# LIFEWAVE SCIENTIFIC STUDY BY MEANS OF AN NM4 GAUGE

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#### **SUMMARY**

This work verifies the effects of the application of the LifeWave devices by means of an instrument of the latest generation Mod. NM4 which measures the neuromuscular potentials, in a non-invasive manner, both before and after the use of the devices themselves, on a sample of over 100 subjects.

#### **PRESENTATION**

The purpose of this scientific study is that of demonstrating the efficacy and effect of the IceWave Devices (LifeWave pain patches) with scientifically proven data and values, under varying degrees of pain, inflammation, contracture and muscular tension, availing itself of both subjective (patient) data, as well as more objective findings supplied by way of use of the new-generation muscular potential gauging device called NM4.

#### **MATERIALS**

- 1 LifeWave patches (IceWave)
- 2 NM4 Gauge

### WHAT ARE LIFEWAVE PATCHES?

LifeWave patches consist of a hypoallergenic adhesive that can not be affected by body impurities and fat.

They contain a mix of amino acids, water, sugars, oxygen and organic substances, applied to a polyester layer and sealed in a polymer covering.

Nanotechnology (nano = 1 millionth of a millimeter) allows one to work with extreme precision and compounding at the atomic level.

Consequently, the LifeWave patches are compounded from tetrahedic silica quartz nanocrystals that are assembled and positioned with extreme precision in an amino acid solution.

When they receive the infrared from the body, containing the information relating to the condition of the organ to which the acupuncture point is connected, the crystals vibrate and consequently bring about the rotation of the amino acids.

This rotation sends a wave to the body which operates on the meridians freeing the bio-energy flow of the concerned meridian and connected organ, realigning the frequencies to the original healthy state.

Hence, the LifeWave device is adhesive and hypoallergenic and, as such, it is applied to specific points of the body, just like an ordinary adhesive bandage.

All LifeWave patches are produced at plants registered with the FDA, Food and Drug Administration, which meet the requirements of the GMPs (Good Manufacturing Practices, which is to say that their manufacture is guaranteed) and the QSR (Quality System Regulation, which is to say that they are certified in accordance with a quality system comparable to our ISO 13485).

The LifeWave products do not contain magnets, batteries, copper or harmful metals. The patches are not a transdermal infusion system, which is to say that they do not transmit any chemical component to the human body.

Hence, this innovative technology uses *nano-structured biomolecular crystals* (orthomolecular organic structures), made up of a mix of amino acids, water, oxygen and organic elements, set on a substrate of polyester, and sealed in a polymer shell that guarantees impermeability.

All the active components are contained in the CFR (Code of Federal Regulations) Title 21 listing of substances generally recognized as safe as allowed by the Food and Drug Administration.

The *nano-structured biomolecular crystals* passively interact with the human body, sending specific instructions to it, through the acupuncture points. A modulation of the electron flow and of the thermomagnetic frequency is induced, for the purpose of increasing particular biological reactions, which are naturally present in the human body.

In other words, the LifeWave patches use the wide-range infrared radiation, emitted by the human body, as an energy source that activates the nanocrystals inside the same and makes them operate as, non chemical, molecular antennae and information transmission centers.

#### PRINCIPLE AND THEORY

The concept that information may be conveyed to the human body, in the form of electromagnetic waves is commonly accepted. It has been known for thousands of years that specific light frequencies (among which, infrared rays) can cause precise changes in the human body. When we are exposed to sunlight, a light frequency makes our body produce vitamins of the D-group. Another light frequency, such as ultraviolet rays, will, as an effect, cause the body to produce melanin, the chemical substance that gives us a tan.

Both the light we see, and the sounds we hear, are solely differing parts of the electromagnetic spectrum. It has been scientifically proven that other parts of the electromagnetic spectrum also possess beneficial biological effects.

Moreover, there is a principle of physics according to which the energy of the atom proton, associated with the human thermomagnetic field, is able to interact with passive orthomolecular organic materials. The condition being that these materials are placed parallel to the *plane of rotation*. This position, on the basis of the principles of electrodynamics, induces a flow of electrons.

It is known that electric currents, known as biocurrents, circulate continuously in the human body. The nerves carry electric impulses to all parts of the organism, from and to the brain, however it is not as well known that the proteins are natural semiconductors and, therefore, they transmit electric impulses.

The mechanism that controls chemical reactions in cells is represented by the electromagnetic oscillations, or rather frequencies, of the atoms of the involved substances.

In a way, one could say that all the biological processes are controlled by a *chemical* code that, in turn, is controlled by a *frequency code*.

Moreover, every type of cell has its own characteristic resonance frequency.

