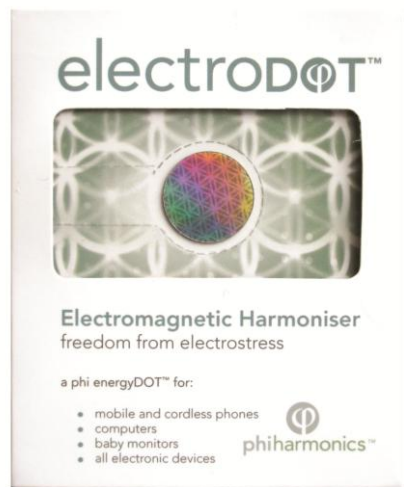


THE CENTRE FOR BIOFIELD SCIENCES



Study Report for electroDOT® Electromagnetic harmoniser



An assessment of effects, in the physical body and in the biofield, caused by the introduction of the electroDOT® during mobile phone use.

RESEARCH SUMMARY

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RESEARCH ASSISTANTS	:	Ms. Shivali Dandekar Mr. Kedar Khatmode Ms. Sayali Suryavanshi
STUDY TITLE	:	An assessment of positive effects on the physical level and in the human biofield caused by the introduction of the electroDOT® during mobile phone use.
STUDY OBJECTIVE AND METHODS	:	To undertake a comparative study on a subject group using the methods described below to measure any effects of the proximate use of cellphones on the body and in the biofield and then to measure any changes in the effects of such use on the same subject group when the electroDOT® is attached to the cell phone. The methods for measurement to be employed in the study are Electro Photon Imaging and physiological thermal variation with Medical Thermal Imaging.
TIME PERIOD OF THE STUDY	:	August – September 2011
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ABSTRACT

Electronic, electrical and radio frequency technologies produce electromagnetic fields. These man-made EMFs behave differently to natural ones. Electro-stress is the stress response of the body when exposed to synthetically produced EMFs. The electroDOT® is represented by the manufacturer as being useful in harmonising the effects of manmade EMFs. They have accumulated evidence suggesting that the electroDOT® can reduce stress more generally and help in improving sleep patterns. Previous studies (CBS 2009) using PIP, GDV and RFI techniques concluded the electroDOT® to be, “a very effective means of neutralizing negative effects of electromagnetic radiations from mobile phones.”

To assess the efficacy of the electroDOT® an experimental study was carried out. In this double-blind randomized study 60 participants were assigned in two groups: Group A (Test group) and Group B (placebo control) comprising of 30 subjects in each group. To monitor the changes before and after using an electroDOT® on a mobile phone, Electro Photon Imaging and Medical Thermal Imaging scans were recorded. The results of the two measuring methods were compared. A MYMOP reading was taken from each subject. Correlating patterns across the scanning technologies were independently analyzed using a standardized Paired t-Test with significant changes evaluated at p-values of less than 0.05.

INTRODUCTION

The term 'Biofield' coined by Beverly Rubik has its origin in ancient Indian scripts. These texts have documented and explained the major 'Chakras' i.e. 'Energy Centers' and 'meridians' or 'Nadis' which supply the pranic (life force) energy to the chakra system now widely used in the emerging energy field sciences. Similar terms are explained in Quantum Physics. Reference to the same can also be found in Traditional Chinese medicines², Tibetan medicine³ and Ayurvedic medicine. The biofield or energy body is also known as the Aura. It is understood that the energy centers are energy vortices of flower-like structure which connect with each other. The energy of the chakras interacts directly with the physical glandular system and with emotions⁴⁻⁸ to inform the quality of health in the physical body.

The energy body and the Chakras cannot be seen with the naked eye. Beverly Rubik is a leading expert in the measurement and Imaging of the Biofield. Her body of research provides a scientific foundation for the biofield¹. 'A fundamental premise of energy healing is that practitioners can detect bio-energy fields (termed biofield) in patients'. There are indications that biofield measurements taken outside the body are often more indicative of events taking place within the body than those of standard electrical measurements taken at the skin surface.⁹

It is important to note that body heat, energy and life-force are essential elements for diagnosis in most holistic and integrated medical systems. Accordingly, relevant diagnostic tools have been developed.

Many studies have been conducted, the results of which indicate negative effects of electromagnetic radiation (EMFs) from mobile phones on human health as well as on the environment¹⁰⁻¹⁵. The present study expands on the previous research study of 2009 is to further examine the beneficial effects of the electroDOT[®]¹⁶. It investigates the effects of the electroDOT[®] in use on a cell phone at the subtle energy level using Electro Photon Imaging (EPI) and on the physical level with Medical Thermal Imaging (MTI).

Radio waves emitted by a mobile telephone handset are, to a degree, absorbed by the [human head](#). The effect of this absorption of man made EMFs is not immediately visible at the physical level but is

very evident at the subtle energy level. In energy medicine, energetic blockages are considered to precede disease or malfunction in the physical body. Information gathered from the biofield, therefore, provides vital clues at a formative level to the state of physical health.

The use of a mobile phone is known to generate heat. Most of the heating effect appears to occur on the surface of the head. The brain's [blood circulation](#) is capable of disposing of excess heat by increasing local [blood flow](#).

About electroDOT®:

electroDOT® – is the core of the energyDOTS® toolkit. It is programmed to harmonise electromagnetic radiation from electronic equipment. The electroDOT® is activated using Phi harmonics Ltd.'s unique Programmed Harmonic Interface Technology®. Phi Technology is similar in principal to vibrational remedies, where an energy signature is stored in a solid substance. Each energyDOT in the set is programmed with a specific energy signature. The electroDOT® is a small disk of magnetic material programmed with naturally occurring bio-energetic information designed to counteract harmful effects of EMFs.

The powerful subtle resonance embedded in the electroDOT® is configured to fine-tune synthetically generated EMFs, at a subtle level, to a natural harmonic. This is achieved by a process known as the 'principle of entrainment'. The resonant signature of the electroDOT® interacts like a tuning fork with electromagnetic fields in its environment. The human body's electrical sensors can recognize the re-tuned emissions as being in harmony with its natural healthy state. As the body no longer reacts defensively to the 'naturalized' emissions from the 'harmonized' device, symptoms of electro-stress are relieved.

Use of the electroDOT® on electronic items

The electroDOT® is fixed to the outer casing of the mobile phone or other electronic equipment. It can also be placed inside the battery compartment.

ELECTRO PHOTONIC IMAGING (EPI):

Electro Photon Imaging (EPI), also known as Electro-Photon Imaging, is an advanced form of Kirlian photography developed by Dr. Konstantin Korotkov^{17,18}. An electric impulse stimulates a biological subject and generates a response of the subject in the form of photon & electron emission. The glow of the photon radiation owing to the gas discharge generated in electromagnetic field is transformed by optical and charge couple device systems into a computer file. After participants place each finger tip on a quartz plate, image displaying the photons emissions are analyzed. For this study, increase in the area and symmetry of the aura were analyzed for balance and vibrancy.

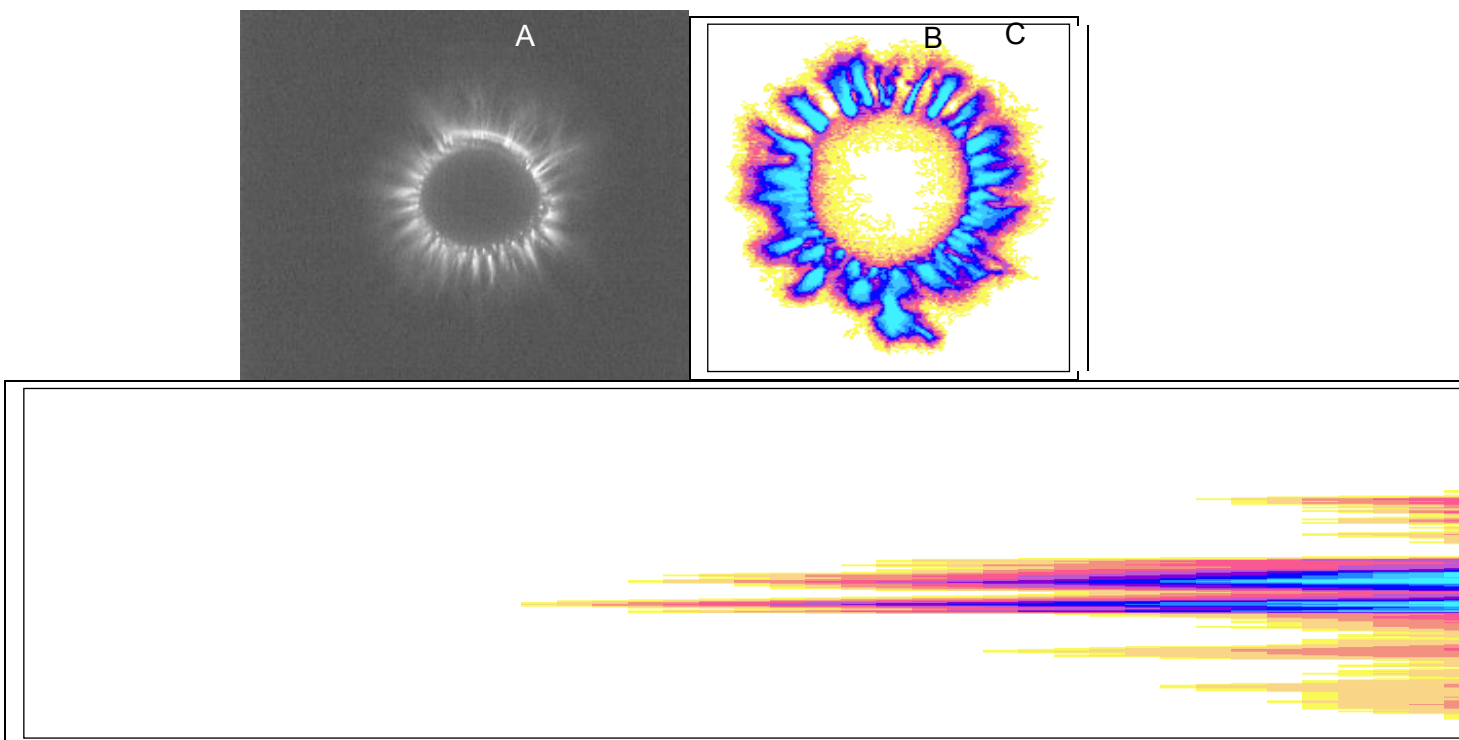


Figure 3: Example of EPI: (A) photonic emissions captured from a finger tip (B) photonic emission interpretation by EPI software (C) aura analysis based on photonic discharge and the Korean Su Jok meridian system.

