

Bio-Psycho-Spiritual Effects of the Energy Enhancement System™ On Adults.

Lana Marconi, Ph.D., Alvita Soleil, OMD

Abstract:

The present study explores the relationship between the Energy Enhancement System™ (EES) and adult bio-psycho-spiritual growth. Live Blood Cell Analysis (microscopy blood imaging) and Blood Glucose measured biological changes and the Personal Orientation Inventory (POI) measured psycho-spiritual changes. A group of 29 adult men and women from the Big Island, Hawaii participated.

Ten significant changes were documented in terms of the effects of the EES on blood as observed by microscopy blood imaging. Blood Glucose analysis showed three significant changes. As measured by the POI, the EES did have a statistically significant effect on psycho-spiritual growth at the .05 level on five scales. The personal evaluation survey corroborated the assumption that participants' perceived changes were similar to the changes as measured by the bio-psycho-spiritual instruments of change. Overall, this pilot study shows that the EES significantly enhances health at the bio-psycho-spiritual levels of functioning.

The study concludes with extensive suggestions for further research.

Literature Review:

Energy Medicine is a fast, growing field in the health care industry. Ground breaking, backbone studies from Burr¹ (energetically mapping the physical body in living organisms), Becker² (finding the electromagnetic field helpful in healing bone fractures), and Kirlian³ (finding diseases like cancer to cause significant changes in the electromagnetic fields of living organisms) have paved the way for other researchers to scientifically investigate the interaction between energy and health.

One area of Energy Medicine demanding much attention is “scalar wave” technology. According to the Barron Report⁴:

Scalar energy has always existed, since the beginning of time. It was actually back in the mid 1800’s that the existence of scalar energy was first proposed in a series of four groundbreaking equations by the Scottish mathematician, James Clerk Maxwell. It was almost a half-century later before Nicola Tesla actually was able to demonstrate the existence of scalar energy. When Tesla died, he took the secret of scalar generation with him, and it took almost another full century before science was once again able to positively demonstrate the existence of scalar energy and turn to an exploration of its potential.

The standard definition of scalar waves is that they are created by a pair of identical (or replicant) waves (usually called the wave and its antiwave) that are in phase spatially, but out of phase temporally. That is to say, the two waves are physically identical, but 180 degrees out of phase in terms of time. The net result is that scalar waves are a whole different animal from normal hertzian waves. They even look different, like an infinitely projected mobius pattern on axis.

Scalar energy is different from standard hertzian electromagnetic fields in a number of important ways. First it’s more field like than wavelike. Instead of running along wires or shooting out in beams, it tends to “fill” its environment. This is important for developing the technology for embedding products with scalar energy. Second, for many of the same reasons, it is capable of passing through solid objects with no loss of intensity. This is what Tesla demonstrated over 100 years ago when he projected a scalar wave through the earth with no loss of field strength. Third, it implants its signature on solid objects. All electric fields can implant their signature on objects, but not to the degree that scalar energy can. Fourth, scalar energy can regenerate and repair itself indefinitely. In other words, once the charge is implanted, you can keep it there with the regular ingestion of charged products.

Scalar waves can be generated in many ways. For example, you can generate them electronically, magnetically, physically (by the motion of the mobius strip), or optically (by the movement of phased patterns on a computer monitor).

The Energy Enhancement System (EES), developed by Sandra Rose Michael honored by WONMP with a doctorate in Natural Medicine, uses 4, 6, 8, and 12 computers to generate multiple bioactive life-enhancing fields of energy called *scalar waves*. The computers, facing each other, are aligned with laser precision. Monitors, used to add the element of color therapy and subtle light frequencies including what has

been called the “optically induced scalar waves,” scroll images that look like encrypted messages or hieroglyphics. These colored images scroll continuously (in sine wave sequencing resembling 12 strands of DNA) up and down the screen and are intended to interface with the biophotonic aspects of DNA. Different programs (e.g., alchemy, kundalini rising, regeneration, neurosynapses, brilliance, cellular sensuality, etc.) and colors (solid colors and combined colors) are chosen based on the desired effect.

To date, some studies on the EES have been done. For example, 1999 to present, photographic Kirlian lab analysis has been done of nutritional supplements before and after being exposed to the EES. Dead tissue has a low or dim pattern whereas live foods have a very bright one. This is a measure of the energy of an object. Disease means a lower energy picture by Kirlian photographic method. There was a consistent increase in energy of all supplements exposed inside the chamber.⁵ Research by Jon Barron⁶, who patented the “Barron Effect” for potentializing herbal supplements and an authority on cutting-edge nutritionals, confirmed that 100% of supplements tested have as great or greater charge after 6 months, proving that the scalar fields were self-healing and regenerating.

On March 17, 2004 Brian Thorson from Southern California Edison⁷ went to a 6-unit system in Yucca Valley to do a field survey in order to measure the magnetic fields. Some individuals had expressed concern that sitting in a room with computer technology could be detrimental due to the emission of ELF (extremely low frequencies) that are typically indicated whenever electronic devices are running. In the center of the room where the 6 computers are installed, there was only a measurement of 0.1 milliGauss. The average American home has a measurement of 0.9 milliGauss. A measurement of 0.0 milliGauss was detected at the hall entry going into the space where the EES is installed. Although some measurements of 0.8 milliGauss were measured behind the CPU's, 12 inches in front of the monitors the measurement was 0.2 milliGauss. Brian also measured the fields 5 acres away because there was concern about a transformer that is located on the corner of the lot. The measurement directly below the transformer was 0.0 milliGauss! The system owner was extremely confident that he was not subjecting individuals to harmful electro-magnetic emissions nor microwave fields with tower in sight or radiation.

