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Influence Of Transpersonal (Bioenergy-Based) Interventions On Hematological and Biochemical Parameters Of Human Blood Samples Under In Vitro Conditions

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Abstract. Bioenergycorrection, as an ancient way of correcting vital energy flow, is well known in many multi-millennial traditions and has withstood the test of time to this day, with some modern modifications that have been subjected to scientific research in recent decades. Within a broader quantum-holographic/quantum-gravitational framework of the acupuncture system, consciousness and vital energy, numerous transpersonal phenomena have been phenomenologically documented but remain underexplored at the boundary of the existing scientific paradigm. At the same time, a growing body of "distant healing intention" (DHI) research – including mind–mind, mind–matter and "distant mental interaction with living systems" (DMILS) studies – suggests that focused intention can produce small but statistically significant nonlocal effects on physiological targets, albeit with still uncertain clinical efficacy in humans. In this pilot in vitro study, we investigated whether several distinct transpersonal healing practices can measurably influence standard hematological and biochemical parameters in human blood. Blood was drawn from the same healthy 42-year-old female volunteer on six consecutive weeks, and each week was assigned to a different transpersonal Subgroup (individual or group healers from several spiritual and energy-healing traditions). For each week, the sample was split into an Experimental aliquot, exposed remotely for 30 minutes on Day 1 to a specific healing intervention, and a matched non-treated Control aliquot; both aliquots were then analyzed across four consecutive days in an accredited clinical laboratory. The most pronounced changes in red blood cells, white blood cells, and hemoglobin were observed in the Experimental samples of Subgroup A, with smaller but still noticeable modulations in Subgroups B–F, suggesting specific transpersonal influences on distant blood samples. In addition, an unexpected gradual improvement in several initially suboptimal parameters was observed in the Day-1 Control samples over the six-week period, consistent with a putative "back-influence" from repeatedly corrected Experimental blood on the donor's organism. Although limited by its single-donor, pilot design and by the modest magnitude of the observed changes, the study provides intriguing proof-of-principle evidence for the transpersonal nature of bioenergycorrection in a controlled hematological model and motivates more rigorous, large-sample investigations within integrative medicine and transpersonal psychophysiology.

Keywords: *Bioenergycorrection; Distant Healing Intention; Transpersonal Healing; Vital Energy; Integrative Medicine; Hematology; Pilot In Vitro Experiment*

1. Introduction

Bioenergycorrection, as an ancient way of correcting vital energy flow, is well known in many multi-millennial traditions and has withstood the test of time to this day, with some modern modifications [1]. On the wave of the expansion of integrative medicine since the mid-1990s in China, the US, and Europe, some bioenergetic correction techniques have been the subject of scientific research and have been included in medical school curricula [2,3]. Although the vital force theory was discarded in 19th-century organic chemistry, it now seems to re-enter science in a modified form through integrative medicine and transpersonal psychology [2-4].

Within a broader nonlocal quantum-holographic / quantum-gravitational (QHQG) framework of the acupuncture system, consciousness and vital energy, their energy-informational nature has been analyzed from several complementary aspects, including (i) a quantum-informational electromagnetic component suggested by microwave resonance therapy and formal analogies with Hopfield-like associative quantum-holographic neural networks; (ii) a quasi-classical ionic component associated with gap-junction-like structures and altered conductance at acupuncture points; and (iii) a transpersonal "exotic" component related to stabilized energy-informational channels of vital energy (qi, ki, prana, etc.) in traditional healing systems [4-7]. From this perspective, acupuncture-based and consciousness-based approaches may be seen as quantum-informational therapies that impose new healing boundary conditions in the energy-state space of the acupuncture system (individual and collective consciousness), complementing conventional symptomatic interventions at the somatic level. Additionally, if put in the context of the holographic principle [8], according to which each (three-dimensional) physical system is isomorphic to holographic information imprinted on its (two-dimensional) surface, then quantum-holographic information about each body could be imprinted in the corresponding surface layer of the astral-mental body of vital energy (aura), as claimed in different traditions.

2. On Transpersonal Bioenergycorrection

Further on, in the context of non-local QHQG theoretical framework [4-7], biophysical origin of vital energy (chi / qi / ki, prana / akasha, mana, ka, pneuma / eter / natura medica / anima mundi / vital force, yesod, baraka, uncreated light, Holy Spirit, Heilstrom, Innate Intelligence, bioenergy / biofield) should be sought within EM-ionic-exotic macro-quantum nature of the acupuncture system / consciousness. We emphasize that numerous transpersonal phenomena associated with consciousness and psychosomatic bioenergetic correction are well-documented phenomenologically, and that their physical explanation should be sought at the very border of the existing scientific paradigm. Within QHQG theoretical framework, they are of a deeper quantum-gravitational origin (according to Einstein's Principle of equivalence of inertial and gravitational accelerations!) in transitional states of consciousness (from high-dielectric body to low-dielectric out-of-body states!), based on locally generated quantum-entangled wormhole tunnels, quantum-gravitationally stabilized by exotic matter (quantum vacuum fluctuations in strongly curved space-time of wormhole tunnels) with anti-gravitational effects - really observed in transpersonal psycho-kinetic manifestations of vital energy), with exotic aspects of spatio-temporal tunnels and vital energy extended to acupuncture channels (of exotic vacuum-like refractive index! [9]) with transpersonal quantum-entangling inflow of vital energy [4-7,10-14].

It should also be noted that the healing effects on the patient's acupuncture system / consciousness are often blocked by quantum-holographically encoded spiritual personal consent to the disease as a form of (self) punishment (as evidenced by the subjects' experiences in post-hypnotic regressions), when prayers and self-love for oneself and others are necessary with the aim of ending (self) punishment – thus performing spiritual integration of the personality, i.e. dis-entanglement of transpersonal energy blockages, which triggers the process of permanent healing [4-7,10-14]. Such spiritual, indeterministic interventions by introducing new vacuum excitations of vital energy into the

otherwise deterministic quantum-holographic evolution of collective consciousness (similar to the spiritually excited and mentally channeled Ayurvedic, Qigong, Reiki, and modern experiences of local and transpersonal healing, thus non-Schrodinger, imposing necessary, essentially new boundary conditions!) – can permanently remove as a net effect the whole mutual conflict between two people, which is also the greatest source of freedom in optimizing life programs through spiritual cleansing [4-7,10-14].

In particular, let us mention Hawaiian ho'oponopono tradition with remarkable reprogramming of the life situations by contextual repenting and forgiving ourselves; or South American ayahuaska and Nigerian Abiku traditions with fascinating spiritual diagnoses and extensions of the predestined-short-life programs; or fascinating world bestseller of Anita Moorjani on spiritual changing her life program with return from clinical death and after a few weeks spontaneous healing of terminal phase of cancer; or contemporary spiritual teaching of Bruno Groening with incredible healing channel remained open after his death, in optimizing both individual and collective life programs; or traditional Christian (hesychastic) Mysticism with miraculous healing and optimizing life programs [4-7,10-14]. This significantly contributes to our understanding that even the most severe psychosomatic disorders have their roots in energy-informational blockages, and that healing begins by removing them – first by loving oneself, accepting oneself, and forgiving oneself, which is then manifested by loving others and accepting others (e.g., spiritually dis-entangling / unleashing repentant-forgiving prayer)!

Parallel to above mentioned QHQG theoretical development and accompanied phenomenological confirmations, proof-of-principle transpersonal experiments in this field have been conducted with three main classes of protocols: (1) mind-to-mind connections; (2) mind-matter interactions; and (3) "distant mental interactions with living systems" (DMILS), in which an agent's intention is directed at a distant human or biological target [15–19]. Meta-analyses of DMILS studies, including remote intention, remote staring, and remote helping protocols, consistently indicate small but statistically significant nonlocal effects on physiological variables such as skin conductance, heart rate, and EEG activity (typical effect sizes Cohen's $d \approx 0.10–0.13$).

On these lines, an extensive empirical literature has emerged on "distant healing intention" (DHI) therapies, i.e., compassionate mental acts directed toward the health and well-being of a distant person or organism. Under various labels – intercessory prayer, spiritual healing, Reiki, Johrei, qigong, therapeutic touch, "biofield" healing, and others – DHI assumes that spatial separation between healer and target is not a limiting factor. Clinical trials of DHI in humans – including intercessory prayer and various forms of spiritual or biofield healing – yield mixed results, with some reviews reporting small positive effects ($r \approx 0.20$) and others finding no reliable clinical benefit in high-quality randomized controlled trials. Altogether, this literature suggests that nonlocal interactions associated with healing intention are empirically detectable but generally weak and context-sensitive, and that their clinical relevance remains an open question.

DHI-type effects have also been reported in non-human models. A recent meta-analysis of "non-whole-human" studies (cells, tissues, plants, and animals) found that actively treated samples showed overall improved outcomes compared to controls ($r \approx 0.26$), although the average methodological quality of these studies was modest, and the risk of bias cannot be excluded. Against this background, well-controlled in vitro paradigms using standardized biomedical endpoints may provide a useful bridge between phenomenological reports of transpersonal healing and complex clinical settings. In particular, human blood offers a sensitive integrative indicator of hematological and biochemical status that can be repeatedly sampled and analyzed under controlled laboratory conditions. Motivated by both the QHQG theoretical framework and the DHI/DMILS empirical literature, the present pilot study explores whether several distinct transpersonal healing practices can measurably influence standard hematological and biochemical parameters in human blood samples, and whether such effects might exhibit dynamic patterns over several days, including potential "back-influences" from repeatedly corrected samples onto the donor's organism.

3. Experimental Transpersonal Procedure

On this line, the aim of our in vitro experiment was to investigate the effects of transpersonal influences from several healing practices [5] on blood samples collected from the same volunteer over six consecutive weeks. An experimental procedure was designed for 6 weeks with 6 successively engaged transpersonal Subgroups, with blood collection from a voluntary 42-year-old woman donor on Monday mornings at the beginning of each week. The blood taken was divided into 2 groups, the Control (which was biochemically usually analyzed every morning during the 4 consecutive days) and the Experimental (which was transpersonally acted upon 30 minutes only during the 1. day, with monitoring standard biochemical changes of that sample during the 4 consecutive days, performed within the official Headquarters Aqualab laboratory, Belgrade, Serbia, by using combined electric impedance, spectrophotometric and indirect potenciometric laboratory methods).

