STUDY IN VIVO

A fresh capillary blood sample was taken at a time according to protocol to be examined as live blood sample under Phase Contrast, Dark Field and Direct Illumination at 40 X, 40 X plus 3.5 X and 17 X magnifications. A second - drop was taken for Clot Retraction Analysis. The results are recorded on the data sheets included in the report.

CASE STUDY

Case Study # 1.

A female age 37 with the following condition;

1. Breast Cancer metastasized into the bones (ribs, lumbar and thoracic vertebrae)
2. History of bilateral mastectomy and chemotherapy
3. History of bilateral breast implants
4. Macrocytic anemia

Note: The patient presented a bacterial infection the day when the sample was taken adding to the baseline pathology.

The pages that follow record data compiled each day.

ANALYSIS OF THE EFFECTS OF BION WATER IN BLOOD BEFORE AND DURING TREATMENT IN VIVO

While in the clinic the patient received BION WATER as well as a combination of therapies used to enhance her treatment program.

Protein linkage was elevated at the beginning, followed by a sustained low level towards the end of the study. Comparing this pattern with the rouleaux formation that was elevated at the beginning and low at the end, it can be assumed that this resulted in diminished erythrocyte aggregation. The readings immediately after the BION WATER dosage showed little increase in these three patterns. This result may be due to a pH variance stimulated by BION WATER. The in vitro study showed an opposite effect, however this was not a fresh sample and therefore could have been the effect of the metabolism with BION WATER.

On arrival the patient's poikilocytosis and anisocytosis were seen to be less as compared to following readings. The second reading recorded (+ +) this being before the administration of the first dose of BION WATER. Therefore it can be assumed that there is no relationship between BION WATER and progressive anemia. BION WATER therefore, does not affect healthy red cells in vivo. The anemia could have had an effect on the rouleaux and aggregation.

Acanthocytes were always present in low amounts. Acanthocytes are related to viral activity and there was no significant change before and after the first, second and third doses. Contrary to the in vitro study, BION WATER does not have the lipoprotein lysis action as in vivo.

The amount of schistocytes was variable during the different stages of the monitoring, which was lower towards the end as compared to the beginning. The penultimate reading was a high (+ + +). The toxicity in the blood was varied and to establish a more accurate conclusion, farther tests should be performed.

By comparing the first and 'last sample, it is seen that liver stress decreased. This was measured by the presence of spicules. There was a small increase immediately after the first dose of BION WATER, thereafter stabilized at a low level.

The sample was viable for three days. The rouleaux average remained the same as the control as well as the aggregation (+ + +), with predominance in the area where the BION WATER made contact with the blood.

Acanthocytes and schistocytes were always present in elevated amounts (+ + +).

There was no variation in the cholesterol level.

There was a higher amount of uric acid as compared to the other two samples.

More spicules present than in the other two samples.

Target cells were the same.

No fungus seen by the second day, and no further changes were observed.

The somatide cycle began with rod forms, Spores appeared the second day and were present until the last day.

From the beginning the immune system was under attack. Phagocytes with preserved cytoplasm showed no activity. They appeared to be filled fungus, although there was an absence of fungus in the plasma.

Spherocytes appeared in elevated amounts at all times (+ + +).

There was no thrombosis tendency at all, which was different from the control, but the same as 1:10 dilution.

There was no bacterial activity.

Crenocytes were present from the first day, vacuolae dendroids appeared on the last day. There was presence of multiple crystals, at the side of the BION WATER.

Category 1

Dilution 1:10

The sample was viable for three days, there was less rouleaux formation than the control, and more aggregation than the other two samples, especially in the area where the BION WATER made contact with the blood.

The first day Acanthocytes *were* seen in elevated amounts (+ + +), compared to the control that had (+). In this sample, there were more schistocytes seen than in the control.

There were more spicules seen at all times, compared to the control.

No variation in cholesterol crystal levels. There was slightly more uric acid excess present than in the control.

The same elevated levels of Target cells were seen. By the second day there was no fungus present in the plasma; they were inside the Phagocytes, up to four in each one.

Rod forms of the somatide cycle were seen the first day. The second day there was only non-pathogenic forms. By the third day there were rod and mycelial forms. On the fourth day rod, mycelial and asci forms were seen. There was only bacterial activity as the rest of the sample was no longer viable.

The immune system was under attack at all times, the condition of the cytoplasm was better than in the control. The activity was really slow.

Spherocytes were seen immediately after adding BION WATER. This probably relates to toxicity that BION WATER has at this dilution when applied directly to a drop of live blood.

There was no thrombocyte aggregation. The control fluctuated.