In 2001, Dr. Victor Marcial A Vega, MD, measured the blood composition of his patients by red cell analysis before and after they went into the EES. He found that,

every single person showed an increase in the toxins in the blood immediately after treatment, but the blood was more fluid. Somehow the healing EES was stimulating the tissues to dump the toxins into the blood and the blood became more fluid in order to get the toxins out of the body. The toxins disappeared after a few days. The EES was cleaning the body's system, because of course disease cannot flourish in a scalar wave environment which has no time and no space. The blood of people who got a headache right after they were in the EES was full of toxicity: parasites, fungi, and viruses which were not there before they went into the chamber. Detoxification is something we want because it gets rid of the toxins that are in the body.⁸

Case studies from many clinicians using the EES have also provided valuable information on the EES as a beneficial technology for healing. For example, Dr. Vega⁹ documented a doctor being cured of blindness; Dr. John Bertch¹⁰ documented a man who recovered from paralysis to the legs; Dr. James deBoer¹¹ reported, "extremely rapid post surgical healing from using the EES," and system owner Linda Paulhus¹² reported cases of ALS being in remission. These positive testimonies and many others like them showing the benefits of the EES inspired this exciting research examining the bio-psycho-spiritual effects of the Energy Enhancement System™ on adults.

Method:

1. Procedure:

The present study explores the relationship between the Energy Enhancement System™ (EES) and adult bio-psycho-spiritual growth. Microscopy Blood Imaging, Blood Glucose, and the Personal Orientation Inventory (POI) were administered as measures of change.

The POI was administered within a week before the first EES experience and a week after the third EES session. All blood analysis was done immediately before and after the participant's first EES session and within a week after their third EES session. (Participants were instructed to have no food or beverages other than water three hours prior to the blood work.) Literature on the EES and consent forms were mailed to the participants prior to the testing and the consent forms were collected on the day of testing. In addition, an evaluation form was administered as a descriptive post measure after each EES experience.

Three groups of adult men and women from the Big Island of Hawaii participated. Group one with 10 persons experienced 4-units at the developer's home; Group two with 10 persons experienced 8-units at the Transporter Room; Group three with 9 persons experienced 8-units at The Portal. All people experienced on average 1 hour per session (3 sessions total), making a total of 3 hours. The session length and number of sessions was based on the time factor where participants didn't have to give up too much of their day to participate. The three research groups were pooled together, making a combined group of 29 participants. Before each session the groups were instructed to focus their intention on healing themselves.

2. Sample Population:

Twenty adult women and nine men participated in this study, giving a total sample size of twenty-nine. Participants' ages ranged from 30 to 69, with 48 being the average age. Out of this population, seven are married, nine are divorced, two are partnered, ten are single, and one is widowed. Religious preferences included Buddhist, Spiritual, Unity, Pagan, Taoism, Sufism, and Catholicism. Occupations varied from massage therapist, registered nurse, clerical, cook, artist, waiter, farmer, technology specialist, and self-employed. All participants live on the Big Island, Hawaii with the majority being Caucasian.

3. Confounding Variables in the Method:

Subjects reported participating in other personal growth enhancement experiences that could have confounded the results. For example, massage therapy, supplements, counseling, journal writing, meditation, colon cleanse, and extra time in the EES. Variables of this nature are not accounted for in the outcome data. Also, post testing was done right after Thanksgiving whereby many people reported eating foods high in sugar. And, we didn't account for intention.

4. Personal Orientation Inventory:

In this research study, the Personal Orientation Inventory (POI)¹³ was used to measure the psycho-spiritual transformative effects of the Energy Enhancement System™ on adult participants. In *Toward a Psychology of Being*, Maslow¹⁴ defines Self-actualization. A self-actualizing person is: “more truly [themselves], more perfectly actualizing [their] potentialities, closer to the core of [their] Being, more fully human.”

5. Microscopy Blood Imaging:

According to Dr. Alvita Soleil, Live Blood Analysis with Darkfield Microscopy is a way of studying live blood cells under a special, adapted, high-powered magnification microscope. Circulatory problems, digestive, eliminative and immune functions can be assessed, as well as the presence of bacteria and other micro-organisms.

A darkfield microscope works the same way as a standard microscope does, but it uses a different system to illuminate the specimen. A standard microscope passes light through a slide and up into the eyepiece, which can overwhelm the eye and render small structure invisible. A darkfield microscope uses a light condenser to illuminate the specimen from the side. Cell structures and microorganisms appear to glow against a dark background. Live blood are magnified 1,500 times and displayed on a video screen.

A 6-point Likert scale was created in order for Dr. Alvita Soleil to code the blood images with 1 being “no concern with blood,” 2 being “least concern with blood,” 3 being “moderate concern with blood,” 4 being

“high concern with blood,” 5 being “severe concern with blood,” and 6 being “greatest concern with blood.”

