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EDITORIAL

400,000 reasons you need to have healthy habits

The latest published data on annual deaths in the U. S., in 2014 stated that there were 2,626, 418 deaths. And it listed heart disease number one at over 500,00 and cancer number two at over 350,000. Considering the fact that 22% of Americans still smoke and that 70% are overweight and that obesity is the number one cause of heart disease, stroke, diabetes and cancer, it is amazing that the total deaths are that low! On the other hand, the CDC ignores what may be the actual final nail in the coffin, the medical system itself!

In 2000, a landmark article by Dr Barbara Stanfield, MD, MPH, published in the *Journal of the American Medical Association (JAMA, July 26, 2000—Vol 284, No. 4)*, “Is US Health Really the Best in the World?,” Stanfield included the following statistics from her research about iatrogenic deaths. (Note: these numbers do not include out-patient iatrogenic deaths):

- 12,000 deaths/year from unnecessary surgery in hospitals
- 7,000 deaths/year from medication errors in hospitals
- 20,000 deaths/year from other errors in hospitals
- 80,000 deaths/year from nosocomial infections in hospitals
- 106,000 deaths/year from non-error, adverse effects of medications in hospitals.

Combining these five groups gives us a total of 225,000 in-patient deaths. The 225,000 number does not include out-patient deaths or disabilities.

Interestingly, an even more landmark book, *DEATH BY MEDICINE*, claimed the total medically induced deaths was more likely at least 750,000.

In Dr. Peter Goetzsche's powerful 2013 book "Deadly Medicines and Organized Crime: How Big Pharma has Corrupted Healthcare", he emphasized that the death certificate relies on assigning an International Classification of Disease (ICD) code to the cause of death. As a result, causes of death not associated with an ICD code (including many iatrogenic disorders), such as human and system factors, are not captured.

Dr John James, in "A New, Evidence-based Estimate of Patient Harms Associated with Hospital Care". (Journal of Patient Safety: September 2013 - Volume 9 - Issue 3 - p 122–128) estimates that the true number of premature deaths associated with preventable harm to patients was estimated at more than 400,000 per year. Serious (but non-lethal) harm seems to be 10- to 20-fold more common than lethal harm.

Now if these statistics are not enough to make you want to avoid illness and Premature Death, then you have wasted your time.

If you do have common sense, here are the ESSENTIAL habits:

- Body mass index 18-24
- No smoking
- Minimum of 5 serving of fruits and veggies every day
- Exercise 30 minutes 5 days a week
- Sleep 7 to 8 hours every night

If these stats are not enough, what will it take to make people adopt good health habits?

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Health Enhancement and Stress Reduction with Scalar Therapy

Biochemical stress reduction, scalar energy, healthy longevity

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Abstract:

Healthy longevity has been associated with low levels of adrenomedullin, with Salento, Italy having the longest living people in the world. Suspecting that there is a high level of longitudinal zero-point energy in Salento, we enrolled 26 adults who agreed to have blood drawn for adrenomedullin and then over 4 weeks to spend 36 hours in a scalar energized room, with follow-up blood drawn at conclusion.

Sixteen of the 26 or 62% showed decreased adrenomedullin after 36 hours exposure to scalar. The mean adrenomedullin level measured among research participants at baseline was 163.60 (SD=119.25), and this mean level dropped to 117.17 (SD=70.73) at the posttest, following 36 hours in the scalar room over a four-week period. The paired samples t-test reveals this to be a statistically significant reduction ($t[25]=2.0, p=.03$), using a one-tailed approach.

Further work will be needed to be certain continuing reductions prove the potential for increasing longevity. Theoretically achieving a healthy 20-year-old level of adrenomedullin would significantly enhance healthy longevity.

Additionally, exposure of 10 individuals to sapphire enhanced scalar for 3 hours led to 40% reduction in free radical production. Exposure of live blood to sapphire enhanced scalar for only 20 minutes led to marked reduction in inflammatory markers. Overall, scalar energy, especially piezoelectrically enhanced by sapphire, appears to provide the broadest known reduction in biochemical markers of stress.

