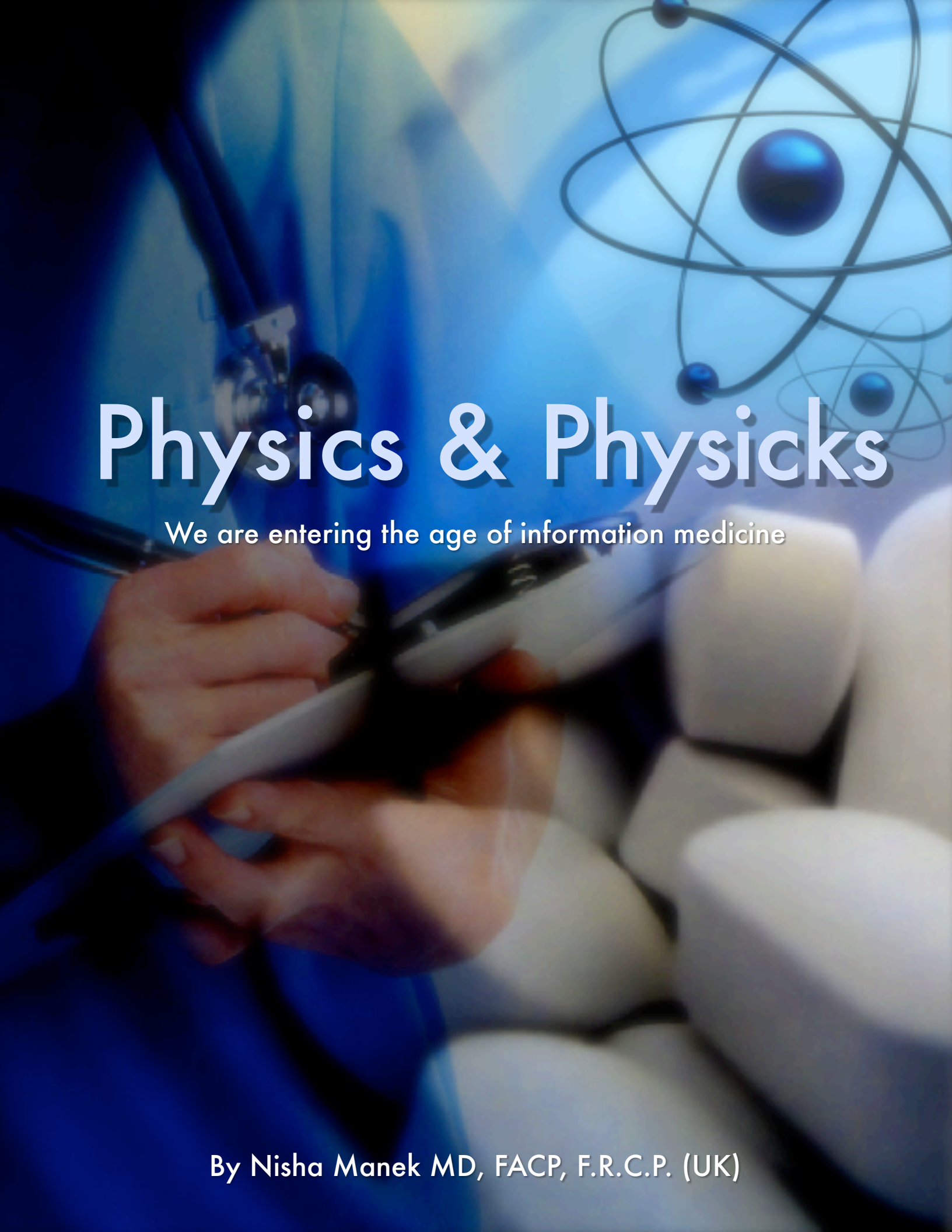
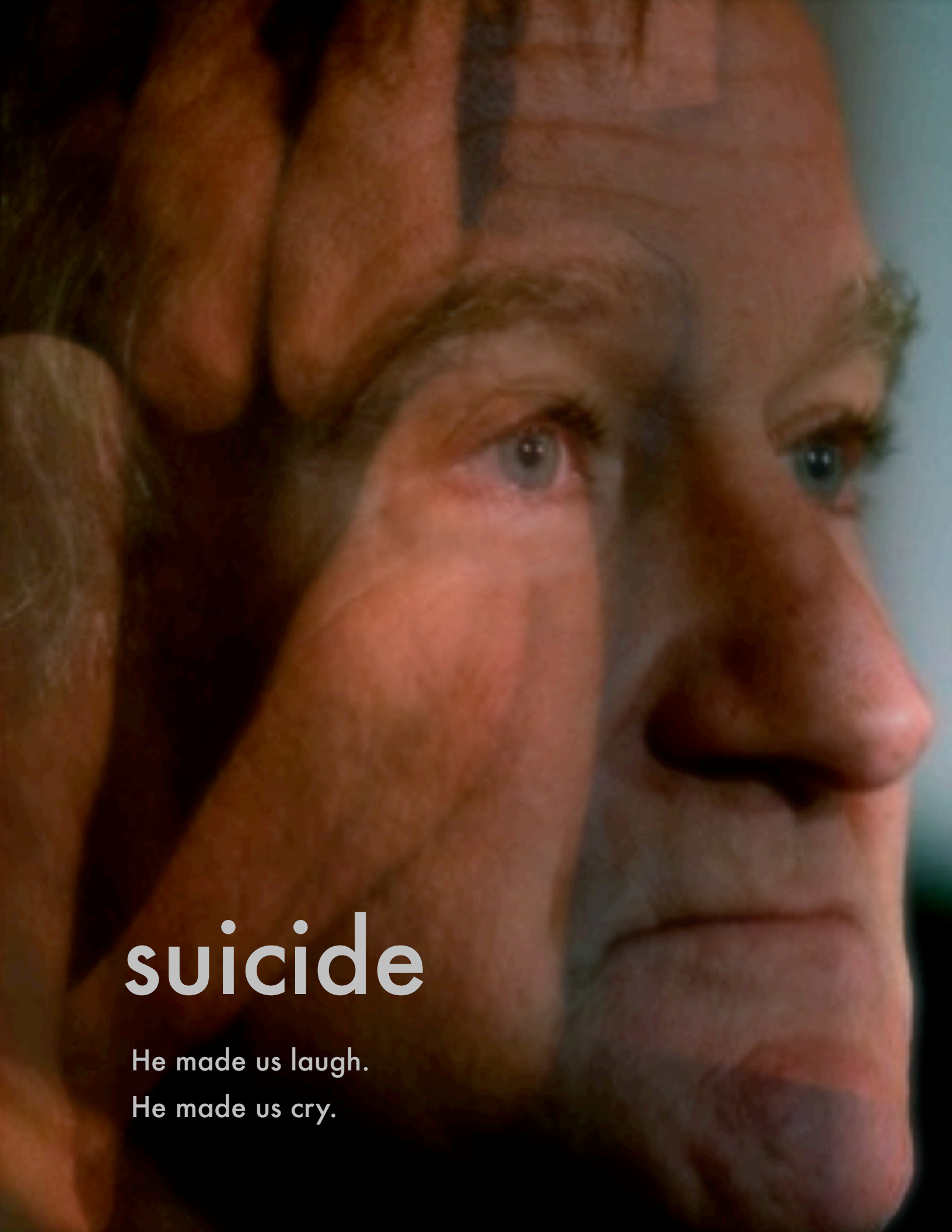
