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The Effect of Vitamin D₃ on Bone Mineralization: Influence of Consciousness Energy Healing Treatment

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Abstract: The main objective of this study was to evaluate the potential of Consciousness Energy Healing based vitamin D₃ and DMEM medium on bone health. The test items (viz. vitamin D₃ and DMEM), were divided into two parts. One part of each sample received the Consciousness Energy Healing Treatment by Alan Joseph Balmer and those samples were labeled as the Biofield Energy Treated (BT) samples, while the other parts of each sample were denoted as the untreated test items (UT). ALP, collagen, and bone mineralization activities were performed to assess bone health in human bone osteosarcoma cells (MG-63). The test samples (BT) were found as safe in the tested concentrations by MTT assay. ALP was significantly increased by 317.97%, 245.94%, and 247.97% in the UT-DMEM + BT-Test item, BT-DMEM + UT-Test item, and BT-DMEM + BT-Test item, respectively at 10 μ g/mL, while increased by 252.87% and 244.05% in the BT-DMEM + BT-Test item at 0.1 and 1 µg/mL, respectively compared to the UT-DMEM + UT-Test item group. Further, the ALP level was significantly elevated by 149.41% and 175.17% in the UT-DMEM + BT-Test item and BT-DMEM + BT-Test item groups, respectively at 100 μg/mL compared to the UT-DMEM + UT-Test item group. Collagen was significantly increased by 607.3%, 346.41%, and 197.61% in the UT-DMEM + BT-Test item, BT-DMEM + UT-Test item, and BT-DMEM + BT-Test item groups, respectively at 0.1 µg/mL compared to the untreated group. Further, the collagen level was significantly increased by 31.98%, 54.87%, and 67.1% in the UT-DMEM + BT-Test item, BT-DMEM + UT-Test item and BT-DMEM + BT-Test item, respectively at 100 µg/mL compared to the untreated group. Additionally, the percent of bone mineralization was distinctly increased by 71.41%, 199.92%, and 32.60% in the UT-DMEM + BT-Test item, BT-DMEM + UT-Test item, and BT-DMEM + BT-Test item groups, respectively at 0.1 µg/mL compared to the untreated group. The percent of bone mineralization was distinctly increased by 28.29% and 25.59% in the UT-DMEM + BT-Test item and BT-DMEM + UT-Test item group at 50 μg/mL, respectively compared to the UT-DMEM + UT-Test item group. Overall, the Biofield Energy Treated vitamin D₃ was significantly improved the bone health parameters and it could be a powerful alternative nutraceutical supplement to combat vitamin D₃ deficiency and fight against various bone related problems including rickets, osteomalacia, osteoporosis, low bone density, bone, stress management and prevention, autoimmune and inflammatory diseases, and anti-aging by improving overall health.

Keywords: The Trivedi Effect[®], Biofield Energy Healing Treatment, Osteosarcoma Cells (MG-63), Alizarin Red S Staining, Bone Mineralization, Vitamin D₃ Deficiency

1. Introduction

Vitamin D has multiple effects, which regulate the

functions in different organs *viz*. brain, liver, lungs, heart, kidneys, skeletal, immune and reproductive systems. Moreover, it has significant anti-inflammatory, anti-aging,