Eight categories of blood were defined as follows:

1. *Aggregation*: One of the most seriously detrimental blood pictures; related to heart attacks and strokes; inhibits O₂ and CO₂ transfer.
2. *Rouleau*: Less oxygen available to the tissue; relates to an imbalanced electrostatic properties, PH imbalance, poor protein source and metabolism, degenerative and liver diseases.
3. *Rouleau with Filit*: Dual representation of rouleau and filit. Filit adds to the thickness of the blood while the stacking of the red blood cells into rouleau minimizes their surface area for O₂ and CO₂ exchange.
4. *Filit*: Also known as fibrin; congestive hindrance in the circulatory system relates to pathogenicity.
5. *Filits Symplast*: Coincide with red blood cell, platelet and white blood cell aggregation (blood is stuck together) and other expressions of disbiosis.
6. *Target cells*: Erythrocytes that exhibit a dark circular target pattern; marked elevations of target cells is the result of a shift in the exchange equilibrium between the red blood cells and cholesterol.
7. *Red Blood Cell Appearance*: According to Michael Coyle, author of *Advanced Applied Microscopy*, “Blood circulates through the vessels bringing oxygen and nourishment to all cells and carries away waste product.”¹⁵
8. *Crystals*: According to Michael Coyle, “crystals are associated with inadequate metabolism of lipids; to a great degree they are an indigestive protein accumulation. Sclerotic forms and indicate inflammatory process.”¹⁶

6. Blood Glucose:

Acucheck™ was the instrument used to measure blood glucose. Hypoglycemia (low blood glucose) is “a condition in which there is an abnormal low level of glucose (sugar), most often this results from the oversecretion of insulin by the pancreas.”¹⁷

7. Energy Enhancement System™:

The EES was set on a specific program that ran through all the programs (Infinite Actualization, Ecstasy in Evolution, Oceana, Regeneration Matrix, Neuro Synapses, Kundalini Rising, Alchemy, Virtual Love, Illumination, Re-Source, Infusia, Brilliance, Astral Awakening). In addition, every other computer was set on magenta green colors scrolling with an orange back-ground while other computers were set on blue

green colors scrolling with a magenta background, offering a spectrum of colors. This program was used every time. The Transporter Room and The Portal both have an 8-unit system. A 4-unit system is set up at the developer's home.

8. Null Hypothesis:

Mental and Spiritual Health:

a) POI: The mean of the difference values for individual's scores before and after the EES session is zero.

Blood Work:

b) Blood Glucose: The mean of the difference values for individual's scores before and after the EES session is zero.

c) Microscopy: The mean of the difference values for individual's scores before and after the EES session is zero.

Results:

1. Personal Orientation Inventory:

Although the frequency distribution on the pre POI did not show a solid normally distributed sample and although the thirty minimum participants assumption was not met, a parametric t test was used to analyze the data for 29 participants. (See Figure 1: POI Descriptive Data, on page 10.) The reason for using the parametric test as opposed to a nonparametric test such as Wilcoxon Matched-Pairs Signed-Ranks Test is twofold: (1) the t test is robust enough to violate some assumptions and still generate accurate results as well as compute an effect size; (2) the data is not severely skewed nor is the sample population grossly small to warrant a non-parametric test. The results are discussed below.

While the POI showed a slight increase in scores on all scales, five significant changes were observed at the 0.05 level for the t value when the matched-pair difference between the pre and post POI scores was looked at. (See Figure 2: POI Paired Sample Test, on page 11.) The null hypothesis is rejected on these five subscales. Individual group analysis (Transporter Room, The Portal, and Sandra's system) was not done given that some people changed groups and there was little consistency; hence the groups were pooled together.

Figure 1: POI Descriptive Data

Pair	Mean	Median	Mode	N	St. Deviation	Std. Error Mean
<i>POI</i>						
Pre Time Competency	4.82	3.5	2	29	3.15	.58
Post Time Competency	5.86	5	10	29	3.20	.59
Pre Inner Directed	3.37	3	2	29	2.09	.38
Post Inner Directed	4.51	4	3	29	2.30	.42
Pre Self-Actualizing Value	22.24	22	22	29	2.42	.45
Post Self-Actualizing Value	22.89	23	22	29	1.91	.35
Pre Existentiality	25.31	25	23	29	3.36	.62
Post Existentiality	26.82	26	24	29	3.16	.58
Pre Feeling Reactivity	17	17	17	29	2.47	.46
Post Feeling Reactivity	17.75	18	18	29	2.35	.43
Pre Spontaneity	14.75	15	13	29	2.60	.48
Post Spontaneity	16.06	17	17	29	1.98	.36
Pre Self-Regard	13.5	14	14	29	2.02	.37
Post Self-Regard	14.10	15	15	29	1.85	.34
Pre Self-Acceptance	17.13	17.5	18	29	3.46	.64
Post Self-Acceptance	19.03	19	21	29	2.96	.55
Pre Nature of Man	13.13	13	13	29	1.18	.22
Post Nature of Man	13	13	13	29	1.28	.23
Pre Synergy	7.75	8	8	29	1.21	.22
Post Synergy	7.72	8	7	29	1.06	.19
Pre Acceptance of Aggression	16.48	16.5	19	29	3.65	.67
Post Acceptance of Aggression	17.06	18	19	29	3.18	.59
Pre Capacity for Intimate Contact	22	23	26	29	4.90	.91
Post Capacity for Intimate Contact	23.44	23	22	29	3.01	.56