Bacterial activity went from zero to (+ + +), the control that went from (+ + +) to (+).

Elevated amounts of Crenocytes were present at all times. There were vacuolae dendroids present on the last day.

Category 2

The second category (control, 1:50, 1:100) was analyzed by comparing the three samples during the three day survival time. The control was the only sample that survived for only two days. In this section control, 1:50, and 1:100 dilutions are compared.

This sample was viable for two days. Rouleaux formation reduced from (+ +) to 0. Aggregation reduced from (+) to 0. Both rouleaux and aggregation had a better evolution in this sample than in the other two samples with BION WATER. The lower dilutions were not effective in changing the pH.

The control showed a minimum presence of Acanthocytes as compared to the other two dilutions. Acanthocytes represent viral activity and/or lack of beta lipoproteins, this indicates the use of 1 ;50 and 1:100 dilutions are not effective in decreasing viral activity and stabilizing the beta lipoproteins.

The schistocytes had an uncertain behavior, because in the control there was (+) present the first day. The next day the sample presented 100% Schistocytes and were less present in the 1:100 and 1:50 in that order.

The fibrin spicules were always present, mainly in the 1:100, less in the 1:50 dilution and even less in the control.

Chylomicron were present in 1:100 dilution (+ + +), especially in the area of contact between the blood and BION WATER.

The 1:100 dilution presented more cholesterol than in the 1:50 dilution and than the control.

Uric Acid Crystals were seen in the three samples, one (+) in average. The other samples showed a slight tendency to increase, this tendency was not seen in the 1: 100.

In the control, protoplasts were seen only once by the second day; this was not seen in the 1:50 nor in the 1:100.

Target Cells were seen in the two dilutions with an increasing pattern during the study. This shows that the anemia increased if compared to the control. The control showed instead 100% of the red cells as Schistocytes, by the second day.

The fungus was seen in a decreasing pattern in both dilutions and the control. Pathogenic Somatids were not seen in the 1:100; one was seen in the 1:50 and many seen in the control. What needs to be determined is the effect BION WATER has to reverse the Pathogenic Somatid Cycle on its own and in combination with 714x. This patient was in the first cycle of the 714x vaccine protocol.

The amount of Non Pathogenic Somatids were variable, low in the 1:100, better in the 1:50 and even better in the control. It can be seen that there is a relationship in the amount of Somatids and the use of BION WATER in vitro. When used more diluted the amount decreased.

The immune system was affected. In the 1:100 and 1:50 dilutions low and absent activity the first and subsequent days. In the control, there was a slightly better activity, probably due to the first dose of BION WATER given seven days before.

Spherocytes were absent in all samples.

Thrombosis tendency was not predominant in the dilutions, as was in the control.

There was a higher amount of debris in the dilutions than in the control. This demonstrates the effect BION WATER on weak cells.

Higher amounts of crystals typically related to drugs, where present in both dilutions, probably as a result of the precipitation of BION WATER in the blood. This could be the reason for the toxicity and cell destruction mentioned before.

POSITIVE CONCLUSIONS DURING THE STUDY IN VIVO

1. Less protein linkage, rouleaux formation and aggregation. This was achieved either from an enzymatic function on its own, or an enzymatic support factor and/or a pH balance factor.

2. BION WATER does not increase anemia in vivo. There was no relationship between readings of poikylocytes and anisocytes with BION WATER doses.

3. BION WATER does not have lipoprotein lysis action in vivo, as does the study in vitro. This is demonstrated by low levels of acanthocytes.

4. During the study with BION WATER there was a decrease in liver stress in vivo. This was seen by a. reduction of the fibrin spicules. During the study, the patient *did not* receive any liver protectors. BION WATER may have a liver protector effect or otherwise it reduces circulating fibrin. This should be investigated further.

5. During the study the cholesterol and uric acid crystals levels reduced.

6. BION WATER has an anti-parasitic condition property in vivo and in vitro. Target cells decreased in number during the study. This parasitic condition not only decreased after the first dose, but eventually disappeared. The parasitic condition corresponded to the Somatid Cycle, where it was seen to reverse from a pathogenic to a non-pathogenic cycle.

7. BION WATER may have a direct action to the Somatid Cycle. Before, the use of 714x was the only method used to reverse the Pathogenic Somatid Cycle; this usually happened within the first 21 days of treatment. In this study the Somatide cycle was changed from the first dose of BION WATER. The patient had received the first two days of the 714x treatment. More studies have to be done to determine whether BION WATER potentiates 714x:

8. A female reproductive organ pattern was seen in the same way as the bowel/intestine.

9. A high amount of chemicals and heavy metals were seen in the Clot Retraction analysis. Further research has to be done to determine the toxicity of the BION WATER.