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anti-stress, anti-arthritic, anti-osteoporosis, anti-apoptotic, wound healing, anti-cancer, anti-psychotic and anti-fibrotic actions [1]. Vitamin D receptors are widely distributed in most of the body organs viz. brain, liver, heart, lungs, kidney, pancreas, small and large intestines, muscles, reproductive, nervous system, etc. Vitamin D receptors influence cell-tocell communication, normal cell growth, cell differentiation, cycling and proliferation, hormonal neurotransmission process, skin health, immune cardiovascular functions. In any living vertebrates, vitamin D plays an important role in maintaining a healthy skeletal structure and is essential for bone health. Naturally, it is synthesized in the presence of sunlight in the skin [2]. Most foods do not contain any vitamin D, additionally now-a-days due to aging, use of sunscreen, and change of zenith angle of sun the production of vitamin D₃ has reduced [3]. Increasing age is not only related to a decrease in bone marrow depression and muscle strength but is also associated with marked changes in the immune and inflammatory responses [4]. Deficiency of vitamin D₃ causes metabolic bone diseases like osteomalacia and exacerbate osteoporosis, etc. [5]. The quality of life for menopausal women is one of the most critical health problem in the today world. Metabolic bone disorders like osteoporosis are mainly prevalent in postmenopausal women. Hormonal factors and rapid bone loss in post-menopausal women leads to an increased risk of fractures [6]. Hence, the serum calcium and alkaline phosphatase (ALP) levels in post-menopausal women are the main two vital biochemical markers of bone metabolism. However, bone-specific ALP is the most important marker for osteoblast differentiation [7]. Further, it is generally accepted that an increased calcium intake along with an adequate source of vitamin D is important for maintaining good bone health. Vitamin D also plays an important role in maintaining an adequate level of serum calcium and phosphorus. Therefore, vitamin D has a great impact in forming and maintaining strong bones [8, 9]. Bone strength depends on the quality, geometry, shape, microarchitecture, turnover, mineral content, and the collagen content. Collagen is the major structural protein responsible for bone calcification. In the aging state, the mechanical properties of the bones become impaired and the bones get fragile, that causes various clinical disorders associated with bone collagen abnormalities and bone fragility, such as osteogenesis imperfecta and osteoporosis [10, 11].

In recent years, several scientific reports and clinical trials have revealed the useful effects of Biofield Energy Treatments, which have shown to enhance immune function in cases of cervical cancer patients *via* therapeutic touch [12], massage therapy [13], etc. Complementary and Alternative Medicine (CAM) therapies are now rising as preferred models of treatment, among which Biofield Therapy (or Healing Modalities) is one approach that has been reported to have several benefits to enhance physical, mental and emotional human wellness. However, as per the data of 2012 from the National Health Interview Survey (NHIS), which indicated that the highest percentage (17.7%) of the

Americans used dietary supplements as a complementary health approach as compared with other practices in past years. The National Center of Complementary and Integrative Health (NCCIH) has recognized and accepted Biofield Energy Healing as a CAM health care approach in addition to other therapies, medicines and practices such as natural products, deep breathing, yoga, Tai Chi, Qi Gong, chiropractic/osteopathic manipulation, meditation, massage, special diets, homeopathy, progressive relaxation, guided imagery, acupressure, acupuncture, relaxation techniques, hypnotherapy, healing touch, movement therapy, pilates, rolfing structural integration, mindfulness, Ayurvedic medicine, traditional Chinese herbs and medicines, naturopathy, essential oils, aromatherapy, Reiki, and cranial sacral therapy. Human Biofield Energy has subtle energy that has the capacity to work in an effective manner [14]. CAM therapies have been practiced worldwide with reported clinical benefits in different health disease profiles [15]. This energy can be harnessed and transmitted by the experts into living and non-living things via the process of Biofield Energy Healing. Biofield Energy Treatment (The Trivedi Effect®) has been published in numerous peer-reviewed science journals with significant outcomes in many scientific fields such as cancer research [16, 17], microbiology [18-21], biotechnology [22, 23], pharmaceutical science [24-27], agricultural science [28-31], materials science [32-35], nutraceuticals [36, 37], skin health, human health and wellness.

Based on the literature information and importance of vitamin D_3 on bone health, the authors sought to evaluate the impact of the Biofield Energy Treatment (The Trivedi Effect®) on the test samples (vitamin D_3 and DMEM medium) for bone health activity with respect to the assessment of different bone health parameters like ALP, collagen content, and bone mineralization using standard assays in MG-63 cells.

