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A Tale of Skepticism and Discovery: Can Holographic Stickers Really Affect Our Perception of Pain?

Pain stickers. . . really?"

I have to admit my initial reaction was more than skeptical when the idea of charged holographic chips was first presented to me.

My name is Dr Atul M. Gupta, and I am now the Chief Medical Officer (CMO) of CieAura, LLC—the company that markets those same chips. I wish I could say that my journey from skeptic to CMO was one of open-mindedness and enlightenment. The truth of the matter is that I set out to use science to justify my skepticism—and in the end it was the science that told a story that I could not ignore.

I believe my experience provides an interesting perspective for readers looking to learn more about natural products, as well as those engaged in critical analysis of the science behind these products. In order to fully understand my “enlightenment,” let’s start with a little of my background.

As an allopathic physician in the United States, my formal training in homeopathy, Ayurveda, kinesiology, acupuncture, or even nutrition as it relates to cellular function was essentially nonexistent. Two factors impacted my decision to look beyond my medical-school training for “complementary” therapies: the Eastern influence of my upbringing and my personal desire to approach medicine in a manner other than prescribing pills to mask symptoms.

After completing an internship in general surgery and an emergency medicine residency, I found that the 40 to 50 hours each week spent in an emergency room (ER) did not provide the venue for me to practice in such a manner. While still practicing full time in the ER, I found a business partner and opened a wellness and physical medicine practice. As our focus, we treat acute and chronic pain without any prescription medications. This was my first professional experience outside of “traditional medicine,” and it was awe-inspiring.

As the wellness practice was coming together, a personal friend and business mentor asked me to try a charged holographic chip being marketed by a company called CieAura. I knew nothing about holographic chips and was very busy. The last thing I needed was something else on my plate.

Despite my reluctance, I was intrigued by the prospect of finding a completely natural way to relieve discomfort. The herniated disc I have at L3-L4 certainly declared itself from time to time in the ER, and I experienced instant relief with the holographic chip. I was still skeptical, however, as I know that the placebo effect can play a large part in our perceptions. After all, the body achieves what the mind believes. So I set out to prove to myself whether or not these “stickers” could really be effective from a scientific standpoint rather than simple testimonials. My ulterior motive, however, was proving to my friend that

these holographic chips and the technology behind them would not hold up to scientific evaluation.

I personally conducted two of the randomized double-blind placebo-controlled trials included within this publication and was amazed by the results. This led me to assist in setting up additional trials, two of which appear in this publication as well. Despite the subversive nature of my cooperation up to this point, I could no longer argue with the results. It was only then that I put aside my skepticism and became involved with CieAura with the simple goal of “spreading the word” to my friends and colleagues. Another 10 months passed before I became the CMO of the company—still amazed and much more humble.

My story of skepticism, scientific scrutiny, and validation has now become one of joy as stories arrive daily describing the results people experience using CieAura products. The message has spread worldwide, as people in 54 countries now turn to CieAura products for relief. I am proud to share my story and this data with you and look forward to hearing about your experiences as well.

Thank you,

Atul M. Gupta, MD
Chief Medical Officer
CieAura, LLC

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A Randomized Double-blind Placebo-controlled Study on the Effectiveness of Charged Holographic Chips for the Reduction of Pain: A Pilot Study

Atul M. Gupta, MD

Objective • The objective of this study is to evaluate the effects of charged holographic chips in the reduction of pain in persons with mild to moderate musculoskeletal pain.

Methods • In all, 486 adult participants with mild to moderate musculoskeletal pain were randomized into group A or group B. Two packets of holographic chips were labeled “A” or “B.” One packet of chips was “charged” or active, and the other was “uncharged” or placebo. Holographic chips rely on influencing the energy flow as described in traditional Chinese medicine, which when blocked adversely affects the health of individuals. Both the participants and the author were blinded. The participants completed the Andrea Mankoski Pain Scale (AMPS) at the beginning of the study and 1 week later at the completion of the study, and the data were recorded each time by the author. Participants had to have a score between 4 and 7 on the AMPS

to qualify for the study. Improvement was set at a decrease of 3 points or more on the AMPS. The author demonstrated the proper placement of the charged holographic chip and gave written instructions to the participants.

Results • At the completion of the second recording of the results 1 week after the first recording of the AMPS, the code was broken. Group A (246 participants) had received the charged holographic chips and Group B the placebo. Group A had an 83% improvement of their pain. Group B (240 participants) had an 18% improvement. This study reveals that the charged holographic chip can be a significant aid in reducing pain in adults. Further studies are needed to increase the scientific and medical knowledge regarding the effectiveness of charged holographic chips in alleviating pain in adults.

Atul M. Gupta, MD, is an emergency physician, practicing with Natural Living, Inc, in Bluffton, South Carolina.

Disclosure: Dr Gupta is the chief medical officer of the company that provided the charged holographic chips for this study, CieAura of Las Vegas, Nevada.

Pain is a significant public health problem and affects more Americans than diabetes, heart disease, and cancer combined. In a large study of Americans 20 years and older, more than 26% reported that they had had a problem with pain for over 24 hours. This did not include acute pain.¹ Approximately 33% of people with pain described it as disabling, interfering with their functions of daily life.² The annual economic cost in the United States is estimated at \$600 billion. This figure includes lost income, lost productivity, and health care expenses.³ Pain is the second leading cause of work absenteeism due to a medical condition and results in more than 50 million lost workdays annually.¹ However, in spite of all this, the National Institutes of Health dedicates less than 1% to research on pain.

Musculoskeletal pain results from injury, overuse, repetitive strain, and work-related problems. It affects the bones, muscles, ligaments, tendons, and nerves and can be acute or chronic, focal, or diffuse. The main treatments for musculoskeletal pain consist of analgesics and acetaminophen as a first line therapy, with nonsteroi-

dal antiinflammatory drugs (NSAIDs) or cyclooxygenase-2 (COX-2) drugs as second line.⁴ Opioids and anticonvulsants are usually reserved for those who do not respond to first and second line therapies.⁵ Other treatment modalities, such as acupuncture, local electrical stimulation, physical therapy, occupational therapy, and behavioral therapy can help to reduce pain. The search for nondrug therapy for mild to moderate musculoskeletal pain is currently undergoing intense research.

METHOD

This study consisted initially of 533 adult participants who presented with various pain complaints at the West Ashley Wellness and Rehab facility in Charleston, South Carolina. Participants were recruited on a voluntary basis in exchange for free holographic chips as part of the 1-week trial. Inclusion was not dependent upon pain in any specific body part, and participants' complaints included headaches, temporomandibular joint disorder, shoulder, neck, back, knee, and ankle pain. Furthermore, ongoing chronic pain spanning years was represented in the group, as well as patients with systemic pain stemming from conditions such as fibromyalgia, chronic arthritis, and degenerative joint disease. Patient scores of 4 through 7 on the Andrea Mankoski Pain Scale (AMPS, see Table 1) were invited to participate.

