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Effect of Scalar Field Therapy on ADHD Symptoms

Pilot study conducted 2024-25 at

Quantum Healing Center

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Abstract

The effect of scalar-field therapy on ADHD symptoms was examined in 19 adult participants diagnosed with ADHD or ADD who were not receiving pharmacological treatment. This single-arm study assessed outcomes with the Adult Self-Report Scale (ASRS) and the Conners Continuous Performance Test-3 (CPT-3) before (Visit 1) and after (Visits 4 and 5) therapy, supplemented by participants' own evaluations during and after treatment. Scalar-field therapy consisted of three 2-hour sessions in a room equipped with 12 units of generators from Energy Enhancement System.

Sufficient data for statistical evaluation was obtained from 16 of the 19 participants. ASRS scores showed statistically and clinically relevant improvements in both the A and B scores, and derived scores for inattentiveness and hyperactivity/impulsivity likewise improved significantly. CPT3 results revealed better scores for detectability, omissions and commissions. The improvements of detectability and omissions were statistically significant at Visit 5.

Both ASRS and CPT-3 scores appeared to improve further in the period after the final treatment session, from Visit 4 to Visit 5. This finding supports the assumption that scalar fields stimulate self-healing processes in the body, with effects that may continue for weeks after treatment.

Participants reported only a few mild and transient adverse events, some of which may be related to scalar field treatment.

Because the study lacked a control group, possible placebo effects cannot be ruled out — particularly for ASRS scores and the subjective evaluations. The CPT3 test, however, is considered insensitive to placebo, so the overall conclusion of positive effects of scalar field treatment is regarded as robust.

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Table of Content

1 Introduction

ADHD (Attention Deficit Hyperactivity Disorder) is a disorder with symptoms such as inattention, impulsivity, hyperactivity and emotional imbalance. The condition typically begins in childhood and develops into adulthood with a changing pattern of symptoms which may negatively impact the individual's social, emotional and professional life. Medical treatment with drugs such as methylphenidate and amphetamine effectively reduce symptoms in the majority of individuals. Side effects such as insomnia, tics, decreased appetite, weight loss, and emotional lability may lead to discontinuation of treatment [**Fejl! Henvisningskilde ikke fundet.**]. ADD has similar symptoms as ADHD but without hyperactivity symptoms.

Scalar fields are non-linear fields of non-electromagnetic nature which appear when two emitters of electromagnetic fields in counterphase cancel out each other. Scalar fields have shown profound biological effects by boosting human cell regeneration, immune functions, and neurotransmitter functions [2]. In-house observations with individuals exposed to scalar fields using equipment from EE System have shown remarkable effects on ADHD symptoms.

This study was undertaken to investigate effects of scalar fields and other mechanisms on ADHD symptoms in adults using commercially available equipment.

2 Materials and methods

2.1 Inclusion and exclusion criteria for participants

Up to 25 men and women aged 18–60 years with a prior diagnosis of ADHD or ADD were eligible to participate in the study. Documentation of the diagnosis was not required. Exclusion criteria were current pharmacological treatment for ADHD/ADD, prior scalar-field therapy, current psychotropic medication for other psychiatric conditions, and active misuse of alcohol or narcotics.

2.2 Recruitment of participants

Participants were recruited through ADHD patient organizations, social media, newsletters from Quantum Healing Center and personal contacts. The recruitment notice is reproduced in Appendix A.

2.3 Study design

The study employed a single-case design, i.e. with one treatment arm without control group or crossover. The study was conducted in accordance with the GRPD regulations.

2.4 Treatment of participants

All participants received three identical 2-hour sessions in the scalar-field room at Quantum Healing Center, Ryesgade 27, baghuset 1. floor, 2200 Copenhagen N. The treatment room measured 26 m² and was equipped with twelve units obtained from Energy Enhancement System (Las Vegas, CA, USA). The units were calibrated to maximize scalar-field intensity. Screens simultaneously displayed dynamic patterns including the Schumann frequency (7.8 Hz), Fibonacci sequences, photon collisions and color effects.

During treatment, participants sat in adjustable chairs and were instructed to relax and preferably sleep during the sessions. Water and blankets were supplied before the sessions. After each session the participants received five chlorella tablets (Aliga ApS, Hjørring, Denmark) to minimize symptoms of accelerated toxin release. Intake was recommended immediately after the session and again the same evening.

The investigation comprised five visits at 2-week intervals (±1 week), except for the follow-up visit (Visit 5) which occurred 4 weeks (±1 week) after Visit 4, see below table for a complete description.