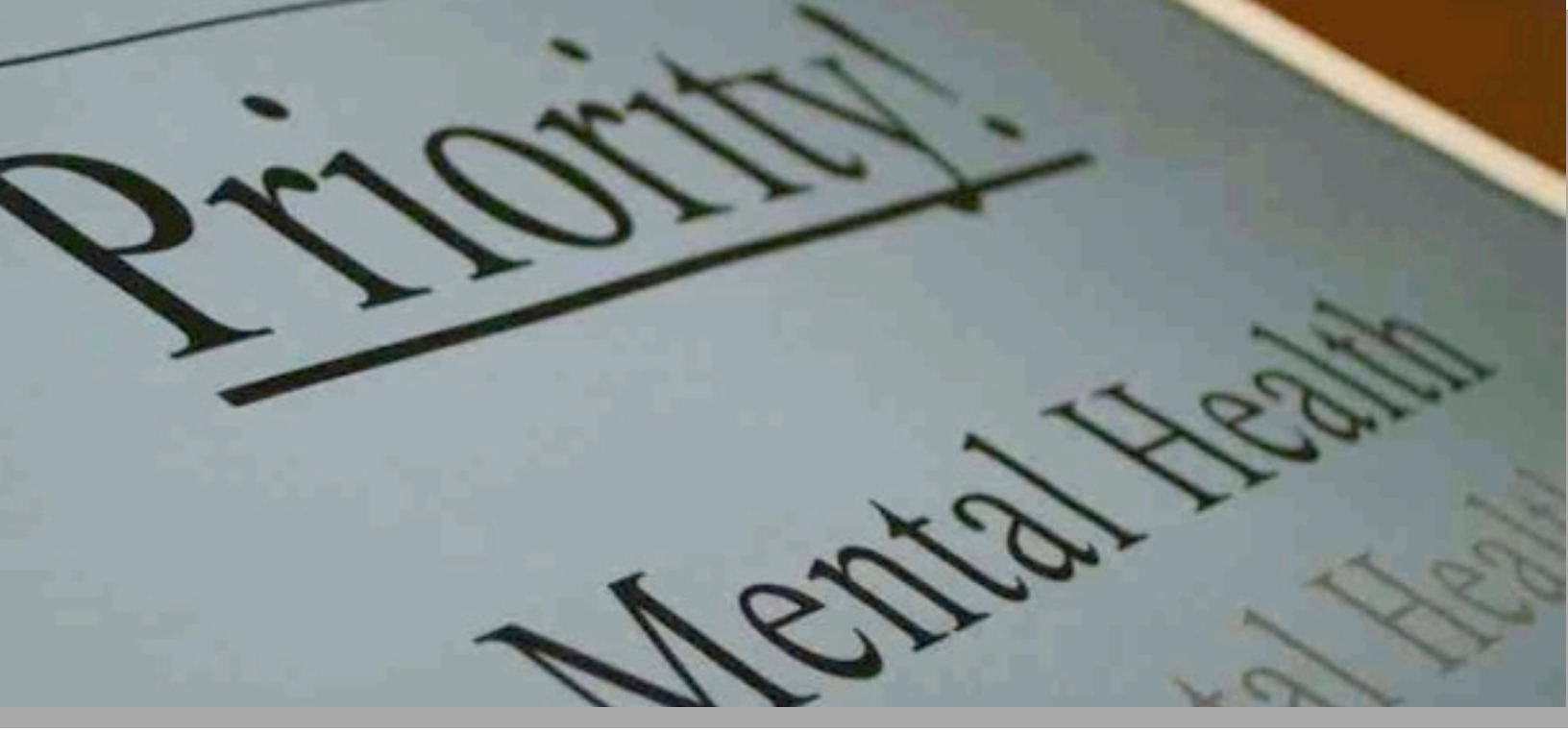