The key to succeed in modulating the flow of electrons, so that biologically important processes are activated, is the development of a distribution system able to supply specific electric frequencies that favor appreciable effects.

That which was essentially done by David Schmidt, the inventor of the LifeWave patch, was to use the electronic and magnetic characteristics of the human body that, as a cellular radio, transmits specific bioelectric signals from the patches to the body itself.

In a way, the natural substances present in the LifeWave patches operate as transmitters of precise electric frequencies when they come into contact with the body's magnetic field. On a practical level, the LifeWave patches are a technology that makes a group of biologically important electric frequencies, present in various parts of the electromagnetic spectrum, available to the human body. These frequencies are achieved by way of selection of the substances present in the patches, their nano-structure and the information process they are subjected to. The bioelectric frequencies are associated in resonance with small subcellular components, such as membrane receptors and the enzymes present in other organs. The various types of LifeWave patches activate specific organs, with different sets of bioelectric frequencies.

In theory, the LifeWave device can be applied to any point of the body where one wishes to induce a beneficial reaction. However, interestingly enough, the most effective application points seem to correspond to the acupuncture system points. This correlation should not arouse surprise as these are typically points of high electric conduction.

#### NM4 GAUGE – DEVICE DESCRIPTION

#### PRINCIPLES OF OPERATION

The NM4 device is a device for the measurement of neuromuscular potential. It has 4 measurement channels with dual input that, by way of two measurement and one reference electrodes, allow the elimination of noise and external interference.

#### **METHOD OF APPLICATION**

Electromyography (EMG) is the recording of the electric activity of the muscles. Superficial EMG uses surface electrodes for recording, instead of needle electrodes, and it is therefore a non-invasive detection technique.

The electric activity of the muscles is due to the fact that a nervous stimulus along an alpha motor neuron releases acetylcholine in the motor plates that the ramifications of the motor nerve form with the muscular fibers of the motor unit (MU) that are innervated by the same. The acetylcholine combines with the postsynaptic membrane of the muscular fibers modifying their permeability to ions. Consequently, one has an ionic movement that causes a change in the potential of the postsynaptic membrane of the muscular fibers, or rather a depolarization that then propagates to the motor plate in both directions along the muscular fibers bringing about the contraction of the muscular fibers.

The extension of the action potential of a single fiber depends on the diameter of the fiber, the distance between the fiber and the electrode (it decreases as the distance between the detection electrodes and the fiber increases), etc.

The values generally range from a few microvolts to tens of millivolts.

As instead regards the harmonic component, the values range between a few Hertz and approximately 200 Hertz. With the increase in muscular effort, the spectrum of frequencies moves towards the lower frequencies (this as the speed of the action potentials decreases) and the amplitude increases correspondingly. The environment in which we live is continuously subject to electromagnetic interference. Moreover, the system, with the other connected electrical devices, contributes to add its own noise. Both the human body and the electrodes of the EMG devices, and the like, channel this interference and create disturbances that must be isolated from the detected signal. The well-tested method of differential amplification is used for this purpose.

## **DATA AND RELATED ANALYSES**

The data of a casual sampling of 39 patients taken among the total of **117** subjects are shown below.

			I			1	1	
Patient	Age	Gender	Physical Problem	Pain	Pain Following	NM4 Detection -	NM4 Detection -	
			-	Perception	Application	Before	After	
			Painful Area					
A.C.	50	М	RIGHT CERVICAL	5	0	30 MIN.	37 MIN.	
						MAX. 219	MAX. 317	
		Considera	ations:					
A.M.	53	М	LUMBAR	7	4	MIN. 48 L	MIN. 43	
L			R/L			MAX. 427 L	MAX. 252	
			,			MIN. 40 R	MIN. 42	
						MAX. 188 L	MAX. 82	
		Considera	ations: Much more an	nple range of mot	ion		<u> </u>	
A so INAD	(2	N 4	DILLIMADAD	7	0	MAIN 104 in the area	MINI 120	
Arc.IMP.	63	M	R LUMBAR	7	0	MIN. 164 in thorax	MIN. 138	
						MAX. 808 in	MAX. 529	
		C : - !	- 4		t	thorax		
		Considera	ations: Much more an	npie range of mot	ion			
A + C	1.0	_	LE/CA DICCAL	10				
Ant.San.	46	F	L5/S1 DISCAL	10	5			
			HERNIA					
II DEN	I FC		LEFT SHOULDER	C	2	NAINI CC	NAINI CA	
IL.PEN.	56	F	LEFT SHOULDER	6	3	MIN. 66	MIN. 64	
			6 1			MAX. 130	MAX. 169	
		Considera	ations: Greatly prolon	ged and much mo	ore ample range of mov	rement		
	T =c		5.0.55					
Mar.San.	76	F	R KNEE	10	0	_		
	T =0		L KNEE	10	0		1	
M.LION.	58	F	MUSCULAR	4	0	MIN. 60 L	MIN. 62	
			TENSION			=0.		
			TRAPEZIUS			MAX. 73 L	MAX. 89	
						MIN. 42 R	MIN. 51	
						MAX. 54 R	MAX. 60	
						MIN. 54 in motion	MIN. 66	
						MAX. 489 In	MAX. 1255	
						motion		
					ion with zero pain. The	patient is able to make	e the entire	
		moveme	nt (1255) without pair	า.				
Cin.Tom.	45	F	R SCAPULA	9	3	MIN. 69 at rest	MIN. 71 at rest	
<u> </u>						MAX. 85 at rest	MAX. 81 at rest	
						MIN. 86 In motion	MIN. 74 In	
							motion	
						MAX. 333 In	MAX. 169 In	
						motion	motion	
		Considera	ations: Much more ar	nple range of mot	ion and less pain			
		<u> </u>						
Ag.Ad.	62	М	LEFT LUMBAR	10	0	MIN. 28	MIN. 25	
				•		MAX. 32	MAX. 107	
		Is activated due to pain						
		Considerations: The muscle contracts much more due to the absence of pain.						
Car.Arc.	64	F	LEFT SCAPULA	6	3	MIN. 62	MIN. 55	
		•				MAX. 87	MAX. 67	
						1	1	