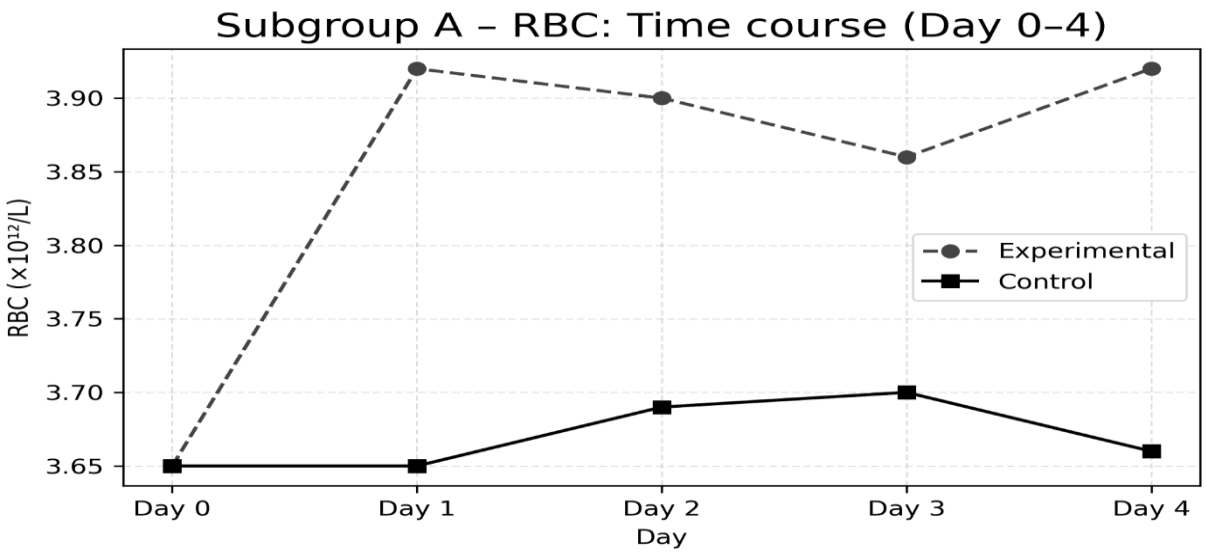
This procedure was applied consecutively for six weeks to all six transpersonal Subgroups in turn: Subgroup A (Slavoljub Pavlović, individual spiritual healer, Toronto, Canada), Subgroup B (headed by Nemanja Blagojević, with group of 6 praying practitioners from the Spiritual and Educational Center "Flower of Life", Belgrade, Serbia), Subgroup C (headed by Ivan Radan, with group of 5 praying practitioners from the Bruno Groening Circle of Friends, Serbia), Subgroup D (headed by Margarita Milenković, with group of 5 Reiki practitioners from the Reiki Association, Serbia), Subgroup E (Mirjana Misev, individual spiritual healer, Belgrade, Serbia), Subgroup F (Vladan Vidović, individual QiGong practitioner, Belgrade, Serbia).

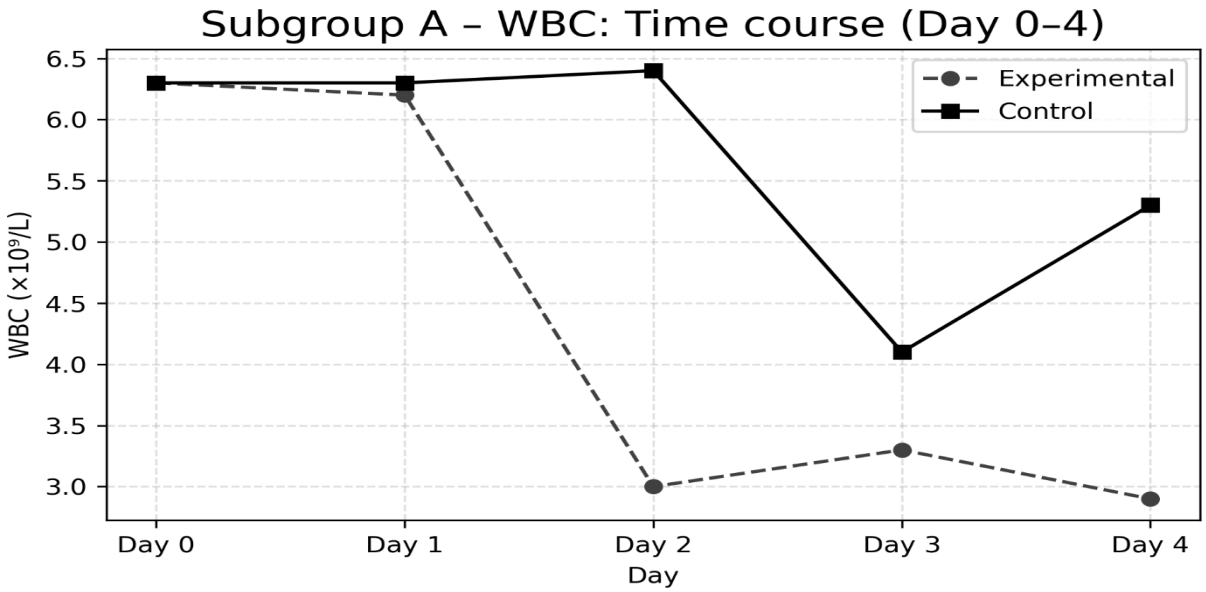
4. Discussion of Transpersonal Results

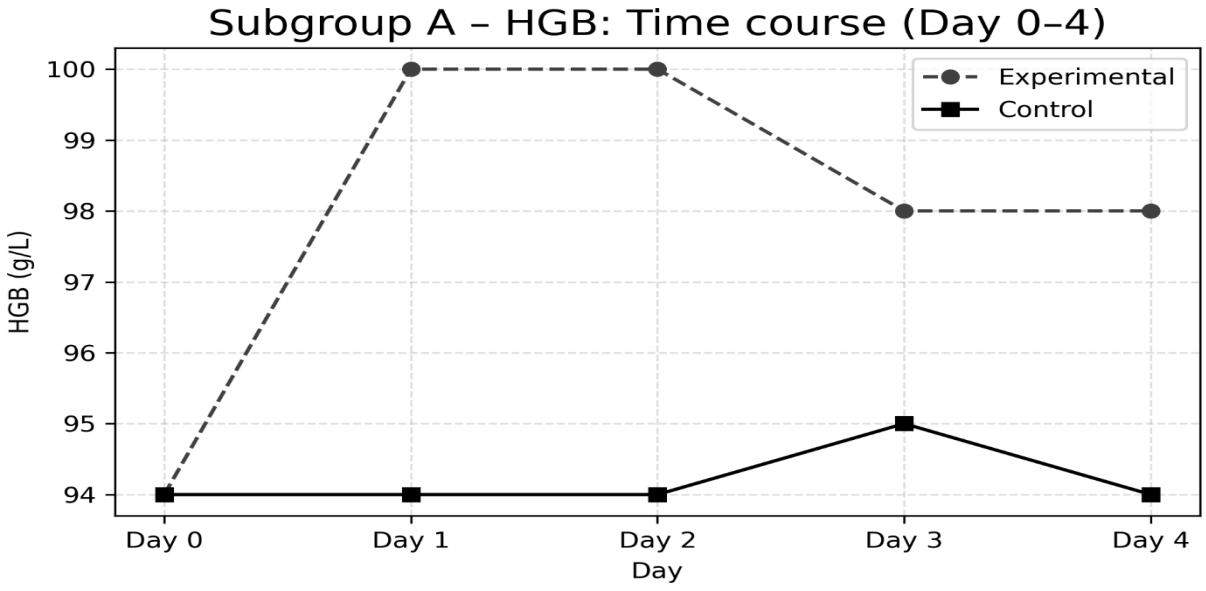
In Table App of the Appendix, the complete blood count with biochemical analysis for each of the 6 Subgroups A–F is shown, comparing the Experimental (Exp) and Control (Con) samples on Day 1.

In Figure 1 (a – f), the time course of the most changeable blood parameters (red blood cells (RBC), white blood cells (WBC) and hemoglobin (HGB)) are shown during the monitored four days for all Subgroups A – F. Each panel of Figure 1 (a – f) displays the mean values for one of the most changeable parameters (RBC, WBC, HGB) within a given Subgroup in the Experimental (dashed line) and Control full line) blood samples. Day 0 corresponds to their initial morning values in the Control blood sample, whereas Days 1–4 represent their subsequent values in the Control & Experimental samples.

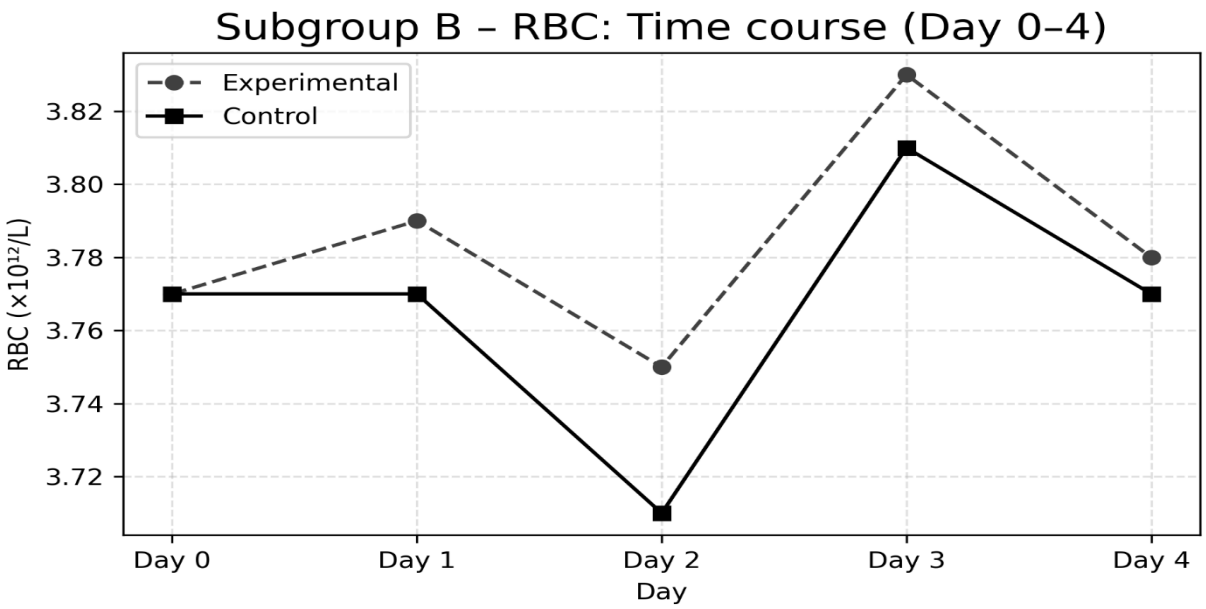
The Experimental samples of Subgroup A showed the most pronounced changes in these blood parameters, whereas those in Subgroups B–F showed less pronounced changes. Nevertheless, their changes in our Pilot demonstrate clear transpersonal influences on the distant blood samples!

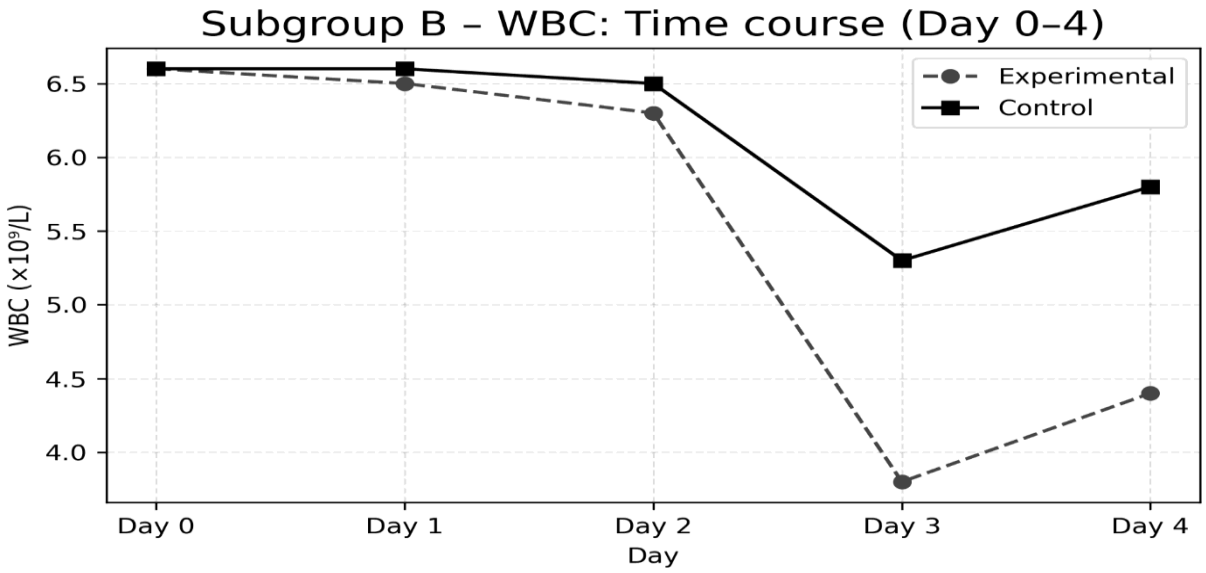

Subgroup A – RBC: Time course (Day 0–4)
RBC (×10¹²/L)
3.90
3.85
3.80
3.75
3.70
3.65
Experimental
Control
Day 0
Day 1
Day 2
Day 3
Day 4
Day