	Visit 1	Visit 2	Visit 3	Visit 4	Visit 5
Week No.	1	3±1	5±1	7±1	11±1
Study information + informed consent	√	-	-	-	-
Interview based on ASRS questionnaire	√	-	-	√	√
CPT3 test of cognitive function	√	-	-	√	√
Scalar field session of 2 hours duration	√	√	√	-	-
Recording of adverse effects	√	√	√	√	-

2.5 Evaluation of treatment effects

Treatment effects were evaluated using the standardized questionnaire ASRS (Adult Self Report Scale – Danish version) which is used to support diagnoses and treatment evaluation [3] and using a computer test system (CPT3) for evaluation of cognitive function (Connors Continuous Performance Test, 2nd Edition) [4].

2.5.1 Assessment with ASRS

The Adult Self-Report Scale (Danish version) consists of six A-questions—most predictive of ADHD—and twelve B-questions for further evaluation (Appendix B). Responses (“never”, “rarely”, “sometimes”, “often”, “very often”) were scored 0–4. The sum of scores for A and B questions, respectively were analyzed statistically. Moreover, three derived scores for inattentiveness and hyperactivity/impulsivity were evaluated. These were derived using dichotomous evaluations, as described in [5].

2.5.2 Assessment with CPT3

The Conners Continuous Performance Test-3 (CPT3) measures a range of cognitive parameters and those applied in the present study are described in Appendix C. Participants were instructed to click the space bar each time a letter appeared on screen—except when the letter was "X". Inter-stimulus intervals varied between 1 and 4 s; total test duration was 14 min [4].

2.6 Evaluation of adverse events

Adverse events were recorded on case report forms during interviews after each treatment session. No attempt was made to evaluate if adverse events were treatment-related.

2.7 Statistical methods

All tests were two-sided with a 5% significance level. Change from baseline in ASRS and CPT3 scores were analyzed using a repeated measures ANCOVA model adjusted for baseline score, visit and age.

The following endpoints were evaluated:

- Change from baseline (Visit 1) to Visit 4 and 5 of the total A- and B-scores, respectively from the ASRS test
- Change from baseline (Visit 1) to Visit 4 and 5 of the derived scores for inattentiveness, hyperactivity/impulsivity motor scores, and hyperactivity/impulsivity verbal scores from the ASRS test
- Change from baseline (Visit 1) to Visit 4 and 5 of the T-scores for detectability, omissions and commissions from the CPT3 test.

3 Results

3.1 Participants

Nineteen individuals were included in the study. Three dropped out before Visit 4 and two after Visit 4. Thus 16 participants contributed evaluable data for the main analysis. Table 1 summarizes demographics of those included (mean age 39.2 years; 47% male, 53% female; 74% ADHD, 26% ADD). Reasons for drop-out was not provided from the participants.

Table 1 Summary of demographic characteristics of participants

Demographics	
Age (years)	
N Mean min - max	19 39.2 24 - 60
Sex	
men women	9 (47%) 10 (53%)
Diagnoses	
ADD ADHD	5 (26%) 14 (74%)
Time since diagnoses (years)	
N Mean min - max	19 6.2 0 - 16

A detailed summary of participants' diagnoses, number of visits, and self-evaluation of primary and adverse effects is shown in Appendix F. ADHD was the most common diagnosis and concomitant diagnoses were asthmatic bronchitis, Crohn's disease, allergy, PTSD, arthrosis, fibromyalgia, herniated disc, anxiety and depression.

3.2 Effects on ADHD/ADD symptoms

The primary results from the ASRS test are summarized in Figure 1. ASRS totals (A and B) decreased from Visit 1→4 and further from Visit 4→5 (panels A and C). Reductions were significant for both A and B scores at Visit 4 and both were highly significant at Visit 5. As seen from the individual scores (Figure 1, panels B and D), reduced A- and B-scores were

seen for the majority of participants, whereas a minority (4 participants) appeared not to respond to treatment.