Physics & Physicks

We are entering the age of information medicine

By Nisha Manek MD, FACP, F.R.C.P. (UK)


suicide
He made us laugh.
He made us cry.



Depression

On August 11, 2014, America and the world lost a beloved icon of the Silver Screen. Robin Williams was found dead, of apparent suicide, at the age of 63. Williams struggled for decades with depression.

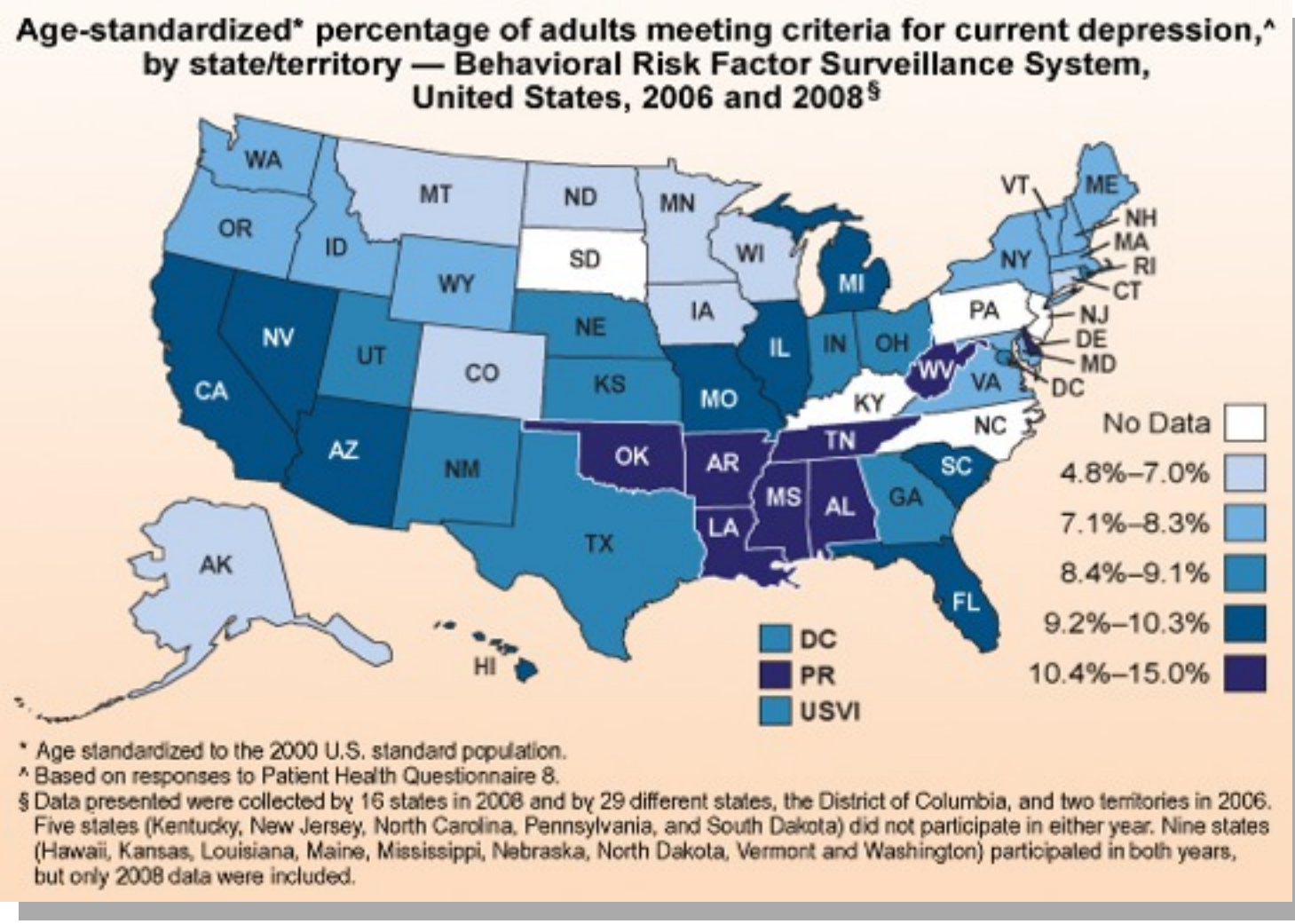
President Obama issued a touching tribute to the actor and comedian and said: “Robin Williams was an airman, a doctor, a genie a nanny, a president, a professor, a bangarang Peter Pan, and everything in between. But he was one of a kind. He arrived in our lives as an alien – but he ended up touching every element of the human spirit. He made us laugh. He made us cry. He gave his immeasurable talent freely and generously to those who needed it most – from our troops stationed abroad to the marginalized on our own streets. The Obama family offers our condolences to Robin’s family, his friends, and everyone who found their voice and their verse thanks to Robin Williams.”