2. Materials and Methods

2.1. Chemicals and Reagents

Antibiotic solution (penicillin-streptomycin) was procured from HiMedia, India, while 3-(4, 5-dimethyl-2-thiazolyl)-2, 5-diphenyl-2H-tetrazolium) (MTT), Direct Red 80, and ethylene diamine tetra acetic acid (EDTA) were purchased from Sigma, USA. Fetal bovine serum (FBS) and Dulbecco's Modified Eagle's Medium (DMEM) were purchased from Life Technology, USA. Rutin hydrate was purchased from TCI, Japan, while vitamin D₃ (denoted as test item) and L-ascorbic acid were obtained from Sigma-Aldrich, USA. All the other chemicals used in this experiment were analytical grade procured from India.

2.2. Cell Culture

The human bone osteosarcoma cells (MG-63) were used as the test system in the current study. The MG-63 cells were maintained under the DMEM growth medium for routine culture and supplemented with 10% FBS. Growth conditions were maintained as 37°C, 5% CO₂ and 95% humidity and subcultured by trypsinisation followed by splitting the cell suspension into fresh flasks and supplementing with fresh cell growth medium. Three days before the start of the study (*i.e.*, day -3), the growth medium of near-confluent cells was replaced with fresh phenol-free DMEM, supplemented with 10% charcoal dextran stripped FBS (CD-FBS) and 1% penicillin-streptomycin [38].

2.3. Experimental Design

The experimental groups consisted of cells in baseline control, vehicle control groups (0.05% DMSO with Biofield Energy Treated and untreated DMEM), a positive control group (rutin hydrate) and experimental test groups. The experimental groups included the combination of the Biofield Energy Treated and untreated vitamin $D_3/DMEM$. It consisted of four major treatment groups on specified cells with UT-DMEM + UT-Test item, UT-DMEM + Biofield Energy Treated test item (BT-Test item), BT-DMEM + UT-Test item, and BT-DMEM + BT-Test item.

2.4. Consciousness Energy Healing Treatment Strategies

The test item (vitamin D₃) and DMEM were divided into two parts. One part each of the test item and DMEM were treated with the Biofield Energy (also known as The Trivedi Effect®) and coded as the Biofield Energy Treated items, while the second part did not receive any sort of treatment and was defined as the untreated samples. This Biofield Energy Healing Treatment was provided by Alan Joseph Balmer, who participated in this study and performed the Biofield Energy Healing Treatment remotely for ~5 minutes. Biofield Energy Healer was remotely located in the USA, while the test samples were located in the research laboratory of Dabur Research Foundation, New Delhi, India. The Biofield Energy Treatment was administered for 5 minutes through the healer's unique Energy Transmission process remotely to the test samples under laboratory conditions. Alan Joseph Balmer in this study, never visited the laboratory in person, nor had any contact with the test item and medium. Further, the control group was treated with a sham healer for comparative purposes. The sham healer did not have any knowledge about the Biofield Energy Treatment. After that, the Biofield Energy Treated and untreated samples were kept in similar sealed conditions for experimental study.

2.5. Determination of Non-cytotoxic Concentration

The cell viability test was performed by MTT assay in the human bone osteosarcoma cell line (MG-63). The cells were counted and plated in 96 well plates at the density corresponding to 5 X 10^3 to 10 X 10^3 cells/well/180 μ L of cell growth medium. The above cells were incubated overnight under growth conditions and allowed cell recovery and exponential growth, then they were subjected to serum stripping or starvation. The cells were treated with the test item, DMEM, and the positive control. The untreated cells

served as baseline control. The cells in the above plate(s) were incubated for a time point ranging from 24 to 72 hours in CO_2 incubator at 37°C, 5% CO_2 and 95% humidity. Following incubation, the plates were taken out and 20 μ L of 5 mg/mL of MTT solution was added to all the wells followed by an additional incubation for 3 hours at 37°C. The supernatant was aspirated and 150 μ L of DMSO and was added to each well to dissolve formazan crystals. The absorbance of each well was read at 540 nm using a Synergy HT micro plate reader, BioTek, USA. The percentage cytotoxicity at each tested concentration of the test substance was calculated using the following Equation 1:

% Cytotoxicity =
$$\{(1-X)/R\}*100$$
 (1)

Where, X = Absorbance of treated cells; R = Absorbance of untreated cells

The percentage cell viability corresponding to each treatment was then be obtained using the following Equation 2:

The concentrations exhibiting $\geq 70\%$ Cell viability was considered as non-cytotoxic [39].