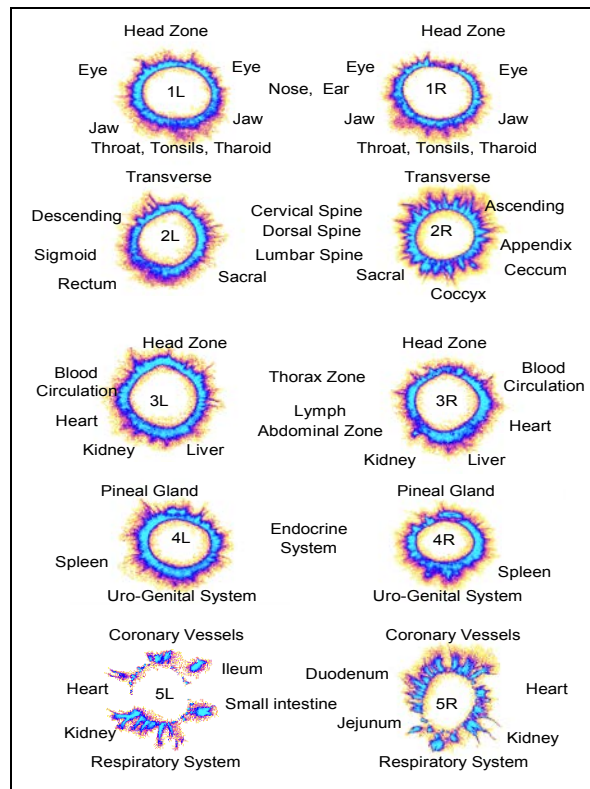


Figure 4: Software analysis of photonic emissions with respect to the Su Jok meridian system.

The EPI diagram program has been used to assess and monitor the changes in the scans of the candidates before and after acquiring electroDOTs®. The diagram shows a window with two large circles on either side representing the left and right sides of human body respectively. Each circle has three rings. The current condition of the candidate is represented by a curved line drawn within the rings of each circle. The middle ring corresponds to the norm. Hyper functioning of organs and systems is indicated when the line extends to the external ring, hypo functioning – on the centermost ring. It is important to pay attention to hypo functioning – as it is an indication of a distressed energy state.

The evaluation has been separated into Psychological and Physical Energy field. For this distinction two sets of scans are taken. One is without filters. Here the fingers are in direct contact with the photo electric plate. In the next scan the filter eliminates the problem of perspiration and therefore the activity of sympathetic nervous system. Since it distinguishes between activity of sympathetic and parasympathetic nervous systems we can say that the scan without filter evaluates the psycho emotional status and with filter reflects the physical status.

MEDICAL THERMAL IMAGING (MTI):

Thermography also referred to as Medical Thermal Imaging, is a non-invasive screening technique that allows the examiner to visualize and quantify changes in skin surface temperature. A digital infrared camera is used to take pictures which convert the infrared radiation emitted from the surface of the skin into electrical impulses that are visualized in color on a monitor. This visual image graphically maps the body temperature and is referred to as a thermo gram. The spectrum of colors indicates an increase or decrease in the amount of infrared radiation being emitted from the body surface. Since the body is very symmetrical with regard to temperature, subtle temperature asymmetries can be easily identified. The major clinical value of thermography is in its high sensitivity to pathology in the vascular, muscular, neural and skeletal systems as these can contribute to the pathogenesis and diagnosis made by the clinician¹⁹.

Clinical uses for Thermography include:

- Localize an abnormal area not previously identified so further diagnostic tests can be performed.
- Detect early lesions before they are clinically evident.
- Monitor the healing effects of the therapeutic interventions.

Skin blood flow is under the control of the sympathetic nervous system. In normal people there is a symmetrical dermal pattern which is consistent and reproducible for any individual. This is recorded in precise detail with a temperature sensitivity of 0.01°C by DITI (thermography).

The neuro-thermography application of thermography measures the somatic component of the sympathetic nervous system by assessing dermal blood flow. The sympathetic nervous system is stimulated at the same anatomical location as its sensory counterpart and produces a 'somato-sympathetic response.' The somato-sympathetic response appears on thermography as a localized area of altered temperature with specific features for each anatomical lesion.

The mean temperature differential in peripheral nerve injury is 1.5°C. In sympathetic dysfunctions (RSD/SMP/CRPS) temperature differentials ranging from 1°C to 10°C depending on severity are not uncommon. Rheumatologic processes generally appear as "hot areas" with increased temperature patterns. The pathology is generally an inflammatory process, i.e. synovitis of joints and tendon sheaths, epicondylitis, capsular and muscle injuries, etc.

Both hot and cold responses may coexist if the pain associated with an inflammatory focus excites an increase in sympathetic activity. Also, vascular conditions are readily demonstrated by thermography including Raynauds, Vasculitis, Limb Ischemia, DVT, etc.

MATERIALS AND METHODS

Sixty (60) Participants were randomly selected from replies to newspaper advertising inviting participation in the study. Individuals of both sexes and between 18-40 years of age were included in the study. Pregnant and nursing mothers were excluded from the study.

The electroDOTs® were supplied by Phi harmonics Ltd. An electroDOT® was given to participants according to their randomly assigned group. Participants affixed the electroDOT® to their mobile phones with instructions not to remove it until the study was completed.

Average mobile phone use by participants was estimated at two to four hours daily. Participants were randomly assigned to two groups: Group A (Test group) and Group B (placebo control) comprising 30 individuals in each group. Participants were monitored with Electro Photonic Imaging (EPI) and Medical Thermal Imaging (MTI) on their initial visit (baseline readings) and thereafter every seven days for 21 days during the treatment phase.

The participants were given a copy of the informed consent form and were given 48 hours to make an educated decision as to whether they would like to participate or not. Participants who signed an informed consent form were permitted to participate in the study. Before signing the consent form, Instructions about electroDOT® were given to the participants and any questions arising were answered in detail. Participants were informed of the nature of the study. Identification numbers were randomly assigned to each participant to maintain the confidentiality of their personal information.

At each visit, participants were also given a standard MYMOP-2 questionnaire to establish a subjective record of the participants' personal health issues affecting their daily lives in order to evaluate any changes they might experience during the study.

OBSERVATIONS AND RESULTS

1. ELECTRO PHOTON IMAGING (EPI):

As revealed by the results of the EPI scans of group A (Test Group), the scores of area of the right side (with filter) were seen to be significantly enhanced ($p < 0.05$) on the third visit as compared to the baseline (visit 1) scores. Highly significant ($p < 0.01$) enhancement was found in the scores of the area of the left side (with filter) on the third visit as compared to the baseline (visit 1) scores. In both the above parameters, no significant change was noted in the scores recorded on the second visit. There was no significant change observed in the parameters of symmetry, coefficient, area of right side (without filter), area of left side (without filter), at the second and third visits.

Analysis of the results of the EPI scans of group B (Placebo control) revealed no significant change in any parameter at any stage of the treatment phase as compared to the baseline phase.

2. MEDICAL THERMAL IMAGING (MTI):

As revealed from the results of MTI scans of group A (Test Group), highly significant ($p < 0.01$) reduction was found in the scores of temperature taken at the region of thymus, right ear and left ear in the third visit as compared to the baseline scores. Significant reduction ($p < 0.05$) was found in the reference reading as well as temperature scores taken in the region of the heart, back and forehead, in the third visit as compared to the baseline scores. The temperature score of the left ear region was also reduced significantly ($p < 0.05$) at the second visit as compared to the baseline score. There was no significant change in all parameters other than left ear at the second visit of the study. There was no significant change in the reference reading (face) recorded at the third visit.

Analysis of the results of MTI scans of group B (Placebo control) showed no significant change in any parameter at the second visit of the treatment phase as compared to the baseline phase. The temperature scores taken in the region of the thymus, back, right ear,

left ear were found to be significantly ($p < 0.05$) reduced on the third visit as compared to the baseline scores. No significant change found in the reference reading and temperature scores taken at the region of the heart, reference reading (face) and forehead on the third visit as compared to the baseline scores.

4. MYMOP-2 questionnaire results:

The MYMOP-2 questionnaire recordings show that all the participants of the Test group experienced positive results with headache complaints and symptoms associated with the respiratory system.