Figure 2: POI Paired Sample Test

Pair	Mean	Std. Deviation	Std. Error Mean	Paired Differences		t	df	Sig. (2-tailed)
				95% Confidence Interval of the Difference Lower	95% Confidence Interval of the Difference Upper			
Time Competency	-1.03	2.69	.49	-2.05	-.01	-2.06	28	.048*
Inner Directed	-1.13	1.57	.29	-1.73	-.53	-3.89	28	.001*
Self Actualizing Value	-.65	2.04	.37	-1.43	.12	-1.72	28	.095
Existentiality	-1.51	3.15	.58	-2.71	-.31	-2.58	28	.015*
Feeling Reactivity	-.75	2.57	.47	-1.73	.21	-1.58	28	.124
Spontaneity	-1.34	2.45	.45	-2.27	-.41	-2.95	28	.006*
Self-Regard	-.58	1.80	.33	-1.27	.09	-1.75	28	.091
Self-Acceptance	-1.89	3.42	.63	-3.19	-.59	-2.98	28	.006*
Nature of Man	.13	1.15	.21	-.30	.57	.64	28	.526
Synergy	.03	1.05	.19	-.36	.43	.17	28	.861
Acceptance of Aggression	-.58	2.78	.51	-1.64	.47	-1.13	28	.266
Capacity for Intimate Contact	-1.4	4.13	.76	-3.02	.12	-1.88	28	.070

*Note: Statistically Significant at the .05 level.

Pre and Post POI Summary:

Significant Changes:

1. Time Competency ($p = .048$) Being present in the moment; not projecting to past or future. Using Cohen's d , the effect size is .38, falling into the small effect size, meaning 38 people out of 100 would benefit (in terms of a significant change in Time Competency) from the EES experience. The increase in the mean from 4.82 to 5.86 suggests an improvement overall in the group since 5 is closer to a score of 8 and 8 is the set score indicating that a person lives primarily in the present (i.e., less affected by past trauma and future anxieties).

2. Inner Directed ($p = .001$) Inner rather than outer motivations. Using Cohen's d , the effect size is .72, falling into the medium effect size, meaning 72 people out of 100 would benefit (in terms of a significant

change in Inner Directed) from the EES experience. The increase in the mean from 3.37 to 4.51 suggests an improvement overall in the group in that the group experienced a heightened sense of internal motivation instead of external motivation.

3. Existentiality ($p = .015$) Became more flexible in applying values. The increase in the mean from 25.31 to 26.87 suggests an improvement overall in the group, while the decrease in the standard deviation reflects the group becoming more coherent (with less variability than before). Using Cohen's d , the effect size is .36, falling into the small effect size, meaning 36 people out of 100 would benefit (in terms of a significant change in Existentiality) from the EES experience.

4. Spontaneity ($p = .006$) Freedom to express feeling spontaneously. Using Cohen's d , the effect size is .54, falling into the medium effect size, meaning 54 people out of 100 would benefit (in terms of a significant change in Spontaneity) from the EES experience. The increase in the mean from 14.72 to 16.06 suggests an improvement over all in the group while the decrease in the Standard Deviation reflects the group becoming more coherent (with less variability than before).

5. Self-Acceptance ($p = .006$) Acceptance of self in spite of weaknesses or deficiencies. The increase in the mean from 17.13 to 19.03 suggests an improvement overall in the group while the decrease in the Standard Deviation reflects the group becoming more coherent (with less variability than before). Using Cohen's d , 55 people out of 100 would benefit (in terms of a significant change in Self-Acceptance) from the EES experience.

No Significant Changes:

1. Feeling Reactivity ($p = .124$) Became more sensitive to their own needs.

2. Self-Actualizing Value ($p = .095$) Holds and lives by the values of Self-actualizing people.

3. ***Self-Regard*** (p = 0.091) Ability to like oneself because of worth or strength.

4. ***Nature of Man*** (p = .520) Constructive view of the nature of man.

5. ***Synergy*** (p = .861) Ability to transcend dichotomies of life.

6. ***Acceptance of Aggression*** (p = .266) Accept one's natural aggressiveness.

7. ***Capacity for Intimate Contact*** (p = .070) Measures ability to develop contactful intimate relationships with others.