Of the 533 participants, 267 were randomized to group A, and 266 were randomized to group B. The 267 participants in group A

TABLE 1: Andrea Mankoski Pain Scale

0 – Pain free
1 – Very minor annoyance: occasional minor twinges
2 – Minor annoyance: occasional strong twinges
3 – Annoying enough to be distracting
4 – Can be ignored if you are really involved in your work but still distracting
5 – Can't be ignored for more than 30 minutes
6 – Can't be ignored for any length of time, but you can still go to work and participate in social activities.
7 – Makes it difficult to concentrate, interferes with sleep: You can still function with effort.
8 – Physical activity severely limited: You can read and converse with effort; nausea and dizziness set in as factors of pain.
9 – Unable to speak: crying out or moaning uncontrollably, near delirium.
10 – Unconscious: Pain makes you pass out.

were reduced to 246 by the end of 1 week due to participants failing to return for follow-up or failing to use the holographic chip throughout the week. The 266 participants in group B were reduced to 240 for the same reasons.

All participants signed a waiver once they agreed to participate in the study, which acknowledged their understanding and commitment to comply with the described method for using the chips for the study, as well as not using any other pain-relieving products or medicines during the study. It also included a release of liability indicating that the investigator was not responsible for any adverse outcome stemming from use of study materials, such as sensitivity to adhesive.

The holographic chips, provided by CieAura of Las Vegas, Nevada, were initially placed on participants by the author, always on a Monday. Each holographic chip had an adhesive backing and measured 2.3 cm in diameter and 2 to 3 microns in thickness. The holographic chips were placed on either side of the area of pain (two holographic chips total). Participants were given four additional holographic chips with instructions to replace the holographic chips in use on their bodies with a fresh pair on Wednesday and Friday of the same week. Participants were counseled on the importance of hydration. They were also instructed not to take any other medications or

supplements for pain for the week of the study. Participants were then seen again 1 week later on the following Monday.

Participants were asked to rate their level of pain from 1 to 10 using the AMPS prior to holographic chip placement, which was recorded by the author at the first visit and then recorded again at the 1-week follow-up and compared to the first AMPS score. Only those adults with a score between 4 and 7 on the AMPS were included in the study.

Inclusionary Criteria and Exclusionary Criteria

Inclusionary criteria were the following: males or females between the ages of 25 and 60 with a score from 4 to 7 on the AMPS. Pregnant females; patients on sleep medication, antidepressants, hypnotics, sedatives, stimulants, or pain medications of any kind; and people with an AMPS score of less than 4 or more than 7 were excluded.

RESULTS

After the data collection was completed, the code was broken: group A had received the charged holographic chips (CHCs), and group B had received the uncharged holographic chips that constituted the placebo in this study. Improvement was set at lowering the original AMPS score of each participant by 3 points or more. No improvement was a decrease of 2 or less on the AMPS score. Of the 246 participants in group A, 204 rated an improvement in their pain (83%), and 42 rated no significant difference (17%). Of the 240 participants in group B, 43 rated an improvement in their pain (18%), and 197 rated no significant difference (82%) (Table 2).

DISCUSSION

There is a need in the United States for musculoskeletal pain relief for persons with mild to moderate pain that is not drug based. Medications and their side effects are well documented and included in the *Physician's Desk Reference*. It is known that acetaminophen can cause liver damage when taken for long periods of time at high dosages as is commonly found in persons suffering from pain. NSAIDs are known to cause gastrointestinal bleeding⁵ and COX-2 medications have been implicated in serious cardiovascular effects.⁷ Prescription drugs are the second most abused drugs in America.⁸ Prescription painkillers are a major contributor to drug deaths.⁹

The success of CHCs in this double-blind placebo-controlled study demonstrates the effectiveness of this method in alleviating mild to moderate musculoskeletal pain, fulfilling a need for an

TABLE 2: Results of Pain Study

Group	Type of Holographic Chip Provided	Cohort Size	Participants Showing Significant Improvement ^a	Percentage Showing Significant Improvement ^a	Participants Showing No Significant Improvement ^a	Percentage Showing No Significant Improvement ^a
A	Charged	246	204	83%	42	17%
B	Uncharged (placebo)	240	43	18%	197	82%

^aSignificant improvement was defined as a reduction in AMPS score of 3 points or more. AMPS score changes of 2 points or less were not considered significant.

available alternative to drugs. There are no chemicals or drugs involved. CHCs rely on affecting the natural energy flow via meridians through the body similar to acupuncture, which was developed by the Chinese over 3000 years ago. Acupuncture along these meridians continues to be widely used throughout Asia and is now also being used throughout the world. More studies are needed to further examine the usefulness of this novel modality in the relief of mild to moderate pain in adults.

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Effectiveness of the CieAura Weight Management System on Weight Reduction, A Novel Method

Milton E. Kirkwood, DO; Atul M. Gupta, MD; Roxanne Edrington, DC, CCN; Marc Langas, DC; Warren Longmire, MD; David Potts, DC

Objective • Obesity is a major medical problem and contributes to the ever-increasing cost in medical care. Over 60% of Americans are overweight. Obesity is associated with an increased risk of cardiovascular disease, diabetes, arthritis, and cancer. To date, most weight management programs fail to achieve long-term results. The CieAura Weight Management System incorporates diet and exercise recommendations and various natural, holistic tools; patients who are able to comply with these recommendations increase their likelihood of achieving weight control. The system utilizes energy medicine concepts with holographic nontransdermal chips placed on acupressure points. It also makes use of herbal teas to increase energy and decrease appetite. The purpose of this study is to evaluate the CieAura Weight Management System and follow participants to measure their weight and inches lost over a 14-week period.

Design • A multicentered, clinical trial cohort study using the CieAura Weight Management System.

Participants • One hundred sixty-one females and 69 males, ranging in age from 25 to 73 and desiring to lose at least 25 pounds participated.

Results • A total of 230 participants began the 14-week study and 200 completed the study. Participants achieved significant weight loss with an average of 30 lbs. Participants also lost an average of 20 in total in arms, thighs, chest, waist, and hips. No serious side effects were reported.

Conclusion • The CieAura Weight Management System offers an effective and viable alternative for weight reduction in obese patients.

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A Randomized Double-blind Placebo-controlled Study on the Effectiveness of Charged Holographic Chips on Rhinosinusitis in Adults: A Pilot Study

Atul M. Gupta, MD

Objective • The objective of this study was to determine the effectiveness of charged holographic chips (CHCs) in adults with sinusitis.

