

FINDINGS OF THE OMNIQARD® TECHNOLOGY (Rebranded) IN RELATION TO EMF PROTECTION:

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Expertise.

About the effect of the OmniQard® technology as radiation protection.

The enormous expansion of modern telecommunication technologies, especially mobile telephony, brings us a lot of advantages that we would not want to miss anymore. At the same time, the fears that this causes in many people must be taken into account.

The technical backgrounds for the thermal effects of electromagnetic high-frequency fields are presented in detail internationally. It should be noted here that there are well-defined, dose-dependent thermal effects that are used after taking limit values into account, for example by ICNIP and the WHO. **Unfortunately, the valid guideline values were established many years ago and are by no means adapted to the current situation.**

In addition, there are non-thermal but nevertheless measurable effects and biological functions even at much lower field intensities. Discussed are changes of membrane, receptor and chromosome properties, of signal transmission, brain activity, reaction times, sleep patterns and state of health as well as the possibility of malignancy and tumour promotion (Independent Expert Group on Mobile Phones at the National Radiological Protection Board, Chilton, Didcot, Exon). At least a part of the stress reactions during mobile phoning could be related to the low-frequency pulsation of microwaves (217 Hz).

For many years, the ASSOCIATION OF HONOURED DOCTORS OF RUSSIAN FEDERATION, the organization VALCON, the Federal Service for Oversight of Consumer Protection and Welfare, Ministry of Health of the Russian Federation and by Occupational Health Research Institute Russian Academy of Medical Science have conducted long-term studies. Their results have been published nationally and internationally.

For years, the Stress Congress has been reporting that the frequent use of cell phones causes sympathetic-stimulating reactions in most people, which can clearly be interpreted as "stress".

Our long-term medical tests have shown that stress caused by frequent use of cell phones initially in the first two years in about 90% of cases even had a stimulating effect. **However, from the third year onwards, late health consequences appeared which can clearly be attributed to stress, as our body does not seem to be able to cope with this kind of "permanent stimulation".**

Not only due to the flood of reports, but also due to individual, personal experiences or sensations, there is a great need for aids that are supposed to support the organism in

dealing better with the "exposure" of cell phones. The need for remedial measures is particularly given by the fact that the population is stirred up and feels great fear by almost daily articles in the mass media. The corona scenario is likely to be a particularly serious case in this context. If there were an effective radiation protection, it can be assumed that the effectiveness of the technology can be proven by reducing stress or psychosomatic influences.

Since the technology of the OmniQard® is in a subatomic range, the detection is truly not possible with simple measuring devices that can be bought for a few Euros and operated by anyone.

The effectiveness of the OmniQard® technology can therefore only be proven beyond doubt by means of various medical tests, i.e.: How does the OmniQard® help or what does it do for humans? We have carried out a whole series of medical and scientific tests to do this.

The study design initially consisted of measurements of stress reactions of the human organism, which can be caused by disturbing resonance effects, among other things, and the extent to which the OmniQard® technology is capable of overcoming these. The design of a double-blind study was used. The test persons and also the test supervisors or measurement technicians were not informed about what the study was about.

In the first phase of the study on the topic of stress reactions, stress-related data was taken from the test subjects throughout the entire test phase using ECG electrodes attached to the chest and stored. These were then transferred to a computer and statistically evaluated. In addition, complementary medical methods (**biophysical measurements, bioresonance / biofeedback and kinesiology**) were used, which experience has shown to be very sensitive and quite reproducible indicators of possible stress reactions of the test persons.

For statistical evaluation, histograms and scatter diagrams / point cloud diagrams were generated and numerous parameters from electrode-related measurements were compared and evaluated. These included various sub-parameters of heart rate variability (HRV), average RR interval, minimum and maximum RR interval, standard deviations / variances, number of heart beats, weighted RR averages, pNN50, PMSSD, total force (0.00-0.40 Hz), very low frequency (VLF, 0.00-0.04 Hz) and the LF/HF ratio. These are all parameters that are recognized as a measure of the body's "global fitness" and adaptability to stressors (interference signals). HRV is regarded as a "global indicator" for the resonance ability and adaptivity of bio-psycho-social functional circuits in the exchange between organism and environment.

The variability of the heartbeat sequence can be divided into frequency ranges: Very low frequencies (VLF), low frequencies (LF) and higher frequencies (HF). This arbitrarily chosen division is common in technical literature, the transition between the individual ranges is continuous. In the HF range, frequencies between 0.15-0.40 Hz are combined, which corresponds to about 9-24 heartbeats per minute. In the LF range, frequencies between 0.04-0.15 Hz are combined. This corresponds to 2.5 -9 beats per minute, while the HF range comprises frequencies below 0.04 Hz - i.e. 2.4 beats per minute. The time intervals from one heartbeat to the next provide the basis for creating an indicator of total power. This is done by calculating the square of the time interval between two heartbeats and adding all the numbers of the individual frequency ranges calculated in this way - the total power is therefore given in ms².