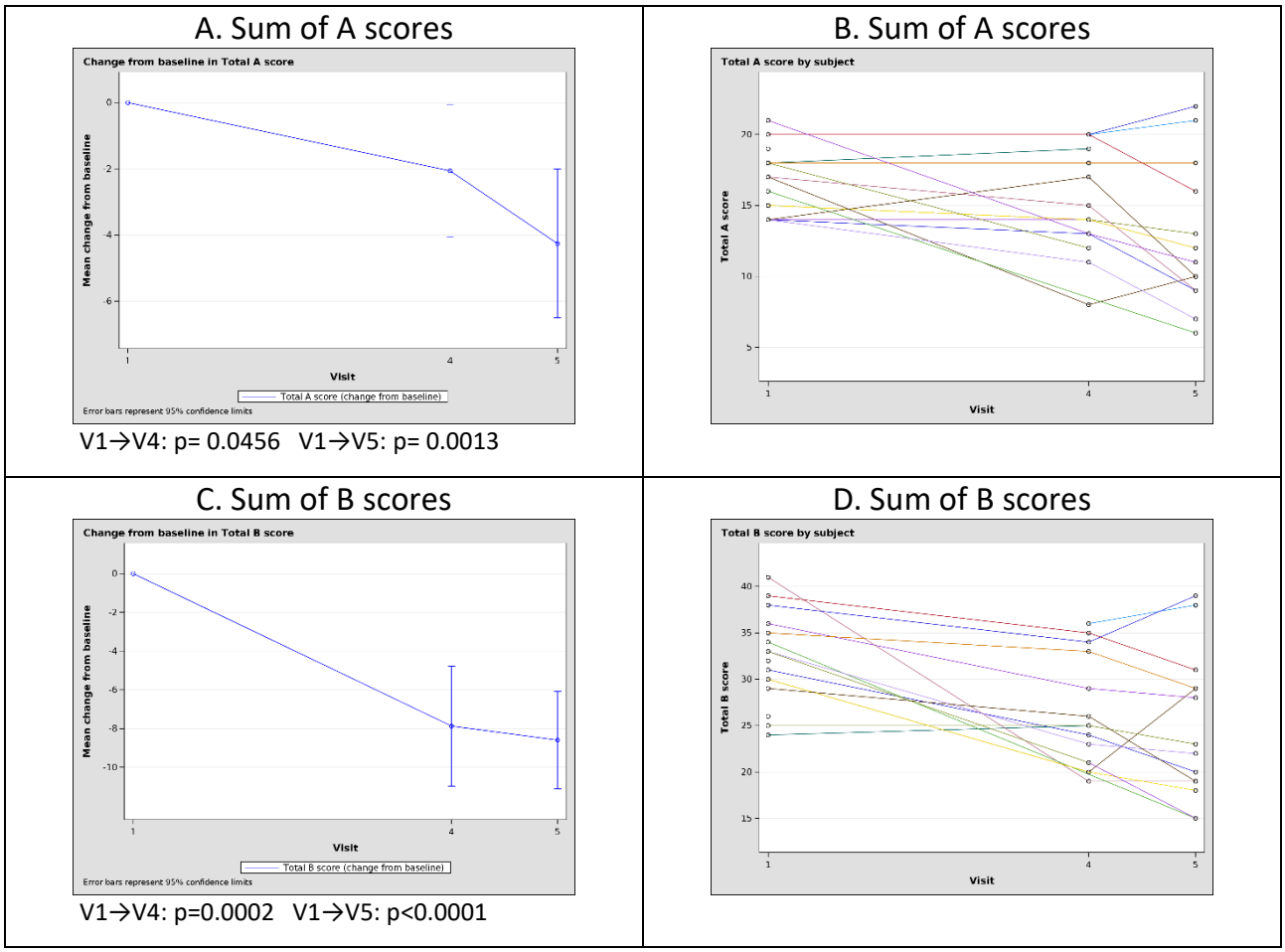


Figure 1. ASRS-test results from Visit 1 (V1), Visit 4 (V4) and Visit 5 (V5). ***Panel A****: Sum of A scores (mean change from V1 ±95% CI).* ***Panel B****: individual sums of A scores.* ***Panel C****: Sum of B scores (mean change from V1 ±95% CI).* ***Panel D****: Individual sums of B scores.*

The reduced values of the ASRS-scores from visit 1 to visits 4 and 5 indicate improvement of ADHD symptoms. The estimated reductions from Visit 1 to Visit 5 were 4.3 and 8.6 units for sums of A and B scores, respectively (Appendix D).

In addition to the sums of A and B scores, three derived ASRS scores were evaluated: scores for inattentiveness and hyperactivity/impulsivity, the latter on motor as well as on verbal subscales. Whereas the sums of A and B scores were derived using score values of 0, 1, 2, 3 or 4 according to the severity of symptoms, the three derived scores were based on dichotomous score values, i.e. 0 or 1 for lack of presence or presence of each symptom.

