THE CENTRE FOR BIOFIELD SCIENCES



Study Report for Biomatrix Shield Electromagnetic harmoniser



An assessment of effects on the physical body and the Biofield caused by the introduction of the Biomatrix Shield during mobile phone use.

RESEARCH SUMMARY

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STUDY TITLE	:	Suryavanshi An assessment of positive effects on the physical level and in the human Biofield caused by the introduction of the Biomatrix Shield during mobile phone use.
STUDY OBJECTIVE AND METHO	DDS	: 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 Biomatrix Shield is attached to the cell phone. The methods for measurement to be employed in the study are Electro Photon Imaging and physiological thermal variation, as well as Medical Thermal Imaging.
TIME PERIOD OF THE STUDY	:	April – June 2016
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ABSTRACT

Electronic, electrical, and radio frequency technologies produce electromagnetic fields. These men made EMFs behave differently from natural ones. Electro-stress is the body's stress response when exposed to synthetically produced EMFs. The manufacturer represents the Biomatrix Shield as helping harmonize the effects of man-made EMFs. They have accumulated evidence suggesting that Biomatrix Shield® can reduce stress more generally and help improve sleep patterns. Previous studies (CBS 2016) using PIP, GDV, and RFI techniques concluded the Biomatrix Shield to be "a very effective means of neutralizing negative effects of electromagnetic radiations from mobile phones."

An experimental study was conducted to assess the Biomatrix Shield's efficacy. In this double-blind, randomized study, 60 participants were assigned to two groups: Group A (Test group) and Group B (placebo control), comprising 30 subjects in each group. Electro Photon Imaging and Medical Thermal Imaging scans were recorded to monitor the changes before and after using a Biomatrix Shield on a mobile phone. 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, originates 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 structures that connect. The energy of the chakras interacts directly with the physical glandular system and with emotions ⁴⁻⁸ 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 occurring 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 for diagnosis in most holistic and integrated medical systems. Accordingly, relevant diagnostic tools have been developed.

Many studies have been conducted, which indicate the harmful effects of electromagnetic radiation (EMFs) from mobile phones on human health and the environment¹⁰⁻¹⁵. The present study expands on the previous research study of 2016 to further examine the beneficial effects of the Biomatrix Shield ¹⁶. It investigates the effects of the Biomatrix Shield 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 <u>human head</u>. 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. Therefore, information gathered from the Biofield provides vital clues at a formative level to physical health.

The use of a mobile phone is known to generate heat. Most of the heating effect appears on the head's surface. The brain's <u>blood circulation</u> can dispose of excess heat by increasing local <u>blood flow</u>.

About Biomatrix Shield:

Biomatrix Shield – is the core of the Uniwave by Quantes Technology toolkit. It is programmed to harmonize electromagnetic radiation from electronic equipment. The Biomatrix Shield is activated using Destinal International's unique Uniwave by Quantes Technology. Uniwave by Quantes Technology is similar in principle to vibrational remedies, where an energy signature is stored in a solid substance. Each Uniwave Energy in the set is programmed with a specific energy signature. The Biomatrix Shield is a material programmed with naturally occurring bio-energetic information designed to counteract the harmful effects of EMR and EMF radiation.

The powerful, subtle resonance embedded in the Biomatrix Shield is configured to fine-tune synthetically generated EMR and EMF radiation, 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 Biomatrix Shield 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 Biomatrix Shield on electronic items

The Biomatrix Shield 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 the subject's response through photon & electron emission. Optical and charge couple device systems transform the glow of the photon radiation from the gas discharge generated in the electromagnetic field into a computer file. After participants place each fingertip on a quartz plate, images of the photon emissions are analyzed. For this study, an 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 fingertip (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 candidates' scans before and after acquiring Biomatrix Shields. The diagram shows a window with two large circles on either side representing the human body's left and right sides. 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. Hyperfunctioning of organs and systems is indicated when the line extends to the external ring, hypo functioning – on the centermost ring. It is essential 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 fields. For this distinction, two sets of scans are taken. One is without filters. Here, the fingers are in direct contact with the photoelectric plate. In the following scan, the filter eliminates the perspiration problem and, therefore, the sympathetic nervous system's activity. Since it distinguishes between the 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 called 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 takes pictures that convert the infrared radiation emitted from the skin's surface into electrical impulses visualized in color on a monitor. This visual image graphically maps the body temperature and is called a thermogram. The spectrum of colors indicates an increase or decrease in the amount of infrared radiation emitted from the body's surface. Since the body is very symmetrical with regard to temperature, subtle temperature asymmetries can be easily identified. The primary 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.

The sympathetic nervous system controls skin blood flow. In ordinary people, a symmetrical dermal pattern is consistent and reproducible for any individual. DITI (thermography) records this precisely with a temperature sensitivity of 0.01°C.

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 exact 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, thermography readily demonstrates vascular conditions, including Raynauds, Vasculitis, Limb Ischemia, DVT, etc.

MATERIALS AND METHODS

Sixty (60) Participants who actively responded to our newspaper advertising were randomly selected to participate in this crucial study. We welcomed individuals of both sexes, aged between 18 and 40, to participate in our research. It's important to note that pregnant and nursing mothers were excluded from the study for their safety.

Destinal International Sdn Bhd supplied the Biomatrix Shields. A Biomatrix Shield was given to participants according to their randomly assigned group. Participants affixed the Biomatrix Shield to their mobile phones with instructions not to remove it until the study was completed.