In the fall of 2016, a wide variety of internet sources reported that an area called the Salento Peninsula of Italy has the longest lived persons in the world(1,2). These individuals average living into their mid 90s, 10% living past 100, and 10% of those living to 110. This makes this area even longer lived than Okinawa which has been known as the longest-lived people for quite a long time. Even though the Mediterranean diet was considered a factor, researchers at an Italian University investigated the possibility of a low adrenomedullin and found it to be equal to those of healthy 20-year old. Under most circumstances, individuals consistently increase their adrenomedullin throughout life and the higher the adrenomedullin the earlier individuals die. Adrenomedullin is known to be a major marker of cumulative stress. (1, 2)

Plasma levels of adrenomedullin are known to be associated with a wide spectrum of biological activities including sodium excretion, inhibition of aldosterone secretion in relation of nitrous oxide, and a huge variety of illnesses ranging from septic shock to congestive heart failure and other cardiac events, as well as obesity and diabetes. It turns out that the main levels of adrenomedullin remain below 10 in healthy individuals and the higher they go the more unhealthy individuals are and the more likely they are to die prematurely. Every known disease is associated with cumulatively higher levels of adrenomedullin. (3)

Perhaps the greatest number of studies have been in people with congestive heart failure compared to healthy individuals. But elevated levels of adrenomedullin are also found in all chronic diseases, except migraine, most cancers, especially endocrine-related cancers but also in prostate cancer. Every time there is a major stress, adrenomedullin is released to assist in homeostasis, but cumulative stress leads to increasing baseline adrenomedullin levels.(4)

Adrenomedullin is widely distributed in the cardiovascular system, as well as in most organs. Its immediate effect is dilation of blood vessels, especially in the organ in which trauma has occurred. It is; however, a circulating hormone and its overall plasma concentration is increased in almost all diseases. (5,6,7)

Interestingly, adrenomedullin is increased in patients with anxiety but not in those with depression. In migraine there is a persistently low adrenomedullin level compared to control groups. In contrast to most stress illnesses, it decreases even further during migraine attacks and, of course, this is exactly the opposite of what adrenomedullin does; that is, it dilates blood vessels and we know that this is what is most harmful in people with migraines; that is, they already have dilated blood vessels in the base of the brain during an attack. There is in migraine also an odd deficiency of iodine despite pathological increased vascular blood flow in brain vessels. (8, 9,10)

In summary, adrenomedullin appears to be the single most important biochemical marker of health and longevity.

Scalar energy is one of the most obscure of all physics discussions. It was discovered apparently originally by a Scotsman named Maxwell. Basically it is

“longitudinal energy” as distinct from Hertzian transverse or what we ordinarily think of as essentially AC energy. Nikola Tesla is the individual who brought it into prominence and he was virtually destroyed by the energy establishment for suggesting that he was able to extract this energy freely from essentially empty space around us. The exact details of this are not known but the threat to the petroleum industry was obvious. This energy appears to be in every square centimeter or other measurement of empty space but has to be focused or organized in some way to become useful. Scalar is also considered “zero point” energy or “radiant” energy. It appears that theoretically Scalar energy could provide all the energy we need. According to some physicists, there is enough energy in the space the size of a helium molecule to boil the oceans. And there is unlimited scalar energy in the entire empty space of the universe. Those who have been working with Scalar energy claim that it is possible to cure essentially all illnesses with Scalar energy. We have discovered that healers can send “healing energy” to a patient in Springfield from up to at least a thousand miles away and change the EEG within seconds of their sending this energy; thus, apparently a focused mind can in itself produce Scalar energy. (11) **Based on these and other suggestions that scalar energy may enhance health, we began a research project to determine whether scalar energy might reduce adrenomedullin.**

Research:

Since scalar energy has been widely associated with energy healing with no known adverse effects, an informed consent was prepared without IRB review. Sixteen women and twelve men, aged 42 to 86 were enrolled and did baseline Zung tests for depression, Total Life Stress and Symptom Index tests and had baseline levels of adrenomedullin drawn. And they agreed to spend at least 36 hours in one of two rooms containing different scalar energy devices over the subsequent 4 weeks and then to have another adrenomedullin drawn and repeat the three psychometric tests. Adrenomedullin was measured with Human Adrenomedullin RIA test kits from Peninsula Labs, done in the lab of Dr. Paul Durham at Missouri State University.