2. ***Qualitative Data from Narrative Accounts:***

The popular descriptors people selected to describe every one of their sessions was feeling peaceful, calm, having a quiet mind, and being restful. The most popular descriptors people selected to describe their experience after each session was feeling more energy, deep relaxation, removal of negative blocks, and clarity of thought. The most popular descriptors people selected to describe their detox process after each session was headache, dizziness, fatigue, and muscle ache. Some of their testimonies from the participants are as follows:

- “I had acute muscle spasm on my right shoulder which was painful. In the EES, I felt the muscle spasm break up as though little spiders in the form of energy were coming out of the pain.” —Pamela Phares, artist
- “Before my experience in the EES, I was in a depression. The depression is not as intense now. I feel more hopeful.” —Peter Wu, information technology
- “I had a lot of emotional stuff arise from being in the EES. I cried to release childhood patterns of fear.” —Deb West-Wu, self-employed
- “Past life memories were triggered; a lot of clearing of my prior Egyptian life.” —Teresa Hostal, occupational therapist
- “After being in the EES my intuition has increased and my clarity heightened.” —Diane Swift, artist
- “I felt like I had been meditating for hours, experiencing feelings of bliss and inner peace.” —Maura Hoffman, business consultant

3. Microscopy Blood Imaging:

Descriptive Statistics & Parametric t test When Null is Rejected:

While many participants didn't show severe blood problems to begin with, 10 significant changes were observed in terms of the effects of the EES on blood. (See Figure 3: Microscopy Paired Sample Test on page 15 and Figure 4: Microscopy Photos, on page 16. Note 1 = pre test, 2 = post test or after 60 min., 3 = follow-up or after 3 sessions over 3 weeks.) The results are discussed below.

1. Red Blood Cell Appearance: According to the Likert scale the means at time 1 (3.38, sd 1.10), time 2 (2.83, sd .84), and time 3 (2.48, sd .75) show that the overall appearance of the red blood cells dropped from the “moderately concern” category to the “least concern” category. The reduction in means across time suggest change from the EES. The t value for the matched-pair difference between time 1 and time 2 was 2.48, which is significant at the .05 level ($p = .018$). The null hypothesis is rejected. Using Cohen's d, the effect size is .41, falling into the small effect size, meaning 41 people out of 100 would benefit (in terms of a significant change in red blood cell appearance) from just 60 minutes in the EES.

The t value for the matched-pair difference between time 1 and time 3 was 3.15, which is significant at the .05 level ($p = .003$). The null hypothesis is rejected. Using Cohen's d, the effect size is .55, falling into the medium effect size, meaning 55 people out of 100 would benefit (in terms of a significant change in red blood cell appearance) from 3 sessions in the EES.

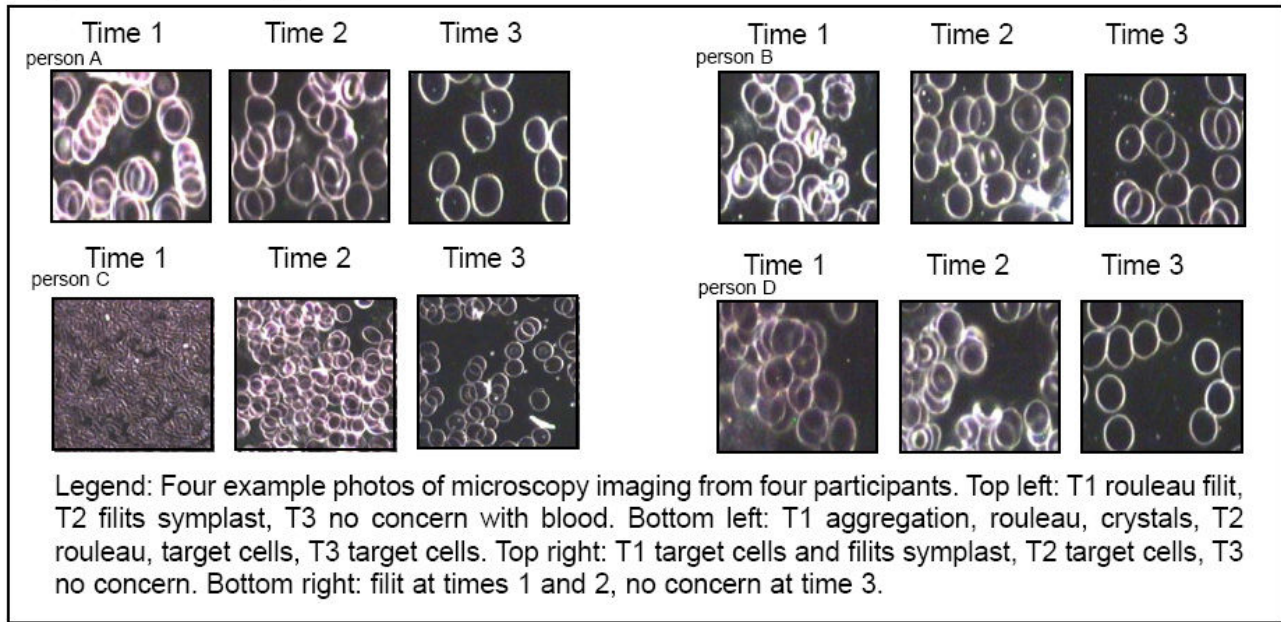
The t value for the matched-pair difference between time 2 and time 3 was 2.43, which is significant at the .05 level ($p = .021$). The null hypothesis is rejected. Using Cohen's d, the effect size is .42, falling into the small effect size, meaning 42 people out of 100 would benefit (in terms of a significant change in red blood cell appearance) from the cumulative effects of the EES experience.

The decrease in the Standard Deviation reflects the group becoming more coherent (with less variability than before).

