The Effect of Vitamin D$_3$ on Bone Mineralization: Influence of Consciousness Energy Healing Treatment

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To cite this article:
Alan Joseph Balmer, Mahendra Kumar Trivedi, Alice Branton, Dahryn Trivedi, Gopal Nayak, Sambhu Charan Mondal, Snehasis Jana. The Effect of Vitamin D$_3$ on Bone Mineralization: Influence of Consciousness Energy Healing Treatment. Advances in Biochemistry. Vol. 6, No. 1, 2018, pp. 1-9. doi: 10.11648/j.ab.20180601.11

Received: November 28, 2017; Accepted: December 7, 2017; Published: February 24, 2018

Abstract: The main objective of this study was to evaluate the potential of Consciousness Energy Healing based vitamin D$_3$ and DMEM medium on bone health. The test items (viz. vitamin D$_3$ 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 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. 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 untreated 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 D$_3$ was significantly improved the bone health parameters and it could be a powerful alternative nutraceutical supplement to combat vitamin D$_3$ 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 D$_3$ 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,
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-to-cell communication, normal cell growth, cell differentiation, cell cycling and proliferation, hormonal balance, neurotransmission process, skin health, immune and 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 D 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 D 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 post-menopausal 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, rolling structural integration, mindfulness, Ayurvedic medicine, traditional Chinese herbs and medicines, naturapathy, 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 D3 on bone health, the authors sought to evaluate the impact of the Biofield Energy Treatment (The Trivedi Effect®) on the test samples (vitamin D3 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 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 D₃/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 10³ to 10 X 10³ cells/well/180 µL 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 CO₂ incubator at 37°C, 5% CO₂ and 95% humidity. Following incubation, the plates were taken out and 20 µL 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 µL 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:

\[
\% \text{ Cytotoxicity} = \{(1-X)/R\} \times 100 \tag{1}
\]

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:

\[
\% \text{ Cell Viability} = 100 - \% \text{ Cytotoxicity} \tag{2}
\]

The concentrations exhibiting ≥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 x 10⁴ 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 \( i.e., 5 \text{mM of } p\)-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 \( (p\text{NPP solution alone}) \) absorbance values. The percentage increase in ALP enzyme activity with respect to the untreated cells (baseline group) was calculated using Equation 3:

\[
\% \text{ Increase in ALP} = \{(X-R)/R\} \times 100 \tag{3}
\]

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 $10^3$ 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 dye. The collagen dye 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 percentage increase in bone mineralization with respect to the untreated cells (baseline group) was calculated using the following Equation 4:

$$\% \text{ Increase in collagen levels} = \left( \frac{X-R}{R} \right) \times 100 \quad (4)$$

Where, $X =$ Collagen levels in cells corresponding to positive control and test groups
$R =$ Collagen levels in cells corresponding to baseline (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 $10^3$ 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:

$$\% \text{ Increase} = \left( \frac{X-R}{R} \right) \times 100 \quad (5)$$

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 $p \leq 0.05$.

3. Results and Discussion

3.1. MTT Assay

The impact of the Biofield Energy Healing Treatment on cell viability of vitamin D₃ 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 up to 100 µg/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](image-url)
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 189.39% (0.01 µg/mL), 34.11% (0.1 µg/mL), and 20.54% (1 µg/mL) respectively at 10 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 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 I N-terminal propeptide (P1NP) and procollagen type I C-terminal propeptide (P1CP) [40, 6]. ALP is an enzyme that facilitates 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.

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 34.11% and 20.54% in the UT-DMEM + BT-Test item and BT-DMEM + BT-Test item groups, respectively at 10 µg/mL compared to the UT-DMEM + UT-Test item group. Moreover, the collagen level was significantly increased by 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 at 50 µg/mL compared to the UT-DMEM + UT-Test item 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 (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.