Results:

Sixteen of 26 subjects had reductions in adrenomedullin levels. In 11 of the women and 5 of the men average adrenomedullin levels decreased an average of 57%. 158.16 nmol/L +/- 14.40, Post: 74.62 +/- 13.44, $p < 0.001$). Interestingly those with highest baseline levels (above 79 nmol/L) were more likely to respond than those with lower levels (50 nmol/L). In addition, 5 individuals with hypertension had reductions in blood pressure, as did three of those with diabetes who had reductions in blood sugar. There were no differences in the positive response rate in the two different scalar rooms. Total symptoms decreased in 12 individuals. Seven individuals had decrease in the Zung test for depression and Total Life Stress scores decreased in 9 individuals.

Summary of statistical analysis of results:

The mean adrenomedullin level measured among all research participants at baseline was 163.60 (SD=119.25), and this mean level dropped to 117.17 (SD=70.73) at the posttest, following 36 hours in the scalar room over a four-week period. The paired samples t-test reveals this to be a statistically significant reduction ($t_{25} = 2.0$, $p = .03$), using a one-tailed approach.

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Following these results, under an IRB approved study ten of the original subjects were invited to participate in a further evaluation of the effects of sapphire enhanced scalar on urinary free radicals and live blood analysis. They came in for a baseline urine analysis of free radicals and the collection of two drops of blood on two separate slides. The free radicals were measured using the Oxi-Data® test for malonaldehyde. One drop of blood was analyzed immediately by microscopy. The second drop of blood was placed about 3 inches in front of the sapphire enhanced scalar device and then analyzed by darkfield microscopy. The subjects then spent

3 hours in the sapphire enhanced scalar room and had another measurement of urinary free radicals.

Sapphire enhancement is achieved by placing 3 ounces of crushed sapphire on the front of the scalar generator, the front of which is approximately 8 by 11 inches in size.

Results

In all but one subject free radicals decreased an average of 40%. Interestingly the exception was a woman who drank no water during the 3 hours. All had been encouraged to drink freely.

Darkfield Microvideography may be used reliably to assess risks for cardio-vascular disease, as well to observe and Lipid Management. Cardiovascular inflammation is a pressing concern in all demographics of Western Society at this time. Arterial and Venous Inflammation are carefully considered by Medical Practitioners as indicators of impending Heart Attack, Stroke, and/or Atherosclerosis. High and Low Density Lipids have played a key role in cardiologic health for decades.

Key Markers in DVM used to assess Circulatory Inflammation Factors were; 1) Red Blood Cell Aggregation, 2) Thrombocyte Aggregation and Excitation, 3) Fibrin development. Inflammation in general floods the bloodstream with protein and lipid breakdown products which will overrun the system's ability to rapidly and effectively remove the waste. Transit time is therefore increased and the waste material tends to coat the RBCs and cause them to stick together, rather than being slightly repellant of each other. The degree to which the corpuscles aggregate in strings called "Rouleau," or in sludge-like masses. In the absence of other demonstrative sources of inflammatory breakdown products, such as sepsis for example, the amount of aggregation of the RBCs indicates the degree of venous inflammation. In addition, the degree to which Thrombocytes are activated and aggregate is also a key indicator of inflammation within the circulatory system. Fibrin develops in the fresh blood as a result of the combining of fibrinogen, homocysteine and homocystine in the blood. When found in association with activated Thrombocytes, fibrin provides an excellent indicator of inflammation. Finally, Neutrophilic hyper-segmentation is a frank indicator of inflammation.

Key Markers in DVM used to assess Cardio/Lipo score were; 1) Red Blood Cell Aggregation, 2) Fibrin development, and 3) presence and size of HDL and LDL Synplasts. As aggregation of the RBC, Thrombocyte, and the development of Fibrin, in the live sample can be attributed to the presence of elevating levels of lipid, homocysteine and homocystine, such aggregation may also be an indicator of cardio-vascular stress, as well as insulin resistance.