As shown in the subjective recordings of the MYMOP-2 questionnaire, extremely significant enhancement ($p < 0.0001$) was found in the sense of well being in the Test group; while the changes in well-being were not quite as significant ($p < 0.05$) in the control group.

Table 1
Analysis of EPI Parameters in Group A (Test group)

Parameters		Visit 1	Visit 2	Visit 3
Area	RT F	10220 ± 454.70	10886 ± 327.97 NS	11427±326.04 *
	RT WF	12021± 286.65	12421± 352.65 NS	12737± 337.89 NS
	LF WF	12966± 374.44	13471±279.10 NS	13588±304.65NS
	LF F	11157±438.36	11702± 295.76NS	12643±212.82 **
Symmetry	WF	92.133 ± 0.6639	88.367 ± 3.989 NS	92.3 ± 2.900 NS
	F	90.367 ± 0.9583	89.8 ± 1.267 NS	92.967 ± 0.6370 NS
Coefficient		0.6077 ± 0.1008	0.5693 ± 0.08550 NS	0.445 ± 0.08176 NS

NS-Not significant; *- $p < 0.05$ Significant; **- $p < 0.01$ highly significant

Table 2
Analysis of MTI Parameters in Group A (Test group)

Parameters	Visit 1	Visit 2	Visit 3
R.R	34.663± 0.4244	34.713 ± 0.3436 NS	33.843±0.2402*
Thymus	35.560±0.3960	35.150 ± 0.3503 NS	34.407 ± 0.2288 **
Heart	34.763 ± 0.4170	34.527 ± 0.3256 NS	33.753 ± 0.2347 *
Back	36.313 ± 0.4054	35.937 ± 0.3521 NS	35.187 ± 0.2310 *
R.R.(FACE)	35.983 ± 0.3955	36.260 ± 0.3347 NS	35.483 ± 0.2190 NS
Right Ear	37.257 ± 0.3715	36.620 ± 0.3214 NS	35.957 ± 0.2422 **
Left Ear	37.363 ± 0.3754	36.493 ± 0.3289 *	35.893 ± 0.2401 **
Forehead	36.897 ± 0.3665	36.743 ± 0.3337 NS	35.980 ± 0.2192 *

NS-Not significant; *- $p < 0.05$ Significant; **- $p < 0.01$ highly significant

Table 3
Effect of electroDOT® on different symptoms of group A (Test group)

Symptoms	No of cases	Positive effect	Negative effect	No Effect
Pain				
• Headache	6	6	0	0
• Back	5	2	3	0
Stress/Anxiety	2	1	0	1
Digestive Complaints				
• Acidity	1	1	0	0
• Constipation	3	1	0	2
Insomnia	3	1	1	1
Respiratory systems (cough, allergy)	2	2	0	0
Weakness	2	1	0	1

Table 4
Analysis of well-being in Group A (Test group)

Visit 1	Visit 3
6.63 ± 0.28	8.00 ± 0.22***

***- $p < 0.0001$ extremely significant

Table 5
Analysis of EPI Parameters in Group B (placebo control)

Parameters		Visit 1	Visit 2	Visit 3
Area	Rt F	10611 ± 443.31	10558 ± 363.49 NS	11196 ± 635.42
	Rt Wf	11335 ± 425.49	12519 ± 621.48 NS	12256 ± 330.84 NS
	Lt Wf	13220 ± 453.00	12852 ± 253.40	13348 ± 318.06
	Lt F	11821 ± 254.57	12094 ± 346.69 NS	11802 ± 244.51 NS
Symmetry	WF	89.933 ± 2.912	93.933 ± 0.6677 NS	95.100 ± 0.4189 NS
	F	90.767 ± 0.9752	91.867 ± 1.212 NS	90.800 ± 1.223 NS
Coefficient		0.4187 ± 0.07829	0.3663 ± 0.06634 NS	0.5170 ± 0.07990 NS

NS-Not significant; *- $p < 0.05$ Significant; **- $p < 0.01$ highly significant; F: With Filter, WF: Without Filter, Rt: Right, Lt: Left

Table 6
Analysis of MTI Parameters in Group B (placebo control)

Parameters	Visit 1	Visit 2	Visit 3
R.R	34.227 ± 0.3778	34.560 ± 0.3827 NS	33.663 ± 0.2951 NS
Thymus	34.983 ± 0.4059	34.963 ± 0.3878 NS	34.193 ± 0.2729 NS
Heart	34.253 ± 0.3864	34.467 ± 0.3633 NS	33.563 ± 0.2550 NS
Back	36.137 ± 0.3509	35.840 ± 0.3345 NS	35.063 ± 0.2420 *
R.R.(FACE)	36.003 ± 0.3857	36.287 ± 0.3769 NS	35.377 ± 0.2244 NS
Right Ear	36.873 ± 0.3758	36.770 ± 0.3346 NS	35.977 ± 0.2002 NS
Left Ear	37.296 ± 0.4372	36.687 ± 0.3177 NS	35.980 ± 0.2392 *
Forehead	36.573 ± 0.3769	36.523 ± 0.3389 NS	35.913 ± 0.2456 NS

*NS-Not significant; *- p<0.05 Significant; **-p<0.01 highly significant; R.R.: Reference Reading,*

Table 7
Analysis of different symptoms of group B (Placebo control)

Symptoms	No Of cases	Positive effect	Negative effect	No effect
Pain				
• Head ache	11	6	2	3
• Back	1	0	1	0
Stress/ Anxiety	2	1	1	0
Digestive complaints				
• Acidity	2	1	0	1
• Constipation	3	1	1	1
Insomnia	2	1	0	1
Respiratory system- cough	1	1	0	0
Weakness	1	1	0	0

Table 8
Analysis of well-being in Group B (placebo control)

Visit 1	Visit 3
6.53 ± 0.19	6.76 ± 0.24*

** p<0.0504 not quite Significant*

DISCUSSION

Electro Photonic Imaging (EPI):

As revealed from the results of EPI of the Group A (Test group), statistically significant ($p < 0.05$) enhancement in the Area parameter of right hand, and highly significant ($p < 0.01$) enhancement in the Area parameter of left hand was found on visit 3 as compared to the baseline scores. This was observed in the scans taken with filter. The filter distinguishes between activity of the sympathetic and parasympathetic nervous systems. Assessment with filter shows the condition of physical energy field. A significant difference was observed in the scans taken with filter, where changes in the physical plane were prominent as compared to psycho-emotional changes. This shows that the use of the electroDOT® has modified the physical energy field significantly.

No significant changes were observed in any parameter of EPI at any stage of the study in the Group B (placebo control), either at the physical or the psycho-emotional level. Therefore, finally the study reveals significant beneficial effects of the use of the electroDOT® on the physical energy field of the test group as compared to the placebo group.

Medical Thermal Imaging (MTI):

The MTI results of Group A (Test group) reveal statistically significant ($p < 0.05$) reduction in the reference reading temperature as well as the temperature readings of the heart, back and forehead regions as compared to the baseline recordings of the temperatures of those regions. The remarkable evidence of the protective effect of the electroDOT® is the highly significant ($p < 0.01$) reduction found in the superficial temperatures of the thymus and both ears regions, as compared to the baseline temperatures of those regions.

The results of MTI of Group B (placebo control) show statistically significant ($p < 0.05$) reduction in the superficial temperature of four parameters i.e. thymus, back and both ears regions as compared to the baseline recordings of the temperatures of those regions. Other parameters (regions) were unaffected.

Enhanced temperature patterns are associated with either inflammatory processes or a metabolic reaction in response to a harmful stimulus. Readings on subsequent visits showed temperatures coming down close to the reference readings. These readings were more significantly evident in the test group when compared with the placebo control group.

The above findings revealed that the temperatures were more significantly normalized in the Test group which was treated with electroDOTs®. Therefore, it can be concluded that the electroDOT® has protective and anti-inflammatory effects on both the ears and other regions to a significant extent as compared to the control group that was treated with placebo.

MYMOP-2 questionnaire:

The MYMOP-2 questionnaire recordings show that the electroDOTs® have been extremely beneficial for participants who experienced headaches and complaints associated with the respiratory system. The subjective recordings of the MYMOP-2 questionnaire show that the use of the electroDOT® enhanced the sense of well being more significantly, as compared to the placebo control group.

CONCLUSION

The study of the electroDOT® shows beneficial effects on the subjects that used them on their mobile phones. The Electro Photonic Imaging (EPI) shows that the use of the electroDOT® has enhanced the physical energy field significantly.

The Medical Thermal Imaging (MTI) shows that the use of the electroDOT® has significantly reduced the superficial temperatures of heart, back and forehead regions. The remarkable evidence of the protective effect of the electroDOT® is that a highly significant reduction was found in the superficial temperatures in the region of the thymus and both ears. This is also suggestive of positive physiological thermal variation shown by the efficacy of the electroDOT®. In addition it indicates a balancing of the energies of the brow, throat and heart chakra, which reflects in the well-being of the subjects with problems related to those chakras.

The MYMOP-2 questionnaire recordings show that the use of the electroDOT® has been extremely beneficial for participants with headache complaints and complaints associated with the respiratory system. As demonstrated by the subjective recordings of the MYMOP-2 questionnaire, the use of the electroDOT® enhanced the sense of well-being in the test group more significantly, as compared to the placebo group.

Overall, it is concluded that the electroDOT® has shown to be profoundly effective in negating the adverse effects of mobile phone radiation on the human body. Since the use of the electroDOT® showed significant health benefits for the test subjects in the three weeks that were observed, prolonged periods of use could benefit to a larger extent. Studies on a larger test group and for a longer duration, with evaluation of the efficacy of the electroDOT®, are therefore suggested.