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. 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.
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%, 346.41%, and 197.61% in the UT-DMEM + BT-Test item, BT-DMEM + UT-Test item, and BT-DMEM + BT-Test item, respectively at 0.1 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 groups, respectively at 0.1 µg/mL, 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, chondrodystrophy fetalis, etc. Besides, it can also be utilized in organ transplants (for example kidney transplants, liver transplants and heart transplants), various autoimmune disorders such as Lupus, Addison Disease, Celiac Disease (gluten-sensitive enteropathy), Dermatomyositis, Graves’ Disease, Hashimoto Thyroiditis, Multiple Sclerosis, Myasthenia Gravis, Pernicious Anemia, Aplastic Anemia, Reactive Arthritis, Rheumatoid 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 Asthma, Ulcerative Colitis, Chronic Fatigue Syndrome and Vasculitis, as well as inflammatory diseases such as Asthma, Ulcerative Colitis, Chronic Fatigue Syndrome and Vasculitis, as well as inflammatory disorders such as Asthma, Ulcerative Colitis, Chronic Fatigue Syndrome and Vasculitis, as well as inflammatory disorders such as Asthma, Ulcerative Colitis, Chronic Fatigue Syndrome and Vasculitis, as well as inflammatory disorders such as Asthma, Ulcerative Colitis, Chronic Fatigue Syndrome and Vasculitis, as well as inflammatory disorders such as Asthma, Ulcerative Colitis, Chronic Fatigue Syndrome and Vasculitis, as well as inflammatory disorders such as Asthma, Ulcerative Colitis, Chronic Fatigue Syndrome and Vasculitis, as well as inflammatory disorders such as Asthma, Ulcerative Colitis, Chronic Fatigue Syndrome and Vasculitis, as well as inflammatory disorders such as Asthma, Ulcerative Colitis, Chronic Fatigue Syndrome and Vasculitis.

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.

Acknowledgements

Authors are grateful to Dabur Research Foundation, Trivedi Global, Inc., Trivedi Science, Trivedi Testimonials and Trivedi Master Wellness for their support throughout the work.

References

[1] Holick MF (2004) Sunlight and vitamin D for bone health and prevention of autoimmune diseases cancers, and cardiovascular disease. Am J Clin Nut 80: 1678S-1688S.

[2] Holick MF (1996) Vitamin D and bone health. J Nutr 126: 1159S-1164S.

[3] Matsuoka LY, Ide L, Wortsman J, MacLaughlin JA, Holick MF (1987) Sunscreens suppress vitamin D3 synthesis. J Clin Endocrinol Metab 64: 1165-1168.

[4] Barnes MS, Robson JP, Bonham MP, Strain J, Wallace J, et al (2006) Vitamin D: Status, supplementation and immunomodulation. Cur Nut Food Sci 2: 315-336.

[5] Laird E, Ward M, McSorley E, Strain JJ, Wallace J (2010) Vitamin D and bone health; Potential mechanisms. Nutrients 2: 693-724.

[6] Bhattacharya T, Bhattacharya K, Chaudhuri P, Sengupta P (2014) Correlation of common biochemical markers for bone turnover, serum calcium, and alkaline phosphatase in post-menopausal women. The Malaysian Journal of Medical Sciences : MJMS 21: 58-61.

[7] Iba K, Takada J, Yamashita T (2004) The serum level of bone-specific alkaline phosphatase activity is associated with aortic calcification in osteoporosis patients. J Bone Miner Metab 22: 594-596.

[8] Holick MF, Garabedian M (2006) Vitamin D: Photobiology, metabolism, mechanism of action, and clinical applications. Primer on the metabolic bone diseases and disorders of mineral metabolism. Edited by: Favus MJ, Washington, DC.

[9] DeLuca HF (2004) Overview of general physiologic features and functions of vitamin D. Am J Clin Nutr 80: 1698S-1696S.

[10] Viguet-Carrin S, Garnero P, Delmas PD (2006) The role of collagen in bone strength. Osteoporos Int 17: 319-336.

[11] Sroga GE, Vashishth D (2012) Effects of bone matrix proteins on fracture and fragility in osteoporosis. Curr Osteoporos Rep 10: 141-150.
[12] Lutgendorf SK, Mullen-Houser E, Russell D, Degeest K, Jacobson G, Hart L, Bender D, Anderson B, Bueters TE, Goodheart MJ, Antoni MH, Sood AK, Luberto DM (2010) Preservation of immune function in cervical cancer patients during chemoradiation using a novel integrative approach. Brain Behav and Immun 24: 1231-1240.

[13] Ironson G, Field T, Scafidi F, Hashimoto M, Kumar M, Kumar A, Price A, Goncalves A, Burman I, Tetelman C, Patarca R, Fletcher MA (1996) Massage therapy is associated with enhancement of the immune system's cytotoxic capacity. Int J Neurosci 84: 205-217.

[14] Jain S, Hammerschlag R, Mills P, Cohen L, Krieger R, Vieten C, Lutgendorf S (2015) Clinical studies of biofield therapies: Summary, methodological challenges, and recommendations. Glob Adv Health Med 4: 58-66.

