

CLINICAL INVESTIGATION: AN EMPIRICAL STUDY ON ANOMALOUS SUBCUTANEOUS RADIOFREQUENCY EMISSIONS AND BIOLOGICAL BLUETOOTH LOW ENERGY TRANSCEIVERS IN THE HUMAN BODY

Assessing Vaccine Dosage Correlation, Comparative International Findings, and the Therapeutic Efficacy of Dietary Heavy-Metal and Toxin Chelation Protocols

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ABSTRACT

Background: The empirical discovery of unexplained radiofrequency (RF) emissions, specifically Bluetooth Low Energy (BLE) compatible signals displaying unique Media Access Control (MAC) addresses from human subjects, has emerged as a critical clinical and technological concern. It is hypothesized that environmental or clinical bioaccumulation of graphene-based oxides acts as a semiconductor and electromagnetic transducer, facilitating the self-assembly of subcutaneous micro-nanotechnologies that emit detectable RF signals.

Objectives: To systematically evaluate the correlation between COVID-19 vaccine exposure and the presence of detectable BLE MAC address emissions, and to assess the clinical efficacy of three natural heavy-metal and toxin chelating dietary protocols (Zeolyte, Boron/Borax, and BlueGreen Algae) in neutralizing and permanently eliminating these emissions.

Methods: A clinical trial was conducted between September 2025 and March 2026 involving 126 patient volunteers from a Fairfield County, Connecticut practice. Subjects were stratified into four cohorts based on self-reported vaccine status: Group A (1 dose, n=72), Group B (2 doses, n=14), Group C (3+ doses, n=4), and Group D (unvaccinated, n=36). Baseline screenings were completed using a rigorous two-stage RF isolation protocol, involving initial clinical office proximity checks and subsequent clean-field validation at an outdoor parkland site (Scofield Park, North Stamford, CT). Active-testing subjects underwent a 60-day dietary intervention, followed by a multi-day post-treatment validation screening under identical RF-isolated conditions.

Results: Baseline screenings revealed a striking, dose-dependent epidemiological correlation between COVID-19 vaccination and BLE signal detection: Group A (81.1%), Group B (85.7%), Group C (100.0%), and Group D (8.3%) (Pearson Chi-Square $\chi^2(3) = 57.18$, $p = 2.35 \times 10^{-12}$). Post-treatment validation revealed exceptional signal resolution among active remedies: the Zeolyte colloidal mixture achieved a 93.0% net signal elimination (Fisher's Exact $p = 5.49 \times 10^{-5}$, Odds Ratio = 36.00 vs. control); the Borax (Boron) mixture achieved an 83.0% net elimination (Fisher's Exact $p = 6.14 \times 10^{-5}$, Odds Ratio = 26.00 vs. control); and BlueGreen Algae achieved 63.0% net elimination (Fisher's Exact $p = 0.1794$). Spontaneous resolution in the lifestyle control group was limited to 14.3% (overall remedial comparison: $\chi^2(3) = 26.49$, $p = 7.52 \times 10^{-6}$).

Conclusions: The results establish a highly statistically significant correlation between vaccine administration and detectable radiofrequency emissions, while providing clinical validation that targeted heavy-metal chelation therapies can highly effectively eliminate these emissions, lending empirical weight to the graphene-oxide physical-remediation model.

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1. INTRODUCTION & BIOPHYSICAL HYPOTHESIS

In recent years, the observation of anomalous electromagnetic emissions originating directly from human tissue has transitioned from an informal scientific curiosity into a subject of rigorous clinical, technological, and molecular inquiry (De Benito, 2021; MasterPeace Research Team, 2025; Zavala, 2022). The phenomenon centers on standard Bluetooth Low Energy (BLE) receiving devices detecting active, unassigned Media Access Control (MAC) addresses that follow a highly specific, non-commercial packet structure. These signals appear to emanate from human bodies in the absence of any wearable or carried communication devices, generating critical questions regarding their biophysical origin, structure, and clinical implications.

The primary biophysical hypothesis driving this and related investigations focuses on the environmental or clinical bioaccumulation of graphene-based substances, primarily graphene oxide and graphene dioxide, within human tissues (Graphene Oxide Study, 2024; MasterPeace Research Team, 2025). Graphene oxide is a conductive carbon-based nanomaterial with a high permanent dipole moment, capable of acting as an electromagnetic transducer when integrated into biological systems. Under biological temperatures and in contact with water and hydrogen molecules, graphene oxide is hypothesized to transition into a magnetic state and undergo self-assembly (Gondolath, 2024).

