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RESEARCH ARTICLE

A Double Blind, Placebo Controlled Clinical Trial on Hospitalized Covid Patients Using Informed Water

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HIGHLIGHTS

A clinical study of COVID-19 symptoms found that water was an effective medium for the storage and scaling of 'healing intention.'

ABSTRACT

Two technological hurdles need to be overcome for biofield therapies to transition from fringe status to active clinical application. First, healing intention must be able to be stored, and second, it must be able to be scaled. Work on the storage problem has been done for some decades, but the scalability problem has rarely been addressed. The present study evaluates the therapeutic effect of "informed water" on West African patients entering a hospital for Covid. One hundred sixty patients were randomly assigned to either a treatment or control group. Both groups were blindly administered sublingual drops of water over the course of a week. The two water formulations given sublingually to the treatment group went through a physical device designed to capture and reproduce the healing phenomenon. The control group was administered sublingual drops of untreated water. Multiple Covid symptoms were measured daily over the course of a week. In addition, multiple PCR tests were administered. The patients receiving the informed water were blindly assessed to have significant improvements on a number of symptoms, and those patients also reported higher levels of general health and fewer positive PCR results. The data from this experiment are strongly suggestive that 1) water is a good medium for the storage of healing; 2) the therapeutically prepared informed water can be replicated by a physical device and is hence scalable; 3) mass-produced water can deliver a strong therapeutic effect on Covid; 4) there are no negative side effects. Future work on additional health conditions needs to be carried out.

KEYWORDS

Water therapies, complementary medicine, storage of healing intention, Covid therapies.

INTRODUCTION

In order for biofield healing to transition from "fringe" status to "conventional" applications, at least two conditions must be met. First, healing must be made storable so that it can be utilized as needed; and second, healing must be made scalable so that it can be applied to large populations. These two conditions are routinely satisfied in the technology of a variety of traditional medical and non-medical communities. In the medical community, for some quick examples, drugs can be stored with the potential for future application, and they can be mass-produced to meet wider demand (think of everything from vitamins to antibiotics to vaccines, etc.). The same holds true for non-medical technology, which can routinely store power, potential, and information for mass produc-

tion (e.g., batteries).

And while healing researchers have by now reasonably demonstrated the reality of what is sometimes called anomalous healing or biofield healing, there has been insufficient work on its storability, and the scalability problem has not been adequately addressed. This paper addresses both storage and scalability problems in a controlled experiment that uses "informed water" as a therapeutic agent for patients entering a hospital for Covid treatment.

Background

As distinct from the empirical demonstration of one-on-one healing as a valid and reliable phenomenon, the examination of storability was first systematically studied by Bernard Grad at McGill University in the 1950's and '60's (Grad et al., 1961; Grad, 1964; Grad, 1963). In these early experiments, Grad found that the Hungarian healer Oskar Estebany was able to significantly affect the rate of wound healing in mice, the growth rate of plants, as well as a variety of anomalous healing outcomes. Most significant to the present work, Grad found that it made no difference whether Estebany actually put his hands around a cage of mice or pots of plants in order to produce the effects. If Estebany had intended healing while holding pieces of cotton or beakers of water, the healing outcome was the same if these substances were administered as surrogates for hands-on treatment. In effect, healing intention was demonstrably able to be stored in a selection of organic and inorganic materials.

Using actual physical devices, Tiller et al. demonstrated that experienced meditators could imprint devices with a specific intention (Tiller, et.al., 2000). These devices, shipped several thousand miles to another lab, could decrease or increase the pH of water by one pH unit and could increase the ATP/ADP ratio in fruit fly larvae so as to significantly decrease their development time.

Jacques Benveniste, in a long series of controversial studies, demonstrated that biological signals could be extracted and recorded, and stored in water, and the playback of these signals to water can reproduce the original biological response (Thomas, 2007). Benveniste called this "digital biology."

Following and building upon the inquiries of Benveniste, Nobel laureate Luc Montagnier demonstrated the experimental conditions by which electromagnetic signals of low frequency can be emitted by diluted aqueous solutions of some bacterial and viral DNAs. The recorded electromagnetic signals in water carry the DNA information of the original (Montagnier, et al., 2015).

