaction Testing and Immune Stimulation
3. Electro-Acupuncture
4. Neurological-Stimulation
5. Biofeedback-Psychological Interaction – Unconscious Interface
6. Muscle-Neurological Reeducation
7. Homotoxicity and Homeopathy Scan
8. Injured or Diseased Tissue Detection and Repair
9. Dental Disease Detection and Repair
10. Superlearning
11. Electrophysiological Diagnosis and Therapy
12. Behavioral Management Profiles and Therapy
13. Chiropractic Analysis and Therapy
14. Bioresonance
15. Brain wave detection and correction
16. Weight loss

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

Informed Consent:

The SCIO Biofeedback Medical device is registered in the USA, Europe, S Africa, Mexico, Australia etc. It is a evoked potential 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 or therapy. These functions are registered in all of the above regions. Eclosion and Maitreya manufacture the hardware. Eclosion distributes the SCIO software.

At QX Ltd., we have written a software that uses the SCIO data in more avant garde ways. This software offers no risk and is completely safe. We recognize that this new type of system needs to be tested experimentally. The USA allows us to develop an Institutional Review Board and operate an Investigational Device Exemption for this software. To use this software in the USA we need to get informed consent from the patients or persons who are tested. Informed consent must be signed, implied, or understood.

The registered SCIO software and hardware uses a micro current medically safe pulse applied to the wrists, ankles and forehead. We safely

measure some of the electrical aspects of the body. A variant micro current is then adapted to the patient to feedback the signal. The QXCI software will use the same medically safe standards to develop a wider range of variant wave forms to the body. The patient will choose and direct the therapy by their unconscious electrical reactions. The QXCI will also use a subspace system or Prayer wheel if there is no biological signals present. The system will show the patient reactions to homeopathic or nutritional items. This will help the therapist and the patient choose items that might be helpful. These choices are voluntary suggestions. The patient can greatly benefit from help with these choices. No items of significant risk are possible. These items are not part of the study and purchase of them is the patient's responsibility.

There is insignificant risk and the only discomfort is sitting still for the 30 or 40 min evaluation. The patient name will be held confidential in the study. Participation is always purely voluntary. There is no penalty for withdraws. The other facts of the case are e-mailed to QX ltd IRB. The FDA of America reserves the right to inspect records. But confidentiality is always guaranteed.

The results of the studies are to be published on the International Journal of the Medical Science of Homeopathy. These results are available in 2006 on the internet or through your therapist. Over 35 studies on the device have already been published.

Since there are over 20,000 SCIO machines around the world, and all have access to the QXCI software, assuming 10 patient visits a week there might be over 400,000 data streams per month. We fully expect over a million bits of data in the first year alone. We will analyze all types of diseases - all types of clients - in one of the world's largest studies of its kind. We welcome your participation.

The clinical therapist is responsible for ensuring that informed consent is obtained from each research subject before that subject participates in the research study. FDA does not require the therapist to personally conduct the consent interview. The therapist remains ultimately responsible, even when delegating the task of obtaining informed consent

to another individual knowledgeable about the research.

The Centro Ricerche of Prof. William Nelson University of Venice + Padova, Italy Is the headquarters for the study IRB. There are researchers in over 25 different countries. If you have questions or comments please ask your therapist or send them in writing to www.irbqxci.net.

I am informed of the experiment on the QXCI software. I willingly give my consent to participate in the study. I give my consent for any children under my supervision or custody. I am to be guaranteed confidentiality of the data. I will be allowed to see the results of the publication in roughly one year. I recognize that there is no firm diagnosis resulting from the software. We are diagnosing and treating only Stress via Biofeedback.
I give my full and informed consent to partake in this research.

SIGNATURE_____

DATE_____

THERAPIST OR WITNESS_____

In short

1. 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.

2. the SCIO software will allow the unconscious of the patient to guide to repair electrical and vibrational aberrations in your body.