dis-ease
starting a conversation

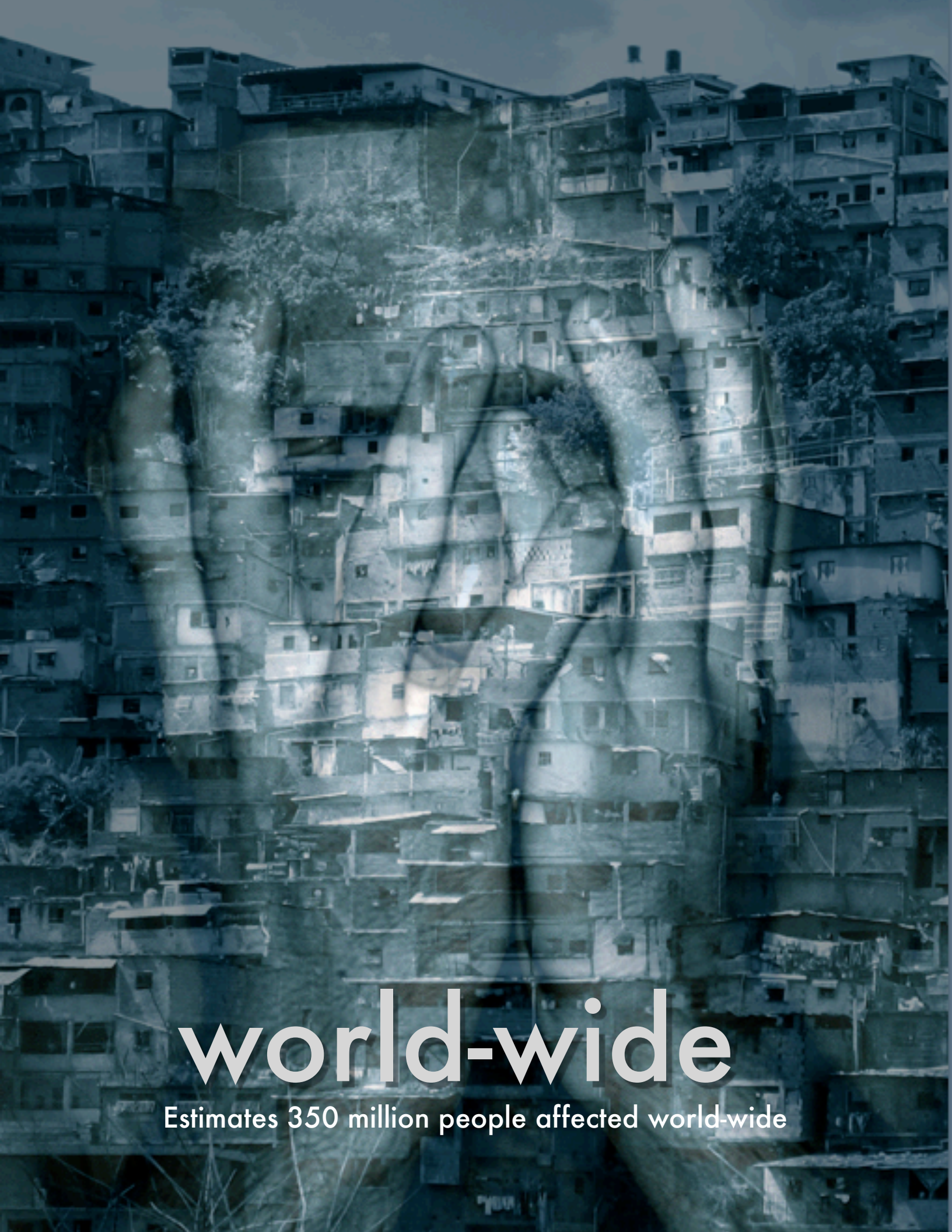
Depression:

An Urgent Public Health Issue

With the death of Robin Williams, mental health professionals hope his legacy — one of laughter and extraordinary creative talent — will also include the start of a vital conversation. It's a discussion we desperately need to have. The Centers for Disease Control (CDC) estimates **1 in 10 U.S. Adults report depression.** These numbers are simply staggering. Who tends to be most affected by depression? According to the CDC data, persons between the ages of 45 to 64 years, members of Hispanic, black or other races, persons unable to work or are unemployed, people with less than high school education, or those who have no medical insurance are more likely to suffer from major depression. But people from all different backgrounds, upbringings and household wealth brackets can be affected.



SOURCE: http://www.cdc.gov/features/dsdepression/


world-wide
Estimates 350 million people affected world-wide

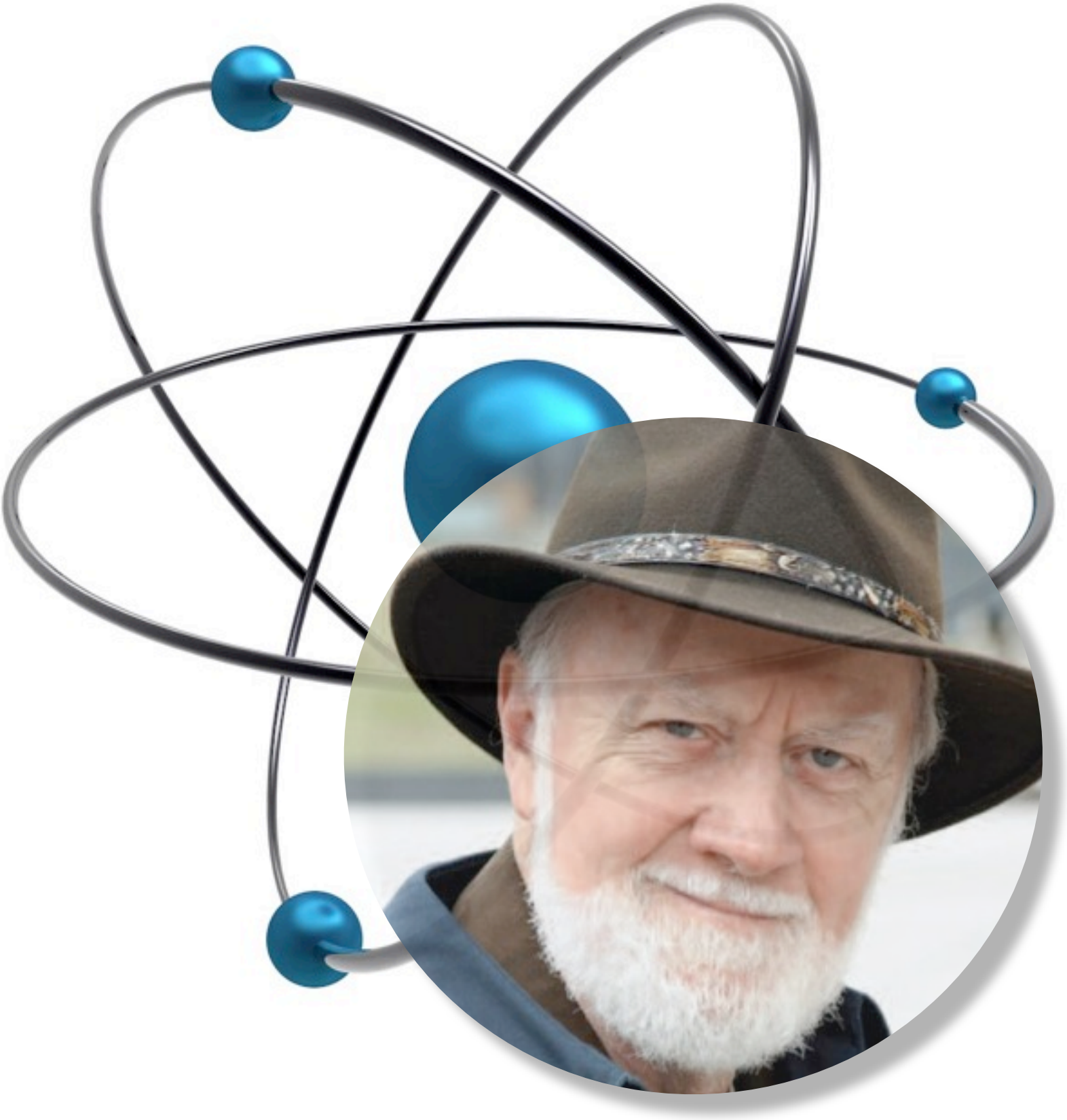
Mental Health

Depression: It's a World-Wide Problem

The World Health Organization (WHO) estimates 350 million people affected with depression worldwide. Although there are known treatments for depression, fewer than half of those affected in the world (in some countries, fewer than 10%) receive such treatments. Among barriers to effective care include a lack of resources and lack of trained health care providers. Just think about it. Worldwide over 300 million people do not receive adequate care for their depression. This is a sobering fact because of the ripple effects that depression has: affected persons function poorly at work, at school and in the family. At its worst, depression can lead to suicide. Suicide results in an estimated 1 million deaths every year.

Depression is one of the priority conditions covered by WHO's Mental Health Gap Action Program (mhGAP). The Program aims to help countries increase services for people with mental, neurological and substance use disorders, through care provided by health workers who are not specialists in mental health. The program asserts that with proper care, psychosocial assistance and medication, tens of millions of people with mental disorders, including depression, could begin to lead normal lives – even where resources are scarce.

SOURCE: http://www.who.int/



human intention matters

