

## Energy Medicine Expert's Report on the "RayChip®" from Gasser, Höchst, Austria

The following scientific **study contains two test series** using meridian diagnostics (System Prognos®) and segmentary diagnostics (System Amsat-HC®) to assess the bioenergetic effects of two examples of the **RayChip** from Gasser. These are compared to a placebo, non-informed metal plate of the same size.

The tests aimed to achieve four objectives:

1. Assessment of the bioenergetic effects when applying the Ray Chip to the human skin using meridian diagnostics
2. Assessment of the bioinformational effects when applying the RayChip to the human skin using meridian diagnostics
3. Assessment of the biofunctional effects regarding the ability to eliminate the impact of perturbing technical radiation on the organism (in this case: mobile phone) using segmentary diagnostics
4. Assessment of the biocolloidal effects regarding the ability to eliminate the impact of perturbing technical radiation on the organism (in this case: mobile phone) using sementary diagnostics

**Test persons:** 10 (randomly selected in terms of sex and age)

**Testing period:** August 2009

**Test location:** Holistic Center®, Prien am Chiemsee, Germany

**Product:** A round chip made of soft plastic, convex-shaped, impregnated with a crop circle (description: angel) (see illustration in annex, page 23).

**Methods:**

**Meridian diagnostics (*System Prognos®*)**

Skin resistance is measured at 24 meridian points, the average is determined and the new average value is compared to the average value of the preceding test to measure changes of the **energy status**. Additionally, the change of the **informational status** is calculated as the reciprocal value of the respective spread ("harmony") of the 24 measured values. The beginning or ending points (ting points) of the 12 classical meridians in TCM (Traditional Chinese Medicine) are used, left and right = 24 points. They are located 3 mm beside the nail folds of the finger- and toenails and cannot be missed.

This is based on the theory that the average resistance of the 24 meridians corresponds to the status of body energy, i.e. the energy of life according to TCM. Resistance and energy are indirectly proportional to each other, the ohm value is thus converted into its reciprocal value, which correlates with the **conductivity** and is thus directly proportional to the energy.

A value that has just been measured gives the base value for the subsequent measurement. Changes are expressed as percentages. Increases in the conductance value of more than 7% are regarded as affirmations, decreases of more than 7% as negations. There is thus a neutral area between + / - 7%. It is a three-part quantitative system.

Meridian diagnostics works on an energy and an informational level ( $\approx$  harmony). It includes vegetative and **autonomous regulation** of the body systems. The sum of the energy and information is used as a third parameter referred to as the "balance sheet".

Meridian diagnostics is sensitive and therefore well suited to **testing substances**. There is no need to actually ingest the substances; they are merely

placed in the left hand. This method, called "virtual therapy simulation", makes it possible to forecast stimulus-reaction patterns of the organism in case of a possible subsequent intake.

### **Segmentary diagnostics (*System Amsat-HC®*)**

Segmentary diagnostics are **measurements of volume resistance** using six flat skin electrodes and 22 channels/segments. The average value is determined and compared to the average value from the preceding measurement. Changes are expressed as percentages.

Whereas meridian diagnostics measures the conductivity of meridians, segmentary diagnostics uses anatomically defined segments of the body. The segments overlap and 67 differentiable body organs or structures can be defined. Their functionability regarding hyper- and hypodeviations from the individual norm is quantitatively specified. The **conductivity** corresponds with the **functionability**.

Segmentary diagnostics works on a **somatic/physical** and a **psychological** level as the somatic detection of the human body is enhanced by a psychosomatic component and the frontal lobe is being captured by forehead electrodes. Thus, on the one hand this is a stable principle of testing, while on the other hand it is also sensitive to all kinds of waves and radiation. The following assessment criteria can be differentiated: 1) "base" = functional state, 2) "Sol-gel state" = relation of **colloids** in the mesenchyme (matrix, basic substance, active connective tissue), 3) the arithmetic sum of both values: "risk".

The results of the criteria are presented in bar and pie charts, in addition to **topographic images** of the body and lists with numerical values. It is an advantage to be able to immediately interpret the results regarding the extent

and location. Adapting the terms for organs or functions to conventional medical terminology is not required.

Increases in the average conductivity of more than 1.8% are considered to be an affirmation, decreases of more than 1.8% are regarded as negations with a neutral area between + / - 1.8%. It is thus a three-part quantitative system with low spread and high reproducibility.