Patient	Age	Gender	Physical Problem -	Pain	Pain Following Application	NM4	NM4
· aciciic	7.80	<b>G</b> erraer	Painful Area	Perception	l am romo vang rappinoanon	Detection -	Detection -
						Before	After
MAR.DIG.	47	F	CERVICODORSAL L	10	6	MIN. 100 L	MIN. 54 L
,			CERTICODORONE	10		MAX. 114 L	MAX. 67 L
			CERVICODORSAL R	10	4	MIN. 58 R	MIN. 58 R
			CERTICODORISAER	10	<u> </u>	MAX. 78 R	MAX. 63 R
		Consider	ations: Evident reduction	on of pain and	muscular tension	IVIAA. 76 K	IVIAA. 03 K
		Consider	ations. Evident reduction	on or pain and	illusculai terision.		
Tiz.Ram.	47	F	CERVICAL	4	1	MIN. 56 L	MIN. 52 L
						MAX. 75 L	MAX. 62 L
						MIN. 179 R	MIN. 133 R
						MAX. 194 R	MAX. 155 R
		Consider	ations: Less pain and le	ss muscular te	nsion.		•
Let.Sig.	56	F	Left Shoulder	9	0	MIN. 82	MIN. 71
Let.Jig.	30	'	Left Siloulder	<u> </u>	l 0	MAX. 129	MAX. 290
		Consider	ations: The muscular as	tivity (mayam	ent) increased under effort.	WIAX. 123	WAX. 290
		Consider	ations: The muscular ac	ctivity (movem	ent) increased under enort.		
Rom.Car.53	53	F	Big toe left foot	8	3		
St.Sal.	48	F	Lumbar sciatica	5	0	MIN. 26	MIN. 28
		I				MAX. 56	MAX. 64
		Consider	ations: Much more amp	ole range of mo	otion, reached a max. contrac		
II.Pen.	57	F	Left shoulder	5	1	MIN. 69	MIN. 60
						MAX. 84	MAX. 74
Gi.Tes.	18	F	Cervical	5	3	MIN. 70	MIN. 52
		L		I.		MAX. 95	MAX. 69
Br.Cas.	50	F	Gastric pain	9	1		_ I
		Energ	y on stomach 36 and gli	utathione on c	v 17	1	
Sil.Bia.	55	F	Cervical	8	4	MIN. 35	MIN. 28
J			00.7.00.			MAX. 58	MAX. 35
Br.Bian.	60	F	Widespread pain	8	4	MIN. 56	MIN. 56
Di.Diani.	00	'	arm/shoulder	0	1	IVIIIV. 50	IVIIIV. 30
	l		arrii/silouluei			MAX. 103	MAX. 61
Pas.Cecc.	85	F	Widespread and	10	4	MIN. 150	MIN. 42
as.CELL.	65		localized eye pain	10	4	IVIIIV. 130	IVIIIN. 42
	l	l	iocanzeu eye paili	l	1	MAX. 170	MAX. 79
Mar Dar	EO	F	Widosproad main		2	MIN. 26	MIN. 13
Mar.Par.	58		Widespread pain on foot	5	2	IVIIIN. ZO	IVIIIN. 13
					I .	MAX. 49	MAX. 30
An.Dim.	63	М	Left knee	10	7	MIN. 83	MIN. 63
• • •							Standing
		ı			ı	MAX. 149	MAX. 71
							Standing
							MIN. 69
							Contracted
							MAX. 81
							Contracted
Mar.Deb.	61	N/I	Cervicalgia	6	0	MIN. 55	
ועומו .טפט.	01	M	Cervicalgia	0	0	MAX, 59	MIN. 21 MAX. 24