The evaluations of the derived scores are summarized in Figure 2. The three derived scores all decreased from Visit 1→4 and further from Visit 4→5. The improvements were all either significant or highly significant. The estimated reductions from Visit 1→5 were 2.0, 2.0, and 1.4, respectively for inattentiveness, hyperactivity/impulsivity motor scores, and hyperactivity/impulsivity verbal scores, respectively (Appendix D).

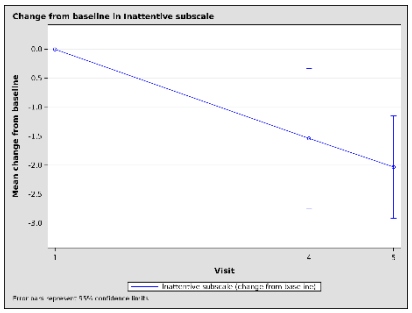
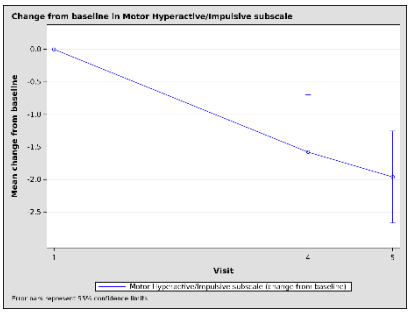
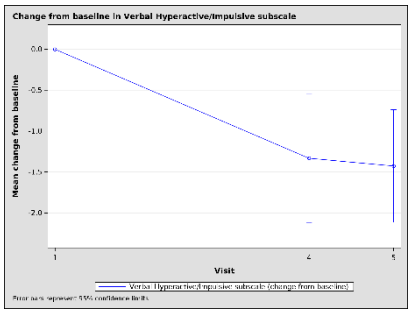
A Inattentiveness	B Hyperactivity/impulsivity - motor subscale	C Hyperactivity/Impulsivity - verbal subscale
		
V1→V4: p=0.0171 V1→V5: p= 0.0003	V1→V4: p=0.0019 V1→V5: p<0.0001	V1→V4: p=0.0033 V1→V5: p=0.0007

Figure 2 Derived ASRS scores from Visit 1 (V1), Visit 4 (V4) og Visit 5 (V5). ***Panel A****: Scores of inattentiveness (mean change from V1 ±95% CI).* ***Panel B****: Scores of hyperactivity/impulsivity – motor subscale (mean change from V1 ±95% CI),* ***Panel C****: Scores of hyperactivity/impulsivity – verbal subscale (mean change from V1 ±95% CI).*

CPT3 scores for detectability, omissions and commissions likewise improved from Visit 1→4 and further at Visit 5 (Figure 3); the changes in detectability and omissions reached significance at Visit 5, while other variables were unsignificant. These changes all indicate improvements of ADHD symptoms.

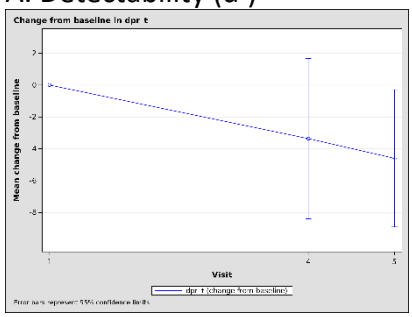
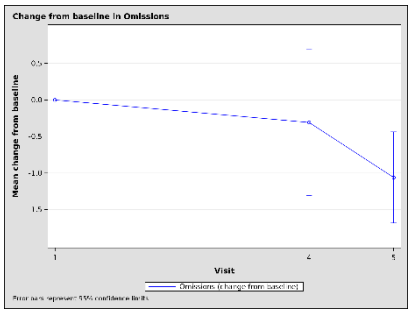
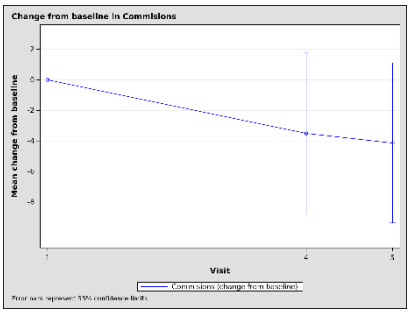
A. Detectability (d')	B. Omissions	C. Commissions
		
V1→V4: p= 0.1763 V1→V5: p= 0.0385	V1→V4: p= 0.5212 V1→V5: p= 0.0027	V1→V4: p= 0.1784 V1→V5: p= 0.1140

Figure 3. Results of the CPT3 test at Visit 1 (V1), Visit 4 (V4) and Visit 5 (V5). Data are mean ±95% CI for change from baseline (Visit 1). ***Panel A****: Detectability.* ***Panel B****: Omissions****. Panel C****: Commissions.*

The estimated changes from Visit 1→5 were 4.6, 1.1 and 4.8 units for detectability, omissions and commissions, respectively (Appendix E).