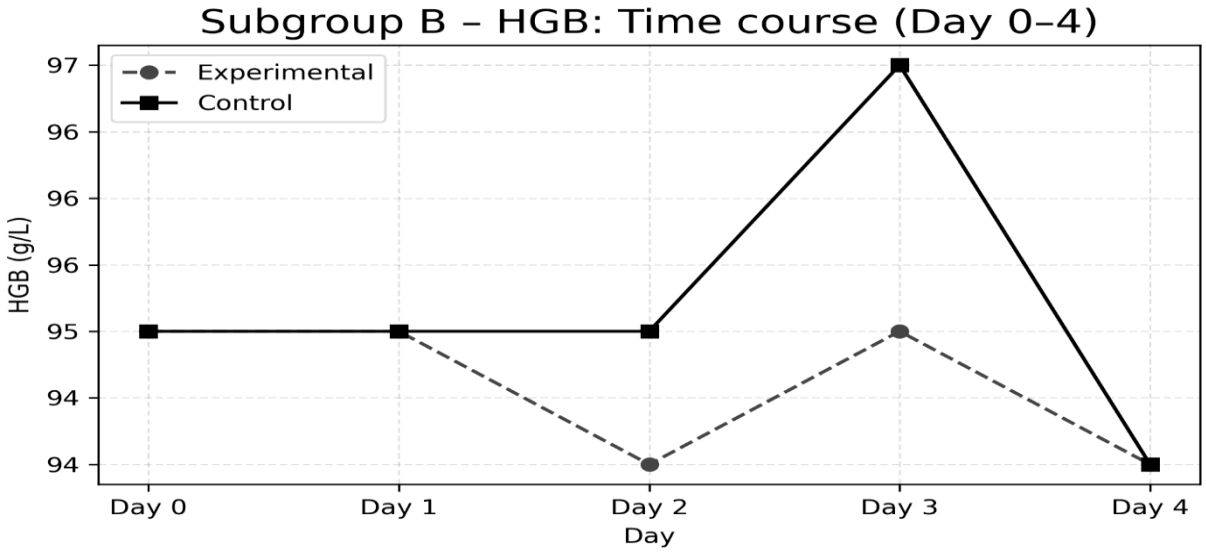

Subgroup A – WBC: Time course (Day 0–4)
WBC (×10⁹/L)
6.5
6.0
5.5
5.0
4.5
4.0
3.5
3.0
Experimental
Control
Day 0
Day 1
Day 2
Day 3
Day 4
Day


Subgroup A – HGB: Time course (Day 0–4)
HGB (g/L)
100
99
98
97
96
95
94
Experimental
Control
Day 0
Day 1
Day 2
Day 3
Day 4
Day

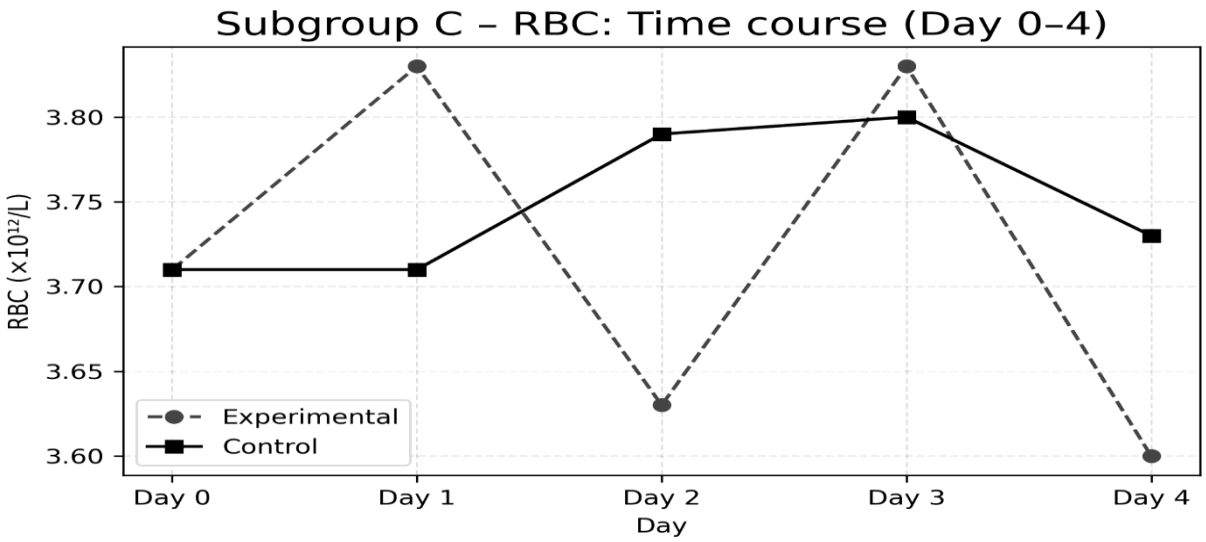
(a)

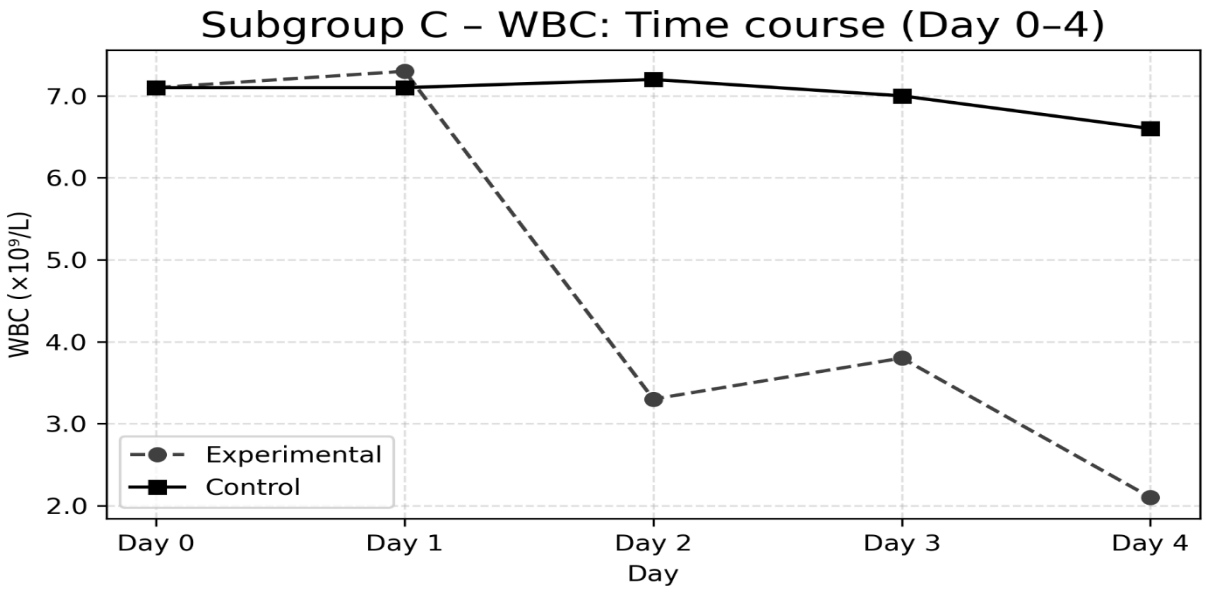

Subgroup B – RBC: Time course (Day 0–4)
Experimental
Control
RBC (x10¹²/L)
3.82
3.80
3.78
3.76
3.74
3.72
Day 0
Day 1
Day 2
Day 3
Day 4
Day

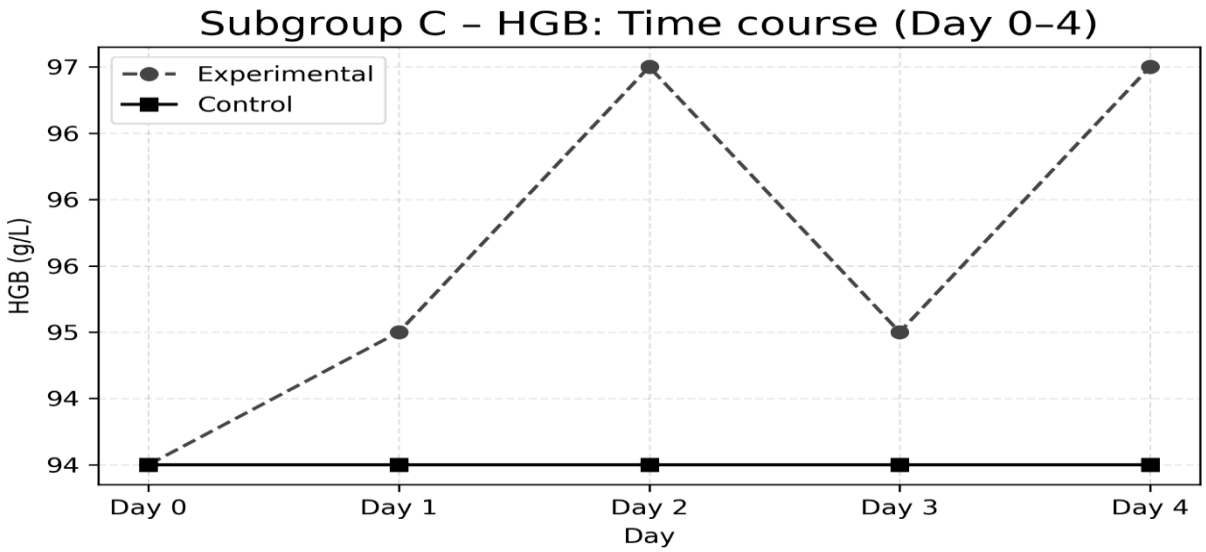

Subgroup B – WBC: Time course (Day 0–4)
Experimental
Control
WBC (x10⁹/L)
6.5
6.0
5.5
5.0
4.5
4.0
Day 0
Day 1
Day 2
Day 3
Day 4
Day


Subgroup B – HGB: Time course (Day 0–4)
Experimental
Control
HGB (g/L)
97
96
96
96
95
94
94
Day 0
Day 1
Day 2
Day 3
Day 4
Day