Figure 3: Microscopy Paired Sample Test

Pair	Mean	Std. Deviation	Std. Error Mean	Paired Differences		t	d	Sig. (2-tailed)
				95% Confidence Interval Lower	95% Confidence Interval Upper			
Crystal 1 & 2	.05	.62	.10	-.15	.26	.529	28	.600
Crystal 1 & 3	.00	.65	.11	-.22	.22	.000	28	1.000
Crystal 2 & 3	-.05	.42	.07	-.20	.08	-.812	28	.422
Red Blood Cell 1 & 2	.55	1.34	.22	.10	1.00	2.487	28	*.018
Red Blood Cell 1 & 3	.81	1.48	.25	.29	1.34	3.157	28	*.003
Red Blood Cell 2 & 3	.36	.85	.14	.05	.66	2.431	28	*.021
Aggregation 1 & 2	.80	1.70	.28	.22	1.38	2.836	28	*.008
Aggregation 1 & 3	1.15	1.66	.28	.56	1.74	3.983	28	*.000
Aggregation 2 & 3	.33	1.05	.18	-.03	.70	1.822	28	.078
Rouleau 1 & 2	.27	1.08	.18	-.08	.64	1.536	28	.134
Rouleau 1 & 3	.24	1.82	.31	-.40	.88	.765	28	.450
Rouleau 2 & 3	-.06	1.49	.26	-.59	.47	-.232	28	.818
Rouleau with Filit 1 & 2	.00	.47	.07	-.16	.16	.000	28	1.000
Rouleau with Filit 1 & 3	-.24	1.14	.19	-.64	.16	-1.215	28	.233
Rouleau with Filit 2 & 3	-.24	.83	.14	-.53	.05	-1.677	28	.103
Filit 1 & 2	.77	1.28/	.21	.34	1.21	3.618	28	*.001
Filit 1 & 3	.00	1.11	.19	-.39	.39	.000	28	1.000
Filit 2 & 3	.78	1.55	.27	.23	1.33	2.908	28	*.007
Filits Symplast 1 & 2	.52	1.13	.18	.14	.91	2.794	28	*.008
Filits Symplast 1 & 3	.42	1.60	.27	-.14	.99	1.522	28	.138
Filits Symplast 2 & 3	-.09	1.20	.21	-.51	.33	-.432	28	.669
Target 1 & 2	-.52	1.20	.20	-.93	-.11	-2.624	28	*.013
Target 1 & 3	-.54	1.48	.25	-1.07	-.02	-2.116	28	*.042
Target 2 & 3	.03	1.57	.27	-.52	.58	.111	28	.912

*Note: Statistically Significant at the .05 level.

Figure 4: Microscopy Photos

2. Aggregation: According to the Likert scale the means at time 1 (2.72, sd 1.6), time 2 (1.91, sd 1.13), and time 3 (1.60, sd .96) show that aggregation dropped from the “least concern” category to the “no concern” category. The reduction in means across time suggest change from the EES. The t value for the matched-pair difference between time 1 and time 2 was 2.83, which is significant at the .05 level ($p = .008$). The null hypothesis is rejected. Using Cohen’s d, the effect size is .47, falling into the small effect size, meaning 47 people out of 100 would benefit (in terms of a significant change in aggregation) from just 60 minute in the EES experience.

The t value for the matched-pair difference between time 1 and time 3 was 3.98, which is significant at the .05 level ($p = .000$). The null hypothesis is rejected. Using Cohen’s d, the effect size is .69, falling into the medium effect size, meaning 69 people out of 100 would benefit (in terms of a significant change in aggregation) from 3 sessions in the EES.

3. Filit: According to the Likert scale the means at time 1 (2.47, sd 1.38), time 2 (1.69, sd 1.00), and time 3 (1.75, sd 1.11) show that filit dropped from the “least concern” category to the “no concern” category. The reduction in means across time suggest change from the EES. The t value for the matched-pair difference between time 1 and time 2 was 3.61, which is significant at the .05 level ($p = .001$). The null hypothesis is

rejected. Using Cohen's d , the effect size is .60, falling into the medium effect size, meaning 60 people out of 100 would benefit (in terms of a significant change in filit) from just 60 minutes in the EES experience.

The t value for the matched-pair difference between time 1 and time 3 was 2.90, which is significant at the .05 level ($p = .007$). The null hypothesis is rejected. Using Cohen's d , the effect size is .50, falling into the medium effect size, meaning 50 people out of 100 would benefit (in terms of a significant change in filit) from 3 sessions in the EES.

4. Filits Symplast: According to the Likert scale the means at time 1 (2.11, sd 1.25), time 2 (1.58, sd .87), and time 3 (1.72, sd 1.00) show that filits symplast dropped from the "least concern" category to the "no concern" category. The reduction in means across time suggest change from the EES. The t value for the matched-pair difference between time 1 and time 2 was 2.79, which is significant at the .05 level ($p = .008$). The null hypothesis is rejected. Using Cohen's d , the effect size is .46, falling into the small effect size, meaning 46 people out of 100 would benefit (in terms of a significant change in filits symplast) from just 60 minutes in the EES experience.