2.6. Assessment of Alkaline Phosphatase (ALP) Activity

The cells were counted using an hemocytometer and plated in a 24-well plate at the density corresponding 1×10^4 cells/well in phenol free DMEM supplemented with 10% CD-FBS. Following the respective treatments, the cells in the above plate were incubated for 48 hours in CO₂ incubator at 37°C, 5% CO₂ and 95% humidity. After 48 hours of incubation, the plate was taken out and processed for the measurement of ALP enzyme activity. The cells were washed with 1X PBS and lysed by freeze thaw method i.e., incubation at -80°C for 20 minutes followed by incubation at 37°C for 10 minutes. To the lysed cells, 50 μL of substrate solution i.e., 5 mM of p-nitrophenyl phosphate (pNPP) in 1M diethanolamine and 0.24 mM magnesium chloride (MgCl₂) solution (pH 10.4) was added to all the wells followed by incubation for 1 hour at 37°C. The absorbance of the above solution was read at 405 nm using Synergy HT micro plate reader (Biotek, USA). The absorbance values obtained were normalized with substrate blank (pNPP solution alone) absorbance values. The percentage increase in ALP enzyme activity with respect to the untreated cells (baseline group) was calculated using Equation 3:

% Increase in ALP =
$$\{(X-R)/R\}*100$$
 (3)

Where, X = Absorbance of cells corresponding to positive control and test groups

R = Absorbance of cells corresponding to baseline group (untreated cells)

2.7. Assessment of Collagen Synthesis

The MG-63 cells were counted using an hemocytometer and plated in 24-well plate at the density corresponding to 10

x 10³ cells/well in phenol free DMEM supplemented with 10% CD-FBS. Following the respective treatments, the cells in the above plate were incubated for 48 hours in CO₂ incubator at 37°C, 5% CO₂ and 95% humidity. After 48 hours of incubation, the plate was taken out and the amount of collagen accumulated in MG-63 cells corresponding to each treatment was measured by Direct Sirius red dye binding assay. In brief, the cell layers were washed with PBS and fixed in Bouin's solution (5% acetic acid, 9% formaldehyde and 0.9% picric acid) for 1 hour at room temperature (RT). After 1 hour of incubation, the above wells were washed with milliQ water and air dried. The cells were then stained with Sirius red dye solution for 1 hour at RT followed by washing in 0.01 N HCl to remove unbound dve. The collagen dve complex obtained in the above step was dissolved in 0.1 N NaOH and absorbance was read at 540 nm using Biotek Synergy HT micro plate reader. The level of collagen was extrapolated using standard curve obtained from purified Calf Collagen Bornstein and Traub Type I (Sigma Type III). The percentage increase in collagen level with respect to the untreated cells (baseline group) was calculated using Equation 4:

% Increase in collagen levels =
$$\{(X-R)/R\}*100$$
 (4)

Where, X = Collagen levels in cells corresponding to positive control and test groups

R = Collagen levels in cells corresponding to baseline group (untreated cells)