One should note that according to the experiments of the developers of segmentary diagnostics (Bergsmann, Pflaum, Schimmel, Heim, et al) the human body cannot be equated with technical resistance. The organism and its cover, the skin, are conductors and insulators or dielectrics at the same time. They are equipped with very different ions that function as carriers and offer inductive and capacitive resistance. To draw conclusions from electrotechnology and apply them to the human body is thus difficult and only acceptable when confirmed by intracorporal measurements (as carried out using Prognos® and Amsat-HC®). Both these diagnostic methods complement each other perfectly.

**Preparation** of the test persons:

Provocation is induced by means of a laser pointer (30 seconds on the body's highest point gov. 20) or a pulsating magnetic field followed by an exercise to synchronise the brain. The underlying rationale is the fact that in the present age of electrosmog many people are temporarily or permanently in a state of "switching". As a consequence, parts of the brain are dissociated, fragmented or desynchronised. A fragmented brain is in a state of disharmony ( $\approx$  disinformation) which may even lead to chaos (Gaussian distribution in the frequency distribution of biological data).

This affects test methods which involve the brain causing false or paradoxical results. This is due to conflicts between the intellect (especially the cerebral cortex on the left) on the one hand, and feelings and emotions (e.g. midbrain) on the other hand, which make it impossible for the CNS (central nervous system) and immune system to assess what is good and what is harmful for humans. In most cases, though not always, the synchronisation exercise causes defragmentation. If the test results are irrational (e.g. approval of a toxin, rejection of a detoxication agent) one might suspect desynchronisation. After a successful synchronisation those results are normalised.

**Test schedule:**

**Meridian diagnostics:**

1. Basic measurement
2. Preparation of test person, other measurements
3. Testing a RayChip in the left palm
4. Testing the other RayChip on the thymus point
5. Testing the placebo plate on the thymus point

**Segmentary diagnostics:**

1. Basic measurement
2. Preparation, other measurements
3. Conversation holding mobile phone to the ear for more than 4 minutes, with a randomly selected RayChip
4. Process measurement(s)
5. Conversation holding mobile phone to the ear for more than 4 minutes, without a processor
6. Process measurement(s)

**Comments:**

**Randomised** order of the measurements 3, 4 and 5 (meridian diagnostics) and 3/4 and 5/6 (segmentary diagnostics) to ensure equal treatment of the variants. The tests were thus carried out as **simple blind tests**.

**Results:**

**Topic 1: Meridian diagnostics:**

Measurement **codings** in Tables 1-5:

3. Testing the RayChip in the left palm
4. Testing the RayChip on the thymus point (KG 19)
5. Testing the placebo plate on the thymus point

**Table 1**

<b>Energy changes</b>			
<b>Tests</b>	<b>3</b>	<b>4</b>	<b>5</b>
Test person 1 (m, 58)	+ 9	- 5	- 5
Test person 2 (f, 61)	- 1	- 4	- 5
Test person 3 (m, 21)	+ 10	+ 4	- 12
Test person 4 (m, 64)	+ 22	- 1	- 3
Test person 5 (f, 73)	+ 4	- 2	- 3
Test person 6 (f, 27)	- 1	+ 6	- 1
Test person 7 (m, 43)	- 2	+ 2	- 3
Test person 8 (f, 56)	+ 3	- 5	0
Test person 9 (m, 46)	+ 6	+ 3	+ 4
Test person 10 (f, 65)	+ 3	+ 6	+ 2
<b>Average</b>	<b>+5.3</b>	<b>+0.4</b>	<b>-2.6</b>
<b>Adjusted average</b>	<b>+4.1</b>	<b>+0.4</b>	<b>-2.3</b>
<b>Standard deviations</b>	<b>4.0</b>	<b>3.9</b>	<b>2.4</b>
<b>Number of positive reactions</b>	<b>3</b>	<b>0</b>	<b>0</b>
<b>Number of neutral reactions</b>	<b>7</b>	<b>10</b>	<b>9</b>
<b>Number of negative reactions</b>	<b>0</b>	<b>0</b>	<b>1</b>

Comments:

*Energy changes = percentage change of the meridian network's conductivity compared to the previous measurement.*

*Informational changes = percentage change of the reciprocal value of the spread of 24 test results (also described as "harmony") compared to the preceding measurement (1/3 thereof to ensure even weighting).*

*Balance sheet = energy changes + informational changes.*

*Adjusted average value = elimination of the respectively highest and lowest value.*

**Statistical evaluation of Table 1:**

According to Student's t-test there are the following significant differences (adjusted average values):