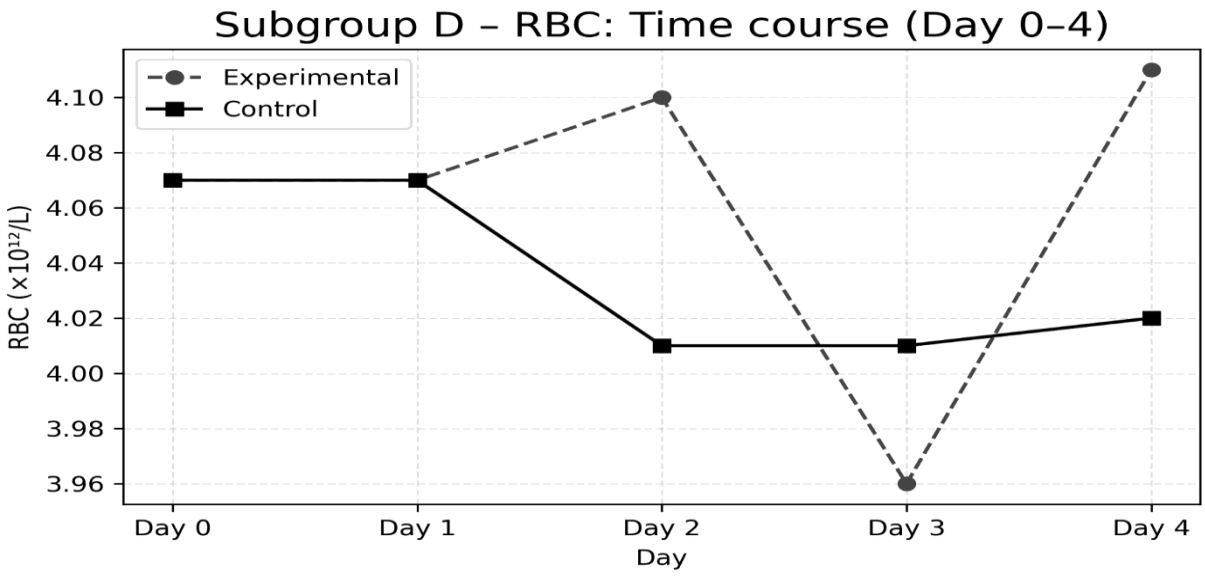
(b)

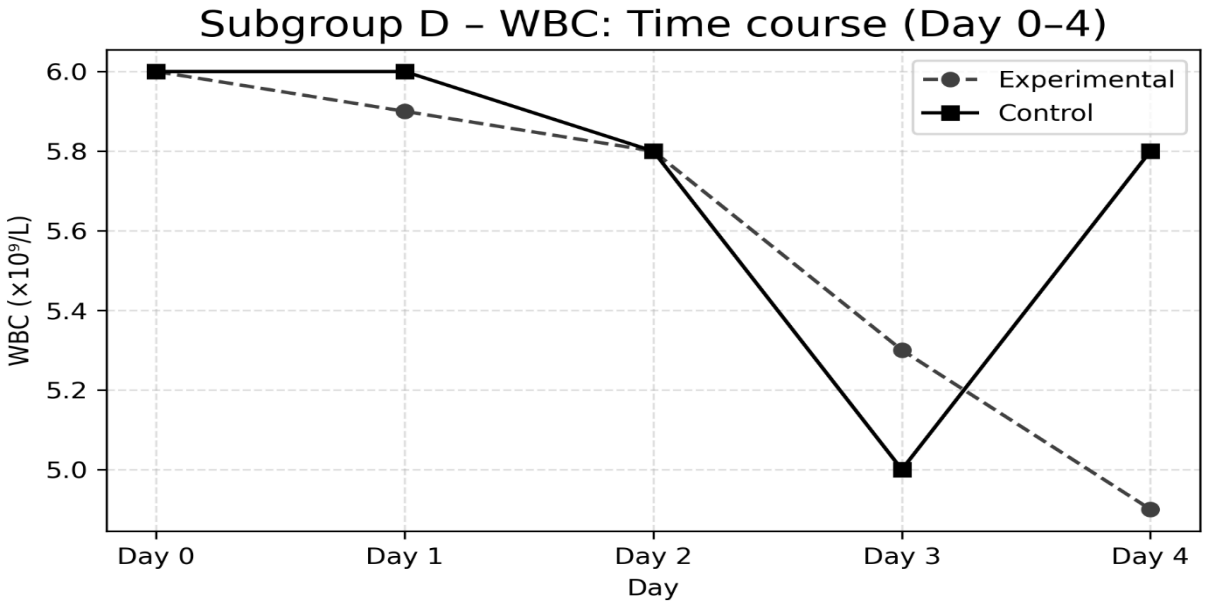

Subgroup C – RBC: Time course (Day 0–4)
RBC (×10¹²/L)
3.80
3.75
3.70
3.65
3.60
Experimental
Control
Day 0
Day 1
Day 2
Day 3
Day 4
Day

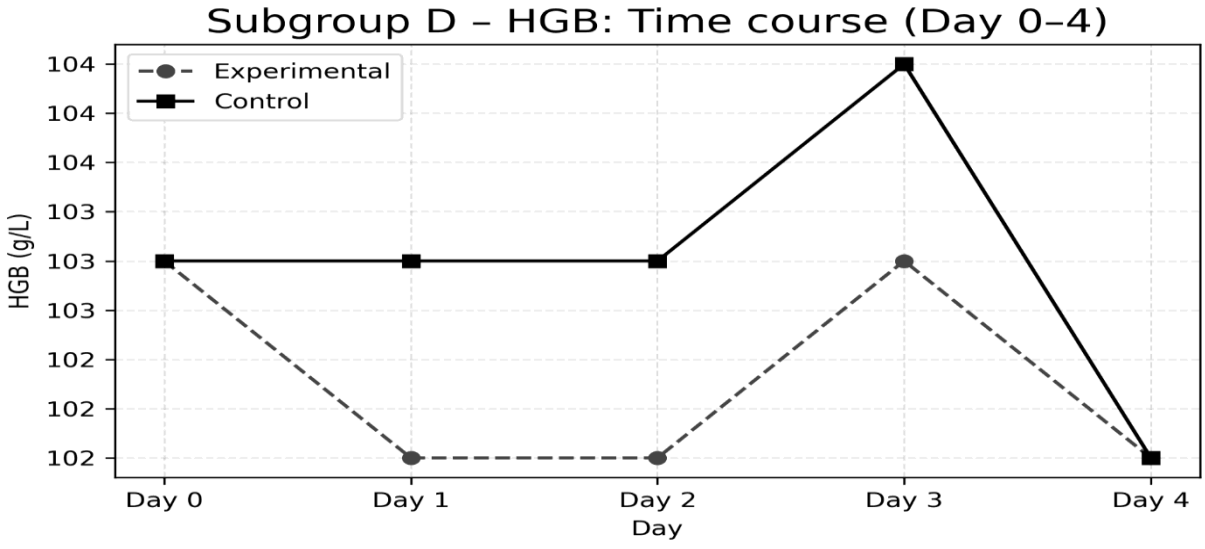

Subgroup C – WBC: Time course (Day 0–4)
WBC (×10⁹/L)
7.0
6.0
5.0
4.0
3.0
2.0
Experimental
Control
Day 0
Day 1
Day 2
Day 3
Day 4
Day


Subgroup C – HGB: Time course (Day 0–4)
HGB (g/L)
97
96
96
96
95
94
94
Experimental
Control
Day 0
Day 1
Day 2
Day 3
Day 4
Day

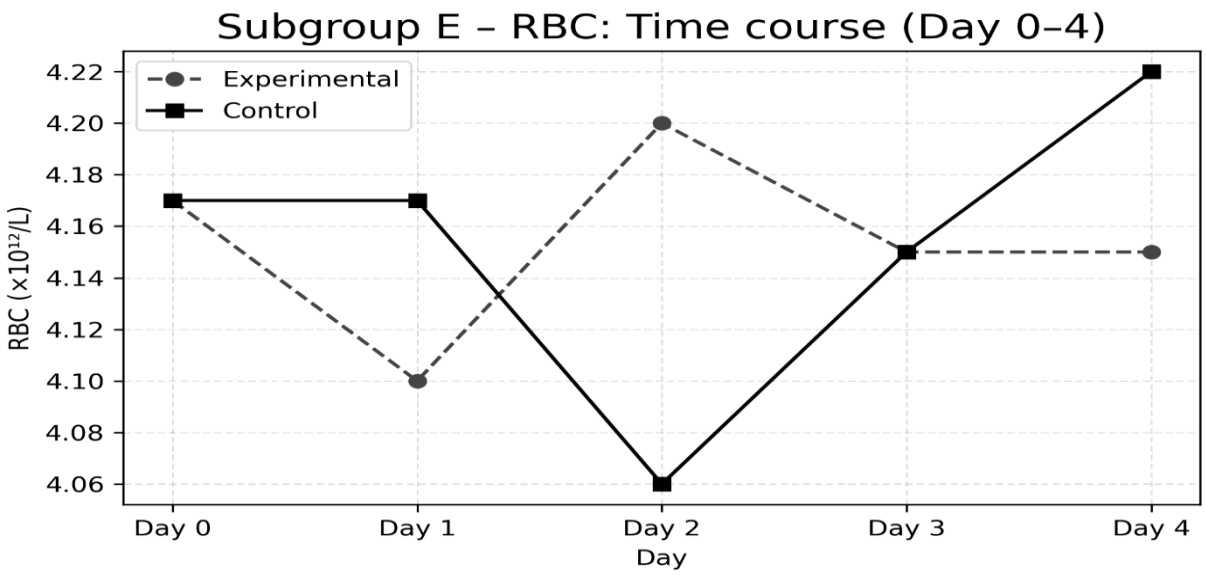
(c)

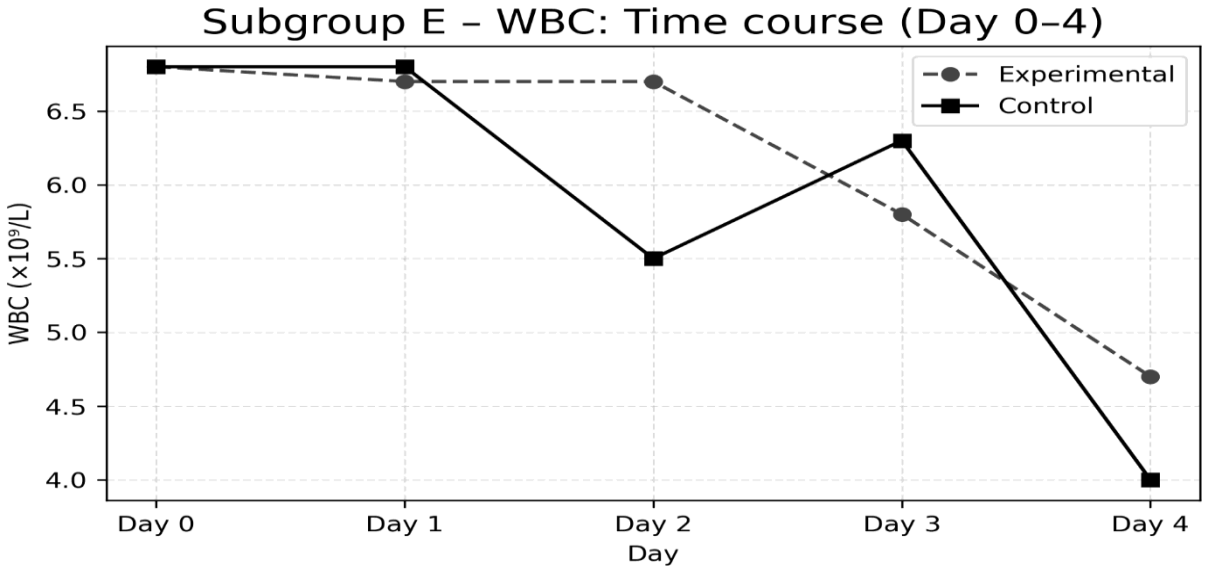

Subgroup D – RBC: Time course (Day 0–4)
Experimental
Control
RBC (×10¹²/L)
4.10
4.08
4.06
4.04
4.02
4.00
3.98
3.96
Day 0
Day 1
Day 2
Day 3
Day 4
Day