We monitored our participants' mobile phone use during the study, averaging two to four hours daily. Thirty individuals were randomly assigned to Group A (Test group) and Group B (placebo control). We took baseline readings during their initial visit and monitored them every seven days for 21 days during the treatment phase. This regular monitoring with electrophotonic imaging (EPI) and medical thermal imaging (MTI) was a testament to our commitment to their health and well-being.

Each participant was given a copy of the informed consent form and a respectful 48 hours to make an educated decision about their participation. Only those who signed the informed consent form were allowed to participate. Before signing, participants were given detailed instructions about the Biomatrix Shield, and any questions were answered. This process ensured that each participant fully understood the nature of the study and felt respected in their decision-making. To maintain confidentiality, each participant was assigned a random identification number.

At each visit, participants were also given a standard MYMOP-2 questionnaire to establish a subjective record of the health issues affecting their daily lives 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 the 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. No significant change was noted in the scores recorded on the second visit in the above parameters. No significant change was observed in the parameters of symmetry, coefficient, area of the right side (without filter), or area of the 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 compared to the baseline phase.

2. MEDICAL THERMAL IMAGING (MTI):

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

4. MYMOP-2 questionnaire results:

The MYMOP-2 questionnaire recordings show that all the Test group participants 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. In contrast, the changes in well-being were not quite as significant (p<0.05) in the control group.

Parameters		Visit 1	Visit 2	Visit 3
Area	R.T. 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 W.F.	12966±374.44	13471±279.10 N.S.	13588±304.65NS
	L.F. F	11157±438.36	11702±295.76NS	12643±212.82 **
Symmetry	W.F.	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	$0.5693 \pm 0.08550 \text{ NS}$	0.445 ±0.08176 NS

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

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 Biomatrix Shield 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	2	2	0	0
(cough, allergy)				
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	$10558 \pm 363.49 \text{ NS}$	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	$12094 \pm 346.69 \text{ NS}$	$11802 \pm 244.51 \text{ NS}$
Symmetry	W.F.	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	$36.287 \pm 0.3769 \text{ NS}$	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				
• Headache	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
6.52 + 0.10	676 10 24*
6.53 ± 0.19	$6.76 \pm 0.24*$

* p<0.0504 not quite Significant

DISCUSSION

Electro Photonic Imaging (EPI):

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

No significant changes were observed in any parameter of EPI at any stage of the study in Group B (placebo control), either at the physical or psycho-emotional level. Therefore, finally, the study reveals significant beneficial effects of using the Biomatrix Shield 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 a 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 Biomatrix Shield is the highly significant (p<0.01) reduction found in the superficial temperatures of the thymus and both ears' regions, compared to the baseline temperatures of those regions.

The results of MTI of Group B (placebo control) show a 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 inflammatory processes or a metabolic reaction to harmful stimuli. Readings on subsequent visits showed temperatures coming down close to the reference readings. These readings were more evident in the test group than in the placebo control group.

The above findings revealed that the temperatures were more significantly normalized in the Test group treated with Biomatrix Shields. Therefore, it can be concluded that Biomatrix Shield has significant protective and anti-inflammatory effects on the ears and other regions compared to the control group treated with a placebo.

MYMOP-2 questionnaire:

The MYMOP-2 questionnaire recordings demonstrate the unique benefits of Biomatrix Shields for participants experiencing headaches and respiratory system complaints. The subjective recordings of the MYMOP-2 questionnaire reveal that the use of Biomatrix Shields significantly enhanced the sense of well-being, a benefit not observed in the placebo control group.

CONCLUSION

The study of the Biomatrix Shield shows beneficial effects on the subjects who used it on their mobile phones. Electro Photonic Imaging (EPI) shows that using the Biomatrix Shield has significantly enhanced the physical energy field.

Medical Thermal Imaging (MTI) data shows that Biomatrix Shields significantly reduced the superficial temperatures of the heart, back, and forehead regions. The most compelling evidence of the protective effect of Biomatrix Shields is the highly significant reduction in the superficial temperatures in the area of the thymus and both ears. This is indicative of positive physiological thermal variation, a clear sign of the efficacy of Biomatrix Shields. Furthermore, it suggests a balancing of the energies of the brow, throat, and heart chakras, which is reflected in the improved well-being of the subjects with related chakra problems.

The MYMOP-2 questionnaire recordings show that using the Biomatrix Shield has greatly benefited participants with headaches and respiratory system complaints. As demonstrated by the subjective recordings of the MYMOP-2 questionnaire, using the Biomatrix Shield enhanced the sense of well-being in the test group more significantly than in the placebo group.

Overall, it is concluded that the Biomatrix Shield is profoundly effective in negating the adverse effects of mobile phone radiation on the human body. Since using the Biomatrix Shield showed significant health benefits for the test subjects in the three weeks observed, prolonged use periods could also benefit significantly. Studies on a larger test group and for a longer duration, with an evaluation of the efficacy of the Biomatrix Shield, are therefore suggested.

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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	
МУМОР	:	Measure Your Medical Outcome Profile	
MTI	:	Medical Thermal Imaging	
BMS	:	Biomatrix Shield	

APPENDIX-B

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





















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







BMS15189955 AF (No change on visit 3)





BMS64054295 AF (hyperthermia on head, neck thymus and back regions)





APPENDIX-C

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



BMS55124093 BF (Before) Group A (Test group)













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