*(Definition of the neutral group: MW = +/- 0, SD = +/- 7 %)*

Energy changes	3 vs. placebo group: p < 0.05
Energy changes	4 vs. placebo group: not significant
Energy changes	3 vs. neutral group: p < 0.1
Energy changes	4 vs. neutral group: not significant
Energy changes	5 vs. neutral group: not significant

Table 2

<b>Informational changes</b>			
<b>Tests</b>	<b>3</b>	<b>4</b>	<b>5</b>
Test person 1	+ 14	+ 9	- 8
Test person 2	+ 8	+ 10	+ 5
Test person 3	+ 7	0	+ 4
Test person 4	+ 9	+ 5	- 11
Test person 5	+ 8	+ 7	- 7
Test person 6	+ 6	- 5	- 3
Test person 7	+ 9	+ 4	- 1
Test person 8	0	- 5	- 2
Test person 9	+ 8	+ 6	- 3
Test person 10	+ 4	+ 2	+ 2
<b>Average</b>	<b>+7.3</b>	<b>+3.3</b>	<b>-2.4</b>
<b>Adjusted average</b>	<b>+7.4</b>	<b>+3.5</b>	<b>-2.3</b>
<b>Standard deviations</b>	<b>1.7</b>	<b>4.4</b>	<b>4.0</b>
<b>Number of positive reactions</b>	<b>8</b>	<b>4</b>	<b>0</b>
<b>Number of neutral reactions</b>	<b>2</b>	<b>6</b>	<b>7</b>
<b>Number of negative reactions</b>	<b>0</b>	<b>0</b>	<b>3</b>

**Statistical evaluation of Table 2:**

According to Student's t-test there are the following significant differences (adjusted average values):

(Definition of the neutral group:  $MW = +/- 0$ ,  $SD = +/- 5\%$ )

- Informational changes 3 vs. placebo group:  $p < 0.05$
- Informational changes 4 vs. placebo group:  $p < 0.1$
- Informational changes 3 vs. neutral group:  $p < 0.05$
- Informational changes 4 vs. neutral group:  $p < 0.1$
- Informational changes 5 vs. neutral group: not significant

Table 3

<b>Changes in balance sheet</b>			
<b>Tests</b>	<b>3</b>	<b>4</b>	<b>5</b>
Test person 1	+ 23	+ 4	- 13
Test person 2	+ 7	+ 6	0
Test person 3	+ 17	+ 4	- 8
Test person 4	+ 31	+ 4	- 14
Test person 5	+ 12	+ 5	- 10
Test person 6	+ 5	+ 1	- 4
Test person 7	+ 7	+ 6	- 4
Test person 8	+ 3	- 10	- 2
Test person 9	+ 14	+ 9	+ 1
Test person 10	+ 7	+ 8	+ 4
<b>Average</b>	<b>+ 12.6</b>	<b>+ 3.7</b>	<b>- 5.0</b>
<b>Adjusted average</b>	<b>+ 11.5</b>	<b>+ 3.9</b>	<b>- 4.6</b>
<b>Standard deviations</b>	<b>4.9</b>	<b>4.1</b>	<b>3.8</b>
<b>Number of positive reactions</b>	<b>5</b>	<b>0</b>	<b>0</b>
<b>Number of neutral reactions</b>	<b>5</b>	<b>10</b>	<b>8</b>
<b>Number of negative reactions</b>	<b>0</b>	<b>0</b>	<b>2</b>

**Statistical evaluation of Table 3:**

According to Student's t-test there are the following significant differences (adjusted average values):

(Definition of the neutral group:  $MW = +/- 0$ ,  $SD = +/- 12\%$ )

- Changes in balance sheet 3 vs. placebo group:  $p < 0.01$
- Changes in balance sheet 4 vs. placebo group:  $p < 0.05$
- Changes in balance sheet 3 vs. neutral group:  $p < 0.05$
- Changes in balance sheet 4 vs. neutral group:  $p < 0.1$
- Changes in balance sheet 5 vs. neutral group:  $p < 0.1$

### Interpretation of Tables 1-3:

Group 3 (RayChip in the left hand) differs considerably from the placebo and the virtual neutral group in all the cases. The positive difference of the group regarding the balance sheet of energy and information is highly significant.

Group 4 (processor on thymus point) proves to be less positive and does not differ from the placebo group regarding energy and only moderately regarding information. However, there is a significant difference with regard to the balance sheet.

The results of the placebo group are slightly lower than the results of the virtual neutral group. However, only the balance sheet is moderately affected. Presumably, for most people an inert piece of metal without any additional information seems neutral and does not constitute a positive element.

