

Clinical Trials of Philip Savage's Subliminal Hypno-Programming Technology

Summarized Report by Jane Dillon, Ph.D.
Department of Sociology, University of California, San Diego
March 30, 1999

I am a sociologist and project coordinator of two double-blind, randomized medical research studies on the efficacy of Philip Savage's **Subliminal Hypno-Programming (SHP) technology**.

The first study, with principal investigators Elisabeth Targ, M.D. and Jerold Kaplan, M.D. (and co-investigator Michael Cantwell) tests the efficacy of Philip Savage's subliminal technology on severe third-degree burns. On September 10, 1998, this study received a one-year approval by the Alta Bates Hospital "Human Subjects Review Board." It is currently underway at the Alta Bates Burn Center in Berkeley, California.

The second study, with principal investigators Larry Dossey, M.D. and Ronald Santasiero, M.D. (and co-investigator L. Dee Jacobson, Ph.D.) tests the efficacy of Philip Savage's subliminal technology on the pathology known as "Shingles" (Herpes Zoster). This study is currently undergoing final design considerations before applying for human subjects clearance.

While waiting for the completion of the long-term formal studies, on October 1, 1998, we began preliminary clinical trials on both protocols, simply designed and easily reproducible, to assess whether Subliminal Hypno-Programming actually benefits people in crisis. (1) **This report documents the results of these first double-blind clinical trials of Philip Savage's SHP technology on severe third-degree burns, which were conducted at the Grossman Burn Center in Sherman Oaks, California. (2)**

After having attained approval for the testing on 12/10/98 from the administrative offices of Drs. Richard and Peter Grossman, I worked directly with Dr. Matt Young, the burn center's pediatrician, who was asked to supervise the tests. During the period of time from 12/10/98 to 3/23/99, Dr. Young and I documented the clinical progress of five children who received SHP processing, and five children who did not receive SHP processing. (All ten of these children received the usual course of treatment from the burn center.) These ten cases are summarized below, followed by a brief discussion of outcomes.

The primary hypotheses were, a) subjects in the treatment group are more likely to show reepithelization than those in the control group, and b) subjects in the treatment group are less likely to die than those in the control group. Although further tests are required for statistical significance, utilizing many more than ten cases, we can at this point say quite conclusively that the effect of Philip Savage's SHP technology on the children in the treatment group, as compared with the children in the control group, is **100% successful**. This means that:

1. **In all five cases in the treatment group, there was significant reepithelization (healing) of skin in areas diagnosed with deep and severe third degree burn.**
 - a. **Compared to no reepithelization of skin of third-degree burn in the children in the control group.**
2. **In all five cases in the treatment group, the children not only survived their critical condition, but went home strong, with healing skin.**
 - a. **Compared to the control group in which the two children in critical condition died within one week of admission to the burn center, and the other three children who were not in critical condition eventually went home with grafting of third-degree burn areas.**
3. **In all five cases in the treatment group, there was a subjectively noticeable and unusual lack of infection, lack of pain and discomfort, vitalization of will, and maintenance of calm throughout each subject's stay at the burn clinic.**

We have been told by every medical authority we have talked with that such dramatic results are, in fact, unheard of in medical research. Third degree burns, by definition, are not known to heal. If a burned area is diagnosed as severe, but with a possibility of reepithelization of skin, it is called a second degree burn. All the children in the treatment group showed significant reepithelization of skin in areas diagnosed by one to three medical doctors as third degree burn. All the children in the treatment group received exactly the same cares as those in the control group (as well as others previously treated at the burn center). The only difference was the addition of Philip Savage's subliminal technology to children in the treatment group.

Since there is no other medical explanation for the extraordinarily successful results, these clinical trials indicate the efficiency, precision and efficacy of Philip Savage's Subliminal Hypno-Programming technology. These tests also confirm that there are no risks in using the subliminal technology.

Further tests are now needed throughout the medical burn community to : 1) Document and validate the subliminal technology to others, 2) Make available this technology, nationally and internationally, in additional testing sites, and 3) Contribute to the understanding of this new science of Subliminal Influentiality.

CONTROL GROUP DATA [Did NOT receive SDI processing]

**Case #CG1: Seven year old boy ("ANN"),
Third degree fire burn to face, trunk, limbs.**
12/30/98 Diagnosed critical condition at burn center.
Usual course of treatment. **No SHP processing.**
1/04/99 Died at burn center.

**Case #CG2: Fifteen year old boy ("BNN").
Third degree fire burn to face, trunk, limbs.**
12/30/98 Diagnosed critical condition at burn center.
Usual course of treatment. **No SHP processing.**
1/08/99 Died at burn center.

**Case #CG3: Small child ("CLN").
Third-degree scald burn to left upper arm (tea).**
1/5/99 Diagnosed at burn center
Usual course of treatment. **No SHP processing.**
Went home with grafting.

**Case #CG5: Six month old boy (KV).
Third-degree scald burn to trunk and limbs (coffee).**
1/12/99 Diagnosed at burn center
Usual course of treatment. **No SHP processing.**
Went home with grafting

**Case #CG7: Ten year old boy (AB).
Third degree fireworks burn to lower left leg/foot.**
1/14/99 Diagnosed at burn center.
Usual course of treatment. **No SHP processing.**
Went home with grafting.

TREATMENT GROUP DATA [Received SDI processing]

**Case #TG4: Three year old girl (CLC),
Third degree scald burn. (1/10/99, 5:00 pm)**
1/10/99 6:00 pm. Diagnosed at burn center, third degree to trunk and perineum.
1/11/99 10:am. Subliminal processing (SHP),

1/28 Doing great. **Went home in 17 days. No grafting**

**Case #TG6: Eight month old girl (AN),
30% of body scald burn (1/13/99, 6:00 pm)**

1/13/99 7:50 pm. Diagnosed at burn center, third degree. **Critical condition**

1/14/99 11:30 am. Subliminal processing (SHP).