2.8. Assessment of Bone Mineralization by Alizarin Red S Staining

The MG-63 cells were counted using an hemocytometer and plated in 24-well plate at the density corresponding to 10 x10³ cells/well in phenol free DMEM supplemented with 10% CD-FBS. Following the respective treatments, the cells in the above plate were incubated for 48 hours in CO₂ incubator at 37°C, 5% CO₂ and 95% humidity to allow cell recovery and exponential growth. Following overnight incubation, the above cells were subjected to serum stripping for 24 hours. The cells were then treated with non-cytotoxic

concentrations of the test samples and positive control. After 3 to 7 days of incubation with the test samples and positive control, the plates were taken out, cell layers processed further by staining with Alizarin Red S dye. The cells were fixed in 70% ethanol for 1 hour, after which Alizarin Red solution (40 µm; pH 4.2) was added to the samples for 20 minutes with shaking. The cells were washed with distilled water to remove unbound dye. For quantitative analysis by absorbance evaluation, nodules were solubilized with 10% cetylpyridinium chloride for 15 minutes with shaking. Absorbance was measured at 562 nm using Biotek Synergy HT micro plate reader. The percentage increase in bone mineralization with respect to the untreated cells (baseline group) was calculated using the following Equation 5:

% Increase =
$$\{(X-R)/R\}*100$$
 (5)

Where, X = Absorbance in cells corresponding to positive control or test groups; R = Absorbance in cells corresponding to baseline (untreated) group.

2.9. Statistical Analysis

All the values were represented as percentage of the respective parameters. For statistical analysis Sigma-Plot (version 11.0) was used as a statistical tool. Statistically significant values were set at the level of $p \le 0.05$.

3. Results and Discussion

3.1. MTT Assay

The impact of the Biofield Energy Healing Treatment on cell viability of vitamin D_3 and DMEM by MTT assay in MG-63 cells are illustrated in Figure 1. The data were expressed as percentage, did not exhibit any cytotoxicity (as evidence of cell viability approximately greater than 73%) across all the tested concentrations upto 100 μ g/mL. Therefore, the safe concentrations were used in this experiment to see the effect of the test samples on the levels of ALP activity, collagen synthesis, and bone mineralization in MG-63 cells.

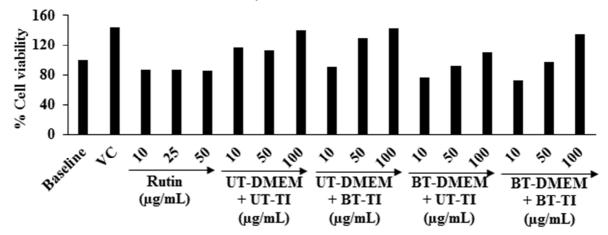


Figure 1. The effect of the Biofield Energy Treatment on the cell viability of the test samples (vitamin D3 and DMEM medium) in different tested concentrations in MG-63 cells after 72 hours of treatment. VC: Vehicle control (0.05% DMSO); UT: Untreated; BT: Biofield Energy Treated, TI: Test item.