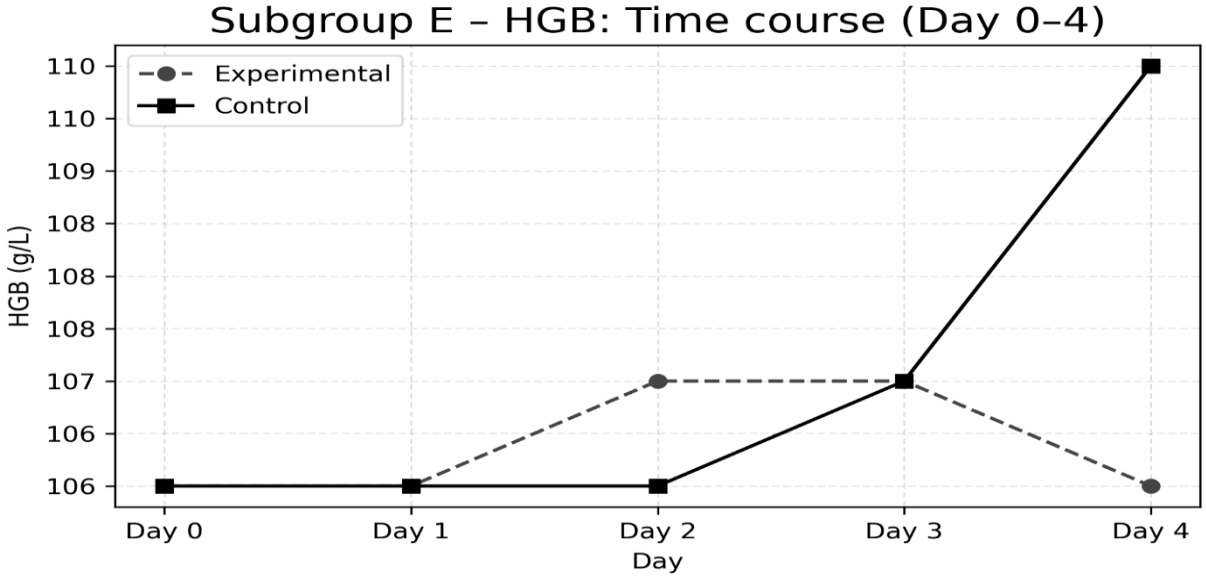

Subgroup D – WBC: Time course (Day 0–4)
Experimental
Control
WBC (×10⁹/L)
6.0
5.8
5.6
5.4
5.2
5.0
Day 0
Day 1
Day 2
Day 3
Day 4
Day


Subgroup D – HGB: Time course (Day 0–4)
Experimental
Control
HGB (g/L)
104
104
104
103
103
103
102
102
102
Day 0
Day 1
Day 2
Day 3
Day 4
Day

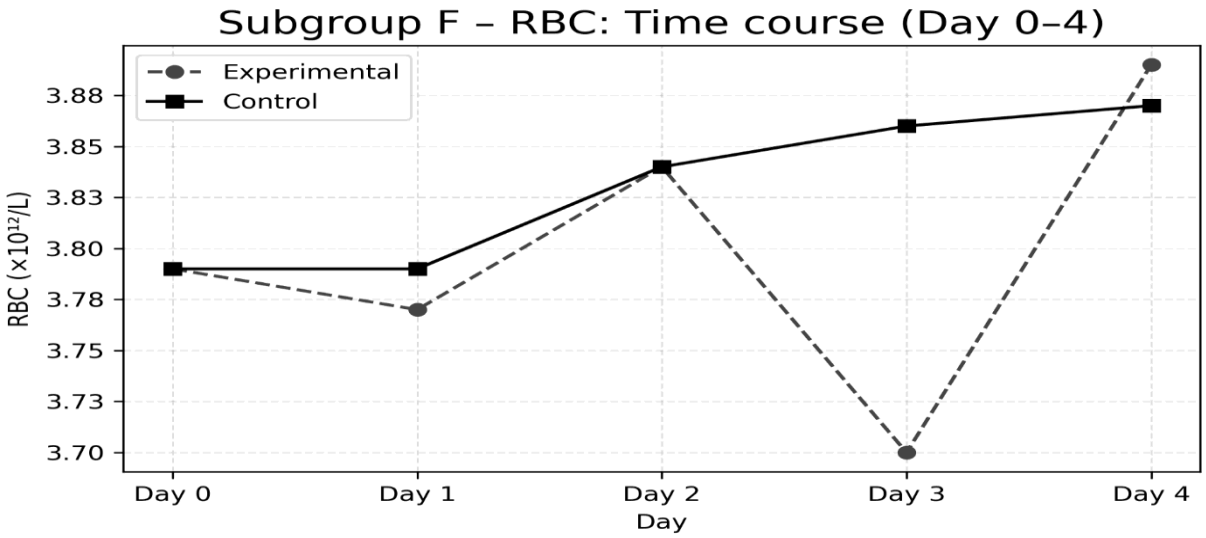
(d)

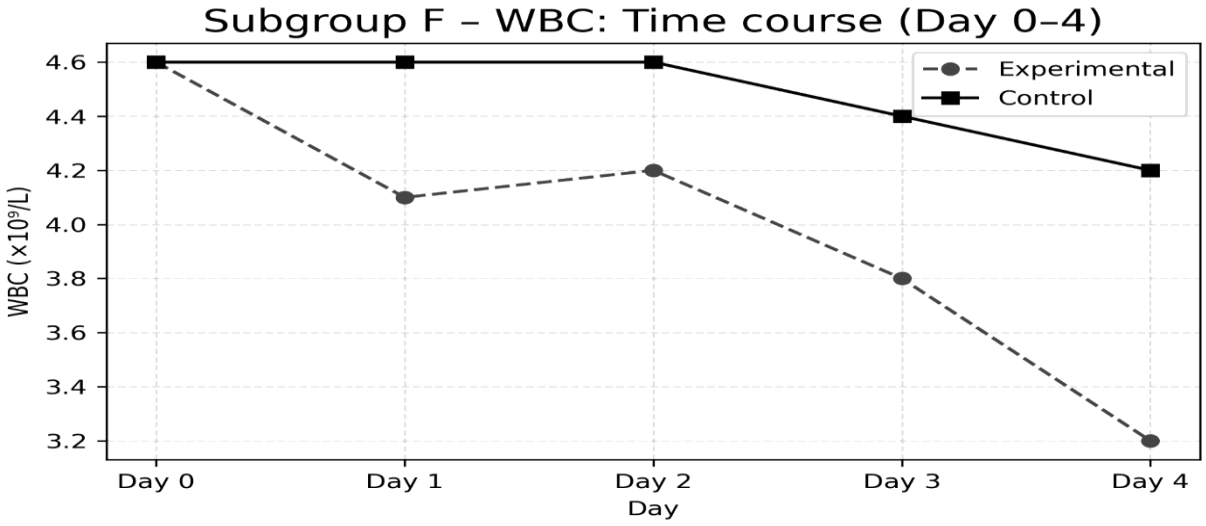

Subgroup E – RBC: Time course (Day 0–4)
Experimental
Control
RBC (×10¹²/L)
4.22
4.20
4.18
4.16
4.14
4.12
4.10
4.08
4.06
Day 0
Day 1
Day 2
Day 3
Day 4
Day

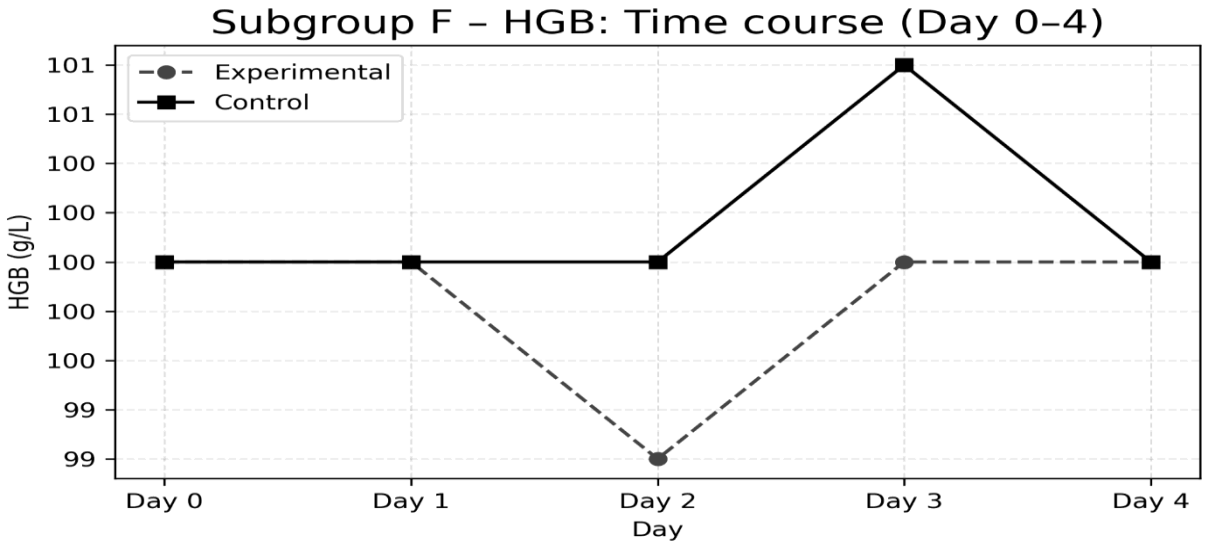

Subgroup E – WBC: Time course (Day 0–4)
Experimental
Control
WBC (×10⁹/L)
6.5
6.0
5.5
5.0
4.5
4.0
Day 0
Day 1
Day 2
Day 3
Day 4
Day


Subgroup E – HGB: Time course (Day 0–4)
Experimental
Control
HGB (g/L)
110
110
109
108
108
108
107
106
106
Day 0
Day 1
Day 2
Day 3
Day 4
Day

(e)