The cases of Grad, Benveniste, and Montagnier illustrate some of the difficulties encountered by those who seriously challenge the scientific status quo. Grad suffered consequences at his home institution because of his research of the unorthodox. Benveniste too was roundly attacked and even had his previously published paper in Nature on the memory of water retracted by alleged skeptics acting in defense of the orthodox position that water simply can't have memory. Benveniste's reputation was reduced from him being an award-winning scientific luminary to an outcast with impossible nutty ideas. Montagnier, despite being a nobel laureate, was roundly attacked for his experiments on the digitization of the information of biological materials. Critics simply could not accept that both Benveniste and Montagnier might have made serious advances in some mechanisms of action that might provide practical alternatives to a traditional understanding of how the world works.

Other methods of storing and scaling healing intention have included using sophisticated EMF detectors inside of a Faraday cage, and the signals from the various detectors combined and reduced to an audio file. These recordings played either to cancer cells in-vitro (Beseme et al., 2018); or to mice in-vivo (Beseme et al., 2020; Bengston et al., forthcoming 2023) produce some significant but not well-understood biological effects. By the same token, initial findings are suggestive that the recordings, although producing biological effects, may not be as efficacious as one-on-one healer-to-healee approaches.

Had the audio recordings fully reproduced the healing effect, they would be maximally scalable. Imagine, for example, an audio recording that could be uploaded to the internet and then globally scaled. Studies on water seem to suggest that it may be close to an ideal medium for storage, though scalability, addressed in this paper, remains more of a problem. Water, recent research shows, is not just the passive molecule found in most conventional textbooks (Pollack, 2013).

The controversies stimulated by both Benveniste and Montagnier had the additional complication of potentially presenting mechanisms of action for yet another therapy considered to be medically outside the mainstream - homeopathy. Contrary to conventional thinking, through extreme dilution and succussion techniques, homeopaths suggest that potency and effect size increase with a reduction in active molecules. Strong effects are enhanced by the dilution of molecules, even to the point where no original molecules remain in the diluted therapeutic formulation (Saine, 2017).

The example of homeopathy is instructive to our question of storability and scalability, as practitioners claim the ability to store healing potential in homeopath-

ic formulations. They also claim the ability to mass-produce some of these formulations. Though it addresses both storability and scalability, much of homeopathy remains pushed to the fringes of clinical medicine, despite pioneering work on water memory and decades of clinical application (Senel, 2019). And so, the resistance to non-traditional medical applications is a bit more complicated than simply solving the problems of storability and scalability. Social and psychological impediments to novel healing approaches can be quite severe.

The present study presents a classical clinical experiment, double-blinded and placebo-controlled, that uses "informed water" as the therapeutic agent to treat hospitalized Covid patients. Homeopathy begins with chemically recognizable molecules, even though these molecules may be diluted below Avogadro's limit. This study is additionally unorthodox as "informed water" contains only information stored in the water. In the present study, we use a variety of methods and a device to "inform" water with therapeutic information and then scale that water for widespread dissemination.

Goal

To assess the clinical effectiveness and potential scalability of an information-infused water therapy on hospitalized Covid patients.

Materials

Approximately 6 oz of filtered tap water was treated by Bengston, using the techniques that he developed, for one-half hour. The healing method involves very rapid imaging techniques, which the participant healer cycles through. This is a relatively mechanical process that requires practice but not belief and has been described elsewhere in great detail (Bengston, 2007; 2010)

That sample of water was serially diluted and succussed numerous times, and the end water product of that procedure became the basis for scaled production. The sample of water was placed in a proprietary device designed and intended to scale and replicate this informed water. This device was made of copper, had a hose fitting for water input and output, and a central cylinder into which the material to be duplicated was placed. The output water moves around the central cylinder. The outgoing water from the device was the only formulation used in these experiments.