The vital blood is a good indicator in studying the effects of subtle energy forms on the cause and progress of disease. The sample, taken from the capillary, has a useful study lifespan of forty minutes, after which time normal oxidative and clotting process make the sample unreliable. It is a given that the sample does not spontaneously improve over the passage of time, but will demonstrate the usual breakdown process as it passes the forty minute threshold. It can be reasonably expected, therefore, that any positive change in the sample – any change other than the normal breakdown process – is notable. A null result is the baseline expectation, as the condition of the sample cannot be expected to improve.

In this study, Pulsed Electro-Magnetic Field and a generated Scalar Field were used as the study environments. The natural breakdown process without exposure to exotic energy fields was used as the control, utilizing the natural breakdown process as the baseline.

Blood collection procedure - fresh capillary blood analysis.

An alcohol wipe was used to clean the third or fourth fingertip, then the lateral side of the finger was pierced with an Autolet Impression clix retractable, sterile lancet. The finger is not pressurized to produce a droplet of capillary blood, rather, the skin around the prick site was gently stretched to encourage a blood droplet to appear. The first drop was removed with a Kimberly-Clarke professional Kimwipe to prevent appearance of any damaged cells from the wound. A clean Medlab MLAB141510, 22 x 50 mm cover slip was applied to the top of the blood droplet and the sample was carefully lifted without touching the actual incision site. The cover slip remained facing down and was carefully placed upon a clean IMCO (Independent Medical Co-op, Inc., Daytona Beach, FL) 1mm slide within 10 seconds of the drop of blood being collected.

This procedure was repeated three times to produce a sample labeled “C” for Control, “A” to be used with the PEMF Device, and “B” to be used for the Scalar Device. Each sample was also labeled with the Alpha/Numeric Code previously assigned to the participant.

The blood sample should spread immediately and evenly over the slide and fill 2/3 of the coverslip, and because the sample is taken upon the coverslip instead of upon the slide, the usual discernible lysis zone which normally forms in the center of the sample when the slide is used and the cover slip placed upon it, is avoided. A real-time video was made of each sample and labeled to match the slides. The video of the Control Sample was made immediately upon taking the sample, and is a reasonable control, as it is to be expected that the progressive clotting process ought to obscure observations after 20 minutes (Metagenics, 2010). The sample labeled “A” was placed in the middle of a PEMF Circle and let stand for twenty minutes. The sample labeled “B” was placed directly in front of a Scalar Device and let stand for twenty minutes. 20 minutes was used as another control on the test.

It is not reasonable to expect a blood sample to improve to any degree with the passage of time. In fact, the opposite is to be expected and no sample is considered viable after the passage of twenty (40) minutes due to the normal, and very predictable, oxidative and clotting process which begins to overcome the sample beginning at that time and progresses until it is completely clotted. Any change, therefore, would tend to be dramatic, either in that the sample must either proceed into clotting and decomposition, or some positive change occurs. Any improvement in the condition of the blood may reasonably be regarded as being the result of the activity of the devices upon them and not through any normally occurring event or process.

Fresh capillary blood analytical technique.

The slide was placed on the darkfield microscope stage and examined using 50x objective with 10X eyepieces giving a total of 500X in total magnification. The slide was examined under a Nikon microscope model #520678 (Nikon, Japan) with a darkfield cardioid oil immersion condenser using Zeiss Plan Achromatic objectives with iris, and an Hitachi DSP, Color Video Camera VK-C370 (Hitachi, Japan).

Images of the blood cells were then captured with Roxio™ software using an Hitachi DSP Video Camera attached to the trinocular tube at the eyepiece of the microscope. For each live blood screening, the entire working area of the sample was recorded, viewed at 500x magnification. The videos were taken, beginning at the top left corner of the working zone and proceeding left to right, then down one field of vision, returning to the left and then up one field of view, then proceeding up one field of view and describing a box perimeter one field of view around the original. This pattern is repeated until the entire working area of the sample had been recorded.