3.3 Participants' self-evaluation of primary and adverse effects

Participants' own evaluation of effects on ADHD/ADD and of adverse effects was evaluated by interviews during and after treatment. Fourteen of nineteen participants reported positive effects related to ADHD, such as better temper control, inner calm, improved sleep, less myriads of thoughts, enhanced concentration and self-regulation, improved reading ability, improved recollection of the read, better stress management, reduced restlessness, feeling of being in the moment, increased harmony, balanced brain activity, ability to observe without judgement, better at getting things done, and less tension (Appendix F).

Several participants also noted improvements in non-ADHD issues i.e. breathing ease, feeling of lightness, joy, reduced migraine, more energy, less PMS, more surplus, a sense of healing in the lumbar spine, relieved sense of “foggy head,” experience of old traumas, feeling of activity in previously damaged body parts, a sensation of improved grounding (Appendix F).

Reported adverse events included transient thirst, forehead tension, mild Crohn’s flare, increased pollen sensitivity, transient cranial pressure, sensation of soft bones and pressure on the kidneys, feelings of warmth, diminished desire for alcohol, local tingling, cold sensations, palpitations, mild headache, increased anxiety. (Appendix F). All events were evaluated as mild and transient and/or unrelated to scalar field treatment.

4 Discussion

This study was designed to demonstrate evidence of the effects of scalar fields on ADHD symptoms. The study confirmed positive and consistent effects based on ASRS and CPT3 tests. The effects were statistically significant for the majority of the evaluated variables despite the relatively low number of participants.

The sum of A and B scores from the ASRS test both showed significant reductions from Visit 1 to Visit 5, and from Visit 1 to Visit 4. The estimated A scores thus fell from a mean of 17.2 at Visit 1 to 12.6 at Visit 5 (Appendix D). Similarly, the estimated B scores decreased from a mean of 32.8 at Visit 1 to 24.4 at Visit 5 (Appendix D). These changes correspond to an improvement from classification of high-to-very high to classification of mild-to-moderate ADHD [5] for the population. The estimated effects therefore appear to be clinically relevant.

Of the three variables reported from the CPT3 test, improvements in ADHD symptoms were also seen. Detectability scores were significantly reduced from a mean of 48.3 to 43.4 units and omission scores were reduced from a mean of 46.3 to 45.3 units, which was statistically significant. Finally, the score for additions showed a non-significant decrease from 53.4 to 48.0 units. The results from the CPT3 test were thus less pronounced than for the ASRS test.

The results from the two tests with ASRS and CPT3 are consistent with the subjects' own evaluations, as 14 out of 19 subjects reported one or more improvements in ADHD symptoms. In addition, improvements in certain non-ADHD-related symptoms were reported.

A possible source of error in this study is the lack of a control group. This design was chosen because it was not practical to establish a placebo treatment room with the resources available. Moreover, it was anticipated to be impossible to recruit a sufficient number of participants to establish a control group without any kind of treatment. It cannot therefore be ruled out that the observed effects on ASRS scores and on the subjects' own assessment of treatment effects are wholly or partly due to placebo effects. However, the observed effects from the CPT3 test suggest that there was an actual treatment effect, as placebo effects seem unlikely for this test.

The study design with an additional visit four weeks after the first evaluation of the treatment effect (Visit 5) was justified to evaluate the duration of a possible treatment effect. However, the results showed a further decrease in ADHD symptoms from visit 4 to visit 5. This decrease was unexpected, as no treatment took place between the two visits. The result is consistent with the assumption that scalar fields affect the organism by stimulating self-healing, and the effect of this stimulation appears to continue for a prolonged period after treatment. The assumption that scalar fields work by stimulating the organism's own mechanisms for self-healing is supported by the fact that several test subjects experienced improvement in symptoms that were not related to ADHD (Appendix F). Further studies are needed to clarify the duration of the effects of scalar fields on ADHD symptoms and if prolonged treatment in scalar fields will lead to further improvement of symptoms.

5 Conclusion

This study was designed as a pilot study to investigate the possible effects of scalar fields on ADHD symptoms. The study showed a clear and significant effect of 3 x 2 hours of exposure to a scalar field generated using EES technology. There was consistency between the effects observed based on the ASRS questionnaire, the CPT3 computer test, and the test subjects' own assessments of the effects. Unexpectedly, the results showed an additional effect during weeks after the last treatment.