3.2. Alkaline Phosphatase (ALP) Activity

The effect of the Biofield Energy Treated test items on the level of ALP in human bone osteosarcoma cells is presented in Figure 2. The level of ALP was found as 19.7% in the vehicle control (VC) group compared to the untreated cells group. The ALP activity was significantly increased in a dose dependent manner by 34.31%, 51.47%, and 189.39% in the positive control group at the concentration of 0.01, 0.1, and 1 μg/mL, respectively compared to the untreated cells group. The level of ALP was significantly increased by 137.03% and 252.87% in the BT-DMEM + UT-Test item and BT-DMEM + BT-Test item groups, respectively at the concentration of 0.1 µg/mL compared to the UT-DMEM + UT-Test item group. Further, the level of ALP was significantly increased by 244.05% in the BT-DMEM + BT-Test item group at the concentration of 1 µg/mL compared to the UT-DMEM + UT-Test item group. The level of ALP was increased by 317.97%, 245.94%, and 247.97% in the UT-DMEM + BT-Test item, BT-DMEM + UT-Test item, and BT-DMEM + BT-Test item group, at the concentration of 10 μg/mL compared to the UT-DMEM + UT-Test item group. Further, the level of ALP was significant increased by 138.29% and 107.95% in the UT-DMEM + BT-Test item and BT-DMEM + BT-Test item groups, respectively at 50 μg/mL compared to the UT-DMEM + UT-Test item group. Further, the ALP level was significantly elevated by 149.41% and 175.17% in the UT-DMEM + BT-Test item and BT-DMEM + BT-Test item groups, respectively at 100 μg/mL compared to the UT-DMEM + UT-Test item group. Overall, the Consciousness Energy Healing Treated (The Trivedi Effect®) test item group (i.e., vitamin D3) showed an improved synthesis of ALP level in the human osteosarcoma cells with respect to the untreated item items group. Various biomarkers are now available for the assessment of bone formation and resorption viz. total ALP, bone-specific alkaline phosphatase (BALP), osteocalcin (OC), procollagen type 1 N-terminal propeptide (P1NP) and procollagen type 1 C-terminal propeptide (P1CP) [40, 6]. ALP is an enzyme that facilitate the calcification of osteoblasts and to protect them from enzymatic degradation. It is available in the serum either from liver or bone [41-43]. Studies also reported that apart from enhanced activity of ALP, calcium, and vitamin D anaerobic exercise also take part a vital role for bone remodeling and development [44-46]. In this experiment, it was revealed that the Consciousness Energy Healing Treated vitamin D3 significantly increased the level of ALP expression, which might be very helpful to the patients suffering from various bone-related disorders.

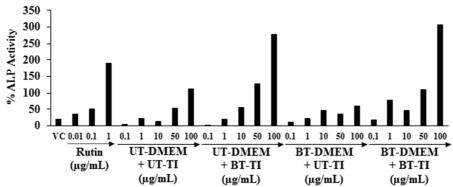


Figure 2. The effect of the Biofield Energy Treated test samples on ALP enzyme activity in human bone osteosarcoma cell. VC: Vehicle control (0.05% DMSO), UT: Untreated; BT: Biofield Energy Treated, TI: Test item

3.3. Assessment of Collagen Activity

The effect of the test samples on the collagen content in human bone osteosarcoma cells is shown in Figure 3. Collagen level in the VC group was found as 26.9%. The level of collagen synthesis was significantly increased by 39.60%, 42.81%, and 90.13% at 0.01, 0.1, and 1 µg/mL, respectively in the positive control group compared to the untreated cells group. The collagen synthesis was significantly increased by 607.3%, 346.41%, and 197.61% in the UT-DMEM + BT-Test item, BT-DMEM + UT-Test item, and BT-DMEM + BT-Test item groups, respectively at 0.1 µg/mL compared to the UT-DMEM + UT-Test item group. Further, the level of collagen synthesis was significantly increased by 55.40% and 10.36% in the UT-DMEM + BT-Test item and BT-DMEM + BT-Test item groups, respectively at 1 µg/mL compared to the UT-DMEM + UT-Test item group. The collagen synthesis was

significantly increased by 34.11% and 20.54% in the UT-DMEM + BT-Test item and BT-DMEM + BT-Test item groups, respectively at 10 $\mu g/mL$ compared to the UT-DMEM + UT-Test item group. Moreover, the collagen level was significantly increased by 33.45%, 16.21%, and 49.67% in the UT-DMEM + BT-Test item, BT-DMEM + UT-Test item, and BT-DMEM + BT-Test item groups, respectively at 50 $\mu g/mL$ compared to the UT-DMEM + UT-Test item group. Additionally, at 100 $\mu g/mL$ the level of collagen was also significantly increased by 31.98%, 54.87%, and 67.1% in the UT-DMEM + BT-Test item, BT-DMEM + UT-Test item, and BT-DMEM + BT-Test item groups, respectively with respect to the UT-DMEM + UT-Test item group (Figure 3).