Intention is the basis of information medicine. It smashes every conceivable boundary in medicine. - Dr. William Tiller

How Can Physics Help Treat Depression?

In 2004, Dr. William Tiller, in collaboration with colleagues from Holos University, Missouri, undertook a trial to treat people with depression that was nothing short of remarkable. Because the design was novel and so different from traditional medicine, it is worthwhile noting some background in Tiller physics.

First, intention (or a better term, information) can be successfully *imprinted into a device.* Ordinarily, when we think of holding an intention, we consider it a mental process, without measureable outer physical consequences. However, Tiller and his team have shown that intention (or information) can be imprinted into a device stably for several months. That means the device is not an inert piece of equipment. It "holds" or stores information for long periods of time, up to 6 months, without leakage.

The second aspect of Tiller physics is the following: the active imprinted device is then utilized to send or "broadcast" information to very specific targets or subjects over hundreds or thousands of miles. Think of it like a laser beam of light pulsing continually. A laser-light is *coherent* and therefore powerful. Contrast this with an ordinary light bulb which has a wide spectrum of light-waves many of which cancel out and the resultant light beam is weaker. As long as the imprinted device is on, then a beam of powerful coherent information is continually broadcast. The information broadcast is *not* electromagnetic in nature. There are no telephone wires carrying the information to the recipients.

But the third aspect is what is really mind-bending. A single imprinted device in one physical location broadcasts the intention information simultaneously to hundreds of recipients at once. Think about it. **No physical contact is necessary between the creator of the intention (Dr. Bill Tiller) and the people who are receiving the healing intention. That's right.** There is no physical contact necessary with the device and the people who are receiving the intention. This design at first sight appears to be outrageous. But the results were more than outrageous. They smash every conceivable boundary in medicine. And… usher's in the age of Information Medicine.