The RR interval is the distance between two heartbeats (R-spikes in the ECG), the unit used for this is milliseconds (ms). RMSSD is the square root of the square mean of the sum of all differences between adjacent NN intervals (NN = distance between two heartbeats, "normal to normal". If higher values of the calculation parameter RMSSD result, this indicates parasympathetic activity. PNN50 is the percentage of intervals with at least 50 ms deviation from the previous interval. Also in this case higher values indicate increased parasympathetic activity.

For these stress response measurements, 40 age-matched, healthy volunteers aged 20 to 25 years were selected. All of them are non-smokers and medically unremarkable in terms of blood pressure and circulation. 20 test persons female, 20 test persons male.

The testing procedure consisted of four consecutive periods of 5 minutes each. No telephone calls were made for 0-5 minutes; this period was considered a period of acclimatization and calming down and was designated "Neutral 2" (N1). From 5-10 minutes, the phone calls were made with a smartphone "red" (with OmniQard®) or with a smartphone "blue", determined by a random generator. This was followed by another neutral time period (N2) of 10-15 minutes, and a call period of 15-20 minutes with the other smartphone.

To create a neutral situation for the test persons during the telephone calls. The information during the phone calls was normal information on general topics.

To determine the results and for further analysis of the ECG-based parameters, about 200,000 individual data were computerized. The study shows very interesting results. It should be noted that the individual differences deserve special attention, with the group of women showing similar results compared to the group of men.

Not every test person reacts with a stress reaction to the telephone calls. On the other hand, 17 of the female test persons and 16 of the male test persons showed sympathetic-stimulating reactions, which can be interpreted as stress reactions. These stress reactions continue to have an effect on the test persons even after the end of the conversations. The time differences were very individually pronounced.

Complementary medicine already showed some comprehensible trends with the first test person samples. **With 37 test persons an effect was shown by the protection of OmniQard® technology of improvement of the homeostatic condition of the telephoning person.** In three of the persons no tangible effect or trends were visible.

The comparable evaluations of biofeedback/bio-resonance (method: change in body reaction plus coupling of different excitation frequencies via electromagnetic coils ("Schumann wave") into the hypothalamus and software-supported evaluation showed a trend towards **improvement of the regulatory state in 85% of the 40 persons examined.**

A kinesiological method proved to be excellently suitable: although it is not yet 100% scientifically explainable which physiological parameters are recorded here in total, there are thousands of reports worldwide that this method, which is very well recognized in holistic medicine and is also used by many doctors in their daily practice, is well suited for reproducible testing of stress situations.

In our study reported here, improvements were shown in fact in all 40 test persons examined. The statistical comparison of the mean values of the standard deviations of the raw data per respondent using the "t-test for the two-sample case under the assumption of different variances" showed a trend (**p = 81%**) of a **statistical difference between mobile phones with the OmniQard® technology nearby and mobile phones without the OmniQard® nearby.**

From this it can be concluded that the OmniQard® actually has a positive effect on stress events.

Evaluation of the test results:

- **The OmniQard® shows a very good protection of the health of the test person.**
- **The OmniQard® have basically no harmful effect on humans.**
- **The OmniQard® clearly and effectively protects people from negative influences of cell phones, including WiFi.**
- **When using the OmniQard®, it was observed in all subjects that when the body lost the ability to regulate itself, it regained this ability and, in addition, a deep Yin state appeared. This is a state like deep relaxation and indicates a harmonization of the autonomic nervous system (parasympathetic state). In this deep relaxation, each cell is able to absorb nutrients and detoxify the body, as well as restore the acid-base balance. The short phase of using the OmniQard® Technology was already sufficient for this.**

Test with darkfield microscopy from native blood and subsequent Vega Check on 30 test persons.

The test subjects were aged between 18 and 49 years, the test group consisted of 19 men and 11 women, who had no significant pre-existing conditions. They belonged to a sports club and were all non-smokers.

What can be seen with darkfield diagnosis?

This method is mainly used for a qualitative assessment of the blood. Appearance, activity, and functionality, especially of the red blood cells (erythrocytes), but also of other structures in the blood are evaluated. The blood cells can be observed in darkfield at magnifications of up to 1000 times. The trained therapist then notices certain characteristics of the blood, which help him/her to better analyze the patient's current condition. The observations allow conclusions to be drawn about metabolic disorders, certain strains or diseases, preliminary stages of diseases and much more. Today, modern devices make it possible for patients to follow the analysis of their blood live on a monitor.