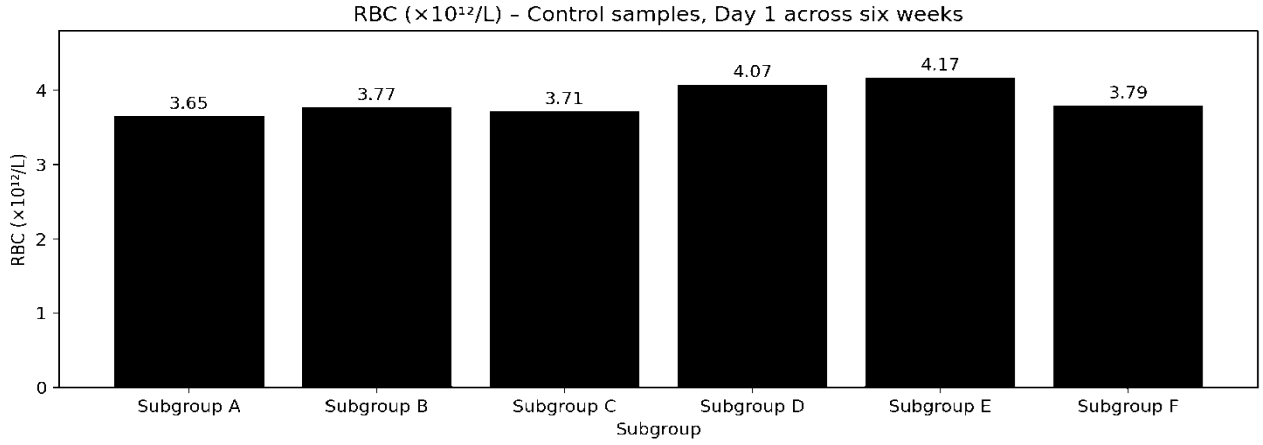




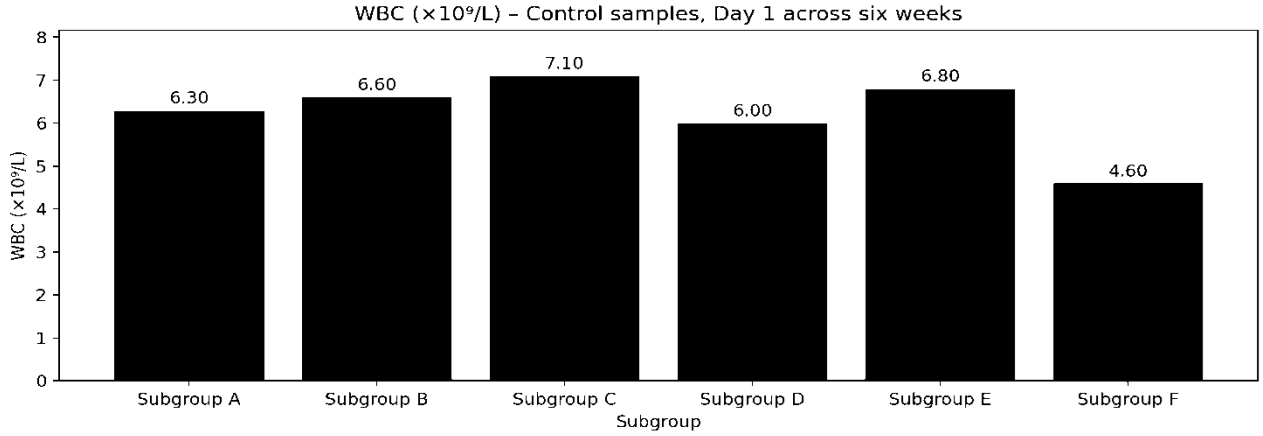
(f)

Figure 1 (a – f). Time course of the most changeable blood parameters (RBC, WBC, HGB) in Experimental and Control blood samples during Days 1 – 4, across all Subgroups A – F (Day 0 corresponds to initial measurement of the Control blood sample of the Day 1).

Additionally, dynamic changes of the most changeable blood parameters (RBC, WBC, HGB) on Day 1, of the Control blood samples for all Subgroups A - F, are presented in histograms of Figure 2 (a - c). They showed unexpected improvement after several weeks, possibly as a result of accumulated backward influences from the Experimental blood samples on the donor's blood (as a kind of intuitively unexpected residual entanglement between the transpersonally treated Experimental collected blood and the voluntary donor)!



(a)



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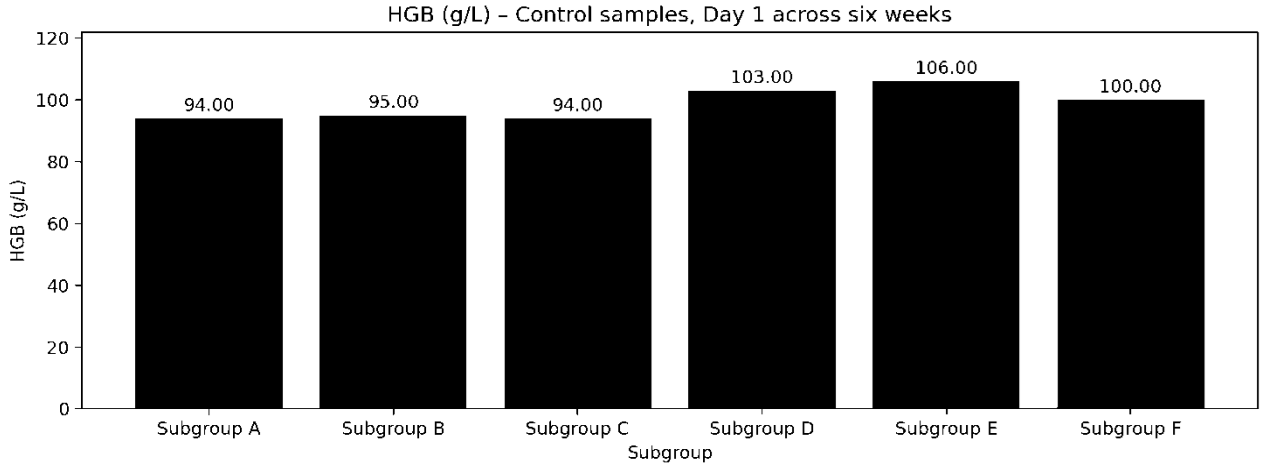

(c)

Figure 2 (a - c). Dynamic changes in most changeable blood parameters (RBC, WBC, HGB) of the Control blood sample on Day 1, across all Subgroups A – F.

Finally, relative improvement / deterioration of the relevant blood parameters is presented in Table 1, which should be compared with Figure 1 (a - f) for more comparative details!

Table 1. Matrix of relative changes of relevant blood parameters across all Subgroups (A - F)

Parameter	A	B	C	D	E	F
RBC – Red Blood Cells	HEAL	IMP	WOR	OK	OK	HEAL
WBC – White Blood Cells	WOR	OK	WOR	OK	OK	WOR
HGB – Hemoglobin	IMP	WOR	IMP	WOR	WOR	WOR
HCT – Hematocrit	IMP	IMP	IMP	IMP	WOR	IMP
MCV – Mean Corpuscular Volume	IMP	IMP	HEAL	WOR	HEAL	HEAL
MCH – Mean Corpuscular Hemoglobin	WOR	WOR	HEAL	WOR	IMP	WOR
MCHC – Mean Corpuscular Hemoglobin Conc.	WOR	WOR	OK	WOR	OK	OK
PLT – Platelets	OK	OK	OK	OK	OK	OK
NEU % – Neutrophils %	WOR	WOR	WOR	OK	WOR	WOR
LYM % – Lymphocytes %	WOR	WOR	WOR	HEAL	OK	OK
MON % – Monocytes %	WOR	OK	OK	HEAL	OK	WOR
EOS % – Eosinophils %	WOR	OK	WOR	OK	OK	OK
BAS % – Basophils %	OK	WOR	OK	OK	WOR	OK
Iron (Fe)	IMP	WOR	WOR	IMP	WOR	OK

Legend: HEAL - parameter normalized (out of range → within reference range); IMP - parameter improved but remained outside the reference range; WOR - parameter worsened or became newly pathological; OK - parameter was and remained within the reference range. These qualitative labels ("HEAL", "IMP", "WOR", "OK") represent descriptive directional changes relative to reference ranges and Control samples, and should not be interpreted as statistically inferred effects.

To provide an integrated overview of the observed experimental outcomes across all parameters, subgroups, and time points, a qualitative categorical summary is shown in Figure 3. Each parameter comparison was classified according to its directional shift relative to the corresponding Control sample and to the reference range ("improved", "normalized", "unchanged", or "worsened"), based on descriptive criteria rather than inferential statistics. The resulting pie chart illustrates the proportional distribution of these observed categories across the entire dataset and is intended solely as a visual synthesis of trends, without implying statistical inference or population-level generalization.

From a methodological perspective, the present pilot experiment can be situated within the broader DHI / DMILS research landscape as a "non-whole-human" model using clinically relevant hematological and biochemical markers. Systematic reviews and meta-analyses of DMILS experiments with human targets have consistently found small but significant nonlocal effects on physiological variables (Cohen's $d \approx 0.10–0.13$), while analogous studies on cells, tissues, plants, and animals report somewhat larger but still modest effects ($r \approx 0.20–0.25$), albeit with variable methodological quality. Our findings of relatively subtle but directionally consistent modulations in red blood cells, white blood cells, and hemoglobin in the Experimental aliquots – especially pronounced in Subgroup A – are broadly compatible with this pattern, suggesting the presence of small nonlocal influences detectable in a carefully controlled hematological model. In this sense, our pilot experiment contributes an additional proof-of-principle data point to the accumulating evidence for weak but measurable nonlocal interactions associated with healing intention, while highlighting the need for larger, multi-donor studies with pre-registered protocols and rigorous blinding to clarify both the robustness and the boundary conditions of such effects.

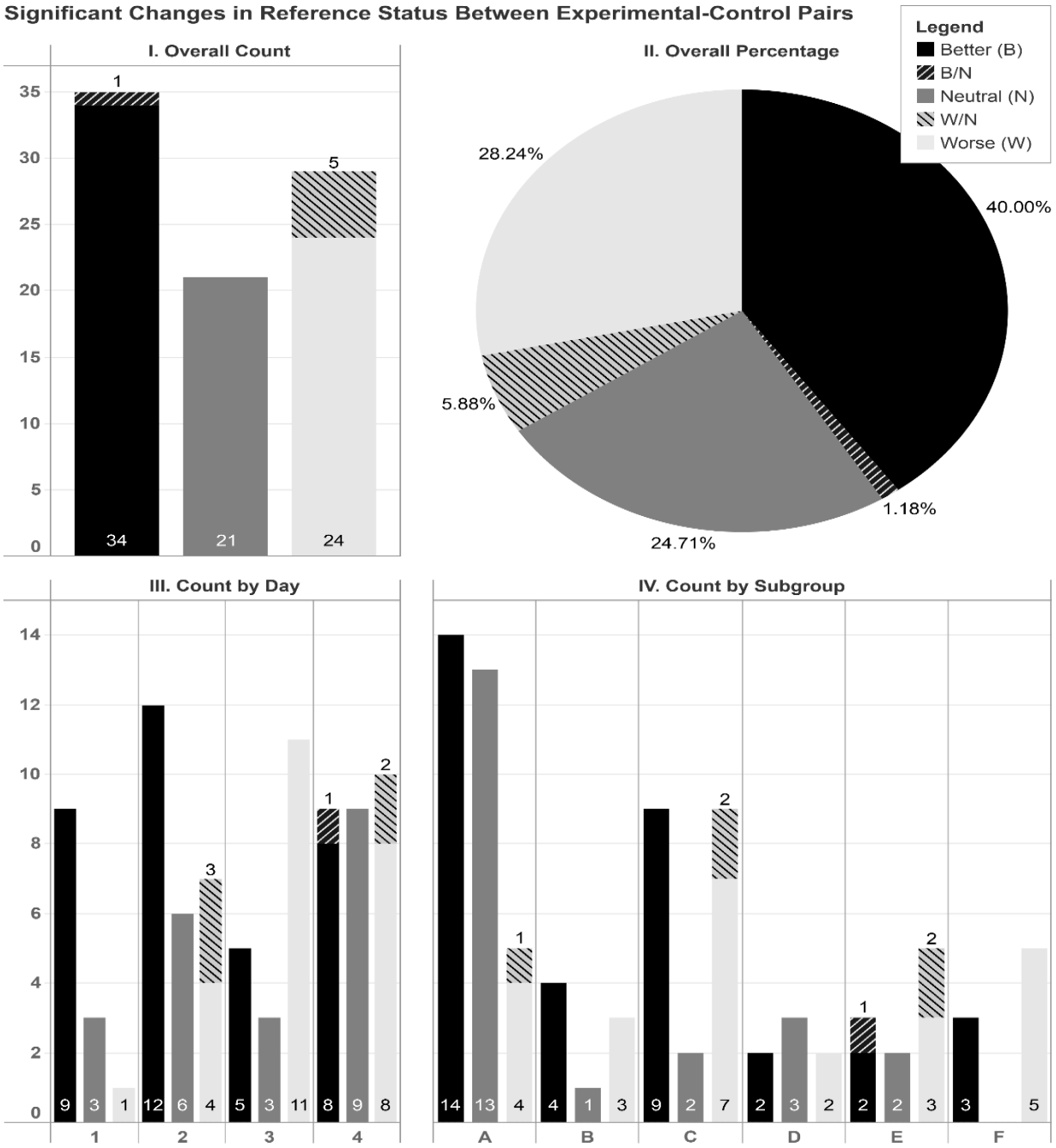

Figure 3. Qualitative analysis of significant changes between experimental and control pairs. Changes are shown in a distinct solid color by their classification as Better or Worse (experiment reference status was improved/diminished, respectively, compared to test reference status), or Neutral (the change is significant but the pair maintain the same reference status). Further, striped colors are used for cusp status changes B/N and W/N (Control straddles the reference range while experiment sits within it and vice versa, respectively). **I.** Significant reference status changes between experimental-control pairs are counted by their classification across the entire experiment. A total of 34 changes are classified as Better with one B/N compared to 24 Worse and 5 W/N. **II.** These counts are converted to percentages to demonstrate the proportion of each classification type. Here 40% of all changes are classified as Better while 28.24% are Worse. **III.** Splitting counts by day we can see a time-dependent relationship from the day of treatment where most changes are classified as Better compared to Day 4 where the classifications are evenly split. **IV.** Splitting counts by subgroup we can see Group A had the greatest success with many more Better classifications than Worse while other subgroups showed more even splits between the two classifications.