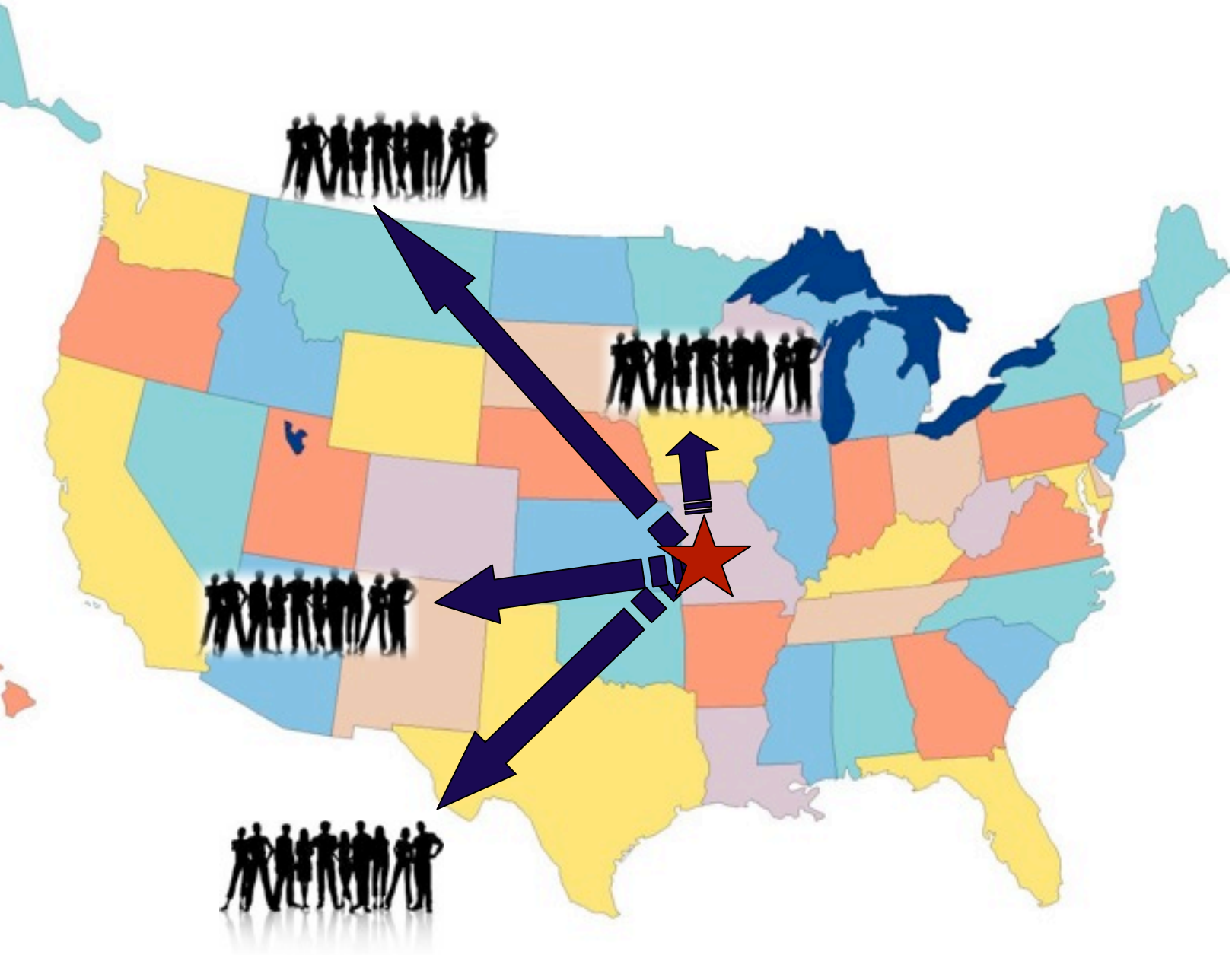
Intention 'Treatment' to Alleviate Depression:

A total of 182 adults suffering from depression were enrolled from four clinics in the US, Canada and Mexico. They were randomly assigned to one of two groups, A and B: people in group A received the intention broadcast to heal depression. The people in group B continued to receive routine conventional care for their depression. The participants as well as their providers were blinded as to their group allocation. In other words, the randomization was done at Holos University and no one knew the names of the people who would receive the intention healing broadcast. Data on depression severity was collected using a standard instrument called the ZUNG self rating scale for depression. Data was gathered at baseline and at 3 and 8 months of the experiment.

Dr. Tiller designed an intention statement to alleviate the suffering of depression. This precise statement was imprinted into a device by Tiller and his team. The imprinted (active) device was housed at Holos University in Missouri for the duration of the experiment. The device was continually switched on to broadcast the information to group A (again, think of it as a coherent laser-like beam of information). Data started to come in. It was clear that there were significant improvements in ZUNG scores in people in group A receiving the healing intention versus those in group B who were receiving routine medical care. In fact, so significant was the difference between groups A and B that a benchmark in medicine, the *p*-value, was less than 0.001 in scores of the ZUNG.