The samples were analyzed for Hematological Inflammatory Markers and Hematological Cardio/Lipo Markers. A scale of 1 to 10 was used, 1 indicating that associated with asymptomatic response to the marker and minimum risk of associated condition development, and 10 indicating that associated with presence of marker and a maximum risk of associated condition development.

The markers used to indicate Inflammation, or the risk of Inflammatory Disease were; 1) degree of Erythrocyte Aggregation, 2) degree of Thrombocyte Aggregation, 3) degree of Thrombocyte Activation, 4) degree of Neutrophilic Hypersegmentation, and 5) degree of Fibrin Formation in combination with any or all of the above.

The markers used to indicate Cardio/Lipo Risk were; 1) degree of Erythrocyte and Thrombocyte Aggregation, and Fibrin Development, and the amount and size of LDL and HDL Symplast associated with any or all of the above.

Data collection.

For each participant – Continuous video was captured inside the working zone of each slide. Each video was analyzed using imaging software. Degree of Erythrocyte Aggregation was determined by comparison method – 1) the Erythrocytes present singly and slightly repellent of others is scored at 1 and thereafter by the degree of aggregation to 10, where all Erythrocytes are aggregated and none present singly,. 2) Thrombocytes present as singly or in clusters no greater than three (3) in number, without speculation or extensions, are scored at 1 and thereafter by the degree of aggregation and activation (speculation and extensions) to 10, where Thrombocytes present in aggregations numbering more than ten with all being speculated and extensions present in all, 3) No Fibrin is scored at

1 and thereafter masses forming within two (2) minutes are scored in gradation until all space between the Erythrocytes is filled and the sample completely occluded, which is scored at 10, 4) Neutrophils which are motile and have three to five nuclear segments clearly visible are scored at 1 and thereafter are graded according to loss of motility, expansion of the cell and the number of nuclear segments, with those which are completely immotile and lysing, with seven to ten nuclear segments scored at 10, 5) absence of LDL Symplast in the Sample, with clusters of HDL measuring no more than 1/10 the diameter of the Erythrocyte is scored at 1 and thereafter the sample is graded by the size and number of symplasts, clusters of HDL which are larger than 5mm in diameter and the presence of LDL Symplast larger than 15 mc in diameter being scored at 10.

Limitations and delimitations.

The nature of the FCB-DM technique is always going to rely on appropriate slide preparation and precise location of the working zone on the slide for correct and accurate information extraction. To minimize the potential errors or variance in sample preparation we used only one experienced practitioner/researcher to collect the capillary blood and prepare the slides. The practitioner/researcher did not assign the encoding of the samples. Encoding was performed by a proctor who was assigned by the University of Nemenhah and not otherwise involved with the collection of data. The proctor also reviewed the videos to assess quality control, to ensure the images were of a high standard, prior to the scoring of the samples. Sample slides were discarded immediately and only the video record was used to collect data, in order to avoid errors in comparison and the possible mixing of participant samples.

Discussion

Scalar energy can be generated in many ways; electronically, magnetically, physically, optically, and all of these can be used if properly focused. Some people believe that orgone energy; Radionics, pyramids, Cancion, life energy itself, are part of the Scalar spectrum. We have, for instance, demonstrated in over 200 individuals that the computerized EEG is changed within seconds by up to 10 spiritual healers working outside the room up to 1000 miles away. The most common statement is that Scalar energy can eliminate, nullify, etc., the effects of our 60-cycle alternating current, and that Scalar energy actually increases the energy level of every cell in

the body to the ideal which is -70 to -90 millivolts. It is stated that it can protect DNA from damage, improve the uptake of nutrients, increase overall body energy, cleanse the blood, improve immune function, improve mental focus, balance of two hemispheres of the brain, work as an antidepressant, and even treat cancer. The two key frequencies are starting with the Schumann or basic earth frequency of 7.8 Hz; this is the frequency the earth, itself, emits when not being changed. In addition, in rain forests there is a background frequency of 12 Hz and apparently it is the mixture of these two that creates Scalar energy. Unfortunately, it is not directly measurable because our measuring equipment uses Hertzian or up and down waves instead of horizontal waves. (12).