Method • Forty-five adult participants complaining of sinusitis for 2 to 3 weeks duration were randomized into groups A or B. Two packets of holographic chips were labeled “A” or “B.” One packet of holographic chips was “charged” or active (CHCs) and the other was “uncharged” or placebo. Holographic chips rely on influencing the energy flow as described in traditional Chinese medicine, which when blocked adversely affects the health of individuals. Both the participants and the author were blinded. All participants were asked to complete a questionnaire ranking their sinusitis symptoms at the beginning of the study and 1 week later at the completion of the study. These rankings were recorded each time by the author. Participants

had to have a score of 4 in order to qualify for the study. Improvement was set at a decrease of 3 or more points on their symptom-severity questionnaire. The holographic chips were initially placed on participants always on a Monday by the author.

Results • After the data collection was completed, the code was broken, and group B had received the CHCs. This group showed a 92% success rate in symptom relief. In contrast, the participants in group A who received the placebo showed only a 10% success rate, which is consistent with the accepted range of placebo effect. In group A, 90% of participants demonstrated no relief of symptoms. This is a significant difference and therefore supports the proposition that CHC therapy can reduce sinus symptoms. Further studies are needed to increase the scientific and medical knowledge of CHCs in alleviating symptoms of sinusitis in adults.

Atul M. Gupta, MD, is an emergency physician, practicing with Natural Living, Inc, in Bluffton, South Carolina.

Disclosure: Dr Gupta is the chief medical officer of the company that provided the charged holographic chips for this study, CieAura of Las Vegas, Nevada.

Approximately 24 million adults suffer from sinusitis annually in the United States.¹ The etiology of sinusitis can be infectious, allergic, autoimmune, or chemical.² About 90% of all adults have suffered from sinusitis in their lives, making it one of the most common medical conditions.³ Infections of viral or bacterial origin are common, with viral sinusitis lasting 7 to 10 days and bacterial infections longer. Allergies can contribute to sinusitis. Fungal sinusitis and autoimmune causes are less prevalent. Fungal sinusitis is becoming more common in persons with immune deficiencies, diabetes, AIDS, and leukemia. Smoking, chlorine, and other chemicals can contribute to sinusitis.

Symptoms of sinusitis are numerous.⁴ Some of the most common are nasal congestion, decreased sense of smell, general malaise, throat discomfort, headache, halitosis, facial pressure and tenderness, pain in the upper incisors and canine teeth, cough, and fever.

For the treatment of sinusitis, conventional medications include antibiotics, nasal corticosteroids, antihistamines, and decongestants.^{5,6} Supplements such as bromelain, quercetin, and

N-acetylcysteine have been used for the treatment of sinusitis⁷ as well as vitamin C.^{8,9} Herbs, especially eucalyptus, have been known to help patients.¹⁰ Homeopathic treatment of sinusitis can be effective, and one study showed that more than 80% of participants had significant improvement of their symptoms.¹¹ Acupuncture can also be beneficial for the relief of symptoms in sinusitis.¹²

METHOD

Participants in the study were patients at West Ashley Wellness and Rehab in Charleston, South Carolina, who were noted to have allergy or sinus symptoms at the time of their visits. Each was recruited on a voluntary basis in exchange for free holographic chips as part of the 1-week trial. A sinusitis questionnaire, designed and recorded by the author (see Appendix A), served as a screening tool. This questionnaire ranked the participants' sinusitis symptoms from 1 to 10. A score of 1 indicated very mild symptoms, 5 indicated moderate symptoms, and 10 indicated very severe symptoms. Participants scoring 4 or higher qualified for this study.

All participants signed a waiver once they agreed to participate in the study, which acknowledged their understanding and commitment to comply with the described method for using the chips for the study, as well as not using any other sinusitis-relieving products or medicines during the study. It also included a release of liability indicating that the investigator was not responsible for any adverse outcome stemming from use of study materials, such as sensitivity to adhesive.

APPENDIX A: Pre-treatment Sinus Questionnaire

1. Do you have any of these symptoms? (Please check)

- Cough
- Runny nose
- Nasal polyps
- Eczema
- Wheezing
- Nasal congestion
- Poor sense of smell
- Hives / swelling
- Shortness of breath
- Itchy nose
- Ear infections
- Headaches
- Chest tightness
- Itchy / watery eyes
- Sinus infections
- Snoring
- Sneezing
- Postnasal drip
- Blocked ears
- Fatigue
- Phlegm /sputum (color) _____
- Other

2. When are your symptoms at their worst?

- A. Year round
- B. Winter

- C. Spring
- D. Summer
- E. Fall

- 3. Have you ever had allergy injections?
- 4. Have you received cortisone (prednisone, methylprednisolone, etc.) drugs?
- 5. Do you smoke?
- 6. Are there any tobacco smokers in your house?
- 7. Are there any pets living in your house?
- 8. Do you have water leaks or mold contamination?
- 9. What triggers your symptoms?
- 10. When do your symptoms get better?
- 11. Have you been skin tested; if so what were the results?
- 12. What is your occupation?
- 13. On a scale of 1 to 10, rate the severity of your sinus/allergy symptoms.
 - 1 - No symptoms
 - 2 - Very mild symptoms
 - 3 - Mild symptoms
 - 4 - Mild to moderate symptoms
 - 5 - Moderate symptoms occasionally
 - 6 - Moderate symptoms frequently
 - 7 - Moderate symptoms continuously
 - 8 - Severe symptoms occasionally
 - 9 - Severe symptoms frequently
 - 10 - Severe symptoms continuously

The initial 68 volunteer participants were randomly assigned to group A or group B on an alternating basis dependent upon the time at which they agreed to take part in the study. Charged holographic chips (CHC) were distributed to each group. The distribution was double blind, as neither the author or the patient knew whether the actual CHCs or the uncharged placebo chips were given to group A or group B.

Each group numbered 34 participants. Group A was reduced to 20 participants by the end of the week due to noncompliance with study instructions or failure to return for follow-up evaluation. Group B was reduced to 25 participants for the same reasons. The total number of participants who completed the study was 45.

A holographic chip that measured 2 cm by 1 cm was placed behind the right ear of each participant on Monday, and all participants were then given two additional holographic chips with instructions to replace the holographic chip on Wednesday and Friday of the same week. Participants were instructed to alternate ears with holographic chip placement. The area behind the ear is a known meridian for sinus problems in traditional Chinese medicine. The participants were also instructed not to take any medications or supplements for cold, congestion, or runny nose for 1 week. Participants were reevaluated 1 week later on the following Monday, at which time the symptom questionnaire (see Appendix B) was readministered and recorded by the author.

APPENDIX B: Post-treatment Sinus Questionnaire

1. Did the sinus chips reduce your symptoms?

- Yes No

2. Using the same scale of 1 to 10 as before, rate the severity of your symptoms after using the chips for this past 1 week.