Patient	Age	Gender	Physical Problem - Painful Area	Pain Perception	Pain Following Application	NM4 Detection -Before	NM4 Detection -After
Rit.Laz.	72	F	Muscular inflammation	7	3	MIN. 35	MIN. 19
	ı	l	Left pectoral muscle		1	MAX. 132	MAX. 26
Fr.Sap.	53	М	Widespread lumbar pain	8	2	MIN. 26 L	MIN. 21 L
						MAX. 42 L	MAX. 29 L
						MIN. 29 R	MIN. 16 R
						MAX. 50 R	MAX. 20 R
Fr.Ser.	64	М		5	3	MIN. 20	Under stress
						MAX. 29	From 540 to 140
		Consider	ations: Muscular activa	tion, needed le	ess of an effort to make a wide	er range of motion.	
Gue.Ricci	65	F	Right knee pain	10	2	MIN. 60	MIN. 40
<b>G</b> uennoo.			g.re iuree puii		_	MAX. 133	MAX. 65
Mar.Belf.	58	F	Cervicalgia	6	3	MIN. 73	MIN. 42
		1			-	MAX. 157	MAX. 67
San.Dan.	71	М	Painful discal hernia	6	1	MIN. 74	MIN. 33
04			Tamar dissarrierina	<u> </u>		MAX. 112	MAX. 51
Lu.Tr.	38	М	Post surgery Left	6	1		
		ı	foot articulation			!	
An.Gard.	45	F	Lumbar pain	8	1		
An.Tom.	58	F	Cervicalgia	10	5		
Gab.Pag.	43	F	Lumbar sciatica	10	5		
Di.Bur.	61	F	Right arm	8	4	MIN. 63	MIN. 28
		l	<u> </u>			MAX. 147	MAX. 63
Gi.Sor.	16	F	Left knee	10	6	MIN. 40	MIN. 36
		l				MAX. 75	MAX. 48
Dan.Gio.	49	F	Left intercostal pain	5	1	MIN. 23	MIN. 23
			·			MAX. 56	MAX. 56
		Consider	ations: Electromyograp	hic detection u	inchanged (bone pain) and ze	ro pain.	
Br.Cas.	47	F	Left ankle sprain	7	0	MIN. 57	MIN. 49
1			1		L	MAX. 150	MAX. 56
Nun.Lo			ELECTROMYOGRA	APHIC TEST WI	TH ENERGY PATCHES TO VERI	FY THE INCREASE C	F ENERGETIC
	ı				POTENTIAL		
			MIN. 58	Rest			
			MAX. 112	Rest	1		
			MIN. 61		(with forearm muscular contr	action)	
			MAX. 135		(with forearm muscular contr		
			With Energy Enhance		Min. 60 max. 228 (increase		
			With inverted patches		Min. 60 max. 102	•	
			Clear right on the left				1
					1		

(32 WITH ICEWAVE PATCHES FOR PAIN AND 1 WITH ENERGY PATCHES FOR INCREASE IN STRENGTH)

#### **CLOSING CONSIDERATIONS**

The analysis of the data shown in the preceding paragraph highlights that the measurements carried out with the NM4 device, before and after the application of the LifeWave devices, on over 100 patients, detect the changes as highlighted by the sensations and checks carried out with the electromyographic device on the patients themselves.

We can therefore demonstrate that the use of the IceWave class I medical devices for pain control have a very important and almost immediate effect on the moderation of the muscular contractions and tensions, as well as of the associated pain.

All microvolt measurements showed a considerable improvement of the range of motion of the joint and of the various movements whose range returned to normal thanks to the solution of the various problems.

Therefore the instrumental methodology used is absolutely useful to obtain objective data that confirm the effectiveness of the application of the LifeWave devices, both in the acute phase of the pain in which the collected results have provided very important scientific evidence, as well as in the chronic phase in which however the moderation of the pain felt by the patient was proportional to the results obtained with the NM4 device.

A further noteworthy data point is the detection of the increase of the muscular energetic potentials thanks to the use of the Energy Enhancer devices on patients with normal or scanty muscular density in which an increase of the bioelectric potential of up to 100% in a few seconds was detected, therefore opening various application fields both on a sporting level, as well as in the geriatric field.

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