Sufficient informed water was then produced to fill 80 15ml bottles, and these bottles became coded as "A." Previous clinical tests on approximately 300 people had shown significant improvements in general health using this protocol to create informed water (Bengston, 2020).

An anti-viral sub lingual liquid therapy developed by Beech Tree Labs[1] (Mamber et al., 2020) was subjected to an energy plasma infusion system designed by Energy Tools International,[2] whose primary purpose was to capture the energetic signal of the original anti-viral formulation (Kronn, 2022). The anti-viral signal obtained was then infused into tablets. These tablets, in turn, were placed within the proprietary replication device, and sufficient water, which never actually came into physical contact with the tablets, was then produced to fill 80 15ml bottles. These bottles became coded as "B." Previous anecdotal clinical applications of this water-based therapy have been suggestive of anti-viral efficacy.

Ordinary untreated water was generated in sufficient quantities to fill 160 15ml bottles. Eighty of these bottles were coded as "X" and 80 bottles were coded as "Y." These served as the placebo or control part of the study. Both X and Y were the same sourced water.

Methods

One hundred sixty patients entering a hospital for Covid treatment in Western Africa[3] were randomly assigned (systematic sample with a randomized start) to one of two groups. The randomly assigned treated group received the two therapies labeled A and B taken as two sub lingual drops, 4-6 times per day. The untreated control group received the ordinary water in bottles labeled X and Y, and they too, took two sub lingual drops of the untreated water 4-6 times per day. The previous anecdotal experience was suggestive that therapeutic effects on Covid could be maximized by a combination of boosting general health and administering an anti-viral. And so for this experiment, we began by using our informed water, which we hoped would target both health and anti-viral responses.

This was fully double blinded, so that neither patients nor medical administrators knew what was in any of the prepared bottles of water. All therapies were chemically simply water, as were the controls.

In addition, we also gathered data on 160 patients who entered a hospital in the previous week. These were to be "historical controls" to monitor any anomalous fluctuations in the medical outcome, and these data may be used in future analyses.

This analysis focuses on the traditional comparisons between treated and placebo-controlled groups at the end of the one-week trial.

The entire study was conducted over the course of two weeks in September 2022. During the first week, the 160 historical control patients were admitted into a hospital. These patients are not part of this analysis. In the

second week, the 160 patients that are the focus of this evaluation were admitted on what we labeled "day 1," and they spent their first full day in the hospital on "day 2." Data were collected on a variety of Covid symptoms (e.g., shortness of breath; fatigue; etc.) on each day. In addition, the patients, all of whom had not been vaccinated, were given PCR tests before entering the hospital, and the diagnosis was later confirmed by additional PCR tests on days 1 and 6. The PCR tests given on the first day in the hospital were not reported until day 3.

All ethical guidelines on informed consent were followed using local criteria, and the onsite supervision was performed by a local physician.

Analyses

The bulk of this evaluation is a comparison of treated versus control groups along a variety of measurements at the end of a week hospital stay. These included Covid symptoms and PCR diagnostics. Since we were primarily comparing two groups, most of the analyses involved t-tests. And although we had sufficient previous data to justify 1-tail directional hypotheses, *we opted to follow the more conservative criteria of calculating two-tailed outcomes.*

RESULTS

Narrative Summary of Selected Findings

Day 8 Comparisons on "general feeling"

The comparison between treated and control groups was highly significant (t = 5, 153df, p = .0000). On the eighth day, those receiving the treated water reported higher levels of general well-being (mean score 7.7 v. 5.8).

Day 8 Comparisons on "temperature"

The comparison between treated and control groups was statistically significant (t = 2.6, 156df, p = .01), with the treated group having a statistically significant lower temperature.

Day 8 Comparisons on "coughs"

The treated group had significantly lower scores on coughs (t = 2.4, 157df, p = .02).

Day 8 Comparisons on Sore Throat Symptoms

The treated group had significantly lower sore throat symptoms (t = 3.5, 157df, p = .0006).