5. Concluding Remarks

In the past few decades, there has been increasing interest in quantum information in (open) macroscopic quantum environments in biology, medicine, and psychology, all the way down to the quantum information roots of the universe. The underlying macroscopic quantum-coherent non-locality addresses the still-open question of the universal validity of quantum-physical laws for macroscopic phenomena as well.

It should be added that numerous transpersonal phenomena associated with consciousness and psychosomatic bioenergetic correction are in vivo phenomenologically well documented. On the other hand, the aim of our in vitro pilot experiment was to investigate the effects of the transpersonal influences of several healing practices on blood samples collected from the volunteer over six consecutive weeks.

The effects of this experiment were quite intriguing, confirming the transpersonal nature of bioenergycorrection and even implying the long-suspected quintessence origin of the vital force involved in this interaction. So, it seems that our multidisciplinary research at the crossroads of psychosomatic integrative medicine and quantum informatics may expand the frontiers of the existing scientific paradigm (as briefly reviewed in ref. [14]).

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Appendix

In Table App the complete blood count with biochemical analysis across Subgroups A – F , is shown comparatively for the Experimental (Exp) and Control (Con) samples for the Day 1.

Table App. Complete blood count with biochemical analysis for Experimental (Exp) and Control (Con) samples, on Day 1, for all Subgroups A – F

Subgroup A

Parameter	Exp, Day 1	Con, Day 1	Reference range (women)
RBC – Red Blood Cells	3.92	3.65	3.80–5.60 $\times 10^{12}$/L
WBC – White Blood Cells	6.20	6.30	4.0–10.6 $\times 10^{9}$/L
HGB – Hemoglobin	100.00	94.00	119–155 g/L
HCT – Hematocrit	31.60	28.40	35.0–47.0 %
MCV – Mean Corpuscular Volume	81.00	78.00	80–100 fL
MCH – Mean Corpuscular Hemoglobin	25.50	25.80	27.0–32.0 pg
MCHC – Mean Corpuscular Hemoglobin Conc.	317.00	332.00	320–360 g/L
PLT – Platelets	364.00	306.00	150–400 $\times 10^{9}$/L
NEU % – Neutrophils %	62.50	54.60	50–70 %
LYM % – Lymphocytes %	27.30	32.60	25–40 %
MON % – Monocytes %	7.20	9.20	0–12 %
EOS % – Eosinophils %	2.90	2.80	0–5 %
BAS % – Basophils %	0.20	0.80	0–1 %
NEU abs – Neutrophils abs	3.84	3.44	2.06–6.49 $\times 10^{9}$/L
LYM abs – Lymphocytes abs	1.68	2.05	1.19–3.35 $\times 10^{9}$/L
MON abs – Monocytes abs	0.44	0.58	0.12–0.84 $\times 10^{9}$/L
EOS abs – Eosinophils abs	0.18	0.18	0–0.43 $\times 10^{9}$/L
BAS abs – Basophils abs	0.01	0.05	0–0.06 $\times 10^{9}$/L
Glucose	5.40	5.10	4.1–5.9 mmol/L
Creatinine	63.70	63.40	44–80 µmol/L
Urea	5.80	5.80	2.8–8.1 mmol/L
Cholesterol total	4.90	4.64	<5.20 mmol/L
Triglycerides	1.03	0.96	<1.70 mmol/L
AST – Aspartate Aminotransferase	13.00	13.00	<32 U/L
ALT – Alanine Aminotransferase	11.00	11.00	<33 U/L
CK – Creatine Kinase	77.00	73.00	<170 U/L
LDH – Lactate Dehydrogenase	143.00	135.00	<250 U/L
Iron (Fe)	3.00	2.90	5.8–31.7 µmol/L
Potassium (K)	4.20	3.80	3.5–5.1 mmol/L
Sodium (Na)	141.00	137.00	136–146 mmol/L
Chloride (Cl)	105.00	103.00	98–107 mmol/L

Subgroup B

Parameter	Exp, Day 1	Con, Day 1	Reference range (women)
RBC – Red Blood Cells	3.79	3.77	3.80–5.60 ×10¹²/L
WBC – White Blood Cells	6.50	6.60	4.0–10.6 ×10⁹/L
HGB – Hemoglobin	95.0	95.0	119–155 g/L
HCT – Hematocrit	29.6	29.5	35.0–47.0 %
MCV – Mean Corpuscular Volume	78.0	78.0	80–100 fL
MCH – Mean Corpuscular Hemoglobin	24.9	25.1	27.0–32.0 pg
MCHC – Mean Corpuscular Hemoglobin Conc.	320.0	321.0	320–360 g/L
PLT – Platelets	362.0	353.0	150–400 ×10⁹/L
NEU % – Neutrophils %	58.1	58.5	50–70 %
LYM % – Lymphocytes %	29.3	30.1	25–40 %
MON % – Monocytes %	9.1	8.5	0–12 %
EOS % – Eosinophils %	2.6	2.1	0–5 %
BAS % – Basophils %	0.8	0.7	0–1 %
NEU abs – Neutrophils abs	3.80	3.87	2.06–6.49 ×10⁹/L
LYM abs – Lymphocytes abs	1.92	1.99	1.19–3.35 ×10⁹/L
MON abs – Monocytes abs	0.60	0.56	0.12–0.84 ×10⁹/L
EOS abs – Eosinophils abs	0.17	0.14	0–0.43 ×10⁹/L
BAS abs – Basophils abs	0.05	0.05	0–0.06 ×10⁹/L
Glucose	4.8	4.8	4.1–5.9 mmol/L
Creatinine	58.5	58.1	44–80 µmol/L
Urea	4.6	4.6	2.8–8.1 mmol/L
Cholesterol total	5.57	5.65	<5.20 mmol/L
Triglycerides	1.26	1.27	<1.70 mmol/L
AST – Aspartate Aminotransferase	14.0	14.0	<32 U/L
ALT – Alanine Aminotransferase	15.0	15.0	<33 U/L
CK – Creatine Kinase	48.0	48.0	<170 U/L
LDH – Lactate Dehydrogenase	137.0	139.0	<250 U/L
Iron (Fe)	2.4	2.6	5.8–31.7 µmol/L
Potassium (K)	4.0	4.1	3.5–5.1 mmol/L
Sodium (Na)	140.0	139.0	136–146 mmol/L
Chloride (Cl)	103.0	102.0	98–107 mmol/L

Subgroup C

Parameter	Exp, Day 1	Con, Day 1	Reference range (women)
RBC – Red Blood Cells	3.83	3.71	3.80–5.60 ×10¹²/L
WBC – White Blood Cells	7.30	7.10	4.0–10.6 ×10⁹/L
HGB – Hemoglobin	95.0	94.0	119–155 g/L
HCT – Hematocrit	29.9	28.8	35.0–47.0 %
MCV – Mean Corpuscular Volume	78.0	78.0	80–100 fL
MCH – Mean Corpuscular Hemoglobin	24.9	25.5	27.0–32.0 pg
MCHC – Mean Corpuscular Hemoglobin Conc.	319.0	328.0	320–360 g/L
PLT – Platelets	349.0	341.0	150–400 ×10⁹/L
NEU % – Neutrophils %	61.4	61.0	50–70 %
LYM % – Lymphocytes %	27.5	28.2	25–40 %
MON % – Monocytes %	7.9	8.0	0–12 %
EOS % – Eosinophils %	2.0	1.9	0–5 %
BAS % – Basophils %	1.1	0.9	0–1 %
NEU abs – Neutrophils abs	4.47	4.32	2.06–6.49 ×10⁹/L
LYM abs – Lymphocytes abs	2.00	2.00	1.19–3.35 ×10⁹/L
MON abs – Monocytes abs	0.58	0.56	0.12–0.84 ×10⁹/L
EOS abs – Eosinophils abs	0.14	0.14	0–0.43 ×10⁹/L
BAS abs – Basophils abs	0.08	0.06	0–0.06 ×10⁹/L
Glucose	5.1	5.1	4.1–5.9 mmol/L
Creatinine	61.8	62.1	44–80 µmol/L
Urea	5.4	5.5	2.8–8.1 mmol/L
Cholesterol total	5.53	5.50	<5.20 mmol/L
Triglycerides	0.96	0.94	<1.70 mmol/L
AST – Aspartate Aminotransferase	12.0	13.0	<32 U/L
ALT – Alanine Aminotransferase	14.0	13.0	<33 U/L
CK – Creatine Kinase	43.0	42.0	<170 U/L
LDH – Lactate Dehydrogenase	131.0	131.0	<250 U/L
Iron (Fe)	3.6	3.7	5.8–31.7 µmol/L
Potassium (K)	4.5	4.4	3.5–5.1 mmol/L
Sodium (Na)	138.0	138.0	136–146 mmol/L
Chloride (Cl)	103.0	103.0	98–107 mmol/L

Subgroup D

Parameter	Exp, Day 1	Con, Day 1	Reference range (women)
RBC – Red Blood Cells	4.07	4.07	3.80–5.60 ×10¹²/L
WBC – White Blood Cells	5.90	6.00	4.0–10.6 ×10⁹/L
HGB – Hemoglobin	102.0	103.0	119–155 g/L
HCT – Hematocrit	31.7	31.7	35.0–47.0 %
MCV – Mean Corpuscular Volume	78.0	78.0	80–100 fL
MCH – Mean Corpuscular Hemoglobin	25.1	25.2	27.0–32.0 pg
MCHC – Mean Corpuscular Hemoglobin Conc.	323.0	324.0	320–360 g/L
PLT – Platelets	314.0	316.0	150–400 ×10⁹/L
NEU % – Neutrophils %	59.9	60.1	50–70 %
LYM % – Lymphocytes %	24.3	24.6	25–40 %
MON % – Monocytes %	12.8	12.5	0–12 %
EOS % – Eosinophils %	1.8	2.1	0–5 %
BAS % – Basophils %	1.2	0.7	0–1 %
NEU abs – Neutrophils abs	3.53	3.62	2.06–6.49 ×10⁹/L
LYM abs – Lymphocytes abs	1.43	1.48	1.19–3.35 ×10⁹/L
MON abs – Monocytes abs	0.76	0.75	0.12–0.84 ×10⁹/L
EOS abs – Eosinophils abs	0.11	0.13	0–0.43 ×10⁹/L
BAS abs – Basophils abs	0.07	0.04	0–0.06 ×10⁹/L
Glucose	4.7	4.7	4.1–5.9 mmol/L
Creatinine	71.9	76.5	44–80 µmol/L
Urea	5.2	5.2	2.8–8.1 mmol/L
Cholesterol total	5.23	5.19	<5.20 mmol/L
Triglycerides	1.03	1.04	<1.70 mmol/L
AST – Aspartate Aminotransferase	12.0	12.0	<32 U/L
ALT – Alanine Aminotransferase	11.0	11.0	<33 U/L
CK – Creatine Kinase	33.0	34.0	<170 U/L
LDH – Lactate Dehydrogenase	120.0	119.0	<250 U/L
Iron (Fe)	3.9	4.0	5.8–31.7 µmol/L
Potassium (K)	4.0	3.8	3.5–5.1 mmol/L
Sodium (Na)	137.0	136.0	136–146 mmol/L
Chloride (Cl)	99.0	99.0	98–107 mmol/L