Basically, some people describe Scalar waves as being similar to a Mobius; that is essentially a figure 8 lying on its side. If you wish you could create a scalar field by wrapping electrical wires around a figure 8 in the shape of a Mobius coil. When electric current flows from these two wires they cancel each other and create a Scalar wave. (13).

By the somewhat vagueness of physicists' descriptions of Scalar waves, there is considerable experimental evidence of the effect of this energy on many of physiological and even mental psychological activities. For instance, Dr. Glen Rein has demonstrated that Scalar waves significantly affect the immune system; even in a test tube situation they provide significant lymphocyte proliferation. (14) Dr. Rein also demonstrated that individuals differ in their response, some being much more sensitive to Scalar energy than others, as is true also with standard electromagnetic 60-cycle activity. Dr. Rein mentions the effects of Scalar energy on EEGs. There is increased amplitude of EEG frequencies with a preference in the lower frequencies; that is, the deep relaxation frequencies. He has also mentioned direct Scalar energy can affect various neurotransmitters, such as noradrenaline. (15).

Studies in India have indicated that Scalar energy un-clumps and activates living cells in tissue cultures; both cellular energy and body energy increase with the use of Scalar energy. They report also that it improves cell wall permeability, it is helpful in cancer treatment, reduces inflammation, improves circulation, and improves not only the immune but the endocrine systems. It even has the ability to cure viruses and bacteria and enhance cellular nutrition and detoxification. (16.)

Carol Loeffler, in her doctoral dissertation, demonstrated that exposure to Scalar energy helped at least 64% of individuals reported deeper and profound feeling of detachment, relaxation, and comfort and 78% increased ability just to relax deeper than usual. (17).

Dr. Sandra Rose Michael developed something which she calls MetaMatrix Healing Chamber. She states that it neutralizes harmful electromagnetic fields, increases intention, and even in a half hour leads to out-of-body experiences, deeper relaxation, increased libido, clarity of thought, etc. She reports improvement in diabetes, in vision, passing kidney stones, healing of injuries and chronic disease, decreased pain, decreased anxiety and depression, improvement of fibromyalgia, fatigue, arthritis, and cancer. She thinks it can be done daily and the optimal time of exposure is a minimum of two hours. Dr. Michael's work is also called the Energy Enhancement System™. (18).

Dr. Marcial-Dega has reported that Scalar waves have the potential for increasing energy and reversing aging. He says they increase the connection between universal energy of God, which is limitless without time and space, and improved happiness, health, and awareness of how to use this energy. He emphasized the visualization of harmful electromagnetic fields, the importance of intention, psychological and spiritual benefits. For instance, 85 to 95% of people experience a deep sense of love, relaxation out of body, expanded awareness, tingling, increased libido, removal of negative blocks, clarity of thought, and improvement of energy, as well as improvement of diabetes, in vision, recovery from injuries, all kinds of cures from chronic diseases, pain improvement, decrease in Parkinsonian symptoms, strokes, anxiety, depression, sinus problems, fibromyalgia, fatigue, arthritis, cancer and, again, emphasizes the minimum of one hour and up to two hours of exposure to the EES (Energy Enhancement System). (19).

One of the most extensive descriptions of Scalar energy, by Dr. Siva Poobalasingam and Nisha Lakshmanan describe Scalar energy as nonlinear, non-Hertzian, having feel of lights circles of energy filling the environment and being static or stationary form of energy. Whereas, Hertzian, which we know of about with 60-cycle electromagnetic usage is, of course, wavelike and non-static and it carries unfocused Scalar energy. Scalar energy cannot be measured, unfortunately by standard electromagnetic devices, such as oscilloscopes. (20). On the other hand it appears that

any significant stress—emotional, physical, or chemical is capable of increasing adrenomedullin as a homeostatic response. And a wide variety of stress reducing techniques can help prevent or heal many illnesses. Finally, at least some spiritual healers have a significant success rate and those who have been studied can alter the EEG from a distance in time that exceeds the speed of light, suggesting that they may use focused scalar energy.