Day 8 Comparisons on Headache Symptoms

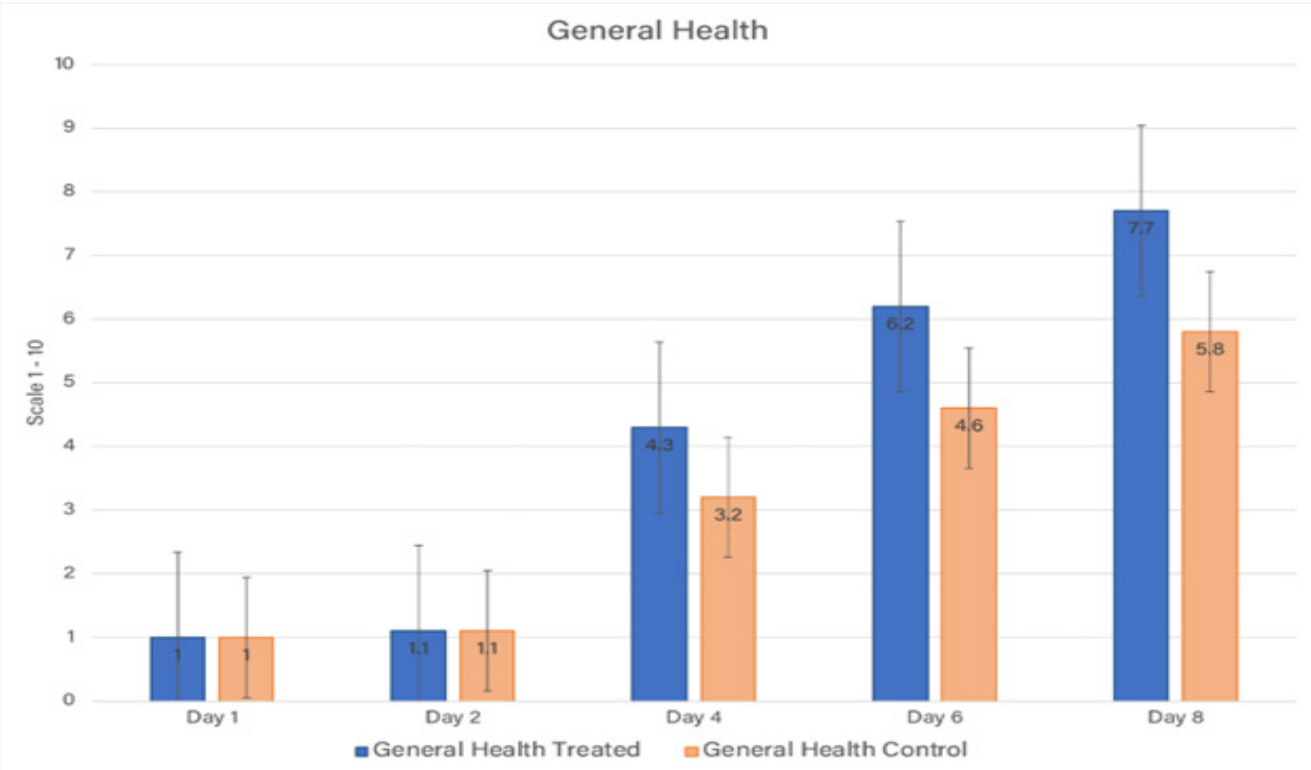

Figure 1. Histograms Comparing Treated and Untreated Groups on General Health Scores with Standard Error Bars.

The 2-tail test did not yield significant differences between treated and untreated groups on headache symptoms (p=.09).

Day 8 Comparisons on Fatigue

There were no significant differences between treated and untreated groups on fatigue.

Day 8 Comparisons on Aches

There was no significant difference between groups on aches.

Day 8 Comparisons on Eyes

There was no significant difference between groups on eye symptoms.

Day 8 Comparisons on Shortness of Breath

There was no significant difference between groups on shortness of breath.

Day 6 Comparisons on PCR positivity

On day 1, all participants tested positive for Covid, so there was no "variable." On day 6, the difference between the groups on the positivity of PCR test was highly significant (χ^2 = 12.3, p=.000). The treated group had a 42.5% positivity rate, and the untreated a 70% positivity rate.