A few side effects were reported, which were assessed as mild and transient. Some reported side effects could be related to scalar field treatment.

A possible placebo effect could not be ruled out as a possible source of error, but on the other hand, it could not explain the entire effect, as a placebo effect seems unlikely in the case of the CPT3 test.

6 Funding

The study was financially supported by the non-profit organization UNIFYD Healing [6].

7 References

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2. https://www.eesystem.com/
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4. Callan PD, Swanberg S, Weber SK, Eidnes K, Pope TM, Shepler D. Diagnostic Utility of Conners Continuous Performance Test-3 for Attention Deficit/Hyperactivity Disorder: A Systematic Review. J Atten Disord. 2024 Apr;28(6):992-1007. doi: 10.1177/10870547231223727. Epub 2024 Feb 5. PMID: 38317541.
5. https://novopsych.com/assessments/diagnosis/adult-adhd-self-report-scale-asrs/
6. https://www.unifydhealing.com/

7. Appendix A – Advertisement used to recruit participants

Test subjects wanted for testing a new treatment for ADHD

Scalar field therapy is a type of frequency therapy where you sit in a room with a scalar field and let the field work on your body. Scalar fields work by stimulating the body to heal itself in a gentle way. The study is being conducted at the Quantum Healing Center at Ryesgade 27, rear building, 1st floor, 2200 Copenhagen N.

We are looking for people between the ages of 18 and 60 with a diagnosis of ADHD or ADD who are not currently undergoing medical treatment with Ritalin or similar drugs and who have not previously been treated with scalar field therapy.

As part of the trial, participants must visit the center a total of five times over a period of approximately three months. The first three visits include a two-hour stay in the scalar field. The last two visits are used to assess the effect using a questionnaire and a computer test.

Participation is free of charge and no remuneration is provided. If you were to purchase a similar treatment, the price would be around DKK 2,000.

More information about scalar field therapy can be found on our website www.quantumhealingcenter.dk.

Contact Steen at steen@quantumhealingcenter.dk or tel. 2214 4847 if you are interested in participating or have any questions about the study.

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8. Appendix B –ASRS questions

Adult ADHD Self-Report Scale (ASRS-v1.1) Symptom Checklist

Patient Name		Today's Date					
Please answer the questions below, rating yourself on each of the criteria shown using the scale on the right side of the page. As you answer each question, place an X in the box that best describes how you have felt and conducted yourself over the past 6 months. Please give this completed checklist to your healthcare professional to discuss during today's appointment.			Never	Rarely	Sometimes	Often	Very Often
1. How often do you have trouble wrapping up the final details of a project, once the challenging parts have been done?							
2. How often do you have difficulty getting things in order when you have to do a task that requires organization?							
3. How often do you have problems remembering appointments or obligations?							
4. When you have a task that requires a lot of thought, how often do you avoid or delay getting started?							
5. How often do you fidget or squirm with your hands or feet when you have to sit down for a long time?							
6. How often do you feel overly active and compelled to do things, like you were driven by a motor?							
							Part A
7. How often do you make careless mistakes when you have to work on a boring or difficult project?							
8. How often do you have difficulty keeping your attention when you are doing boring or repetitive work?							
9. How often do you have difficulty concentrating on what people say to you, even when they are speaking to you directly?							
10. How often do you misplace or have difficulty finding things at home or at work?							
11. How often are you distracted by activity or noise around you?							
12. How often do you leave your seat in meetings or other situations in which you are expected to remain seated?							
13. How often do you feel restless or fidgety?							
14. How often do you have difficulty unwinding and relaxing when you have time to yourself?							
15. How often do you find yourself talking too much when you are in social situations?							
16. When you're in a conversation, how often do you find yourself finishing the sentences of the people you are talking to, before they can finish them themselves?							
17. How often do you have difficulty waiting your turn in situations when turn taking is required?							
18. How often do you interrupt others when they are busy?							
							Part B

9. Appendix C – Description of variables used from CPT3 test

T-scores

Standardized T-scores are transformed to a mean of 50 and SD of 10. They are truncated at 0 and 90. In general, a high T-score indicates poorer performance. A score of 45-54 indicates average performance.