- 1 - No symptoms
- 2 - Very mild symptoms
- 3 - Mild symptoms
- 4 - Mild to moderate symptoms
- 5 - Moderate symptoms occasionally
- 6 - Moderate symptoms frequently
- 7 - Moderate symptoms continuously
- 8 - Severe symptoms occasionally
- 9 - Severe symptoms frequently
- 10 - Severe symptoms continuously

3. Did you experience any side effects?

- Yes (Please explain below in the comments section)
- No

4. Would you recommend this treatment to a friend or relative who had the same problems?

COMMENTS:

TABLE 1: Results of Sinus Study

Group	Type of Holographic Chip Provided	Cohort Size	Participants Showing Significant Improvement ^a	Percentage Showing Significant Improvement ^a	Participants Showing No Significant Improvement ^a	Percentage Showing No Significant Improvement ^a
A	Uncharged (placebo)	20	2	10%	18	90%
B	Charged	25	23	92%	2	8%

^a Significant improvement was defined as a reduction in sinusitis questionnaire score of 3 points or more. Sinusitis questionnaire score changes of 2 points or less were not considered significant.

Inclusionary Criteria and Exclusionary Criteria

Inclusionary criteria were the following: males or females over the age of 25 up to age 60 with a score of 4 or greater on the sinusitis symptom questionnaire.

Pregnant females; patients taking antihistamines, antibiotics, nasal sprays, decongestants, pain medications, corticosteroids, antifungals, immunotherapy, any herbs, supplements, acupuncture, vitamin C, or homeopathic treatment for sinusitis; and people with a score of less than 4 on the sinusitis symptom questionnaire were excluded.

RESULTS

Successful improvement of symptoms was set at lowering the original questionnaire score of 1 to 10 of each participant by 3 points or more. No improvement was considered as a decrease of 2 or less on the questionnaire score. After the data collection was completed, the code was broken. Group A had been given a placebo, and group B had received CHCs. Of the 20 participants in group A, two rated an improvement in their sinus symptoms (10%), and 18 rated no significant difference (90%). Of the 25 participants in group B, 23 rated an improvement in pain (92%), and two rated no significant difference (8%). This is a significant finding in CHC therapy improving symptoms of sinusitis.

DISCUSSION

Sinusitis is a prevalent and common medical condition found in a significant percentage of the population in the United States. According to one study from 2001, over \$6 billion is spent annually on medications to treat nasal and sinus conditions.¹³ This cost is obviously higher today. Sinusitis is one of the five most common reasons for prescribing antibiotics and accounts for 12% of all prescriptions.¹³ There are a number of prescription medications, over-the-counter medications, and complementary and alternative treatments for sinusitis.

This double-blind placebo-controlled pilot study demonstrates the effectiveness of CHC therapy in alleviating the symptoms of sinusitis. The method of using the body's energy flowing through meridians was developed by the Chinese over 3000 years ago; it continues to be used today in Asia and is widely used throughout the world. CHCs rely on the body's energy flow through the meridian system to significantly diminish the symptoms of sinusitis. The body's energy flow via the meridian system does not distinguish between pathogens or irritants. The effects of CHC therapy are energy mediated rather than

immune mediated. With the simple placement of a CHC behind the ear, the patient benefits from several standpoints: there are no chemicals or medications involved; there is nothing to swallow or spray; there are no side effects or adverse effects. Studies with larger number of participants and longer period of use of CHCs are needed to further explore the usefulness of this novel method in alleviating the symptoms of sinusitis.

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A Double-blind Placebo-controlled Randomized Study on the Effect of Charged Holographic Chips on Sleep: A Novel Method

Andrew Campbell, MD; Al Johnson, DO

Objectives • Poor sleep is associated with a number of health problems, including obesity, hypertension, and type 2 diabetes. We sought to determine the efficacy of charged holographic chips (CHCs) on sleep in adult participants using the Epworth Sleepiness Scale.

Methods • This was a randomized double-blind placebo-controlled pilot study. Twenty adults, ages 25 to 55, were randomized to receive placebo or CHC for 10 consecutive days. The participants were administered the Epworth Sleepiness Scale (ESS) at the beginning and at the end of the 10 days.

Results • Measurement via the ESS showed a significant improvement in the decrease of daytime sleepiness in participants. The participants reported that they believed they slept deeper and not longer than usual.

Conclusion • Use of CHC therapy for sleep purposes may significantly and safely decrease daytime sleepiness in adults. Placebo-controlled, blinded studies with larger enrollment are needed to determine the long term effectiveness of CHCs in sleep and decreasing daytime sleepiness.

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Disclosure: Andrew Campbell, MD, is editor in chief of ALTERNATIVE THERAPIES IN HEALTH AND MEDICINE.

Electroencephalographies have shown that sleep consists of two states: REM (rapid eye movement) and NREM (non-REM) sleep, which is further separated into four different stages. Sleep is cyclical, with four to five REM stages during the night. It is estimated that the general population sleeps 20% less than it did a century ago.¹ Poor sleep has been associated with obesity, fatigue, type 2 diabetes, hypertension, and many other health problems.²⁻⁴ Sleep difficulties can affect daytime behavior, including daytime sleepiness, and can contribute to motor vehicle accidents.⁵

Principal causes of sleep difficulties include physical illness, pain, depression, sleep apnea, restless leg syndrome, anxiety, and stress and the use of alcohol, drugs, or tobacco.⁶⁻¹⁰ The search for the remedy for sleep difficulties has gone on for centuries and is currently being intensely researched. There are a number of medications and herbal treatments currently available for sleep. These include hypnotics, melatonin, and valerian root. However, these remedies can potentially cause unwanted side effects and adverse reactions.⁹

METHOD

In this study, people who accompanied patients to a general medicine clinic were asked if they would participate in a study. These people were usually family members or friends of patients being

brought to the clinic. These participants were screened for sleep disorders and comorbid conditions and signed a waiver entailing a release of liability if desiring to participate in the study.

The participants were given holographic chips (charged holographic chips [CHCs] or uncharged placebo chips) to use every night prior to going to bed for 10 days, placing a new chip each night on either temporal area. The 20 participants received chips randomly from envelope A or from envelope B for a total of 10 participants for each envelope. The health professionals and participants were blinded. One of the two envelopes contained holographic chips that were charged electronically with a sleep formula (CHCs); the other ten were placebo. Each chip had an adhesive backing and measured 2 cm by 2 cm and 30 microns in thickness. The method of charging the holographic chip and the sleep formula itself are proprietary to the manufacturer, Harmonic FM, Suwanee, Georgia. The Epworth Sleepiness Scale (ESS) was administered at the beginning and at the end of 10 days. At the end of the study, the seal on each envelope was broken to reveal that during the study group B used CHCs and group A used placebo.

Inclusionary Criteria and Exclusionary Criteria

Inclusionary criteria called for men and women ages 25 to 60. Pregnant women; people with a life-supporting implanted electronic device; smokers; people taking histamines, sleep medication, antidepressants, hypnotics, sedatives, stimulants, pain medications; and people taking herbal remedies for sleep, anxiety, or depression were excluded, as were people under the age of 25 or over the age of 60.