Finally, it is worth noting that sapphire has very strong piezoelectric amplifying qualities. (21)

Conclusion

Since those individuals in the current study spent only 9 hours a week for 4 weeks in the scalar room, the result is impressive and suggests the possibility that adrenomedullin might be reduced to equal that of Salento individuals by spending 8 hours each night in scalar energy. Our results of scalar reduction of adrenomedullin raise the possibility of both enhanced health and longevity. Additionally, exposure of live blood to sapphire enhanced scalar for only 20 minutes led to marked reduction of inflammatory markers in live blood and exposure of 10 individuals to sapphire enhanced scalar for only 3 hours led to 40% reduction in free radical production.

Overall, scalar energy, especially piezoelectrically enhanced by sapphire appears to provide the broadest known reduction in biochemical markers of stress.

The authors have no financial conflicts of interest

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Abstract:

Fourteen adult men volunteered to participate in an experiment to evaluate the potential for penile growth as a result of taking 50,000 units of vitamin D 3 and 100 mcg of vitamin K 2 daily for three to six months. Penis length increased an average of 0.53 inches and circumference increased an average of 0.5 inches, both statistically significant. These results are comparable to those obtained with use of a vacuum pump or with surgical augmentation. Men interested in penis augmentation may wish to consider this simpler and safer approach when interested in penis enlargement.

Key Words:

Vitamin D 3, penis augmentation, libido

Introduction:

Vitamin D 3 has been advocated to enhance immune response, to prevent cancer and to improve bone and cardiovascular function (1-4). Vascular health appears to include enhanced responsiveness (hyperemic vasodilation) to hypoxia and transient vasoconstriction, improved endothelial and vascular smooth muscle function, lower blood pressure and a diminution in atherosclerosis. Many of the male patients of one of the authors (JP), consuming 50,000 IU of vitamin D 3 for immune enhancement, anecdotally reported increases in the size of their penis.

Penis size is one of the major psychological concerns of men (5-7). Indeed, only 55% of men, in one study, were satisfied with their penis size (5). Penis size, even among heterosexual men, equals their concerns about their weight and height (8). Lay literature and the large number of e-spam ads for herbal, mechanical or surgical penis enlargement, further emphasize the significant interest in penile enhancement. To our knowledge, other than surgery, only two reports of successful penis enlargement have been published (9,10). Therefore, the current study was undertaken to determine if, indeed, Vitamin D 3 would increase penis growth.

Research design:

Fourteen male friends were invited to participate in a research project. Seven participants (Table 1) ranged in age from 52 to 75 years and seven were 50 years or younger (range 28-50 years). They signed an informed consent form which explained the project and agreed to have blood drawn initially and whenever possible at 3 and 6 months after taking daily doses of 50,000 IU of D3 and 100 mcg of vitamin K2. Plasma was stored for later measurements of calcium, testosterone, dehydroepiandrosterone (DHEA) and vitamin D 3. K2 is generally considered to be synergistic with D3 in enhancing deposits of calcium into bone. They were instructed to take no calcium supplements while consuming vitamin D3.

Five participants agreed to have one of the authors (CNS) measure their flaccid, stretched penis before and after consuming Vitamin D 3 and nine opted to provide digital photos showing length and circumference of their erect penis initially and again at three and six months. A soft plastic tape measure was used for penis length and circumference measurements during photography. Paired t-test was used to evaluate the significance of changes in penile length and/or circumference. Values are reported as Mean±SD.

Results:

Virtually all participants reported both increased general energy as well as enhanced libido. This was not due to increases, measured at six months, in dehydroepiandrosterone (DHEA: 6.2 ± 2.6 at baseline and 4.9 ± 2.0 ng/mL), testosterone (343 ± 68 at baseline and 355 ± 93 ng/dL) or free testosterone (136 ± 63 at baseline and 119 ± 57 ng/dL); all p=NS. There were no reports of adverse events. Calcium levels remained within the normal range at six months (9.8 ± 0.1 mg/dL) and, as expected, Vitamin D 3 levels were high (698 ± 97 nmol/L).