The test persons had a relaxation phase of 40 minutes and then made a telephone call of 15 minutes. After the relaxation phase and after the telephone call, blood was taken from each of them for diagnosis.

Result of the dark field blood test:

The test results showed that OmniQard® significantly reduces the influence of cell phone radiation on the immunological parameters (BGL - Large granular lymphocytes, T and B lymphocytes, macrophages) of the user and the use of OmniQards® is associated with a favorable sign of stabilization of the immune system. The human body needs this when infections and allergies occur, not to mention tumor formation and cancer. **Only a functional immune system protects us from disease.**

Research on the influence of cell phones on the immune status of their users and the possibility of protection with the OmniQard®.

Cellular immune status:

The cellular immune status (syn. lymphocyte typing; cellular immune profile) provides information about the numerical ratios and the activation status of immune cells in the blood. The examination of the cellular immune status is normally indicated if the clinical symptoms of the patient suggest primary or secondary disorders of the cellular immune system.

What do the results generally say?

For a proper immune defence, a minimum amount of granulocytes and monocytes (non-specific defence) as well as T-, B- lymphocytes and NK-cells are necessary. Shifts in T cell subpopulations (especially CD4/CD8 ratio; regulatory T cells; naive/memory T cells) or NK cells provide important additional information about disease-associated disorders and mis-regulations. The results of the cellular immune status are a contribution to the diagnosis, the monitoring of active immune processes in chronic infections, autoimmunopathies or malignancies.

The study design was such that the immune profile of 40 subjects could be controlled even with the double-blind status. This means that none of the test persons knew whether they were protected by the OmniQard® or not. Therefore, five of the test persons received a technique without antenna and function. The test persons: Students aged between 20 and 25 years, 60% of whom reported having one or more allergies. One respondent had diabetes type II and 7 respondents said they suffered from sleep disorders. All test persons have been using smartphones for more than 5 years.

The aim was to determine which changes in the immune profile are present with and without protection of OmniQard®. The first immune status was established at the beginning of the study. Each of the subjects reported using the cell phone for more than 3 hours daily. The subjects continued to use the cell phone as usual and after 2 months another immune status was taken and evaluated. How does the immune status behave if the test person did not have OmniQard® protection?

Parameters quantifiable in the cellular immune status

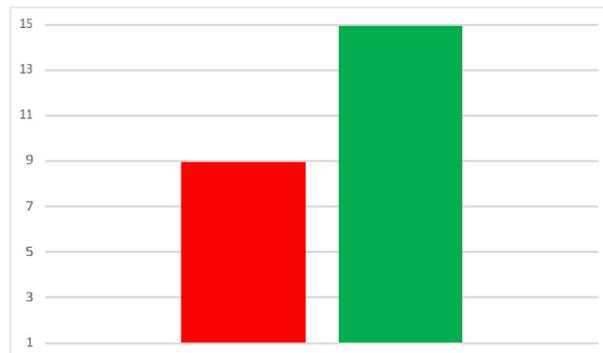
- CD3 T lymphocytes
- CD4 T-helper cells
- CD8 T suppressor cells + cytotoxic T cells
- CD4/CD8 ratio
- CD4+/CD8+ immature T cells
- CD16/CD56 Natural killer cells (NK cells)
- CD19 B-Lymphocytes
- CD16/CD56 NK cells
- Sub-fractions of CD4, CD8 and B lymphocytes
- For lymphocyte typing 2 ml EDTA blood is required. In special cases (poor vein conditions, infants) the examination from 200 µl capillary blood is possible.
- CD4+/CD25++/CD127low regulatory T-cells (Treg-cells)
- CD4+/CD25++/CD127low/CD39+ Treg cells (functionally active Treg)
- CD4+/CD45RA/CD31+ thymus emigrants (CD31 thymus reserve)
- CD45RA/CD45RO naive/memory T cells
- CD8/CD28+ cytotoxic T cells CD8/CD28- regulatory (suppressor) T cells
- CD19+/CD5+ immature B cells CD19/CD27++ plasma cells
- Activated immune cells
- CD3/CD25+ (pre)activated T cells (premitotic, early)
- CD3/HLADR+ activated T cells (post-mitotic, late)
- CD25+/NK cells activated NK cells
- CD3/CD38+ activated T-cells (especially in HIV infection)

Results of the study and evaluation of the immune profiles.