CPT3 Scores

The following scores were applied in the study:

- **d´** measures the ability to differentiate between signal (targets) and noise (non-targets).
- **Omissions** measure how many targets are not "hit."
    - A high omission rate may be due to an inability to focus
    - Omission is a measure of inattention
- **Commissions** are incorrect responses to non-targets ("X" on the screen)
    - A high commission rate indicates either inattention or impulsivity
    - Combined with a low reaction time, a high error rate indicates general inattention
    - Combined with high reaction time, a high error rate indicates a prioritization of speed over accuracy, i.e., impulsivity

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10. Appendix D – Statistical evaluation of results from the ASRS-tests

Sum of A scores

Visit	Mean	Change from baseline	95% Confidence interval	p-value
Visit 1	17.2			
Visit 4	14.8	-2.1	[-4.1 ; -0.5]	0.0456
Visit 5	12.6	-4.3	[-6.5 ; -2.0]	0.0013

Sum of B scores

Visit	Mean	Change from baseline	95% Confidence interval	p-value
Visit 1	32.8			
Visit 4	25.1	-7.9	[-11.0 ; -4.8]	0.0002
Visit 5	24.4	-8.6	[-11.1 ; -6.1]	<0.0001

Inattentiveness scores

Visit	Mean	Change from baseline	95% Confidence interval	p-value
Visit 1	7.3			
Visit 4	5.8	-1.5	[-2.7 ; -0.3]	0.0171
Visit 5	5.3	-2.0	[-2.9 ; -1.1]	0.0003

Hyperactivity/impulsivity Motor scores

Visit	Mean	Change from baseline	95% Confidence interval	p-value
Visit 1	3.5			
Visit 4	1.8	-1.6	[-2.5 ; -0.7]	0.0019
Visit 5	1.4	-2.0	[-2.7 ; -1.3]	<0.0001

Hyperactivity/Impulsivity Verbal scores

Visit	Mean	Change from baseline	95% Confidence interval	p-value
Visit 1	3.1			
Visit 4	1.9	-1.3	[-2.1 ; -0.5]	0.0033
Visit 5	1.8	-1.4	[-2.1 ; -0.7]	0.0007

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11. Appendix E – Statistiscal evaluation of CPT3 results

Detectability T-score

Visit	Mean	Change from baseline	95% Confidence interval	p-value
Visit 1	48.3			
Visit 4	44.6	-3.4	[-8.4 ; 1.7]	0.1763
Visit 5	43.4	-4.6	[-8.9 ; -0.3]	0.0385

Omission T-score

Visit	Mean	Change from baseline	95% Confidence interval	p-value
Visit 1	46.3			
Visit 4	46.0	-0.3	[-1.3 ; 0.7]	0.5212
Visit 5	45.3	-1.1	[-1.7 ; -0.4]	0.0027

Commission T-score

Visit	Mean	Change from baseline	95% Confidence interval	p-value
Visit 1	53.4			
Visit 4	50.0	-3.5	[-8.8 ; 1.8]	0.1784
Visit 5	48.0	-4.8	[-9.4 ; 1.1]	0.1140

12. Appendix F Survey of diagnoses, visits and own evaluation of effects and adverse reactions

Subject ID	Diagnosis	Other diagnoses	Number of visits	Statements from interviews during and after treatment sessions (**V1**: Visit 1, **V2**: Visit 2 etc.)
202402	ADHD	-	5	**V2**: Joy, lightness, optimism, easier to breathe through the nose. **V3**: Much easier to breathe through the nose, feeling light and joyful, more energy. **V4**: Short-term improvement in breathing. More joy in life, better temperament control. No difference in concentration or task performance. **V5**: Better emotional regulation. Much less menstrual pain. Short-term improvement in mood, endurance, and breathing. No improvement in sleep. “A loving respite for myself to sit in the field.”
202403	ADD	-	3	**V2**: Sleeping better at night. **V3**: Sleeping better at night, fewer panic thoughts, less racing thoughts.
202405	ADD	Asthmatic bronchitis, multi-allergic	4	**V2**: Feeling restless. **V4**: No change from treatment. Restless during sessions.
202407	ADHD	Migraine	5	**V2**: Falling into deep sleep during session. V3: Better concentration, deeper sleep. Less intense migraines, more energy, better mood, less anxiety. **V4**: Better sleep, less anxious. Better at staying calm in stressful situations. Less severe migraines, less medication. **V5**: Migraines and sleep problems have started to return. Still good concentration. No longer feels anxious. Still has more energy, but this is starting to decline.
202409	ADHD	-	5	**V2**: Has been very thirsty since last time. Could not fall asleep during session. **V3**: Fell asleep during session. Has had continued sleep problems. **V4**: Continued sleep problems. **V5**: No change since last time.
202410	ADHD	-	5	**V2**: Slept through entire session. **V3**: Not sure if there is any effect. Sleeps during sessions. **V4**: Sleeps better, good sleep quality. No side effects. **V5**: Continued better sleep, continued racing thoughts during the day. No side effects.
202411	ADHD	Morbus Crohn	5	**V2**: Three days after last session: Temporary tension across the forehead, which was reduced and became less – also less than before. Has been happy and bubbly. **V3**: No tension across the forehead. Feels a slight buzz on the day of the session, more joy for 4-5 days after the sessions. Less racing thoughts. **V4**: Better self-regulation and less mental noise during the day and for the next 3-4 days. Slightly worse Crohn's symptoms. **V5**: No change since last time.
202412	ADHD	Allergy - grass	5	**V2**: More sensitive, also to pollen. Feels strong pressure over the lower part of the skull, which spreads to the entire skull and ends up “exploding” and dissolving. Feels that the bones are becoming softer and a pressure on the bladder. **V3**: Improved control of racing thoughts and greater calm. Experienced returning to the embryonic stage during the session. Experienced healing in the tailbone and lower back (disc prolapse). Felt the bubble in the body. Found peace of mind after 1½ hours in the field. **V4**: Easier to fall asleep and find inner peace, more concentrated reading, better memory of what I read. Continued healing in the tailbone and right hip socket. Experiencing cleansing since last session. **V5**: Better able to