ACKNOWLEDGEMENT

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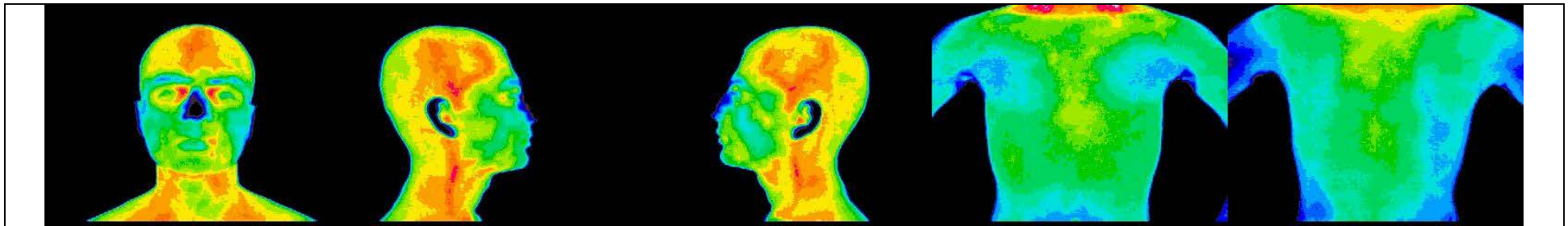
APPENDIX – A

ABBREVIATIONS USED IN THE STUDY

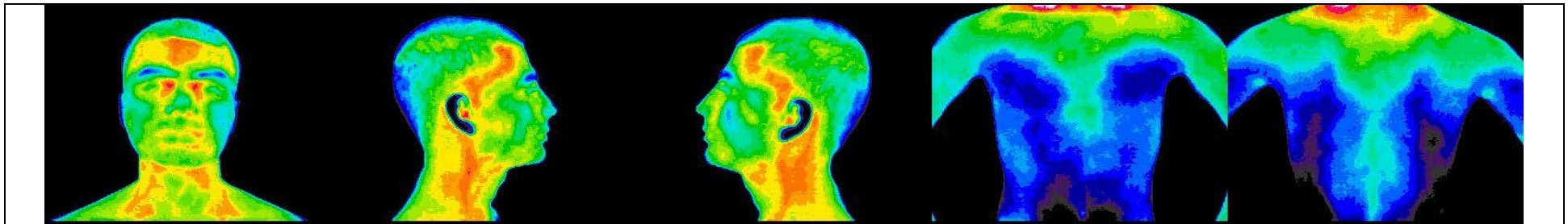
NS	:	Not Significant
R.R.	:	Reference Reading
EPI	:	Electro Photon Imaging
EMF	:	Electro Magnetic Field
MYMOP	:	<u>Measure Your Medical Outcome Profile</u>
MTI	:	Medical Thermal Imaging

APPENDIX - B

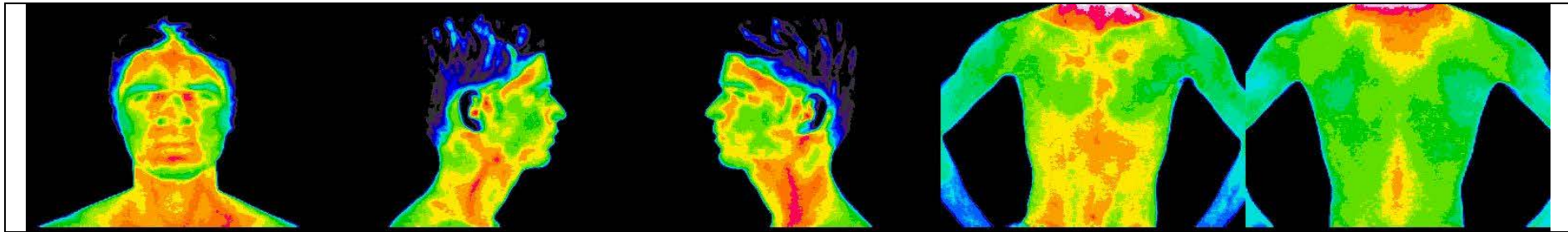
Some examples of MTI Scans of GROUP A (Test group)



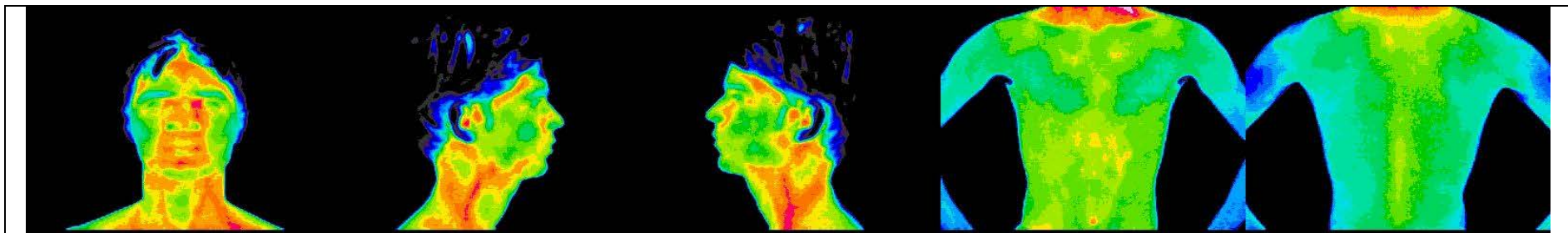
EDOT90897457 BF (Before) **GROUP A (Test group)**



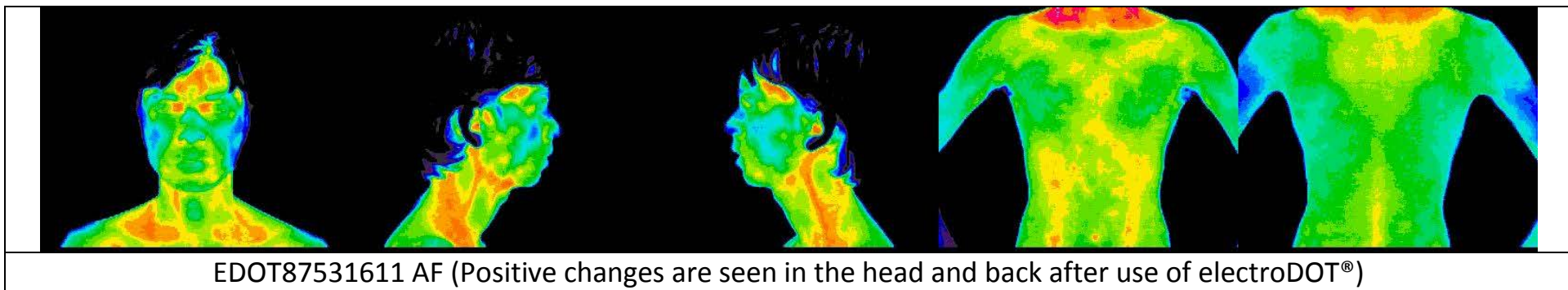
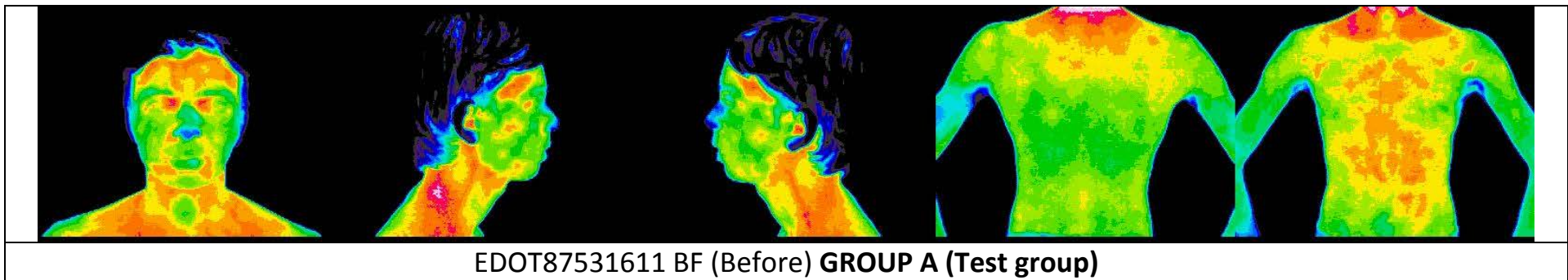
EDOT90897457 AF (Positive changes are seen in head region after use of electroDOT®)