10. Muscle degeneration pattern was higher at the end of the study than at the beginning.

FINAL ANALYSIS OF BION WATER IN VIVO RESULTS

In the following report, the effects that BION WATER had in the patient's blood are discussed, by presenting a consecutive analysis of fresh blood on different days. His records data before starting the BION WATER (consisting of two dates), data after the first dosage (consisting, of one date), data after second dosage (consisting of two dates), and data after the third dosage (consisting of one date).

The following table will show dates of fresh blood analysis and the dates that the BION WATER were given.

TABLE 1. CHART OF DATES

Date	Blood Analysis	Dosage #
March 28	1.	
April 04	1.	First
April 06	1.	
April 10	1.	
April 12		Second
April 17	1.	
April 18		Third
April 20	1.	

The next pages report the progress of the patient's blood evaluation.

In the in vitro samples liver stress could not be interpreted as the metabolic process could not be measured, but only the blood chemical reactions. Therefore, it can be assumed that BION WATER may have a liver protection function. More studies must be completed.

The high cholesterol observed in the beginning of the study showed a sudden decrease immediately after the second dose of BION WATER, from (+ + +) to (+) in a period of less than a month.

Uric Acid readings were similar to that of the cholesterol, decreasing from (+ +) to (+). This also coincided with a clinical pain relief.

Target Cells were seen with (+ + +) in the second sample taken, and decreased to (+) at the end of the study. This means a decrease in the parasitic condition.

The presence of parasitic forms in the plasma, and bacterial activity presented by the patient on arrival was (+ + +), after the first dose decreased to (+) and then to zero.

The presence of pathogenic Somatids at the beginning of the study varied from rod, to mycelial and asci forms. These were collected by the second dose of BION WATERS. There is no relationship between the diminishing of pathogenic forms and the use of antibiotics, but there is a decrease when 714x is used. In this case the patient had already started the 714x program. 714x typically shows changes within the first 21-day cycle. This case demonstrates that there could be a potentiator effect of BION WATER to 714x. The amount of non pathogenic Somatids was zero at the beginning, and starting to increase with the presence of the double spores that were in the limit of becoming pathogenic, just prior to the second dose. This pattern was stable until the end of the study. Further investigations must be made.

The yeast/fungus was present at all times in large amounts (+ + +), with pathogenic forms. The pathogenicity was determined by the presence of large colonies five *minutes* after taking the blood sample. These differed from the results of the in-vitro samples, where all the fungus were phagocytized, as previously discussed. The presence of fungus is related to the pH of the plasma, nutrition habits, and immune system activity.

The cellular immune system activity was low, as was the white cell proportion, with a. predominance of neutrophils and eosinophils in the first reading. This slowly improved starting with better proportions of white cells and continuing with better activity. This level of activity was sustained until the end of the study. This corresponds to the in vitro analysis. It can therefore be assumed that there is an immune stimulating response action from BION WATER both in the in vitro and the in vivo experiment.

There was a mild aggregation of thrombocytes with high and tow peaks at different times. By the second dose there was a larger amount of thrombocytes, probably due to a stimulated release from natural deposits rather than to an over production. This finding is not of clinical importance.

Crenocytes were present at the end of the study after the last dose in large amounts (+ + +). This could be from the toxicity discussed earlier.

In the Clot Retraction analysis, other aspects are seen:

1. High emotional stress always (+ + +).

2. Possible allergies that decreased from high to moderate.

3. Liver pattern that started to show mildly in the last three samples.

4. Hormonal imbalance that also decreased and finally raised at the end as in the beginning.

5. Lymphatic clogging always high.

6. Malignancy and metastatic pattern slightly better but still with high free radical damage.

7. Bowel/intestine pattern was seen after the second dose, but not seen again.

8. Cellular immune system activity was enhanced both in vitro and in vivo. White cell proportions were balanced and the phagocytes improved their function. BION WATER may have a factor which should be studied further to comprehend its mode of action. The reversal of somatids into a non pathogenic cycle and the disappearance of target cells is evidence a cellular immune system improvement. Further research should be undertaken to determine if there is an opposing involvement.

9. The Allergic pattern decreased from high to moderate during this study.

10. Malignancy and metastatic pattern decreased slightly.

There was a presence of spherocytes on the last day.

There was a fluctuation of the thrombosis tendency levels, consistently with a low average.