				stop racing thoughts and relax. Better stress management and better at concentrating. No longer goes into “super focus.” Easier to fall asleep, no longer requires music. Gets more done at the same time.
202413	ADHD	Komplex PTSD, arthrosis, fibromyalgia, disc prolaps	5	**V1**: Light-headed and relaxed during the session. Noticed activity in different parts of the body. **V2**: Warmth spreading from the right to the left side. Relief from “fog in the head.” Stronger experiences of old traumas. Cleansing and inner peace. Less restlessness, a feeling of being in the present moment. Experience of geometric figures. **V3**: No improvement in sleep. Less racing thoughts, more harmony. Better handling of stressful situations. Less desire for alcohol. **V4**: Nervous system more calm and balanced. Better and more considered choices. Does not wake up as often in the middle of the night. Still very tired and irritable. **V5**: More inner peace than last time, still difficult to fall asleep, more balance in the brain. Less reactive and irritable. Still tired.
202414	ADHD	Light autism	5	**V1**: Slept during session, felt activity in an arm with previous injury. **V5/6**: Less racing thoughts.
202415	ADD	PTSD	5	**V1/2**: No side effects. **V3**: Had previously been hurt and now felt tremors in the areas where with bruises. **V4**: Feeling more calm than before. **V5**: Continued signs of more inner peace.
202416	ADHD	Anxiety, depression	5	**V1**: Sensations in parts of the body with previous problems. **V2**: Calm. Coldness on the left side, some racing thoughts. **V3**: Very restless due to being very busy. Found calm towards the end of session and fell asleep. **V4**: Do not notice any effect myself. **V5**: Happy with the sessions but do not notice any effect on ADHD symptoms.
202417	ADHD	-	5	**V1**: No immediate effects. **V2:** Dreamed more, otherwise no change. **V4**: Difficult to sit for 2 hours without entertainment. No noticeable effect.
202418	ADHD	-	5	**V1:** Relaxed during the last hour of the session. Heart palpitations and buzzing in fingers at the beginning. No discomfort. **V4:** No noticeable effect – not even on sleep**. V5:** No improvement.
202419	ADHD	-	3	**V1**: Reduced racing thoughts, improved ability to observe without judging. **V3**: Slightly more confused since last time, sleeping well, more calm for a few days after the session.
202420	ADHD	-	5	**V**3: Sweating more at night, otherwise no effect. **V5**: In a stable period, difficult to assess the effect. Easier to get into a mood now and find it easier to complete tasks.
202421	ADD	-	5	**V1**: Fell asleep and felt a deep calm in my body. **V2**: Slight headache after session, otherwise no change. **V4**: Had a stressful period, feeling better overall, more calm and sleeping better, easier to fall asleep. **V5**: Easier to concentrate. OK sleep.
202422	ADHD	-	2	**V1**: Slept during session, has general sleep problems. **V2**: Experiencing detox effects with increased restlessness and heart palpitations. Improved sleep. Relaxed during session.
202423	ADD	-	4	**V1**: No side effects, feeling calm and balanced. **V3**: More calm and relaxed, happier, less tense. **V4**: Good energy, feeling more grounded, happier.