1/28 Doing great. Last surgery. Going home

2/3 **Went home in 21 days. No grafting.**

Case #TG8: One year old girl (BR).

30% of body scald burn (1/28, 10:30 am)

1/28/99 2:30 pm. Diagnosed at burn center, third degree. **Critical Condition.**

3:00 pm. Subliminal processing (SHP)

2/1 First chance to see extent of wounds in surgery. Third degree turned into 2nd and are healing. Tops of feet grafted.

2/5 In surgery, there was no further grafting. Burns are healing. Doing very well.

2/10 **Went home in 15 days. All healed. No grafting, except tops of feet.**

**Case #TG9: Three year old girl (DW),
65% of body scald burn (2/3/99, 4:30 pm)**

2/3/00 7:30 pm. Subliminal processing (SHP, en route to burn center).

8:15 pm. Diagnosed at burn center, third degree. **Critical condition, yet very calm.**

2/10 Still calm, little need for pain medication. Risk of infection. Limbs are healing. Overall good.

2/16 Still doing well, overall. **No infection.**

3/1 Off critical side. Third degree burns are healing. Minor grafting of hands, wrists and spot on thigh.

3/10 **Went home in 35 days. All healing. No grafting, except wrists, hands, thigh.**

Case #TG10: Nine year old boy (AC).

Third degree explosion burn to face (3/7/99, 3 pm)

3/7/00 8:45 pm. Diagnosed at burn center. Eyebrows gone, eyes swollen shut.

3/8/00 10:00 am. Subliminal processing (SHP)

3/12/99 Doing great. Eyes half open. Forehead looks scraped. All healing. Going home this week.

3/13/00 **Went home in 6 days. No grafting.**

CASE DESCRIPTIONS:

Case #TG9 is a three year old girl who fell into scalding bathwater with her clothes on, burning 65% of her body (all except her head). This child received SHP processing within three hours after the accident, while she was en route from UCLA emergency to the Grossman Burn Center. By the time she arrived, she was unusually calm. **She remained calm, needing very little pain medication, for the rest of her stay, throughout which most of the third-degree burned areas showed reepithelization of skin.** (As noted, several areas on wrists, hands, and thigh were grafted). Two days after her release from the burn center, the child returned for a follow up visit dressed in a new dress, red winter coat and leggings. Upon examination of her skin, there continued to be rapid healing and no discomfort for the child. **These results, merely five weeks after an accident in which a child this size could have been expected to die, astounded this girl's parents, as well as the burn unit staff.**

Case #TG5 is a nine year old boy who was severely burned by a bomb placed in a gopher hole that exploded in his own face. The boy's face was burned from the nose up, with eyebrows burned off and eyes swollen shut. He received SHP processing approximately nineteen hours after the accident. **Within four days, his condition was so well improved that he went home the following day,** seeing with open eyes, and his forehead looking as if it had been scraped along the sidewalk. The remarkable healing of skin amazed both his parents and the medical staff who took care of him.

OUTCOMES:

In each of the five cases in the treatment group described above, there has been significant discrepancy in the usual course of healing (reepithelization) of third degree burns. **According to medical definition, third-**

degree burns do not heal. In each of the treatment group cases, large sections of the patient's burned skin were **diagnosed by one to three medical doctors as third-degree.** **The records show that over a period of time (ranging from 1 - 5 weeks), most of the third-degree burned areas healed and the children went home with little or no need for grafting.**

The reepithelization in these third-degree burn cases can only be attributed to the subliminal processing (SHP) each child received. Since these five children received exactly the same cares from the burn center as did other children treated in the past, there seems to be no other explanation for the discrepancies in the normal course for these five cases. (In the control group of children who did not receive Savage's SHP **[because hospital staff did NOT call research team for SHP processing]**, two died within a week, and the three who were not in critical condition required grafting of third degree wounds.)

The results attained in the treatment group cannot be attributed to placebo or hypnosis. These five cases are children under three years old or older children who were unaware of any Subliminal Hypno-Programming. The possibility of placebo or psycho-social expectancy (i.e. the effect of belief), although not known to ever affect healing of third-degree burns, is thus eliminated. **Nor did these children ever exhibit any behavior associated with hypnosis. If anything, the behavior of these children has been described as more alert, more vital, and more willful than other children treated at the burn center.**

The subliminal technology used in the treatment group requires further investigation, utilizing more cases, particularly with fire burns where outcomes are expected by the researchers to be even more dramatic. For some reason, implementation of Philip **Savage's SHP technology on fire-related burns within the first hours of exposure, is expected to reduce the risk of failure to less than 10%.** **Strict respect of this experimental protocol also enables more subjects to be treated each day without affecting the potency of Subliminal Hypno-Programming [with the probability of successful treatment of many thousands of emergency burn victims per day].**

Footnotes:

- (1) Design criteria included: a) subjects unaware of testing, b) **fifteen minute** SHP processing within the first 24 hours of burn (preferably within the first one to four hours), c) **no physical contact** between subjects and the source of the SHP (located at least 10 miles from burn center), d) no interference with usual cares, e) subject information to consist of **full name, date of birth, and place of birth** (city and state), f) clinical observation of reepithelization, infection, and pain.
- (2) For documentation of the first tests on Savage's subliminal technology on Shingles, see the summary statement by Dr. Ronald Santasiero.