Subgroup E

Parameter	Exp, Day 1	Con, Day 1	Reference range (women)
RBC – Red Blood Cells	4.10	4.17	3.80–5.60 ×10¹²/L
WBC – White Blood Cells	6.70	6.80	4.0–10.6 ×10⁹/L
HGB – Hemoglobin	106.0	106.0	119–155 g/L
HCT – Hematocrit	32.5	33.1	35.0–47.0 %
MCV – Mean Corpuscular Volume	79.0	79.0	80–100 fL
MCH – Mean Corpuscular Hemoglobin	26.0	25.5	27.0–32.0 pg
MCHC – Mean Corpuscular Hemoglobin Conc.	327.0	321.0	320–360 g/L
PLT – Platelets	361.0	362.0	150–400 ×10⁹/L
NEU % – Neutrophils %	58.8	58.0	50–70 %
LYM % – Lymphocytes %	29.8	30.1	25–40 %
MON % – Monocytes %	8.1	8.4	0–12 %
EOS % – Eosinophils %	2.4	2.8	0–5 %
BAS % – Basophils %	0.9	0.7	0–1 %
NEU abs – Neutrophils abs	3.96	3.94	2.06–6.49 ×10⁹/L
LYM abs – Lymphocytes abs	2.01	2.04	1.19–3.35 ×10⁹/L
MON abs – Monocytes abs	0.54	0.57	0.12–0.84 ×10⁹/L
EOS abs – Eosinophils abs	0.16	0.19	0–0.43 ×10⁹/L
BAS abs – Basophils abs	0.06	0.05	0–0.06 ×10⁹/L
Glucose	5.0	5.0	4.1–5.9 mmol/L
Creatinine	68.9	69.2	44–80 µmol/L
Urea	4.0	4.0	2.8–8.1 mmol/L
Cholesterol total	5.45	5.36	<5.20 mmol/L
Triglycerides	1.01	0.99	<1.70 mmol/L
AST – Aspartate Aminotransferase	14.0	14.0	<32 U/L
ALT – Alanine Aminotransferase	12.0	12.0	<33 U/L
CK – Creatine Kinase	42.0	42.0	<170 U/L
LDH – Lactate Dehydrogenase	134.0	134.0	<250 U/L
Iron (Fe)	3.8	3.9	5.8–31.7 µmol/L
Potassium (K)	4.0	4.0	3.5–5.1 mmol/L
Sodium (Na)	140.0	140.0	136–146 mmol/L
Chloride (Cl)	102.0	103.0	98–107 mmol/L

Subgroup F

Parameter	Exp, Day 1	Con, Day 1	Reference range (women)
RBC – Red Blood Cells	3.77	3.79	3.80–5.60 ×10¹²/L
WBC – White Blood Cells	4.10	4.60	4.0–10.6 ×10⁹/L
HGB – Hemoglobin	100.0	100.0	119–155 g/L
HCT – Hematocrit	30.7	30.0	35.0–47.0 %
MCV – Mean Corpuscular Volume	81.0	79.0	80–100 fL
MCH – Mean Corpuscular Hemoglobin	26.4	26.5	27.0–32.0 pg
MCHC – Mean Corpuscular Hemoglobin Conc.	325.0	334.0	320–360 g/L
PLT – Platelets	298.0	281.0	150–400 ×10⁹/L
NEU % – Neutrophils %	63.6	60.0	50–70 %
LYM % – Lymphocytes %	26.0	26.9	25–40 %
MON % – Monocytes %	7.9	10.7	0–12 %
EOS % – Eosinophils %	2.2	1.6	0–5 %
BAS % – Basophils %	0.3	0.8	0–1 %
NEU abs – Neutrophils abs	2.60	2.77	2.06–6.49 ×10⁹/L
LYM abs – Lymphocytes abs	1.06	1.24	1.19–3.35 ×10⁹/L
MON abs – Monocytes abs	0.32	0.49	0.12–0.84 ×10⁹/L
EOS abs – Eosinophils abs	0.09	0.07	0–0.43 ×10⁹/L
BAS abs – Basophils abs	0.01	0.04	0–0.06 ×10⁹/L
Glucose	4.8	4.8	4.1–5.9 mmol/L
Creatinine	66.8	66.0	44–80 µmol/L
Urea	3.9	4.0	2.8–8.1 mmol/L
Cholesterol total	5.71	5.73	<5.20 mmol/L
Triglycerides	0.76	0.76	<1.70 mmol/L
AST – Aspartate Aminotransferase	14.0	14.0	<32 U/L
ALT – Alanine Aminotransferase	12.0	12.0	<33 U/L
CK – Creatine Kinase	38.0	39.0	<170 U/L
LDH – Lactate Dehydrogenase	130.0	133.0	<250 U/L
Iron (Fe)	12.3	12.7	5.8–31.7 µmol/L
Potassium (K)	3.8	4.0	3.5–5.1 mmol/L
Sodium (Na)	136.0	136.0	136–146 mmol/L
Chloride (Cl)	98.0	98.0	98–107 mmol/L

References

1. D. Raković, S. Arandjelović, M. Mićović, eds., Proc. Symp. Quantum-Informational Medicine QIM 2011: Acupuncture-Based & Consciousness-Based Holistic Approaches & Techniques, QUANTTES & HF & DRF, Belgrade, 2011, and refs. therein.

2. https://www.imconsortium.org; official website of the Consortium of Academic Medical Centers for Integrative Medicine, founded by the end of 1990s, which includes over 70 highly esteemed US academic health centers and affiliate institutions, in order to transform medicine and healthcare through rigorous scientific studies, new models of clinical care, and innovative educational programs that integrate biomedicine, the complexity of human beings, the intrinsic nature of healing, and the rich diversity of therapeutic systems.

3. http://www.atpweb.org; official website of The Association for Transpersonal Psychology (ATP), concerned from early 1970s with the study of humanity's highest potential, and with the recognition, understanding, and realization of unitive, spiritual, and transcendent states of consciousness (making transpersonal psychology the fourth force in psychology, alongside with psychoanalysis, behaviorism, and humanistic psychology, after one of its founders, A. Maslow).

4. D. Raković, "On holistic psychosomatic nature of bioenergycorrection", Int J Prenatal and Life Sciences, [S.l.], p. 9, Nov. 2022; also presented at Prenatal Sciences Global Congress, Prenatal Sciences Partnership, 6-9 Oct. 2022, and Int Conf Pediatrics and Neonatal Care Webinar, 27–28 Nov. 2025, Paris, France.

5. D. Raković, "Stress and anti-stress: Holistic quantum-informational framework with overview of recommended anti-stress approaches and techniques", Journal of Social and Behavioral Sciences, Vol. 2, No. 1 (2025).

6. D. Raković, Integrative Biophysics, Quantum Medicine, and Quantum-Holographic Informatics: Psychosomatic-Cognitive Implications, IASC & IEPSP, Belgrade, 2009.

7. D. Raković, "On biophysical energy-informational nature of acupuncture system, consciousness and vital energy", in: Proc. Speech & Language 2015, M. Sovilj, M. Subotić, eds., LAAC / IEPSP, Belgrade (2015), pp. 201-211.

8. L. Susskind, J. Lindesay, An Introduction to Black Holes, Information and the String Theory Revolution: The Holographic Universe, World Scientific, Singapore, 2005.

9. S. P. Sit'ko, "The realization of genome in the notions of Physics of the Alive", Medical Data Rev. 4(2) (2012) pp. 207-215, Invited paper; reprinted from ref. [1].

10. D. Raković, "On quantum-holographic and trans-generational implications for child developement", in: J. R. G. Turner, T. G. N. Turner, O. Gouni, eds, Prenatal Psychology 100 Years: A Jorney in Decoding How Our Prenatal Experience Shapes Who We Become!, A publication of The International Journal of Prenatal & Life Sciences, Cosmoanelixis, Prenatal & Life Sciences, Athens (2018), pp. 283-310, Invited Chapter 7.

11. D. Raković, "On extended quantum-holographic framework for consciousness and free will: Round trip from science to spirituality", International Journal of Prenatal & Life Sciences, Vol. 3, No. 3, 2019, p. 27; Presented previously at Int. W-S Congress Whole-Self Approaches in Psychology & Medicine, 13-14 Sept. 2019, Grootebroek, NL, Invited tutorial.

12. D. Raković, "Nikola Tesla as a case study for quantum-holographic correlations of individual and collective consciousness: Creative and spiritual implications", in: Proc. Speech & Language 2019, M. Subotić, S. Maksimović, eds., LAAC / IEPSP, Belgrade (2019), pp. 17-26, Plenary lecture, pp. 17-26.

13. D. Raković, "Quantum-holistic framework of transpersonal psychosomatics: Complete healing and spiritual integration", Int. J. Supervision in Psychotherapy, No. 3, 2021, pp. 55-69; Presented previously at 3rd Int. Conf. on Supervision in Psychotherapy, L–I. Vîşcu, ed., 11-13 June 2021, Dept. Scientific Research & Academic Creation, "Tibiscus" Univ. of Temisiora, Romania (Keynote lecture).

14. D. Raković, "Quantum-informational macrophenomena in biomedicine and holistic psychosomatics: Quantum-holographic framework", Psychology and Behavioral Science Int. J., Vol. 19, No. 3, 2022, Mini Review; previously communicated at Int. Conf. YUCOMAT 2022, Herceg Novi, Montenegro.

15. S. Schmidt, R. Schneider, J. Utts, H. Walach, "Distant intentionality and the feeling of being stared at: two meta-analyses", Br. J. Psychol. 95 (Pt 2) (2004) 235–247. doi: 10.1348/000712604773952449

16. S. Schmidt, "Can we help just by good intentions? A meta-analysis of experiments on distant intention effects", J. Altern. Complement. Med. 18(6) (2012) 529–533. doi: 10.1089/acm.2011.0321

17. J. A. Astin, E. Harkness, E. Ernst, "The efficacy of 'distant healing': a systematic review of randomized trials", Ann. Intern. Med. 132 (2000) 903–910. doi: 10.7326/0003-4819-132-11-200006060-00009

18. C. Roe, C. Sonnex, E. Roxburgh, "Two meta-analyses of noncontact healing studies", Explore (NY) 11(1) (2014) 11–23. doi: 10.1016/j.explore.2014.10.001

19. D. I. Radin, M. Schlitz, C. Baur, "Distant healing intention therapies: an overview of the scientific evidence", Glob. Adv. Health Med. 4(Suppl) (2015) 67–71. doi: 10.7453/gahmj.2015.012.suppl