[15] Rubik B (2002) The biofield hypothesis: Its biophysical basis and role in medicine. J Altern Complement Med 8: 703-717.

[16] Trivedi MK, Patil S, Shettigar H, Mondal SC, Jana S (2015) The potential impact of biofield treatment on human brain tumor cells: A time-lapse video microscopy. J Integr Oncol 4: 141.

[17] Trivedi MK, Patil S, Shettigar H, Gangwar M, Jana S (2015) In vitro evaluation of biofield treatment on cancer biomarkers involved in endometrial and prostate cancer cell lines. J Cancer Sci Ther 7: 253-257.

[18] Trivedi MK, Branton A, Trivedi D, Nayak G, Mondal SC, Jana S (2015) Antibiogram, biochemical reactions and biotyping of biofield treated Providencia rettgeri. American Journal of Health Research 3: 344-351.

[19] Trivedi MK, Branton A, Trivedi D, Nayak G, Mondal SC, Jana S (2015) Antimicrobial sensitivity, biochemical characteristics and biotyping of Staphylococcus saprophyticus: An impact of biofield energy treatment. J Women’s Health Care 4: 271.

[20] Trivedi MK, Branton A, Trivedi D, Nayak G, Shettigar H, Mondal SC, Jana S (2015) Antimicrobial susceptibility pattern, biochemical characteristics and biotyping of Salmonella paratyphi A: An impact of biofield treatment. Clin Microbiol 4: 215.

[21] Trivedi MK, Branton A, Trivedi D, Nayak G, Mondal SC, Jana S (2015) Antibiogram of biofield-treated Shigella boydii: Global burden of infections. Science Journal of Clinical Medicine 4: 121-126.

[22] Trivedi MK, Branton A, Trivedi D, Nayak G, Mondal SC, Jana S (2015) Evaluation of antibiogram, genotype and phylogenetic analysis of biofield treated Nocardiha otitidis. Biol Syst Open Access 4: 143.

[23] Trivedi MK, Branton A, Trivedi D, Nayak G, Charan S, Jana S (2015) Phenotyping and 16S rDNA analysis after biofield treatment on Citrobacter braakii: A urinary pathogen. J Clin Med Genom 3: 129.

[24] Trivedi MK, Patil S, Shettigar H, Bairwa K, Jana S (2015) Spectroscopic characterization of chloramphenicol and tetracycline: An impact of biofield. Pharm Anal Acta 6:395.

[25] Trivedi MK, Patil S, Shettigar H, Bairwa K, Jana S (2015) Spectroscopic characterization of biofield treated metronidazole and timidazol. Med Chem 5: 340-344.

[26] Trivedi MK, Patil S, Shettigar H, Bairwa K, Jana S (2015) Effect of biofield treatment on spectral properties of paracetamol and piroxicam. Chem Sci J 6: 98.

[27] Trivedi MK, Branton A, Trivedi D, Shettigar H, Bairwa K, Jana S (2015) Fourier transform infrared and ultraviolet-visible spectroscopic characterization of biofield treated salicylic acid and sparfloxacin. Nat Prod Chem Res 3: 186.

[28] Trivedi MK, Branton A, Trivedi D, Nayak G, Mondal SC, Jana S (2015) Morphological characterization, quality, yield and DNA fingerprinting of biofield energy treated alphonso mango (Mangifera indica L.). Journal of Food and Nutrition Sciences 3: 245-250.

[29] Trivedi MK, Branton A, Trivedi D, Nayak G, Gangwar M, Jana S (2015) Agronomic characteristics, growth analysis, and yield response of biofield treated mustard, cowpea, horse gram, and groundnuts. International Journal of Genetics and Genomics 3: 74-80.

[30] Trivedi MK, Branton A, Trivedi D, Nayak G, Gangwar M, Jana S (2015) Analysis of genetic diversity using simple sequence repeat (SSR) markers and growth regulator response in biofield treated cotton (Gossypium hirsutum L.). American Journal of Agriculture and Forestry 3: 216-221.

[31] Trivedi MK, Branton A, Trivedi D, Nayak G, Gangwar M, Jana S (2015) Evaluation of vegetative growth parameters in biofield treated bottle gourd (Lagenaria siceraria) and okra (Abelmoschus esculentus), International Journal of Nutrition and Food Sciences 4: 688-694.

