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PEER REVIEW OF THE "SCIENTIFIC REPORT ON TESTING ENERGY INFLUENCE ON HUMAN ORGANISM FOR THE PRODUCT bodyDOT," CONDUCTED BY BION INSTITUTE, JANUARY 20, 2021

Overall, the study was well done. The approach and methodology is clear and appropriate for an initial pilot study on a health and wellness product. The research design employed is the "gold standard" in clinical testing—a randomized, double-blinded, sham-controlled clinical trial.

Use of 12 human subjects, who are tested in both the sham and active device conditions, is typical for an initial pilot study. The demographics showed a wide range of age (33 – 71) and included both genders. Time of day for testing each subject was also controlled, which is excellent, as it reduces possible confounding effects.

Heart rate, muscle tension, skin conductivity, respiration rate, and skin temperature were measured. This is a wide range of physiological variables, and it is an excellent choice for an initial study to assess to look for an effect where there is little or no pre-existing data. Explanations of these parameters and exactly how they were measured are clear. The figures showing the product, the subject in position with the product and the placement of measurement devices, are appropriate and helpful to the reader.

Data analysis and statistics are appropriate and clearly stated. The time periods for each test session were divided into two segments, A and B, and analyzed separately, which goes beyond the scope of most initial studies. There is good reason to do this, since the physiology changes as a person merely sits and rests. Cohen's d (effect size) was calculated for the significant parameters, which is excellent, as it may be helpful for future studies on this product.

The results indicate that skin temperature, respiration, and skin conductance show small and/or significant increases suggest an energizing effect from bodyDOT as stated in the conclusions. However, the fact that skin temperature showed the largest physiological effect suggests a relaxation effect and improved peripheral circulation. The latter is typically associated with the relaxation response. Thus, the change in state due to bodyDOT is not a stress response--not sympathetic nervous system arousal ("fight or flight" response), nor is it a

typical parasympathetic response ("rest and digest" response). It appears to be a mixture of an energizing effect with an element of relaxation.

My only recommendation to improve this manuscript would be to change the title of this report to, "Pilot Clinical Trial on the Physiological Effects of bodyDOT," for greater clarity.

Based on these positive findings, further pilot studies are recommended to look for effects on (1) heart rate variability to assess autonomic nervous system effects; (2) perfusion index, to look for improved oxygenation of the blood; and (3) effects on the biofield, to learn more about the physiological and bioenergetic effects of this product.