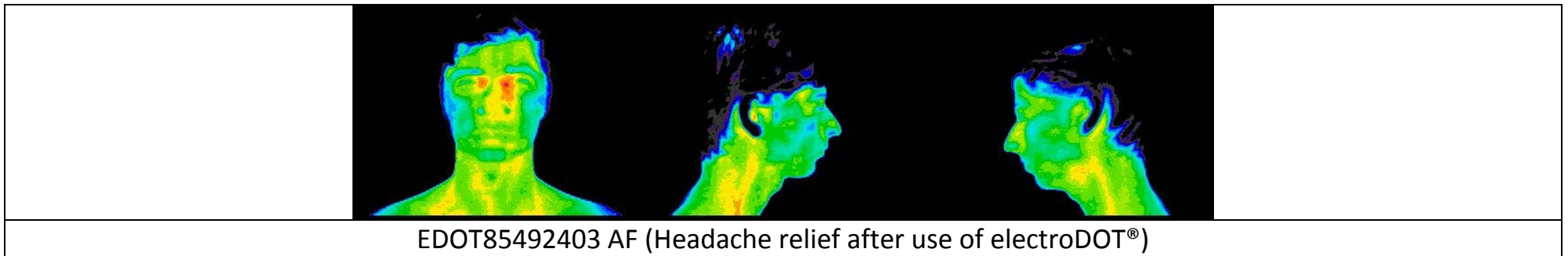
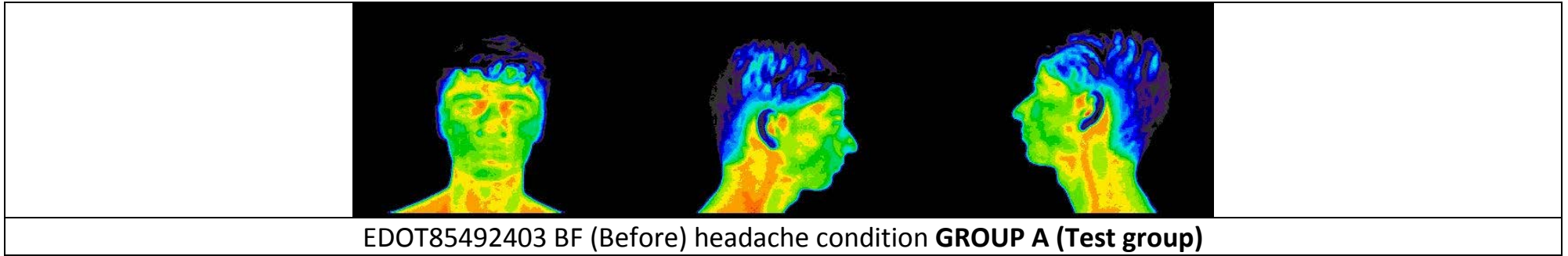


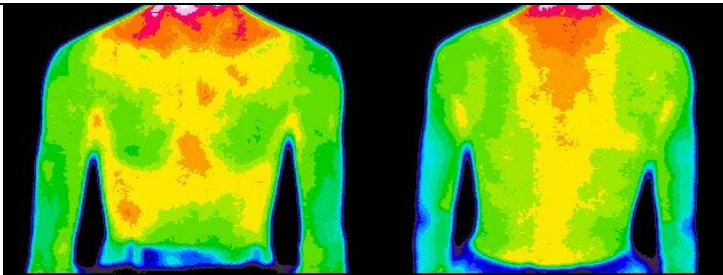
EDOT55663836 BF (Before) **GROUP A (Test group)**



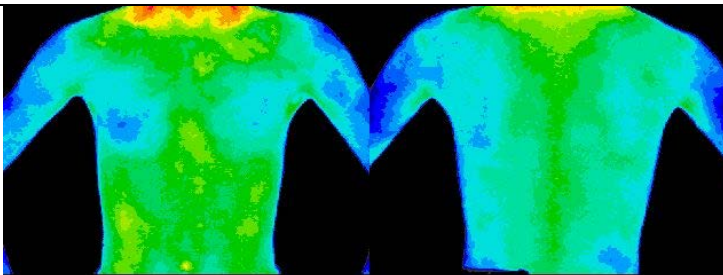
EDOT55663836 AF (Positive changes are seen on Thymus and back region after use of electroDOT®)





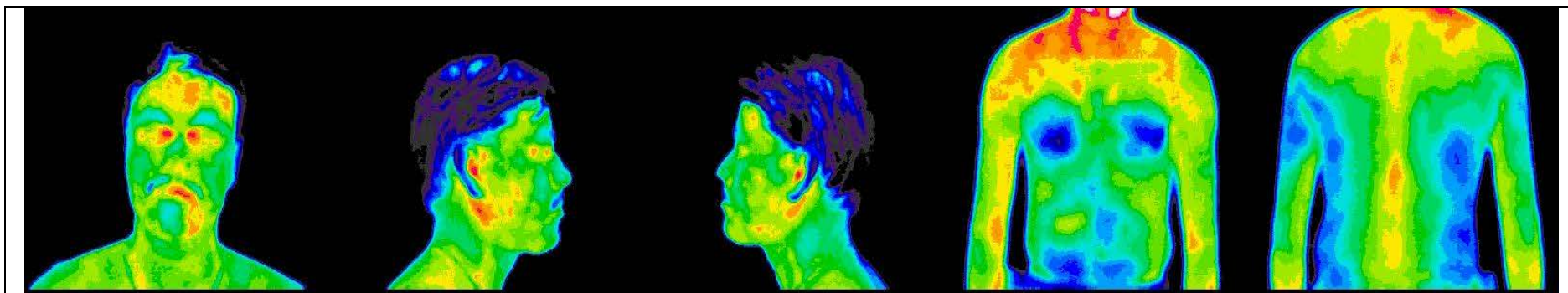


EDOT85492403 BF (Before) backache condition **GROUP A (Test group)**

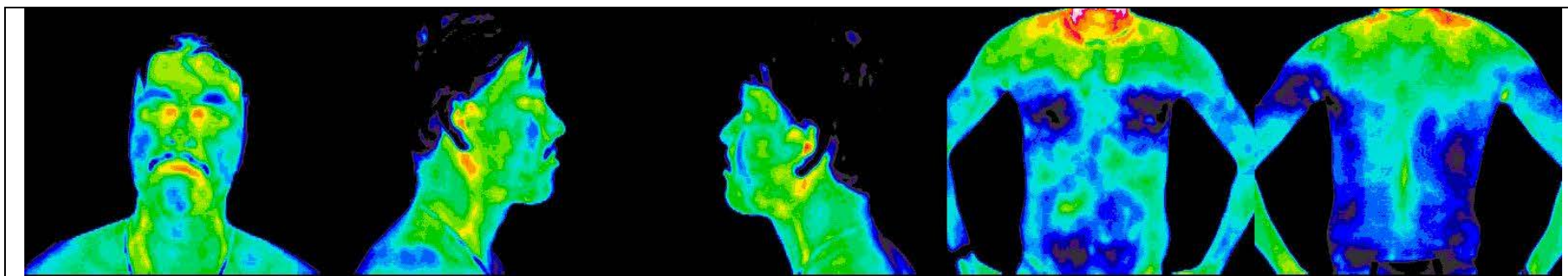


EDOT85492403 AF (Backache relief after use of electroDOT®)

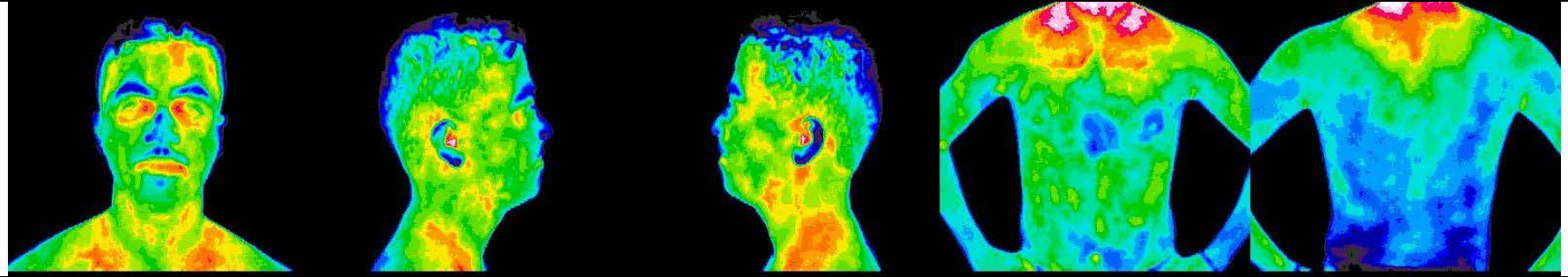
Some examples of MTI Scans of GROUP B (Placebo control)



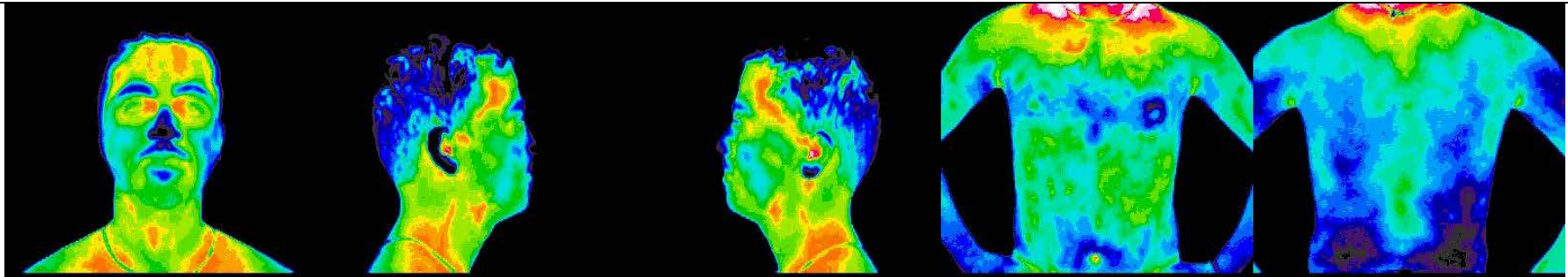
EDOT14759554 BF (Before)Group B (Placebo control)