There is a noticeable relationship between the effects on energy or information:

Group 3:  $+4.1 / +7.4 = 0.55$ , Group 4:  $+0.4 / +3.5 = 0.12$ . This implies that the informational effect of the RayChip is predominant. It is noticeably stronger when applied to the thymus (described as the "immune system's computer").

Topic 2: Segmentary diagnostics:

Measurements of test codings 3/4 (mobile phone with processor) and 5/6 (mobile phone without processor) with their changes compared to respective previous measurements:

Table 4

Tests	Functional change		Sol-Gel-change		Risk change		Affected organs
	3/4	5/6	3/4	5/6	3/4	5/6	
Test person 1 (w, 61)	+ 2.5	- 6.9	+ 1.2	- 1.9	+ 3.7	- 8.8	Thorax, lower ab.
Test person 2 (m, 58)	+ 2.7	- 0.4	+ 0.4	- 0.1	+ 3.1	- 0.5	Thorax, lower ab
Test person 3 (w, 73)	+ 2.4	- 1.1	+ 0.4	- 0.3	+ 2.8	- 1.4	Abdomen, lower ab
Test person 4 (m, 21)	+ 5.0	- 3.1	+ 0.5	- 0.8	+ 5.5	- 3.9	Abdomen, thorax
Test person 5 (w, 27)	+ 3.8	- 11.5	+ 1.1	- 1.7	+ 4.9	- 13.2	Abdomen, lower ab
Test person 6 (w, 47)	+ 2.1	- 3.2	+ 0.5	- 0.3	+ 2.6	- 3.5	Abdomen, lower ab
Test person 7 (m, 56)	+ 4.0	- 4.6	+ 0.8	- 0.5	+ 4.8	- 5.1	Head, neck
Test person 8 (m, 43)	+ 14.3	- 8.0	+ 1.6	- 0.3	+ 15.9	- 8.3	Thorax, head
Test person 9 (w, 65)	+ 1.7	- 7.7	+ 0.3	- 0.5	+ 2.0	- 8.2	Abdomen, thorax
Test person 10 (m, 46)	+ 1.2	- 2.0	+ 0.4	- 0.4	+ 1.6	- 2.4	Abdomen, lower ab
<b>Average</b>	<b>+ 3.9</b>	<b>- 4.8</b>	<b>+ 0.7</b>	<b>- 0.7</b>	<b>+ 4.6</b>	<b>- 5.5</b>	<b>6x abdomen</b>
<b>Adjusted average</b>	<b>+ 3.0</b>	<b>- 4.6</b>	<b>+ 0.7</b>	<b>- 0.6</b>	<b>+ 3.7</b>	<b>- 5.2</b>	<b>6x lower ab</b>
<b>Standard deviations</b>	<b>1.2</b>	<b>2.7</b>	<b>0.5</b>	<b>0.5</b>	<b>1.0</b>	<b>2.5</b>	<b>5x thorax</b>
<b>Number pos. reactions</b>	<b>8</b>	<b>0</b>	<b>2</b>	<b>0</b>	<b>7</b>	<b>0</b>	<b>2x head</b>
<b>Number neutr.reactions</b>	<b>2</b>	<b>2</b>	<b>8</b>	<b>8</b>	<b>3</b>	<b>3</b>	
<b>Number neg. reactions</b>	<b>0</b>	<b>8</b>	<b>0</b>	<b>2</b>	<b>0</b>	<b>7</b>	

**Statistical evaluation of Table 4:**

According to Student's t-test there are the following significant differences (adjusted average values):

*(Definition of neutral group's function:  $MW = +/- 0$ ,  $SD = +/- 1.8 \%$ )*

Functional changes	Mobile with vs. mobile without chip: $p < 0.05$
Sol-Gel changes	Mobile with vs. mobile without chip: $p < 0.1$
Risk changes	Mobile with vs. mobile without chip: $p < 0.01$
Risk changes	Mobile with vs. neutral group: $p < 0.05$
Risk changes	Mobile without vs. neutral group: $p < 0.05$

**Interpretation of Table 4:**

As to the tissue and organic functions, the two approaches to testing produce distinct and significant differences: negative without chip and positive with chip. The sol-gel changes are only slightly significant. However, this is understandable given the limited range of possible variations. Regarding the sum of both parameters, namely the "risk", these differences are highly significant.

Both approaches to testing differ considerably from the virtual neutral group, though in the opposite way.