5. Target Cells: According to the Likert scale the means at time 1 (1.36, sd .89), time 2 (1.88, sd 1.16), and time 3 (1.93, sd 1.08) show that while the small reporting of target cells kept it in the "no concern" category, the scores did move in the direction of "least concern," suggesting change from the ESS. The t value for the matched-pair difference between time 1 and time 2 was -2.64, which is significant at the .05 level ($p = .013$). The null hypothesis is rejected. Using Cohen's d , the effect size is .44, falling into the small effect size, meaning 44 people out of 100 would show a significant change at the level of target cells from just 60 minutes in the EES experience.

The t value for the matched-pair difference between time 1 and time 3 was -2.11, which is significant at the .05 level ($p = .042$). The null hypothesis is rejected. Using Cohen's d , the effect size is .37, falling into the small effect size, meaning 37 people out of 100 would show a significant change in target cells from 3 sessions in the EES.

Both significant changes from being in the “no concern” category and climbing to the “least concern” category suggests that something is going on, likely detoxification. In an earlier case study, Dr. Victor A. Marcial-Vega observed blood cells worsening after being exposed to EES which he attributed to detox. After detox these same cells were healthier, he reported. Unfortunately, we didn’t test for this change as the study had been concluded.

Null Hypothesis Not Rejected (no significant change found):

1. Crystal: According to the Likert scale the means at time 1 (1.19, sd .70), time 2 (1.13, sd .59), and time 3 (1.20, sd .68) show that the small reporting of crystal kept it in the “no concern” category. The null hypothesis is not rejected for the t values.

2. Rouleau: According to the Likert scale the means at time 1 (1.80, sd 1.39), time 2 (1.52, sd .94), and time 3 (1.63, sd 1.14) show that the small reporting of rouleau kept it in the “no concern” category. The null hypothesis is not rejected for the t values.

3. Rouleau with Filit: According to the Likert scale the means at time 1 (1.19, sd .66), time 2 (1.19, sd .57), and time 3 (1.39, sd. 1.08) show that the small reporting of rouleau with filit kept it in the “no concern” category. The null hypothesis is not rejected for the t values.

4. Blood Glucose:

Descriptive Statistics & Parametric t test When Null is Rejected:

Three significant changes were observed in terms of the effects of the EES on blood glucose. (See Figure 5: Blood Glucose Paired Sample Test on page 19. Note 1 = pre test, 2 = post test or after 60 min., 3 = follow-up or after 3 sessions over 3 weeks.) The results are reported below.

The means at time 1 (91.22, sd .6.89), time 2 (85.15, sd 5.75), and time 3 (95.96, sd 11.75) show that while the participants’ blood glucose scores were at the healthy zone of 85-100, some significant changes occurred. For example, the t value for the matched-pair difference between time 1 and time 2 was 6.34, which

is significant at the .05 level ($p = .000$). The null hypothesis is rejected, showing a significant change at the level of blood glucose cells from just 60 minutes in the EES experience. (Note: People didn't eat for at least four hours when tested at time 2, dropping their sugar count.)

The t value for the matched-pair difference between time 1 and time 3 was -2.42 , which is significant at the .05 level ($p = .021$). The null hypothesis is rejected. Using Cohen's d , the effect size is $.43$, falling into the small effect size, meaning 43 people out of 100 would show a significant change in blood glucose from 3 sessions in the EES, keeping it in the healthy zone.

The t value for the matched-pair difference between time 2 and time 3 was -3.97 , which is significant at the .05 level ($p = .000$). The null hypothesis is rejected. Using Cohen's d , the effect size is $.75$, falling into the medium effect size, meaning 75 people out of 100 would show a change in blood glucose from the cumulative effects of the EES experience.

Figure 5: Blood Glucose Paired Sample Test

Pair	Mean	Std. Deviation	Paired Differences			t	df	Sig. (2-tailed)
			Std. Error Mean	95% Confidence Interval of the Difference				
				Lower	Upper			
Blood Glucose 1 & 2	6.53	5.82	1.02	4.43	8.63	6.34	28	*.000
Blood Glucose 1 & 3	-5.18	12.09	2.13	-9.54	-.82	-2.42	28	*.021
Blood Glucose 2 & 3	-10.42	13.89	2.62	-15.81	-5.04	-3.97	28	*.000

*Note: Statistically Significant at the .05 level.

Discussion:

While participant scores slightly increased on all measures of the POI, five subscales showed significant psychological and spiritual changes (see below).

1. Time Competency: The increase in mean scores shows that the participants moved in the direction of living in the now or being more present with heightened awareness, contact, and full feeling reactivity. This is in contrast to a less developed Self-actualizing person who is attached to the past (perhaps with traumas) and future (perhaps with anxieties).

2. Support Ratio: The increase in mean scores shows that the participants moved towards a stronger dependence on self-feelings while simultaneously being open to receive support from others but not be totally dependent on others and lose their sense of self and autonomy. The person is more inner driven than outer motivated.

3. Existentialism: The increase in mean scores shows that the participants shifted to a place of mental openness, enabling them the ability to react to previous stressors without rigid adherence to mental schemas.

4. Spontaneity: The increase in mean scores shows that the participants opened to being more of who they really are—their authentic Self—meaning they were more able to respond to situations spontaneously without contriving and executing an accepted behavior in order to please another so as to belong.