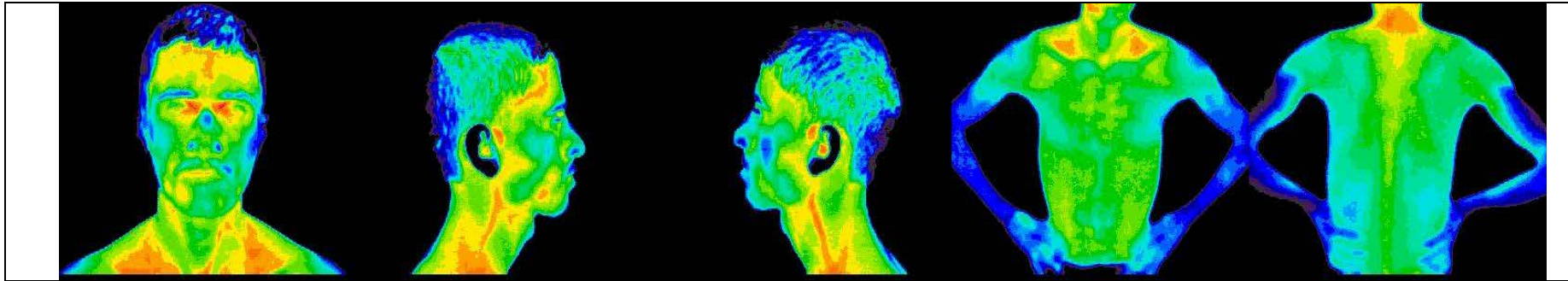
EDOT14759554 AF (Overall hypothermia seen on visit 3)



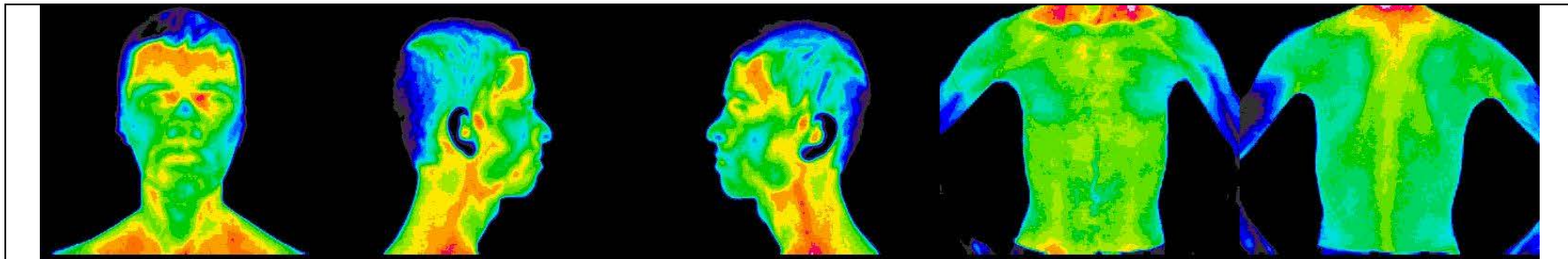
EDOT15189955 BF (Before) Group B (Placebo control)



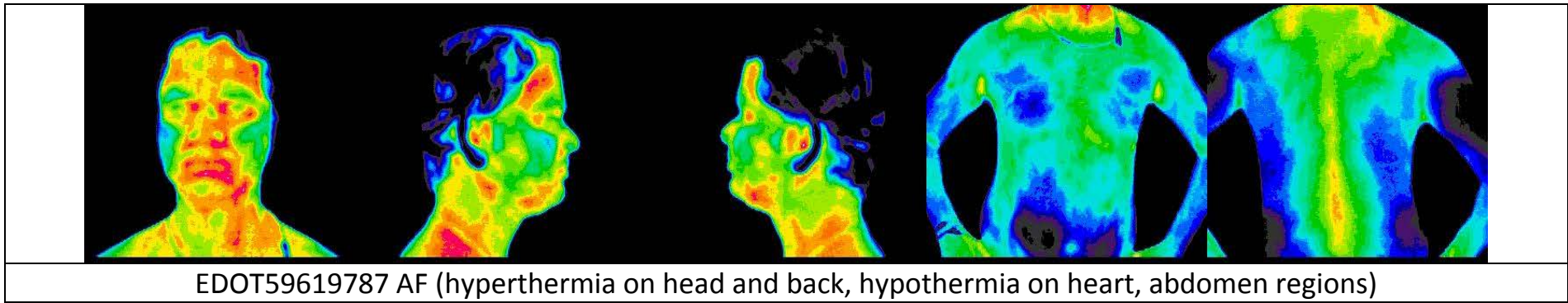
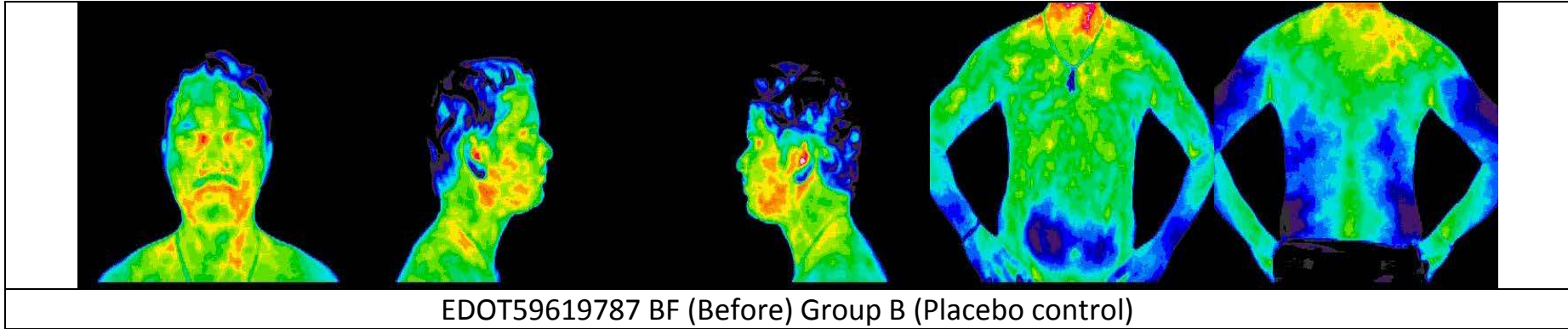
EDOT15189955 AF (No change on visit 3)



EDOT64054295 BF (Before) Group B (Placebo control)

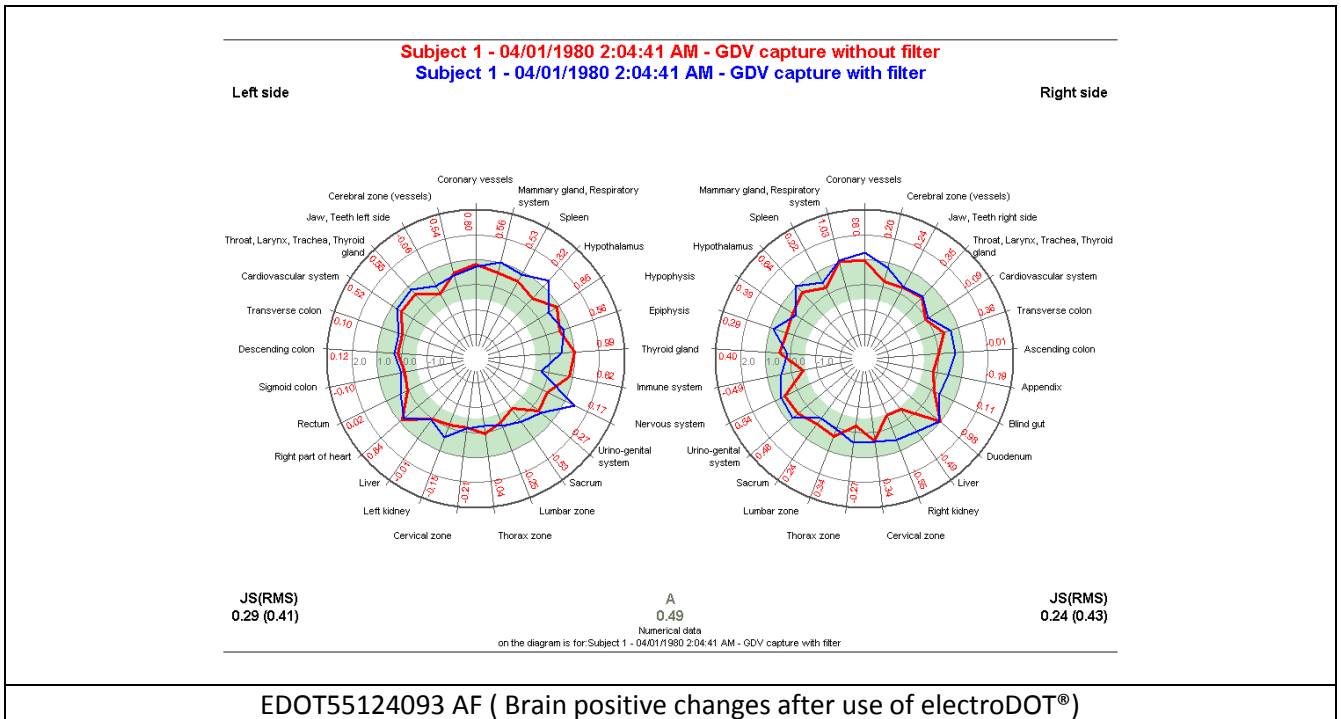
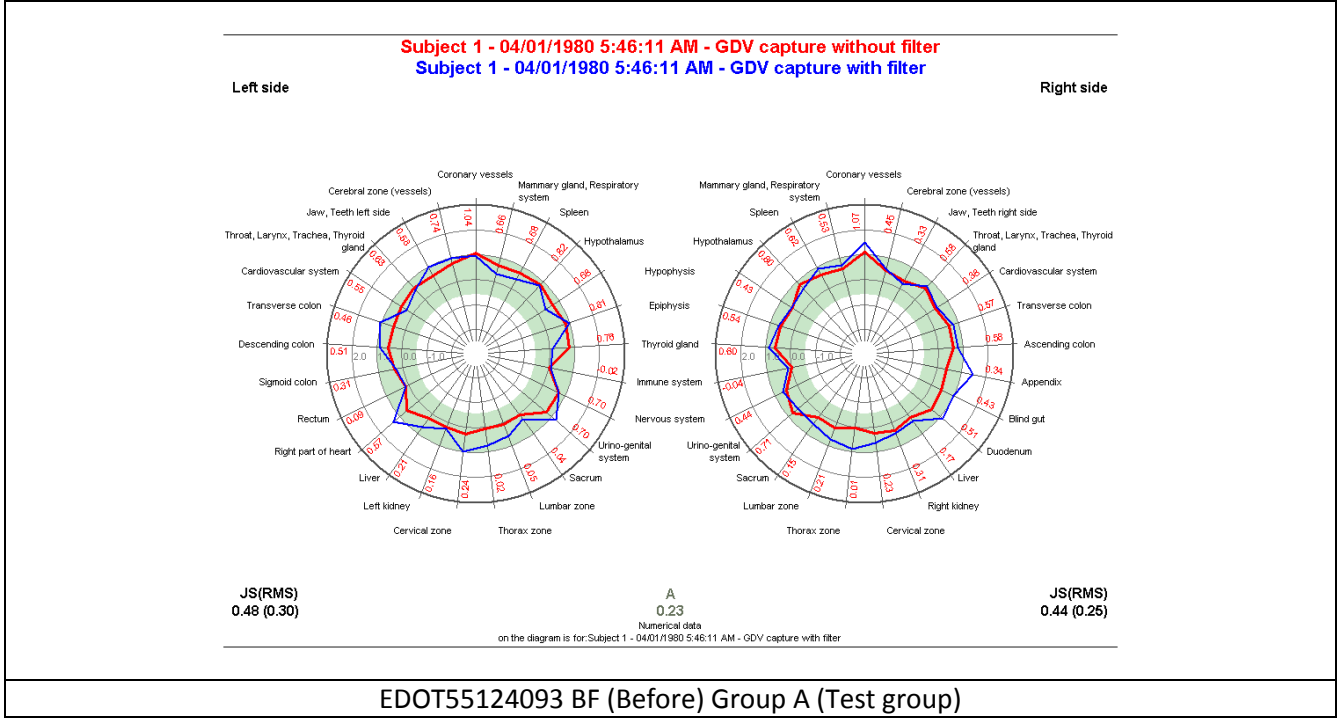