The affected organ areas are quite evenly spread in the torso. There are only two cases where the head is specifically affected.

Summary of the average values of the examined situations using meridian and segmentary diagnostics:

Table 5

Criteria	With RayChip		Without chip or placebo	
	Left hand	Mobile phone	Left hand	Mobile phone
Energy	+ 4.1		- 2.3	
Information	+ 7.4		- 2.3	
Balance sheet	+ 11.5		- 4.6	
Function		+ 3.0		- 4.6
Sol-gel state		+ 0.7		- 0.6
Risk level		+ 3.7		- 5.2

## **Discussion:**

### **A: General information about the measuring methods and situations**

#### **Re 1. = Basic measurement:**

The basic measurement is almost irrelevant for later tests, as it presents a state of compensation where the body compensates and masks its weaknesses. A provocation is necessary in order to evoke the real state or rather to unmask the state.

#### **Re 2. =Provocation by means of laser on gov. 20 or pulsating magnetic field**

An effective provocation takes place by supplying specific information in form of red laser light (680 nm < 0.5 mW) generated by a normal laser pointer. The light is applied to the highest point of the body, in Chinese referred to as "the point of total Yang". Thereafter, the light energy continues to flow along the entire meridian network. The whole body is also captured by a pulsating magnetic field.

If there are no blockages, the energy will flow, spread out and fill deficits. This is a positive reaction (usually seen in healthy people). Should blockages exist, pathological findings are intensified though they might initially not be apparent. This is a negative reaction.

The body is stimulated after being provoked and will respond more clearly to subsequent stimuli and questions.

**Re 2. = Synchronisation**

Nowadays, in about 30% of cases among inhabitants of large cities one can detect a "switching" condition as a result of electrosmog. It is less frequent among people living in rural districts. Humans without mobile communications (mobile phone or DECT) in use or nearby have only approx. 5% switching (a situation which was still common only five years ago).

Switching means that the brain and the cerebral systems (such as the vegetative nervous system or the meridians) are switched and incapable of recognizing and approving positive things and respectively rejecting negative things. A "switched" person harms himself, e.g. by using nicotine, alcohol, drugs etc. If the CNS is desynchronised to such an extent, reactions will be irrational, if not paradoxical. Today's technical electrosmog is one of the main causes.

Synchronisation is an exercise whereby the CNS is again defragmented or rather synchronised to enable normal reactions. Thereafter the test person is mostly (in more than 90% of the cases) in a condition to be tested.

For further information click: [www.youtube.com/creatrix13](http://www.youtube.com/creatrix13)

## **Re Topic 1 (Meridian diagnostics):**

One can assume that the vegetative or autonomous human nervous systems have become unstable since the existence of ubiquitous electrosmog of the so-called "First World".

This may result in chaos, and in most cases it is also accompanied by cerebral problems such as laterality disturbances and switching as expressions of desynchronisation (according to Goodheart, 1976). A particularly difficult condition is a subsequent dependence or even addiction, where the organism believes itself to be unable to live without the agent. These people, predominantly young people, experience withdrawal symptoms, or rather syndromes, once the electrosmog is withdrawn.

Meridian diagnostics involves the vegetative nervous system considerably and regards such cases as an approval of the agent and a rejection of protective measures. This refers not only to electrosmog as a possible catalyst but also to other influences, e.g. the approval of toxins such as alkaloids. These people avoid contact with nature and frequently need "uppers" like coffee and "downers" like alcoholic drinks in the evenings.

Due to its sensitivity, meridian diagnostics is well suited to examining these phenomena in human beings.

## **Re Topic 2 (Segmentary diagnostics):**

Segmentary diagnostics comprises the somatic and psychological level. This method is therefore primarily less affected by radiation, which initially affects the energy and the informational level.

It is therefore even more important if the functions of the organs and the colloidal balance in the mesenchyme show a negative reaction to electrosmog.

### **Topic 3 (Synopsis):**

Both methods work on different levels of the entire organism as outlined above. These involve at least four of the postulated seven levels in the human being. In the process they control and, if need be, confirm each other.

In the philosophy of science there is the following basic convention: if two methods which have not yet been recognized by conventional science show congruent results, they confirm their mutual valency. This is the case.

One should note that none of the methods is subjected to subjective influences: neither the testing person nor the test person/patient can influence the results. The methods are autonomous, quantified and objective.

### **B: Particular points**

#### **Topic: Energetic-informational effects on the body in the case of skin contact**

The RayChip from Gasser increases the energy level moderately and the informational level distinctively. If both criteria are combined, the effect is highly significant.