Altogether, the Consciousness Energy Healing based test item group (i.e., vitamin D3) showed an improved synthesis of collagen content in the human osteosarcoma cells with respect to all the treatment groups. In postmenopausal women, estrogen deficiency leads to decreased skin thickness and collagen content that ultimately manifestation of dryness, elasticity, and wrinkling in the skin. Bones with adequate collagen content possess a strong and elastic in nature like a steel. Bones with lack of collagen are look like a dry, brittle wood, and easily broken. Type I collagen is the major structural protein in extra cellular matrix responsible for bone calcification. It also plays a vital role in further promoting

osteoblast differentiation [47]. In this experiment, the Biofield Energy Treated vitamin D3 significantly improved the level of collagen which might be helpful to maintain a health bone in postmenopausal women selectively. Overall, The Trivedi Effect® - Consciousness Energy Healing Treatment modality showed a significant improvement of the collagen level in human osteosarcoma cells. Thus, it is assumed that The Trivedi effect® has the potential to improve the bone health in various skeletal disorders.

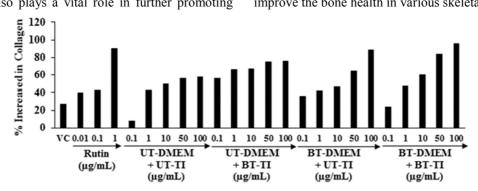


Figure 3. The effect of the test samples on collagen activity in human bone osteosarcoma cells. VC: Vehicle control (0.05% DMSO), UT: Untreated; BT: Biofield Energy Treated, TI: Test item

3.4. Bone Mineralization

Deficiency of calcium and vitamin-D is a major risk factor for osteoporosis. Besides, calcium is very essential for fracture-callus mineralization. In osteoporosis patients, there were a progressive decline in bone properties and an increased fracture risk. Vitamin D regulates calcium homeostasis by influencing intestinal calcium absorption, renal calcium reabsorption and bone resorption by osteoclasts [48-50]. The effect of Biofield Energy Treatment on bone mineralization in human bone osteosarcoma cells is shown in Figure 4. The percentage of bone mineralization was significantly increased in a concentration dependent manner by 50.46%, 86.16%, and 130.60% at 5, 10, and 25 μg/mL, respectively in the positive control group compared to the untreated cells group. The percent of bone mineralization was distinctly increased by 71.41%, 199.92%, and 32.60% in the UT-DMEM + BT-Test item, BT-DMEM + UT-Test item, and BT-DMEM + BT-Test item group at 0.1 µg/mL compared to the UT-DMEM + UT-Test item group. Moreover, the percent

of bone mineralization was distinctly increased by 49.73%, 15.27%, and 1.13% in the UT-DMEM + BT-Test item, BT-DMEM + UT-Test item, and BT-DMEM + BT-Test item group at 1 µg/mL compared to the UT-DMEM + UT-Test item group. The percent of bone mineralization was distinctly increased by 24.45%, 17.89%, and 5.51% in the UT-DMEM + BT-Test item, BT-DMEM + UT-Test item, and BT-DMEM + BT-Test item group at 10 µg/mL compared to the UT-DMEM + UT-Test item group. Further, a noticeably increased percentage of bone mineralization was observed by 28.29% and 25.59% in the UT-DMEM + BT-Test item and BT-DMEM + UT-Test item group, respectively at 50 μg/mL with respect to the UT-DMEM + UT-Test item group (Figure 4). Thus, based on the above findings it is hypothesized that the Consciousness Energy Healing Treatment (The Trivedi Effect®) based test item groups (i.e., vitamin D3) showed a remarkable improvement of bone mineralization content assessed by in vitro in the human osteosarcoma cells (MG-63) with respect to the all others treatment groups.

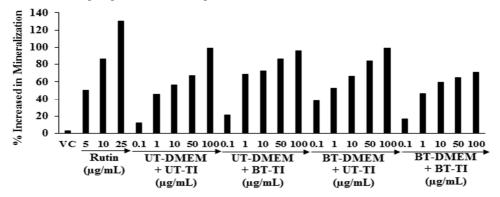


Figure 4. The effect of the Biofield Energy Treated test samples on human bone osteosarcoma cells for the assessment of bone mineralization activity. VC: Vehicle control (0.05% DMSO), UT: Untreated; BT: Biofield Energy Treated, TI: Test item.