Penis length: Eight subjects had length measurements at three months and six were evaluated at six months. Average initial length measured by CNS using the stretch technique (n=5) was 6.5 ± 0.8 inches which was similar to initial erect length derived from digital images (n=9; 6.0 ± 1.1 inches; Table 1). Because several studies have confirmed that stretched length and erect length of the penis are similar (11,12), we combined data from both techniques to determine the effect of Vitamin D 3

on changes from baseline length. In those who participated only 3 months, length increased 0.35 inches, from average 6.25 inches to average 6.6 inches. In those who continued 6 months length increased 0.6 inches, from average 6.17 inches to average 6.77 inches.

Circumference: Average circumference (Table 1) was initially 4.4 ± 0.8 inches and increased at 3 months to 5.1 ± 0.5 inches (range: 0-1.5 inches, $n = 5$). At six months, circumference had increased to 5.8 ± 0.5 inches from a baseline of 5.4 ± 0.7 inches (range: 0-0.6 inches, $n = 4$).

Statistical analysis via the paired samples t-test reveals that there were significant increases in both penis length ($n=14$ pairs of measurements, $t=-6.54$, $p<0.001$) and circumference ($n=9$ pairs of measurements; $t=-3.179$, $p=0.013$).

To summarize, the range of initial penis length for the 14 participants was 4.4 to 8 inches. Stretched length was 5.2 to 7.2 inches; erect was 4.4 to 8 inches. After vitamin D 3, length ranged from 5.2 up to 8.9 inches. Circumference ranged from 3 to 6 inches initially and after Vitamin D 3, the range was 5.2 to 6.2 inches.

Discussion:

The two earlier studies, which demonstrated penis enlargement, (9,10) used vacuum pumps that required 30 minutes of daily vacuum pumping to achieve enlargement of up to 1 inch in length (average 0.67 inches) and up to 0.75 inches in circumference (average 0.55 inches). Interestingly, it is reported that surgical enhancement results in only 1-2 cm increase in length and 2.5 cm augmentation in circumference (13). In the current study, the average increase in length of 0.4 inches, and circumference of 0.47 inches, depending on the number of months of Vitamin D 3 consumption is statistically significant and approximately equal to that obtained with vacuum pumps or surgical augmentation.

Interestingly, those who used D 3 for 6 months had an average increase length of 0.66 inches and those who used it only 3 months had an increased length of 0.3 inches. The vitamin D 3 approach is not burdened by the time commitment associated with vacuum pumps or the possible consequences associated with surgery.

The range of initial penis sizes in this small sample is similar to that reported by Kinsey in his measurement of 5000 men (14) in which 54% had a penis length of 6 or less inches and 99.4% had a length of 8 or less inches. More recent articles have reported even less generous lengths (11,15).

The only known risk of large doses of vitamin D 3 is excessive blood calcium levels with potential kidney damage. For that reason, individuals taking this large dose of D 3 are advised to avoid calcium supplements. In the current study, serum calcium levels were within the normal range but it is recommended that serum calcium be checked periodically.

The physiological explanations for apparent androgenic effects of vitamin D 3 are not simple, although plasma levels of vitamin D metabolites have been reported to have an effect upon sexual maturation and growth (16). There is some evidence that vitamin D 3 is an androgen agonist and binds to androgen receptors (17,18). Finally because the penis is an organ rich in blood vessels, perhaps the vascular effects of Vitamin D 3 are involved in the expansion of penis length and girth (4,19). Further work should help to determine if these or other mechanisms are responsible for enhanced penis augmentation with vitamin D 3.

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Table 1. Penile changes accompanying Vitamin D 3 consumption

Age <i>in years</i>	Initial Length <i>in inches</i>	Initial Circumference <i>in inches</i>	Final Length <i>in inches</i>	Final Circumference <i>in inches</i>
66*	4.4	4.4	5.2	5
52	5.4	4.9	6.1	5.4
75*	8	6	8.9	6.2
65*	5.2		6	
42	7		7.2	
42	6.1	4.5	6.2	4.5
32*	6	5.6	6.6	6
28	6	3	6.2	4.5
57*	6.2	5.8	6.5	5.8
56	7.2	5.1	7.8	5.5
65	5	4.5	5.4	5.6
42*	7.2		7.4	
50	6.2		6.5	
42	7.1		7.5	

* These were 6-month measurements.