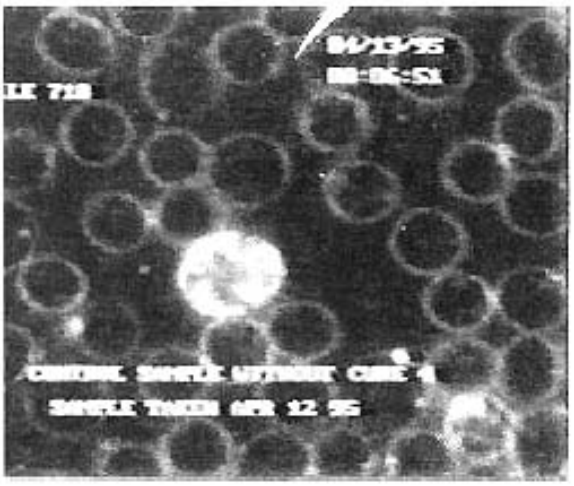
Whereas there was a very elevated bacterial infection at the beginning, the level reduced to (+) by the fourth day.

Crenocytes levels were elevated by the second day. Vacuolae dendroids appeared by the third day.

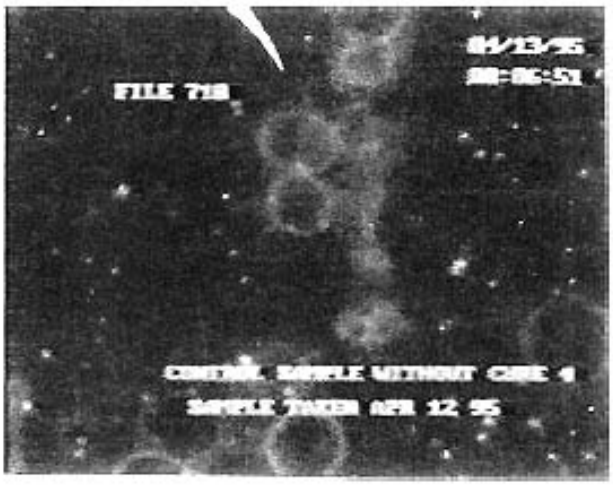
BLOOD SAMPLE TAKEN BEFORE TREATMENT

No Backlight used for pictures 1 and 2

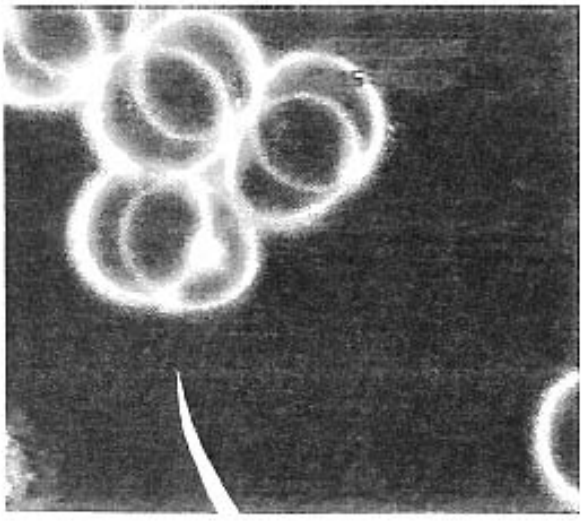
PARASITES AND YEAST PRESENT

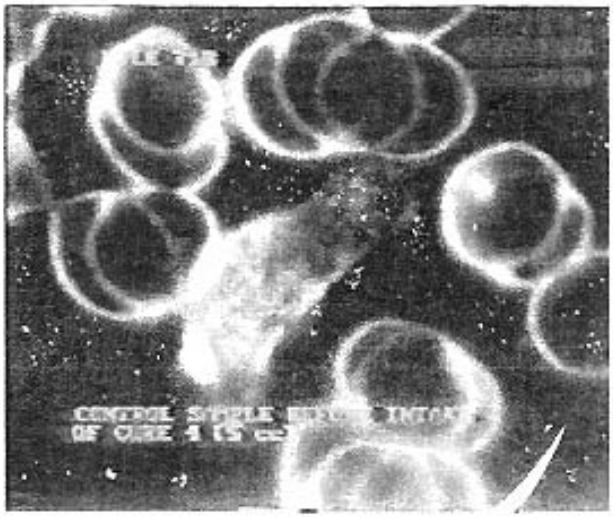


1. Blood Sample with yeast but no parasites



2. Blood Sample with yeast no parasites





3. Blood sample taken 5 minutes after treatment, **4. Blood sample BEFORE treatment**

All samples were taken from an artery in a female patient's neck. Solution was injected into patient's left **arm.**

Backlight used for pictures 3 and 4