3. The device and the study is always voluntary, confidential and safe.

4. There are a wide amount of benefits already displayed by the thousands of users and millions of patients. A millions of people have already been helped.

5. Results of the study and answers to your questions are available.

Appendix SCIO device description

To Whom It May Concern:

Re: Proprietary Rights of Medical Device known as- SCIO

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

Basic SCIO System Description

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

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

The basic science was generated by Prof. William Nelson. His book the PROMORPHEUS was registered in it's 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 are given as relaxation signals to the patient. The EPFX system measures a combination of the following physiological functions, voltage potential, current potential, skin resistance, Electro Physiological Reactance, Electro Physiological Susceptance, skin temperature and Frequency. These are the raw readings made at the

extremities and the head harness. (see Diagram). The EPFX system applies a variant set of signals and then measures changes in the readings. The changes determine resonance, reactivity and coherency.

The QQC is a trademarked and proprietary process that does an analysis of the Polographic or voltametric three dimensional electrical pattern of a substance. This produces a substance electronic signature field. The Fields of these substances are sent into the patient via the harness. These variant patterns are of 0 Hz to mega Hz and of variant wave forms.

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

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

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

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

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

therapy. Hence it is called the Electro Physiological Feedback Xrroid or as known in Europe SCIO.

Thus the SCIO device can perform the following functions

1. Provocative Allergy Tests
2. Infection Reaction Testing and Immune Stimulation
3. Electro-Acupuncture
4. Neurological-Stimulation
5. Biofeedback-Psychological Interaction – Unconscious Interface
6. Muscle-Neurological Reeducation
7. Homotoxicity and Homeopathy Scan
8. Injured or Diseased Tissue Detection and Repair
9. Dental Disease Detection and Repair
10. Superlearning
11. Electrophysiological Diagnosis and Therapy
12. Behavioral Management Profiles and Therapy
13. Chiropractic Analysis and Therapy
14. Bioresonance
15. Brain wave detection and correction
16. Correction of aberrant body electric profiles such as proton pressure, electron pressure, reactivity patterns, oscillation disorders, trivector imbalance. Etc.
17. Report Development

APPENDIX

Patents List-

Registration List-
System Description-

Basic Brochure-

Bibliography:

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Developed By: The Centro Ricerche of Prof. William Nelson University of Venice + Padova, Italy

The Trivector Analysis of Homeopathy, A Three-Dimensional Description of Voltammetric Polarographic Measures Prof. William Nelson

Copy of the front page of Prof Nelson's USA patent:

PROCESS FOR MANUFACTURING HOMEOPATHIC MEDICINES

FIELD OF THE INVENTION

The present invention relates to a method for preparing a homeopathic carrier solution for subsequent use in a homeopathic medicine for increasing the efficacy of the homeopathic medicine, and to a homeopathic carrier solution prepared according to the method. The invention also relates to a homeopathic medicine comprising the homeopathic carrier solution, and to a method for preparing the homeopathic medicine.

BACKGROUND TO THE INVENTION

Homeopathic medicines are well known, and in general, are manufactured using the Hahnemanian process. In general, the active homeopathic ingredient is dispersed in a carrier solution, generally, a solution of water and alcohol or an alkaloid mixture. Where the carrier solution is a water and alcohol base solution, the water is normally purified prior to mixing with the alcohol. The active homeopathic ingredient of the medicine is mixed with the carrier solution in the appropriate proportion to achieve the desired concentration of the active homeopathic ingredient in the carrier solution.

A 1× potency homeopathic medicine is a solution which comprises one part of active homeopathic ingredient to nine parts of carrier solution. A 2× potency homeopathic medicine is a solution which comprises one part of active homeopathic ingredient to ninety-nine parts of carrier solution. A 3× potency homeopathic solution is one which comprises one part active homeopathic ingredient to nine hundred and ninety-nine parts carrier solution. An N× potency homeopathic medicine is a solution of one part of active homeopathic ingredient to (10^N-1) parts of carrier solution. In general, the appropriate proportions of active homeopathic ingredient and carrier solution are added to a container and the active homeopathic ingredient is dispersed through the carrier solution by successing the container which requires striking the container on a blunt object one or more times.