With respect to location, this applies more to the palm of the left hand than to the thymus point. This is not surprising, as meridian diagnostics employs the left hand regularly and considers it to be receptive and sensitive. However, the informational aspect of the effect on the thymus point is more clearly pronounced. Again, this is hardly surprising given the fact that this organ accommodates the information content of the immune system.

As the corresponding metal plate shows no or rather a negative effect, the results have to be attributed to the applied informed foil.

**Topic: Somatic-colloidal effects in mobile phone conversations using the RayChip**

Many previous studies have shown that conversations where the mobile phone is held to the ear result in a number of negative effects. A thermal explanation alone is not sufficient. The effects have to be regarded as interferences with the body's own electrical stimulation patterns and electromagnetic frequency patterns. The changes take place after approx. two minutes and after about four minutes the maximum value is asymptotically being approached.

The results are confirmed in this study. However, despite its small size, the RayChip not only compensates for the negative effects but also partially transforms them into positive effects. This can only be explained by referring to physics and the theory of magnetic vector potentials to which living biological objects basically react.

**Synopsis:**

The effect of such magnetic vector potentials (MVP) is informational and in contrast to the energetic effects of force fields. At the same time, information is superior to energy and, moreover, to matter. However, so far this can only be proven indirectly by looking at the effects. The human being, the object, is given priority, as the organism as a whole disposes of numerous dipoles and other transmitting structures which are able to resonate.

One should regard the human body as a cavity resonator with the skin reflecting both external and internal waves. This is the only reason why creatures on earth have survived until today despite immense cosmic radiation: the "skin effect".

Numerous electrical stimulation processes take place in the inner body. Due to their inconstancy they are emitted as waves and then reflected by the inner skin. As a result of interference, standing waves ("beats") are created, their nodes appearing as meridians. Thus, the inner body constitutes an entirety and reacts in an accordingly holistic way.

Similar to the skin, the foil coating of the RayChip can be described as a dielectric. Charge transfers take place despite the seemingly unloaded medium and are accompanied by polarisations. This can explain the present findings.

To avoid the impression that these are esoteric conceptions, extracts from an encyclopaedia of physics ("Lexikon der Physik") are enclosed as annexes. They refer to the following topics: potentials (especially scalar and vector potentials), resonance and vector (author: R. Knerr, Faktum Lexikon Institut, Bertelsmann Lexikon Verlag, Gütersloh/Munich, Germany, 2000).

Here are three quotations from the encyclopaedia:

1st quotation:

"In physics a potential is referred to as the potential energy that has been standardised for a "unit charge". This definition also applies to so-called scalar potentials such as the electrostatical potential or the gravitational potential." (page 499)

2nd quotation:

"Force fields without sources are described as solenoidal fields. All the field lines are therefore closed (→ magnetic field). These fields can also be ascribed to a potential with vector character. The deduction of a vector field may seem

complicated, yet makes sense when applying the theory of relativity where *scalar-* and *vector potentials* fuse into a *four-potential*." (page 500)

3rd quotation:

„Rotation is a measure of closed field lines, i.e. for eddies.

Solenoidal vector fields have zero divergence, irrotational vector fields have zero rotation." (page 672)

This implies that purely material tests cannot show - or rather must not show - a positive result because zero cannot be proven. This requires different methods.

Those who doubt these findings have not accepted the state of physics since approximately 1930 but refer instead to an outdated state that has to be regarded as unscientific.

## Summary:

1. The tested informed *RayChip* from Gasser improves energy medical criteria such as energy, information, functional and sol-gel state. The results are statistically significant to highly significant.

2. An increase of energy can be noted when the RayChip is applied to the skin in the left palm. In contact with the so-called thymus point (upper sternum) the informational effects are more clearly pronounced.

3. Conversations while holding the mobile phone to the ear (without RayChip) reduce organ functions and cause gel tendency in the mesenchyme (viscosity increase in active connective tissue or rather of the matrix). Using the RayChip (attached to the mobile phone) these biological effects are not only neutralised, but also transformed into positive effects that are slightly weaker than the negative effects.

4. Due to the significance of the results in this study one can attribute biological- energetic-informational effects to the RayChip.



Dr. med. Manfred Doepp

2 September 2009  
Holistic Center®

### *Notes:*

*Dr. med. Manfred Doepp is reviewer for the following institutions:  
International Society on Systemics, Cybernetics and Informatics  
International Society on Computer, Communication and Control Technologies  
Annex: Illustration of RayChip*