EDOT64054295 AF (hyperthermia on head, neck thymus and back regions)



APPENDIX - C

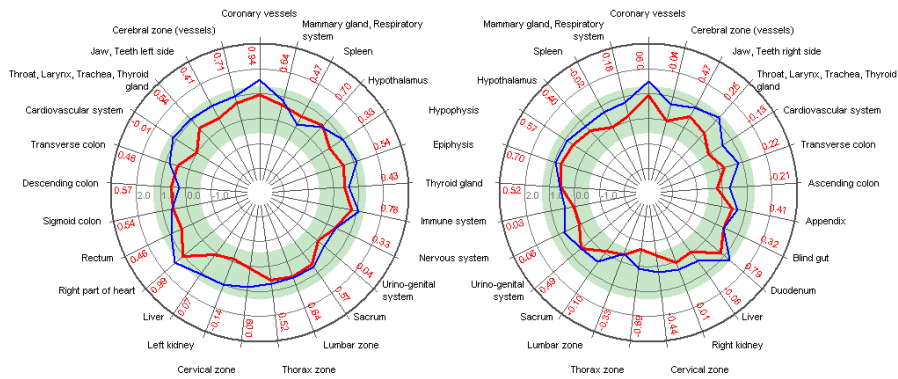
Some examples of EPI Scans of Group A (Test group)



Subject 1 - 19/07/2011 12:02:47 PM - GDV capture without filter
Subject 1 - 19/07/2011 12:02:47 PM - GDV capture with filter

Left side

Right side



JS(RMS)
0.46 (0.28)

A
0.74

JS(RMS)
0.17 (0.39)

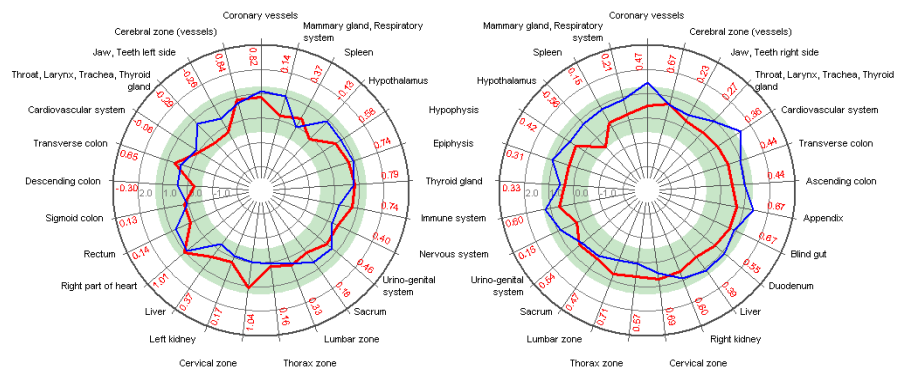
Numerical data
on the diagram is for: Subject 1 - 19/07/2011 12:02:47 PM - GDV capture with filter

EDOT15598090 BF Group A (Test group)

Subject 1 - 04/01/1980 4:59:07 AM - GDV capture without filter
Subject 1 - 04/01/1980 4:59:07 AM - GDV capture with filter

Left side

Right side



JS(RMS)
0.36 (0.40)

A
0.38

JS(RMS)
0.41 (0.27)

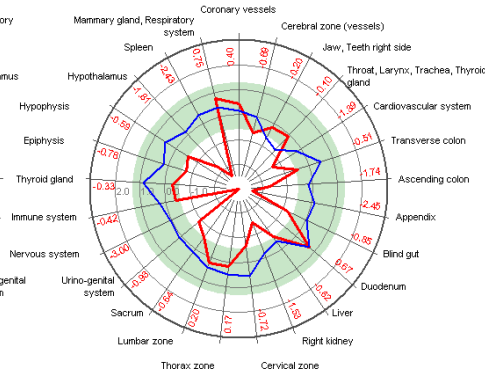
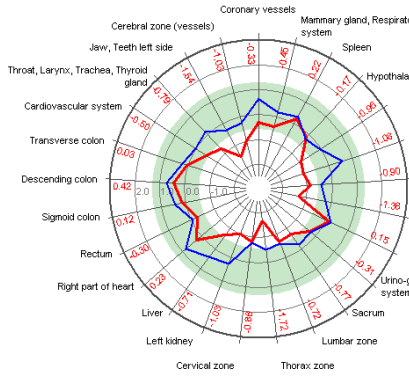
Numerical data
on the diagram is for: Subject 1 - 04/01/1980 4:59:07 AM - GDV capture with filter

EDOT15598090 AF (Brain positive changes after use of electroDOT®)

Subject 1 - 04/01/1980 5:43:53 AM - GDV capture without filter
Subject 1 - 04/01/1980 5:43:53 AM - GDV capture with filter

Left side

Right side



JS(RMS)
-0.67 (0.58)

A

2.22

Numerical data

on the diagram is for: Subject 1 - 04/01/1980 5:43:53 AM - GDV capture with filter

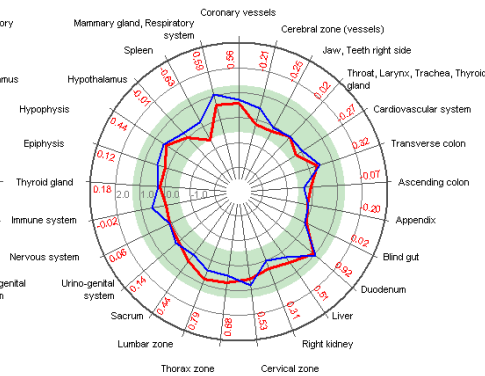
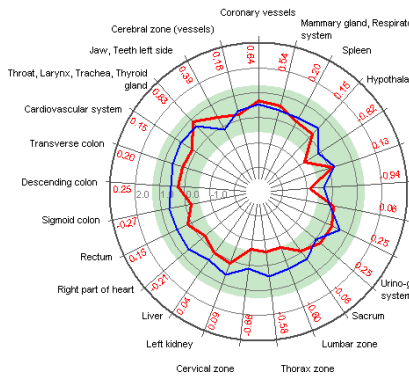
JS(RMS)
-0.78 (0.97)

EDOT55663836 BF Group A (Test group)

Subject 1 - 04/01/1980 6:49:14 AM - GDV capture without filter
Subject 1 - 04/01/1980 6:49:14 AM - GDV capture with filter

Left side

Right side



JS(RMS)
0.01 (0.44)