Epworth Sleepiness Scale

The ESS has been validated as a useful tool for the last 20 years.¹¹ It is used to measure excessive daytime sleepiness and is repeated after

the administration of a particular treatment to document improvement of symptoms.¹²

The participants were each given a sheet of paper and asked the following question with a health professional in attendance who recorded the answers:

How likely are you to doze off or fall asleep in the following situations in recent times?

1. Sitting and reading
2. Watching TV
3. Sitting inactive in a public place (eg, a meeting or theater)
4. As a passenger in a car for an hour without a break
5. Lying down to rest in the afternoon when circumstances permit
6. Sitting and talking to someone
7. Sitting quietly after a lunch without alcohol
8. In a car while stopped for a few minutes in traffic

Participants were asked to give one numerical answer per question based on the following scale:

- No chance of dozing: 0
- Slight chance of dozing: 1
- Moderate chance of dozing: 2
- High chance of dozing: 3

The scores for the eight questions were added together to obtain a single number. As previously established, a score in the 0 to 9 range is considered to be normal with 6 to 8 being average. A score in the 10 to 24 range indicates that expert medical advice should be sought.¹¹

The participants were instructed about proper hydration and on placing the chip on the temporal. This area is known in traditional Chinese medicine (TCM) as a meridian for sleep. The participants were educated on the reduction of the electromagnetic field in their bedrooms.

Upon completing the 10-day period, the participants were screened for side effects and allergic reactions. They were readministered the ESS by a health professional. Once the results were recorded, the code for the placebo vs CHCs was released.

RESULTS

Results showed no allergic reactions or side effects. The initial ESS revealed a mean score of 12.6 with a median score of 13. The results obtained after the 10 days showed that participants receiving placebo had a mean score of 14 with a median score of 14.5. Participants receiving CHC therapy had a mean score of 4.3 with a median score of 4.

These results indicate an important improvement of ESS scores and on daytime sleepiness in those who received CHCs as compared to placebo. The CHCs are a significant novel method for the improvement of sleep and the alleviation of daytime sleepiness. In view of the absence of chemicals or other substances, the potential to aid a wide range of people without the concerns about side effects or adverse reactions is an important factor. TCM is more than 3000 years old. CHCs rely on TCM's principle concerning the body's energy flow through meridians similar to acupuncture to exert positive effects.

Further large scale studies are needed to expand the medical and scientific knowledge of CHC therapy for sleep problems and the improvement of daytime sleepiness.

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Randomized Single-blind Placebo-controlled Multicenter Study of the Effects of Holographic CX2 Wristbands: A Pilot Study

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Disclosure: Harmonic FM, Inc, and CieAura, LLC, manufacture and market the CX2 Plus Wristband. Harmonic FM provided all equipment used for the testing and funded the test. Participants at Dr Clark's facility (Wellness Medicine, Hampton, Georgia) were given \$20 and product samples. Dr Lisa Marsh was paid for her time performing the trial evaluation and data recording at the Florida site. Participants at Dr Phillips High School, Orlando, Florida, were given one CieAura CX2 Wristband.

Energetic fields are generated by every living organism.^{1,2} Traditional Chinese medicine (TCM) asserts that the body has natural patterns of qi that circulate in channels called meridians. Qi, translated from Chinese, is “life-force” or “energy flow.”

The Chinese discovered how qi works over 3000 years ago, and the natural system of meridians in our bodies correlate to these energetic fields. The relationship is similar to that of the heart and the blood vessels or that of the brain and the nervous system. Whenever proper flow is restored in a blood vessel or nerve tissue, function is returned and the person usually feels better. The same concept applies to the meridian system. The meridians are the highways for natural energy flow and communication. When blockages are removed, function is restored.^{3,4}

TCM practitioners believe that symptoms of illness arise from disrupted, blocked, or unbalanced qi movement through the body's meridians, as well as deficiencies of qi.⁵ The body works continuously to connect energy flow between its vital organs, cells, and tissues; however, a state of balance that keeps energy, concentration, stamina, and plus and minus (yin and yang) at optimum levels is rarely occurs.³ TCM practice employs a variety of techniques to adjust the circulation of qi and relieve imbalances. These techniques include herbology, food therapy, physical training regimens (qigong, tai chi, and other martial arts training), moxibustion, tui na, and acupuncture.^{4,6}

CieAura CX2 wristbands, developed in early 2010, are charged with an intrinsic energy formula designed specifically to optimize energy flow. These wristbands use external intrinsic energy to interact with the body's energy fields based on a principle of physics called entrainment. This principle describes how the energy of one object has the ability to interact with and affect the energy of another without physically touching it.^{5,7} The energetic charge within the wristband interacts with and allows the body to naturally balance itself.

Balancing the body is defined here as optimizing the energy flow or qi in the body.

Demonstrations of qi power are popular in some branches of martial arts. Tai chi refers to demonstrating a state of energetic balance as “the immovable body.”⁸ It is also called “rooting” or anchoring to the earth. When rooted, it is significantly harder to tip a person over,^{2,4,6} and therefore, this state is an indicator that can be used demonstrate energetic balance in our testing protocol.

Needles inserted at specific acupuncture points also stimulate energy flow in specific meridians.^{2,4} The CX2 wristband balances the body's meridian channels much like acupuncture and allows the body to function more efficiently. It uses the acupuncture points in the wrist to stimulate this flow, which in turn focuses the body and increases energy, balance, strength, and flexibility.

ENERGY AND THE BODY

Physical Composition of the CX2 Wristband

The CX2 wristband is made of silicone. Two transparent holographic chips, approximately .5 in by .5 in, are embedded within the wristband. Each chip is a two-ply hologram made up of a polyethylene film 20 to 30 microns thick. The formula and methods of infusing the formula into the hologram are proprietary to Harmonic FM. A hologram can hold much more information than other devices with the same footprint. Once infused into the holographic chip, the energetic formula cannot be altered. It can be erased using a strong magnet. A holographic chip should hold the data for at least 50 years.⁹

In-house testing has also shown that the wristband becomes active when placed within 1 to 2 in of the body. Its effect begins within seconds. It does not have to be placed directly on the skin. In-house testing has also shown that effectiveness of the wristband deteriorates over time as it is worn. For testing purposes, new wristbands were used in this study. Hydration is an important factor in wristband effectiveness because it improves cellular function. Test participants must be properly hydrated prior to beginning each test.

A Nonchemical Mechanism

To charge the chips, an intrinsic energy formula is infused onto a two-ply hologram, which is then inserted into a silicone wristband. The infusion process is electronic in nature, not chemical.

In traditional physics, only four types of forces exist: small force, large force, electromagnetic force, and gravity. However, numerous experiments over the last several decades have shown that other forces do exist.² Describing these forces falls within the scope of quantum mechanics. Intrinsic energy, as employed by the wristbands in this study, is synonymous with subtle energy¹⁰; a real energy operating in

the arena of quantum mechanics.¹ Intrinsic energy is infused into the holographic chips with the intent of creating an external means to effect beneficial changes to the body using physics instead of chemistry.