OBJECTS OF THE INVENTION

One object of the invention is to provide a homeopathic carrier solution which when carrying an active ingredient in a homeopathic medicine significantly increases the efficacy of the homeopathic medicine. Another object of the invention is to provide a method for preparing such a homeopathic carrier solution. It is also an object of the invention to provide a homeopathic medicine with a relatively high efficacy, and in particular, an efficacy which is significantly improved over the efficacy of known homeopathic solutions. Additionally, it is an object of the invention to provide a method for providing such a homeopathic carrier solution.

It has been surprisingly found that the efficacy of a homeopathic medicine may be increased by subjecting the homeopathic carrier solution to electrical treatments prior to the addition of the active homeopathic ingredient. It has also been found that the efficacy of the homeopathic medicine can be improved by adding sea water, brain hormone and biologically active enzymes to the homeopathic carrier solution prior to adding the active homeopathic ingredient.

SUMMARY OF THE INVENTION

According to the invention there is provided a method for preparing a homeopathic carrier solution for increasing the efficacy of a homeopathic medicine comprising the carrier solution, the method comprising the steps of sequentially subjecting the homeopathic carrier solution to an alternating current electrical treatment and a direct current electrical treatment, the alternating current electrical treatment comprising the steps of subjecting the homeopathic carrier solution to an alternating current in the range of 1 milliamp to 100 milliamps at a potential in the range of 5 volts to 30 volts and at a frequency in the range of 1 KHz to 1,000 KHz for a duration in the range of 20 seconds to 60 seconds, the direct current electrical treatment comprising the steps of subjecting the homeopathic carrier solution to a direct current in the range of 1 milliamp to 50 milliamps at a potential of 500 volts to 10,000 volts for a duration not exceeding 5 minutes.

In one embodiment of the invention the alternating current electrical treatment comprises the steps of subjecting the homeopathic carrier solution to an alternating current in the range of 10 milliamps to 50 milliamps at a potential in the range of 5 volts to 15 volts and a frequency in the range of 5 KHz to 20 KHz for a duration in the range of 25 seconds to 35 seconds.

In another embodiment of the invention the direct current electrical treatment comprises the steps of subjecting the homeopathic carrier solution to a direct current in the range of 15 milliamps to 25 milliamps at a voltage in the range of 900 volts to 1,100 volts for a duration in the range 3 minutes to 5 minutes.

Additionally, the invention provides a homeopathic carrier solution treated according to the invention. Preferably, the homeopathic carrier solution further comprising any one or more of the following ingredients:

sea water,

brain hormones, and

biologically active enzymes.

Further the invention provides a homeopathic medicine comprising the homeopathic carrier solution of the invention.

Additionally, the invention provides a method for preparing a homeopathic medicine of N× potency, the method comprising the steps of preparing a 1× potency solution by adding one part of an active homeopathic ingredient and nine parts of the homeopathic carrier solution according to the invention to a container, and dispersing the active homeopathic ingredient through the homeopathic carrier solution by successing the container by striking the container containing the active homeopathic ingredient and the homeopathic carrier solution on a blunt object, preparing a 2× potency solution by adding one part of the 1× potency solution and nine parts of the homeopathic carrier solution according to the invention to a container and dispersing the 1× potency solution through the homeopathic carrier solution by successing the container containing the 1× potency solution and the homeopathic carrier solution by striking the container on a blunt object, and so on until an (N−1)× potency solution has been prepared, preparing the N× potency solution by adding one part of the (N−1)× potency solution and nine parts of the homeopathic carrier solution according to the invention to a container and dispersing the (N−1)× potency solution through the homeopathic carrier solution by successing the container containing the (N−1)× potency solution and the homeopathic carrier solution by striking the container on a blunt object.

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