4. Conclusions

The MTT cell viability assay data showed more than 73% cells were viable, which indicated that the test samples were safe and nontoxic in all the tested concentrations. ALP was significantly increased by 317.97%, 245.94%, and 247.97% in the UT-DMEM + BT-Test item, BT-DMEM + UT-Test item, and BT-DMEM + BT-Test item, respectively at 10 μg/mL, while increased by 252.87% and 244.05% in the BT-DMEM + BT-Test item at 0.1 and 1 µg/mL, respectively compared to the UT-DMEM + UT-Test item group. Collagen was significantly increased by 607.3%, 346.41%, and 197.61% in the UT-DMEM + BT-Test item, BT-DMEM + UT-Test item, and BT-DMEM + BT-Test item group at 0.1 µg/mL, respectively compared to the untreated group. Additionally, at 100 µg/mL the level of collagen was also significantly increased by 31.98%. 54.87%, and 67.1% in the UT-DMEM + BT-Test item, BT-DMEM + UT-Test item, and BT-DMEM + BT-Test item groups, respectively with respect to the UT-DMEM + UT-Test item group. Further, the percent of bone mineralization was distinctly increased by 71.41%, 199.92%, and 32.60% in the UT-DMEM + BT-Test item, BT-DMEM + UT-Test item, and BT-DMEM + BT-Test item groups, respectively at 0.1 µg/mL compared to the untreated group. Altogether, the Biofield Energy Treated test samples (The Trivedi Effect®) demonstrated a significant impact on bone health parameters. Therefore, the Consciousness Energy Healing based vitamin D3 might be suitable for the development of an alternative and more effective supplement for vitamin D3 deficiency, which could be useful for the management of various bone related disorders viz. low bone density and osteoporosis, osteogenesis imperfecta, Paget's disease of bone, rickets, osteomalacia, bone and joint pain, bone fractures, deformed bones, osteoma, chondrodystrophia fetalis, etc. Besides, it can also be utilized in organ transplants (for example kidney transplants, transplants and heart transplants), various autoimmune disorders such as Lupus, Addison Disease, Celiac Disease (gluten-sensitive enteropathy), Dermatomyositis, Graves' Thyroiditis, Multiple Sclerosis, Disease, Hashimoto Myasthenia Gravis, Pernicious Anemia, Aplastic Anemia, Rheumatoid Reactive Arthritis, Arthritis, Sjogren Syndrome, Systemic Lupus Erythematosus, Type 1 Diabetes, Alopecia Areata, Crohn's Disease, Fibromyalgia, Vitiligo, Psoriasis, Scleroderma, Chronic Fatigue Syndrome and Vasculitis, as well as inflammatory disorders such as Ulcerative Asthma, Colitis, Alzheimer's Disease, Atherosclerosis, Diverticulitis, Dermatitis, Hepatitis, Irritable Bowel Syndrome, inflammatory diseases, antiinflammatory, anti-stress, anti-arthritic, anti-osteoporosis, anti-apoptotic, wound healing, anti-cancer, anti-psychotic and anti-fibrotic actions stress management and prevention, and anti-aging by improving overall health, Parkinson's Disease and stress etc. to modulate the immune system by improving overall health.

Abbreviations

MG-63: Human Bone Osteosarcoma Cells, ALP: Alkaline phosphatase, CAM: Complementary and alternative medicine, NHIS: National Health Interview Survey, NCCIH: National Center of Complementary and Integrative Health, DMEM: Dulbecco's modified eagle's medium, FBS: Fetal bovine serum, ATCC: American type culture collection, UT: Untreated, BT: Biofield Energy Treated, AGE: Advanced glycation end products.

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