A

0.62

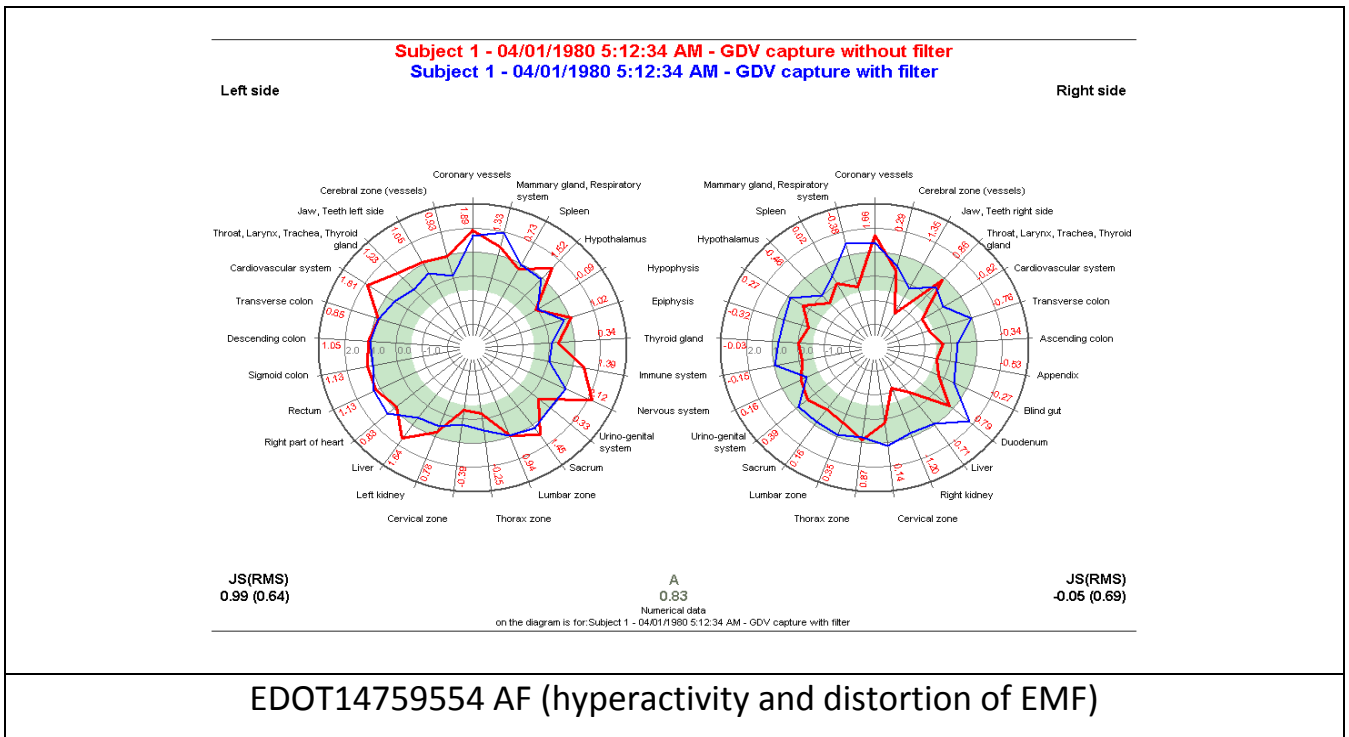
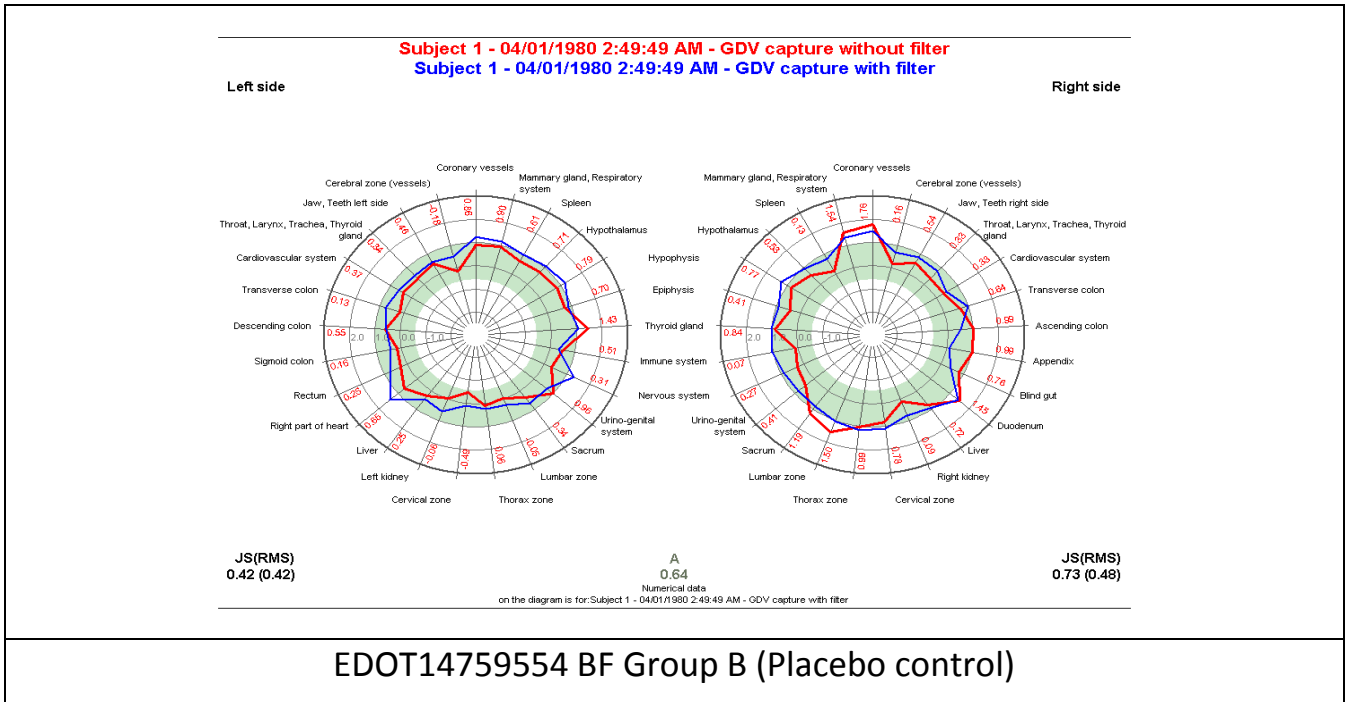
Numerical data

on the diagram is for: Subject 1 - 04/01/1980 6:49:14 AM - GDV capture with filter

JS(RMS)
0.20 (0.38)

EDOT55663836 AF (Thymus positive changes after use of electroDOT®)

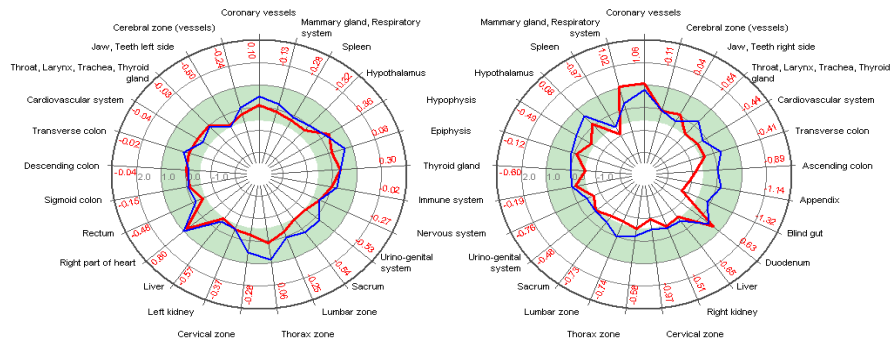
Some examples of EPI Scans of Group B (Placebo control)



Subject 1 - 19/07/2011 11:52:32 AM - GDV capture without filter
 Subject 1 - 19/07/2011 11:52:32 AM - GDV capture with filter

Left side

Right side



JS(RMS)
-0.13 (0.32)

A
0.74
Numerical data

JS(RMS)
-0.39 (0.60)

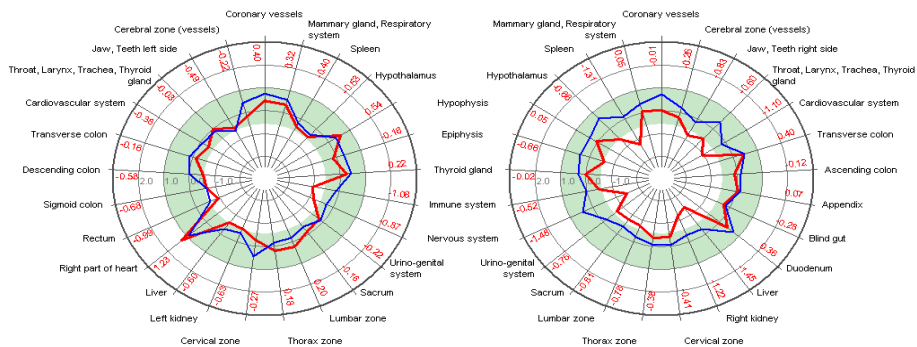
on the diagram is for: Subject 1 - 19/07/2011 11:52:32 AM - GDV capture with filter

EDOT53197779 BF Group B (Placebo control)

Subject 1 - 04/01/1980 6:50:51 AM - GDV capture without filter
 Subject 1 - 04/01/1980 6:50:51 AM - GDV capture with filter

Left side

Right side



JS(RMS)
-0.21 (0.52)

A
1.11
Numerical data

JS(RMS)
-0.51 (0.54)

on the diagram is for: Subject 1 - 04/01/1980 6:50:51 AM - GDV capture with filter

EDOT53197779 AF (Minimal or no change in the EMF)