Link to white paper XVI on Tiller.org: http://www.tillerinstitute.com/pdf/White%20Paper%20XVI.pdf

Intentional Broadcast



Produced by the Cartographic Research Lab
University of Alabama

Intention is beamed from a single site in Missouri to all participants located in N. America, Canada and Mexico

trial

Intriguing Questions Remain....

Results show the effects of a form of *connectivity* between the Missouri site and the participants who entered the trial.

Connectivity means entanglement!

Many questions are raised by the significant results in the depression study. For one thing, if people with depression got better just by receiving the intention information, how did it, the information, reach them from a single broadcast site? The Tiller physics theory postulates that intention information is of a magnetic wave nature (and does not require telephone wires). How then does the information "know" which participants are the target or active group? Remember, there are no connections from one imprinted device physically located in Missouri to the participants who are as far away as 1000 miles. Are these remarkable results showing the effects of a form of *connectivity* between the Missouri site and the participants who entered the trial? That is, are we seeing entanglement effects on a large or macroscopic scale?

There are other questions for modern medicine because everything we know by conventional wisdom and in conventional medicine is challenged by this trial. Is a physician physically needed to heal or treat a sick person? Can one very conscious human being assist another by his or her own focused intention? Is there a dose response? In other words is more intention / information better or faster with achieving desired health results?

Projects Underway in Intention Broadcast

The depression study design is now being used in the autism project.

The intention broadcast for autistic is being beamed from Arizona to participating families all across the world as far away as Australia and Scandinavia and is having profound effects on the wellbeing of the children and their parents. The preliminary results of the autism project confirm what was found in the depression study. Readers who are interested in learning more can read the premier issue article by Suzy Miller who is leading this project.

(http://suzymiller.com/

Another project led by Dr. Gabriele Hilberg of San Francisco is ongoing. In this project, participants can sign up to receive a broadcast that is designed by Dr. Bill Tiller to **increase self-compassion**. This program is unique in that it is designed to increase positive self-awareness and reduce self-criticism and feelings of unworthiness. It is open to all interested. Think of it like preventive care. In the self-compassion broadcast study, data is also being collected and results will be presented in future issues of *Science & Spirit.* Readers are invited to explore the self-compassion study by logging into:

http://www.selfcompassionintention.com/

Photo by Penny Mathews

Proposed Future Projects:

Recently, the veterans of America have captured the headlines. Post Traumatic Stress Disorder (PTSD) is a difficult disease of otherwise physically healthy veterans. Among the many symptoms someone with PTSD suffers includes depression. There is no one answer to successfully alleviating PTSD. The VA health system has been proactive in opening up the options of unconventional strategies such as teaching meditation and Tai Chi to sufferers of PTSD. I propose that an intention broadcast program could assist our veterans. A simple program might look like this: a specific intention is broadcast to say, veterans suffering from PTSD in the state of Arizona. The outcomes of those receiving the program can be compared to conventional medicine as well as other options such as meditation. Can intention augment the positive effects of meditation? It is well worth remembering that there are no side effects from intention broadcast as far as we know. Intention based therapeutics are termed "information medicine" by Dr. Tiller as distinct from "chemical medicine" which is pharmaceutical based. The potential cost savings to a health system using information medicine are staggering to contemplate.

Other Applications:

There are many other applications for information medicine. What about intention broadcast to premature babies around the world to help these young kids get a boost in their early development? And what about maximizing chemotherapeutic effects for cancer treatment while minimizing the harmful effects and helping achieve remission? Fibromyalgia is another modern scourge where conventional medicine is severely limited in its approach. Intention based therapeutics offer an answer to some of the toughest challenges in medicine.

We are urgently asking ourselves, how can we reduce the astronomical costs of medical care? Searching for new paths to affordable, effective therapeutics might seem like hoping for a miracle. In fact, if American medicine is to progress, we are going to need thousands of miracles. We call these miracles technology. Medical technology has changed the practice of medicine. But medical technology has also been about more and more money. The intention host device is a miraculous technology because it allows us to do *more with less.*

And it's no science fiction!

The state of American health is declining, and the healthcare system is in crisis. Healthcare in the United States, while touted by Americans as the best in the world, is dysfunctional, costly, and a burden on the economy that threatens to bankrupt us.

ABOUT THE AUTHOR:

Nisha Manek, MD, FACP, F.R.C.P (UK).

Nisha Manek is a graduated from the Glasgow University School of medicine in Scotland. She has followed a conventional and rigorously conventional scientific pathway which has taken her to Stanford University for her rheumatology training and then to Mayo Clinic in Rochester, Minnesota for over 11 years in the Division of Rheumatology. She is now following an unconventional route to seriously study information medicine and its potential application to challenging health issues.

Website: www.tiller.org