Simple Summary

A comparison of all the symptoms on the last day of the trial, plus the PCR test results on day 6, yield significant differences between treated and control groups on:

General Feeling, Temperature, Sore Throats, Coughs, PCR positivity.

There were no statistically significant differences between treated and control groups on:

Headache, Fatigue, Aches, Eyes, Shortness of Breath.

On all variables, the treated group had the more desirable directional leanings (e.g., reduced symptoms) by the last day, though five of those did not reach 2-tail significance.

With a further examination of the symptoms, which did not produce statistically significant differences between treated and control groups, it can be observed that those symptoms in both groups had very low scores on Day 8. In other words, they were more symptomatically mild than those symptoms which otherwise persist and were generally in symptomatic retreat whether treated or not. Of these five symptoms, the average score on a 1-10 self-report scale, lower scores signifying fewer symptoms, was 1.4 for the treated group and 1.6 for the untreated group. In analytical terms, that means that relatively symptom-free scores had no room statistically to vary. Those people were essentially symptom-free whether treated or not. In other words, there would be no differences between the groups in a short period of time anyway.

In medical terms, these five symptoms had already been resolved, treated or not, by Day 8.

The pattern tended to diverge in a favorable direction for those symptoms which were stronger. The symptoms in the treated water group tended to diverge from the control groups in about two days. Once the groups separated, they tended to remain separated. The graph below suggests that by day 4, the groups had significantly diverged from each other, and although the health of both groups improved over time, the treated water group improved significantly faster.

DISCUSSION AND CONCLUSIONS

It should be remembered that all patient volunteers were treated by conventional medicine, but the treated group blindly also took the informed water, while the control group took water that had not been informed with healing intention.

The trend in both treated and untreated groups was towards a reduction in the severity of many Covid symptoms over time. So, for example, the "general health" report had respondents in both groups having checked into a hospital with a score of 1 (on this measure 1 is negative; 10 positive). As the days progressed, both the recipients of the treated water and the recipients of the control water improved, but the treated water group improved more so that even by day four, the treated water group had improved more.

On the other symptoms where there were significant differences between groups, the trend was similar. That is, both groups were improving over time, but the treated informed water group tended to improve earlier and more rapidly.

This yields an interesting speculative hypothesis: *the therapy is more effective on symptoms that are more severe and long-lasting.* By extension, the therapy is not needed for quickly self-resolving symptoms.

Of particular note is the steep decline in PCR positivity for those taking the treated drops. On day 1, all volunteers tested positive. By day 6 (the next time PCR was tested), the treated group had significantly less positivity (42.5%) compared to a positivity rate of 70% in the control group (χ^2 = 12.3, p = .000). *And the all-important measurement of "general feeling" was also very significantly improved.*

The data indicate that significant medical improve-

ments are evident with the use of the treated water, especially for those symptoms that do not naturally resolve quickly. On perhaps the two most important variables, general health and PCR positivity, the water-based therapy produced significant benefits.

Returning to the larger questions of storability and scalability, the data from this experiment are strongly suggestive that 1) water is a good medium for the storage of healing; 2) the therapeutically prepared water can be replicated by a physical device and is hence scalable; 3) mass produced water can deliver a strong therapeutic effect on Covid; 4) there are no negative side effects.

It would seem that there are sufficient data suggestive of the desirability of using informed water as a therapeutic, with a likely improved outcome for those receiving traditional medical care.

Future research should replicate this kind of experimental research on other clinical conditions.[4]

NOTES

[1] beechtreelabs.com

[2] energytoolsint.com

[3] Because of some recent political and social unrest, the indigenous personnel expressed concern about publicly revealing more information than "A West African Country" as an identifier. The journal has been told the country, city, hospital, supervising physician, and local adminstrators but has been asked to keep these specific identifiers confidential.

[4] We will be glad to supply researchers with the informed water should they wish to replicate or collaborate.

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CONFLICT OF INTEREST

William Bengston is the developer of the Bengston Energy Healing Method.

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