[32] Trivedi MK, Tallapragada RM, Branton A, Trivedi D, Nayak G, Latiyal O, Jana S (2015) Evaluation of atomic, physical, and thermal properties of bismuth oxide powder: An impact of biofield energy treatment. American Journal of Nano Research and Applications 3: 94-98.

[33] Trivedi MK, Patil S, Nayak G, Jana S, Latiyal O (2015) Influence of biofield treatment on physical, structural and spectral properties of boron nitride. J Material Sci Eng 4: 181.

[34] Trivedi MK, Nayak G, Patil S, Tallapragada RM, Latiyal O, Jana S (2015) Characterization of physical and structural properties of brass powder after biofield treatment. J Powder Metall Min 4: 134.

[35] Trivedi MK, Nayak G, Patil S, Tallapragada RM, Latiyal O, Jana S (2015) Evaluation of biofield treatment on physical and structural properties of bronze powder. Adv Automob Eng 4: 119.

[36] Trivedi MK, Nayak G, Patil S, Tallapragada RM, Jana S, Mishra RK (2015) Bio-field treatment: An effective strategy to improve the quality of beef extract and meat infusion powder. J Nutr Food Sci 5: 389.

[37] Trivedi MK, Tallapragada RM, Branton A, Trivedi D, Nayak G, Mishra RK, Jana S (2015) Biofield treatment: A potential strategy for modification of physical and thermal properties of gluten hydrolysate and ipomoea macroelements. J Nutr Food Sci 5: 414.

[38] Czekanska EM, Stoddart MJ, Richards RG, Hayes JS (2012) In search of an osteoblast cell model for in vitro research. Eur Cells Mater 24: 1-17.

[39] Biological evaluation of medical devices - Part 5: Tests for in vitro cytotoxicity (ISO 10993-5:2009). I. S. EN ISO, 10993-5:20093.
[40] Rahnama M, Swiatkowski W, Zareba S (2002) Assessment of the alkaline (ALP) and acid phosphatase (ACP) in the blood serum of rats during experimental postmenopausal osteoporosis. 53: 283-291.

[41] P AM, Neto, Soares A, Urbanetz AA, Souza ACA, Ferrari AEM, Amaral N (2002) Consenso Brasileiro de Osteoporose 2002. Rev Bras Reumatol 42: 343-354.

[42] Dreyer P, Vieira JG (2010) Bone turnover assessment a good surrogate marker? Arq Bras Endocrinol Metabol 54: 99-105.

[43] Almeida Jackix E, Cúneo F, Amaya-Farfan J, de Assunção JV, Quintaes KD (2010) A food supplement of hydrolyzed collagen improves compositional and biodynamic characteristics of vertebrae in ovariectomized rats. J Med Food 13: 1385-1390.

[44] Shiguemoto GE, Prestes J, Leite RD, Pereira GB, Pontes CL, D&apos;Avila FV (2012) Effects of resistance training on matrix metalloproteinase-2 activity and biomechanical and physical properties of bone in ovariectomized and intact rats. Scand J Med Sci Sports 22: 607-617.

[45] Nagasawa S, Honda A, Sogo N, Umemura Y (2008) Effects of low-repetition jump exercise on osteogenic response in rats. J Bone Miner Metab 26: 226-230.

[46] Wilhelm M, Roskovensky G, Emery K, Manno C, Valek K, Cook C (2012) Effect of resistance exercises on function in older adults with osteoporosis or osteopenia a systematic review. Physiother Can 64: 386-394.

[47] Oishi Y, Fu ZW, Ohnuki Y, Kato H, Noguchi T (2002) Molecular basis of the alteration in skin collagen metabolism in response to in vivo dexamethasone treatment: Effects on the synthesis of collagen type I and III, collagenase, and tissue inhibitors of metalloproteinases. Br J Dermatol 147: 859-868.

[48] Lips P, van Schoor NM (2011) The effect of vitamin D on bone and osteoporosis. Best Pract Res Clin Endocrinol Metab 25: 585-591.

[49] Priemel M, von Domarus C, Klatte TO, Kessler S, Schlie J, Meier S, Proksch N, Pastor F, Netter C, Streichert T, Püschel K, Amling M (2010) Bone mineralization defects and vitamin D deficiency: histomorphometric analysis of iliac crest bone biopsies and circulating 25-hydroxyvitamin D in 675 patients. J Bone Miner Res 25: 305-312.

[50] Hossein-Nezhad A, Holick MF (2013) Vitamin D for health: A global perspective. Mayo Clin Proc 88: 720-755.