Since intrinsic energy cannot be measured directly, an understanding of the principles behind its existence may be helpful. For the convenience of the reader, a synopsis of the pertinent concepts follows.

Classical Physics vs Quantum Physics

Physics is used to describe energy and how it operates. There are two foundational pillars upon which modern physics rests. One is Albert Einstein's theory of general relativity, which provides a theoretical framework for understanding the universe on the largest of scales: stars, galaxies, clusters of galaxies, and beyond to the immense expansion of the universe itself. The other is quantum mechanics, which provides a theoretical framework for understanding the universe on the smallest of scales: molecules, atoms, and subatomic particles such as electrons and quarks.¹¹ The rules and equations of one pillar do not necessarily work with the other.¹¹ Classical physics obeys the rules developed in Einstein's theory of general relativity. Quantum physics obeys the rules of quantum mechanics.

Quantum physics deals with things smaller than an atom. In quantum physics, the equations predicting behavior are only accurate if the classical rules are not applied. Then the equations work extremely well for predicting results. Among the rules broken in the very small quantum world are these:

(1) There are not three dimensions, but either nine or 11 dimensions.¹²

(2) In the quantum world, objects can exist in different forms simultaneously. For example, if a solid electron is shot at a wall with two vertical slits, it travels through both slits simultaneously. This indicates that the particle exists as a solid and as a wave at the same time.^{2,13}

(3) The same particle can spin in two different directions at the same time.¹³

(4) Objects are not in just one spot. In fact, the equations predicting outcomes in quantum physics work only if an object is described as having a percentage of probability of being here. The object is not in one spot until it is observed.¹³

(5) At the quantum level, the act of observation influences the outcome, so many observations are meaningless. The uncertainty principle states that you can observe the position or the velocity of a particle but not both. For instance, if you shoot a photon at a particle to determine its position, you must fire several to get the exact position. However, firing that many photons will then change the velocity of the object. For this reason, in the quantum world, we can know position or velocity but not both.¹³

(6) Some things can go faster than the speed of light.¹³

In short, the equations and laws of classical physics do not always work in the quantum world and vice versa.

OBJECTIVE

The objective of this study was to test the hypothesis that the CX2 wristband enhances the balance levels, flexibility, and strength of those who wear it. The tests were designed to clinically evaluate the participant's improvement in balance, strength, and flexibility.

METHOD

This study consisted of 81 participants. In Georgia, the participants were patients recruited from the practice of Jelunder Clark, MD, in Hampton. In Florida, the participants were recruited from the students and faculty of Dr Philips High School in Orlando. The participants were not required to complete each test. As a result, there were not 81 participants in each test. The study was a single-blind, placebo-controlled test. Two different types of wristbands were provided. One type was charged, and the other was placebo. Blinding was accomplished by inscribing a numerical code on each wristband to differentiate between the two types. The participants and all but one investigator were blinded during the trial, hence a single-blind test.

Though intrinsic energy cannot be measured by any current measuring device, its effects can be measured.^{2,7} Measuring these effects is the purpose of this study.

Protocol No. 1

This protocol consisted of three tests for flexibility. In these tests, the wristband was held by the participant in the palm of either the right or left hand.

Participants were required to do the exercise three times prior to beginning the recorded tests in order to stretch. All cell phones were removed, as cell phones affect the body's energy flow. Three trials were done: one without a wristband, a second with a wristband, and a third without a wristband. A successful test result included an increase in flexibility from trial 1 to 2 and a decrease in flexibility from trial 2 to 3. It was emphasized to the participants that this exercise was not to see who is the most flexible. It was important to repeat the exact same effort in all three trials to get an accurate difference reading between trials.

Exercise 1: Toe Touch. Participants sat on the floor with legs extended, knees locked, toes pointing up, and feet spread slightly. A tape measure was placed between the legs extending from about the knees to 12 in past the feet. The investigator stood on the end of the tape measure to prevent it from sliding during the test.

Repetition 1. The participants touched as far down the tape measure as possible with the middle finger of either hand. Hands were placed together so that the index finger on each hand reached about the same distance. The results were recorded.

Repetition 2. A CX2 wristband was placed in the palm of either hand, and the process was repeated. The results were recorded. The two measurements were subtracted and recorded in inches.

Repetition 3. The wristband was removed, the test was repeated one more time, and the results were recorded. The third measurement was subtracted from the second and the results were recorded. Flexibility was expected to decrease. Forty-nine of the participants did the same sequence of testing and measurement but in the standing position, reaching toward the ground for a toe touch.

Exercise 2: Head Turn. A strip of masking tape was placed on the floor approximately 18 to 24 in from and parallel to the wall. A long piece of tape was placed on the wall about chest high. The tape was marked in 3-in increments for approximately 4 ft. The participants stood with their backs to wall and toes on the tape line. Next, the participants put a thumb on their chins and extended an index finger so it was in front of the nose. The index finger was used as a marking aid.

Repetition 1. The upper body was turned as far as possible left or right. If a turn was counterclockwise, the data were marked with an asterisk. The examiner marked the point on the wall that the participant saw looking directly over the index finger.

Repetition 2. A CX2 wristband was placed in the hand used to mark the turn. The turning method was repeated, and the examiner marked the new spot. The difference between repetition one and two was recorded.

Repetition 3. The wristband was removed. The turning method was repeated and the examiner marked the new spot. The reading was recorded. The difference between repetition two and three was recorded.

Exercise 3: Shoulder Turn. A strip of masking tape was placed on the floor approximately 30 to 36 in from and parallel to the wall. A long piece of tape was placed on the wall about chest high. The tape was marked in 3-in increments for approximately 4 ft. The participants stood with their backs to the wall and toes on the tape line. Next, the participants held a long pole approximately 4 ft long (such as a broom handle) against the front of their shoulders.

Repetition 1. The upper body was turned as far as possible left or right. If a turn was counterclockwise, the data were marked with an asterisk. The examiner looked down the pole to see which number on the wall tape the pole pointed to. This number was recorded.

Repetition 2. A CX2 wristband was placed in the hand. The previous turning method was repeated, and the examiner marked the new spot. The difference between repetition one and two was recorded.

Repetition 3. The wristband was removed. The previous turning method was repeated, and the examiner marked the new spot and recorded the reading. The difference between repetition two and three was recorded.

Protocol No. 2

This test was to evaluate if the electromagnetic field (EMF) of cell phones can have a negative impact on energy flow in the body and whether the CX2 wristband can counteract that influence. Steps 1 to 2 below showed the negative effects of the EMF of cell phones, and steps 2 to 3 showed the ability of the CX2 wristband to counteract that effect.