5. Self-Acceptance: The increase in mean scores shows that the participants came to a place of loving themselves more in spite of their perceived limitations and weaknesses.

Four reasons for the other seven POI subscales showing no significant changes are: (1) The sample size was too small to capture the complete picture of change. (2) The participants were already within the range of the standard score on 4 of the 7 subscales (Self-Actualizing Value, Feeling Reactivity, Self-Regard, Nature of Man); any healthy increase would have had to be shown on only 3 subscales (Synergy, Acceptance of Aggression, Capacity for Intimate Contact), one of which was shown to rise to the zone characteristic of a Self-actualizing person (Acceptance of Aggression) but was not significant. (3) This population is already

involved in inner growth work prior to the study and so they were a more evolved group to begin with, thus any changes would not have been that drastic. The population that is attracted to personal growth seminars is not necessarily typical of the general population. There are a number of other specific populations one might draw from for a meaningful study such as teenagers in detention facilities, adults with diabetes, adults in various support groups for particular conditions and so forth. An excellent way to give meaning to a study of this type would be to use 30-50 people from one of these specific categorical groups as subjects, and 30-50 people in the same categorical group as controls. (4) More exposure to the system might also influence the treatment outcome as it would give people time to work with their *intentions* of healing.

Unlike the POI that used the control group from the measure, blood analysis had no control group. But, it is justified by comparing the subjects against themselves. Having a control group in the future would strengthen this study. A control group could be people who do not receive the EES experience while having an experimental group where people are meditating not in the EES and also having a third group experience the EES. Despite this research limitation, changes were observed at the blood level. For example:

- the overall appearance of the red blood cells dropped from the “moderately concern” category to the “least concern” category;
- blood aggregation dropped from the “least concern” category to the “no concern” category;
- filit dropped from the “least concern” category to the “no concern” category;
- filits symplast dropped from the “least concern” category to the “no concern” category;
- significant changes in target cells from being in the “no concern” category and climbing to the “least concern” category suggests that something is going on, likely detoxification.

A person could suggest that this shift at the cellular level is reflected at the mental and spiritual levels with the recorded changes in the POI, demonstrating the body-mind-spirit connection. Further research would draw from a sample population experiencing severe conditions reflected in the blood in order to show drastic health improvements from using the EES. And, a new study would benefit from having another blood coder to ensure reliability and validity.

Despite the drop in glucose at time 2, likely due to participants having to wait to get retested without food for at least 3 hours, throwing their homeostasis off balance, the means at time 1 and time 3 demonstrate the target zone maintenance of blood glucose while using the EES over a period of time. A future study would probe into a diabetic sample in order to obtain more dramatic results.

In spite of the challenges in obtaining measures that accurately describe the efficacy of an experience such as the Energy Enhancement System,™ this pilot study gave convincing evidence to pursue further research. This is definitely an exciting time to be exploring technology that nurtures human potential!

Endnotes:

¹ Burr, H.S. (1972). *Blueprint for Immortality: The Electric Patterns of Life*. England: US: Saffron Walden.

² Becker, R.O. (1990). *Cross Currents*. NY: Putnam.

Becker, R.O., & Selden, G. (1985). *The Body Electric*. NY: Morrow.

³ Kirlian, S., & Kirlian, V. (1961). Photography and Visual Observations by Means of High Frequency Currents. *Journal of Scientific and Applied Photography*, 6: 145-148.

⁴ Barron, J. Sept 2001, *The Energy of Life*, Barron Report, 10 (4).

⁵ Clinical report by Dr. Victor A. Marcial-Vega, December 2001. www.healthhorizons-inc.com

Chris Wadtke, aerospace engineer, laboratory. www.kirlian.net

⁶ Barron, J. (1999). *Lessons from the Miracle Doctors*. USA: Healing America, Inc.

⁷ Southern California Edison Company report, April 4, 2004.

⁸ Marcial-Vega, V.A. *Energy Enhancement System: Scalar Field Technology*. Paper presented at the Bradgate Arms, Toronto 2002.

⁹ Clinical report by Dr. Victor A. Marcial-Vega at Health Horizons Wellness Center, December 2001. www.healthhorizons-inc.com

¹⁰ Dr. John Bertch, dentist and system owner, case report given to HHFe Technology. Contact: (916) 933-3011

¹¹ Dr. James deBoer, D.C., observation reported at the Opening of Sea Coast Healing Arts Center, Costa Mesa, February 2004.

¹² Linda Paulhis, conversation with HHFe administrator, Frank Haggard, November 3, 2004. <http://www.alsalternative.com>

¹³ Shostrom, E. (1974). *Edits Manual for the Personal Orientation Inventory* (pp. 4). CA: Educational and industrial testing service.

¹⁴ Maslow, A. H. (1968). *Toward a Psychology of Being* (2nd ed., pp. xix). NY: Van Nostrand.

¹⁵ Coyle, M. (1988). *Advanced Applied Microscopy*. CA: Elbow Room Publishing.

¹⁶ Coyle, M. (1988). *Advanced Applied Microscopy*. CA: Elbow Room Publishing.

¹⁷ Balch, J. & P. (1997). *Nutritional Healing*. (2nd edition). NY: Avery Publishing Group.