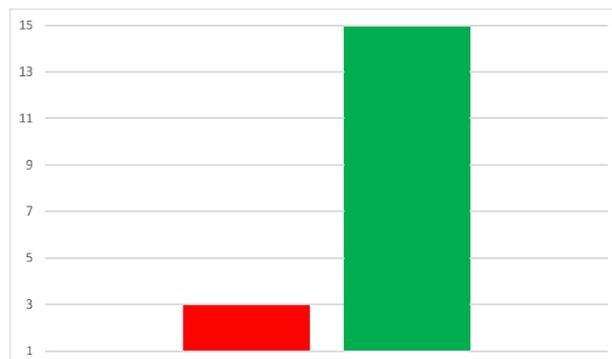
The group of subjects (5 subjects) without the OmniQard® protection had only in two cases a change in the immune profile after two months. In one case an improvement towards normality. In the other case a deterioration, which is easy to understand due to an acute disease (occurring allergy). An improvement in the sense of a placebo effect could not be detected. Only two of the test persons felt subjectively better and claimed to have more energy, which was not shown in the immune profile. In order to be able to present the results of the comparison between the individually evaluated immune profiles in an easily readable way, we recorded all data by computer and calculated the average values with protection by OmniQard® from the sum of the immune profiles after a test phase of 2 months. We did not include the volunteers for the placebo effect test in the overall comparison. The processed data reflect the results of 35 subjects. Therefore, the results of the first immunoprofiles were compared with the results of the immunoprofiles after 2 months.

Changes within this test period occurred only in four parameters within the immune profiles as there were: leukocytes, BGL, Blymphocytes, B-lymphocytes, T-lymphocytes. Other values of the immune profile remained more or less unchanged.

In the scale from 1 to 15, the number 15 represents a value that is within the established normal



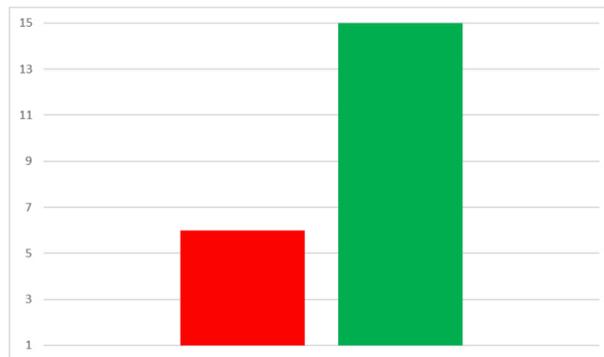
Leukocytes (white blood cells) - red without radiation protection at the beginning of the study - green with OmniQard- the values of the leukocytes improved in all subjects within 2 months towards the normal value of 4,000 - 10,000 cells/ μ l.



Large granular lymphocytes (BGL) - red without protection at the beginning of the study - green with protection by the OmniQard® after the study period.



T-lymphocytes - are a subgroup of lymphocytes - 1000 to 2900 lymphocytes per μl . Red is the value without protection before the study starts - green is the value with protection by the OmniQard®.



B lymphocytes - are a subgroup of lymphocytes with their plasma cells - red is the value without protection before the start of the study - green is the value with protection by OmniQard®.

Subjects with OmniQard® had a significant improvement of immunological parameters while maintaining the same habits during phone calls, as shown above. This means that 100% of the subjects from the control group had normal values in their immune profile after 2 months. Several persons from the control group of the test persons reported that they had noticeably more ability to concentrate, that they slept better and felt less hunger. The test person with diabetes II reported that his blood values had improved. Two subjects reported that not only did they find it easier to learn, but that their intuitive abilities increased noticeably.

In conclusion, it can only be repeated that the protection provided by OmniQard® is an excellent tool to reduce or ward off negative effects of radiation. The normalization of the immune profile already after 2 months of use is the best proof and fully confirms the results of complementary medical tests.

Our tests are only a very small test in comparison with the tests of Russian experts, who have been performing long-term tests for many years. We will continue the tests and in connection with the Ethics Commission in Austria we will carry out further extensive tests.

The first tests with horses, cows and chickens, especially in areas where wind turbines are in operation nearby, show best results of the OmniQard® technology. We are currently carrying out tests in intensive care units with the aim of demonstrating that OmniQard® Technology is particularly effective in this area, where electrical devices are used directly and extremely close to the patient and the immune system has more power in a physical vacuum

Patients with hypertension report a 10 to 20% reduction in blood pressure when using the OmniQard® technology, with medical and scientific tests pending. The Russian scientists who helped develop our technology have already been able to perform tests under the conditions of 5G radiation. This 5G technology was not available to us. The tests showed that the effect of radiation protection is favourable.

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