A device to measure pounds of pressure, as shown in Figure 1, was used for this test. Cell phones were removed from the area surrounding the participants. Participants were assured that this exercise was not a contest to see who was the strongest and that it was important to the test's integrity that they produce the same effort in all steps. A successful test demonstrated a decrease in strength between steps 1 and 2 and an increase in strength between steps 2 and 3.

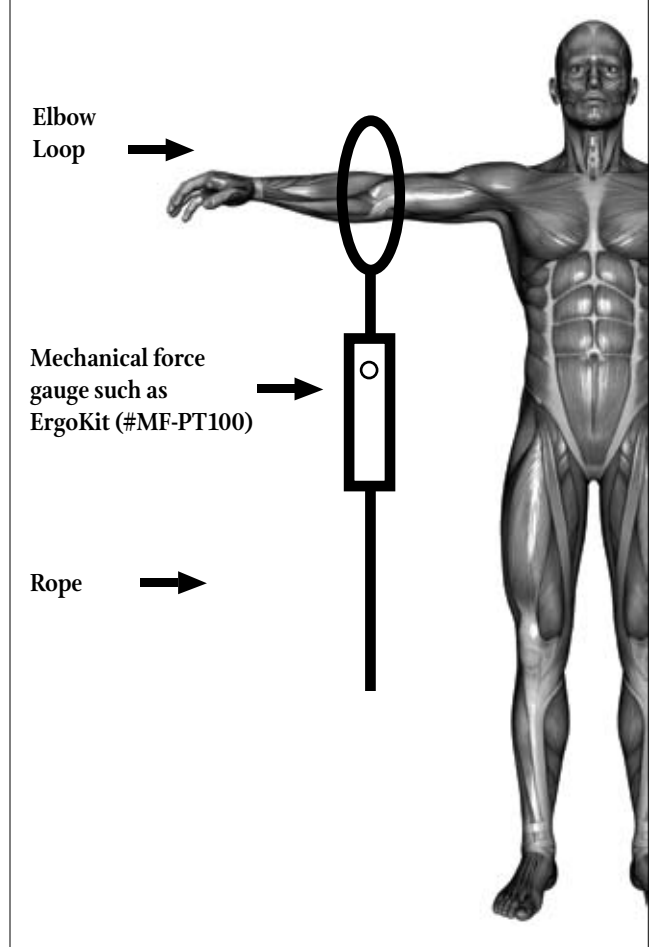
Step 1. A dot was placed on the midarm with a marker, near each participant's elbow, so that pressure could be applied at the same position on the arm for each measurement. The participants raised their strongest arm sideways, shoulder-high. At this point, the investigator pressed down to see how many pounds of pressure were needed to lower the participant's arm approximately 6 in. Pressure was applied slowly and gradually to get an accurate reading, and this was recorded (Figure 2).

Step 2. Participants held a cell phone on their breastbones using the hand on the opposite side of the body. The participants' arms

FIGURE 1. Force Gauge for Strength Test



FIGURE 2. Force Gauge for Strength Test



were pushed down as in step 1, and the force needed to lower their arms 6 in was recorded.

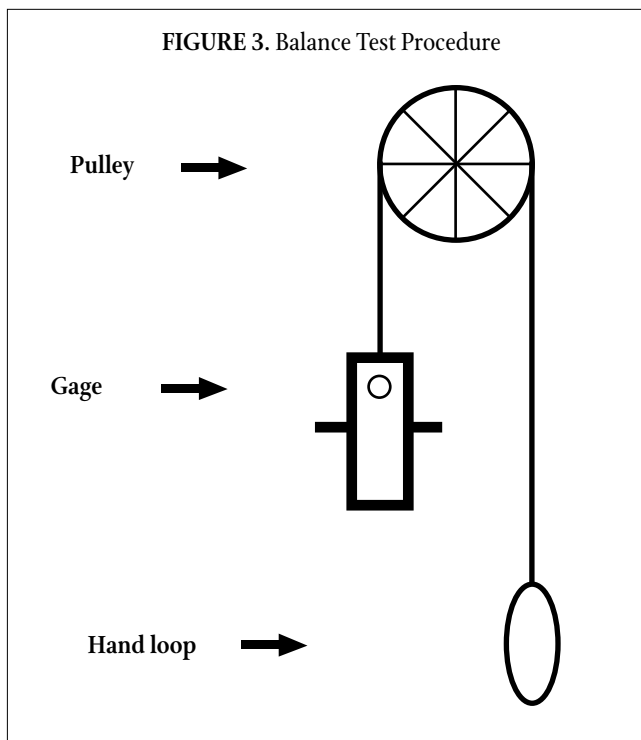
Step 3. A CX2 wristband was placed between the cell phone and breastbone. The participants' arms were pushed down 6 in, as in step 1, and the force needed was recorded. It was anticipated that the force needed to push the arm down should be less in step 2 and would return to the original level in step 3.

Protocol No. 3

This test measures rooting, which is an indicator of overall balance in energy flow.⁷ A test device as shown in Figure 1 was used. Cell phones were removed from around the participants. It was emphasized to the participants that this exercise was not to see who is the strongest and that it was important to produce the exact same effort in all steps in order to observe any potential difference between trials. A successful test demonstrated an increase in the force required to cause loss of balance between trial 1 and 2.

Step 1. A wristband was not used. The participants stood erect with heels together and toes slightly spread. Each participant grasped a stirrup/loop with the right arm (Figure 3) and locked the elbow. The examiner used a winch to pull up on the participant's right arm. Pressure was applied slowly and gradually to get an accurate reading. The force needed to cause the participants to lose their balance was recorded.

Step 2. A CX2 wristband was placed on the top of the participants' left feet, and the above sequence was repeated. The force needed to cause loss of balance was recorded. An asterisk was placed after the data if a participant's shoulder/arm gave way after an improvement of 5 lbs or more. Data were discarded if a participant did not have the strength to participate in either step of the balance test. However, if the participant was able demonstrate improvement of at least a 5-lb between steps before the arm gave way, those data were counted.



Study Setting

The study was conducted January through February of 2011 at two different locations: Wellness Medicine, Hampton, Georgia, by Dr Jelunder Clark and Dr Phillips High School, Orlando, Florida, by Dr Lisa Marsh.

Variables

Participants ranged in age from teenagers to the elderly, 12 to 76 years. The age range and sex varied because all measurements compared the participants with and without wristband measurements only to that participant, not to others in a group. Flexibility among test participants varied, with flexibility decreasing as age of the participants increased.

Data Sources/Measurement

Force measurement was done with an Imada Series FB Force Gauge (Nidec-Shimpo America, Corporation, Itasca, Illinois).

Bias

Bias occurred when the participants leaned into the pulley mechanism in order to get higher readings. To counter this bias, the investigators ensured that each participant's weight was equally distributed on each foot for all measurements.

When noting the percentage of placebo effects, one contributing factor was the participants' desire to be cooperative rather than just exert the same effort each time. A few very high measurement changes are a result of this underlying desire to please.

When using the force gauge, the force should be slowly and steadily increased. Sudden movements will cause gauge to read higher measurements.

Study Size

Eighty-one participants were tested; 46 were female, and 35 were male.

Participants

Inclusionary criteria were the following: males and females aged from 12 to 76 years who were able to give informed consent and had no history of pain or injury in shoulder, arm, or elbow. People with a history of heart problems or any other medical condition that can be aggravated by physical exertion; pregnant females; any person taking corticosteroids, pain medications, antiinflammatory medication, sleep medication, muscle relaxants, hypnotics, sedatives, or stimulants; and people with a life-supporting implanted electronic device were excluded from participation.

DISCUSSION

These results demonstrate that the CX2 wristband improved participants' flexibility and balance and positively affected their reaction to cell phone EMF radiation.

The subjects of the two test sites were very different. The Georgia subjects (Table 1) were primarily older and under a doctor's care. The Florida subjects (Table 2) were primarily high school students in very good physical health. Because of this, we expected little correlation comparing the mean and standard deviation of one group to the other. This proved to be true.

TABLE 1: Georgia Site Results

Protocol	Test	Band	Mean	Standard Deviation
1	Toe touch	Charged	1.02 in	1.46 in
		Placebo	2.93 in	7.38 in
	Shoulder turn	Charged	5.15 in	4.28 in
		Placebo	5.40 in	2.94 in
	Head turn	Charged	4.80 in	4.44 in
		Placebo	9.20 in	5.91 in
2	Balance	Charged	14.29 lb	8.15 lb
		Placebo	0.17 lb	3.70 lb
	Strength	Charged	7.33 lb	6.26 lb
		Placebo	-1.00 lb	8.00 lb

TABLE 2: Florida Site Results

Protocol	Test	Band	Mean	Standard Deviation
1	Toe touch	Charged	1.15 in	1.98 in
		Placebo	0.17 in	1.4 in
	Shoulder turn	Charged	7.23 in	4.73 in
		Placebo	5.53 in	5.45 in
	Head turn	Charged	6.94 in	5.9 in
		Placebo	5.11 in	4.77 in
2	Balance	Charged	6.35 lb	15.17 lb
		Placebo	3.69 lb	6.81 lb
	Strength	Charged	3.72 lb	3.1 lb
		Placebo	0.61 lb	3.98 lb

As expected, the younger Florida group was more flexible than the older group and also demonstrated more flexibility in the charged wristband groups. In the balance test, the older group weighed more as a whole. As a result, we expected that group to be harder to tip over and demonstrate a higher mean and standard deviation than the lower-weight Florida group. The strength test mean was not expected, in that the average force required to move the arms of the older Georgia group the required 6 in was higher than the younger Florida group. In these studies, the placebo groups were small in size compared to the group with charged wristbands. One out-of-the-ordinary result in the placebo group could impact the mean and standard deviation in that group much more than it would in the group using charged wristbands.

The intent of this study was not to compare one subject to another but to detect a change in performance for each of the subjects, individually, through the course of each exercise with and without the wristbands. That is what allowed us to recruit such a variety of

subjects without skewing the results. The primary objective was measuring the subjects based on pass/fail criteria rather than quantifying the specific change in performance.

The stretching exercises (toe touch, head turn, and shoulder turn) were the most difficult to accurately measure because movement of hips, knees, and bending at the waist all influence the measurement. A vital step in the procedure was explaining the importance of performing the exercise exactly the same way for each repetition. The authors feel this had a lot to do with the high placebo rates in these exercises.

The balance test was a measure of rooting or anchoring used in tai chi.¹¹ It is a measure of the amount of force it takes to tip over a person standing erect. This test was very successful based on the objective data. The Georgia testing center demonstrated a 95% success rate with charged wristbands (Table 3) compared to 25% placebo, and the Florida testing center reported an 88.2% success rate with charged wristbands compared to 38% placebo (Table 4). Success in

TABLE 3: Georgia Site Success Rates

Protocol	Test	Charged Bracelet			Placebo		
		Successful tests	Tests given	Success rate	Successful tests	Tests given	Success rate
1	Toe touch	15	21	71%	2	8	25%
	Shoulder turn	15	26	58%	2	5	40%
	Head turn	23	28	82%	3	5	60%
2	Balance	20	21	95%	2	8	25%
	Strength	14	18	78%	1	5	20%

Note: In protocol 1, three trials were done: one without a wristband, a second with a wristband, and a third without a wristband. A successful test result was an increase in flexibility from trial 1 to 2 and a decrease in flexibility from trial 2 to 3. In protocol 2, steps 1 to 2 below showed the negative effects of the electromagnetic field of cell phones, and steps 2 to 3 showed the ability of the CX3 wristband to counteract that effect. A successful test was a decrease in strength between steps 1 and 2 and an increase in strength between steps 2 and 3.

TABLE 4: Florida Site Success Rates

Protocol	Test	Charged Bracelet			Placebo		
		Successful tests	Tests given	Success rate	Successful tests	Tests given	Success rate
1	Toe touch	8	13	81%	2	6	33%
	Shoulder turn	25	30	83%	5	19	26.4%
	Head turn	11	16	69%	5	9	69%
2	Balance	15	17	88.2%	5	13	38%
	Strength	13	16	81.25%	4	9	44.4%

Note: In protocol 1, three trials were done: one without a wristband, a second with a wristband, and a third without a wristband. A successful test result was an increase in flexibility from trial 1 to 2 and a decrease in flexibility from trial 2 to 3. In protocol 2, steps 1 to 2 below showed the negative effects of the electromagnetic field of cell phones, and steps 2 to 3 showed the ability of the CX3 wristband to counteract that effect. A successful test was a decrease in strength between steps 1 and 2 and an increase in strength between steps 2 and 3.

these cases was recorded when greater force was required to cause the test participant to lose balance between trial 1 and trial 2 (ie, without and then with the wristband). It was also the test that participants could easily feel the effect of the wristband. This means that participants could easily feel how much more stable they were and how much more force was required to make them tip to the side, if they could be tipped at all.

The strength test was also very successful based on the objective data. Though we called it a strength test, it was actually a measurement of how the wristband helps to overcome the effects of external electromagnetic forces that weaken the body. This had a very high success rate with a very low placebo rate, as demonstrated by the 78% and 81.25% success rates in the two trial centers (Tables 3 and 4). Success in this test was recorded when the decrease in measured strength resistance in the proximity of the cell phone compared to previous measurement without the cell phone, with subsequent increased strength resistance using the phone and wristband.

There was a high placebo rate in the flexibility tests, but it proved to be very difficult to reproduce each repetition exactly the same way as the previous repetition. The balance and strength tests were very positive and were the easiest to get uniform measurements.

This study demonstrates the improvement in strength, flexibility, and balance of the participants when using the CX2 wristband. Double blinded studies with larger number of participants are needed to confirm the effectiveness and usefulness of the CX2 wristband.

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