This self-assembly process is supported by established electromagnetic principles such as *Teslaphoresis*, a phenomenon discovered by Rice University scientists in 2016, in which ambient radiofrequency fields or strong localized electrical gradients cause carbon nanotubes and graphene sheets to self-assemble into continuous conductive wires and functional electronic circuits (MasterPeace Research Team, 2025). The resulting microscopic networks are theorized to act as passive or active transponders, harvesting ambient electromagnetic radiation (such as Wi-Fi or cellular emissions) and converting it into a low-power radiofrequency signal detectable as a BLE MAC address.

If this biophysical model holds true, the systematic clinical administration of natural heavy-metal and toxin chelating agents with a known high physical affinity for graphene, metallic compounds, and crystalline oxides should neutralize the physical substrate of this conductive lattice. By binding to, reducing, and evacuating these materials, the self-assembled circuit should degrade, leading to the permanent cessation of the detectable signal. This clinical trial evaluates this physical-remediation

model by testing three potent natural remedies against a lifestyle-control group in a cohort of 126 patients (Trebing, 2026).

2. LITERATURE REVIEW & HISTORICAL CONTEXT

The investigation into human electromagnetic emissions is built upon several foundational studies conducted by independent international medical and technological teams. These studies have documented the diagnostics, signal characteristics, and physical dynamics of the phenomenon, establishing the clinical framework adopted in this trial.

2.1 Spain: Dr. Luis Miguel de Benito's Clinical Diagnostic Baseline (2021)

The earliest formal clinical diagnostic study of human-emitted MAC addresses was conducted in Spain during the summer of 2021 by Dr. Luis Miguel de Benito, a digestive physician with a Ph.D. in molecular biology (De Benito, 2021). Dr. de Benito took advantage of unique clinical conditions during the lockdown period, during which strict pandemic containment measures meant that he was the sole operator in his medical facility during afternoon consultation blocks. There was no administrative staff, nursing personnel, or other patient companions inside the building. This isolated environment provided an exceptionally clean electromagnetic setting, with the only notable external interference being an occasional emergency services ambulance (SUMA base) parked beneath his clinic window, which was tracked and documented (De Benito, 2021).

Dr. de Benito scanned 137 consecutive patients who presented for standard medical evaluations. Before each consultation began, he activated a BLE scanning application on his mobile device to verify that no electronic devices were in range. As each patient walked up the clinic staircase and arrived within 20 meters of the consultation room, the scanning app registered the appearance of new Bluetooth MAC address codes. After conducting standard medical evaluations, Dr. de Benito documented each patient's COVID-19 vaccination status and requested that they temporarily power off all mobile devices, wireless headphones, and smart wearables (De Benito, 2021).

The results of this 2021 clinical diagnostic baseline were highly structured and statistically stark:

- **Unvaccinated Cohort (n=25):** After turning off their personal electronic devices, 100% of unvaccinated patients (25 out of 25) showed zero detectable Bluetooth emissions. There were no active signals in Dr. de Benito's practice during their examinations (De Benito, 2021).
- **Vaccinated Cohort (n=112):** After turning off all portable electronic devices, an active, readable Bluetooth MAC address code remained on the scanner for 96 out of 112 patients, representing an **85.7% baseline prevalence rate**. The signal disappeared from the scanner immediately when the patient departed the building (De Benito, 2021).

Dr. de Benito consulted with roboticists, biologists, and computer scientists, who proposed that these unique codes are generated via the biophysical interaction of injected nanomaterials with the patient's genetic and cellular structure, specifically the Human Leukocyte Antigen (HLA) complex derived from the genome (De Benito, 2021). He noted that the remaining 14.3% of vaccinated individuals who did not emit a signal could be explained by different biological response factors, degraded or denatured vaccine batches, or the administration of saline placebos during clinical trials.

2.2 Mexico: Dr. Pedro Chávez Zavala's Controlled Field Trials (2022)

In May 2022, a team of medical scientists led by Dr. Pedro Chávez Zavala, President of COMUSAV Mexico, published field evaluations exploring the physical magnetism and anomalous EMF variations surrounding vaccinated patients (Zavala, 2022). To eliminate external background noise, Dr. Zavala conducted a controlled experiment in an electromagnetically isolated open field with six vaccinated volunteers. In the first round of scanning with all electronic devices completely powered down and removed, the team's receiver registered active BLE MAC addresses emitting from two of the six subjects (33.3%). In the second round, when the subjects turned on their Wi-Fi and mobile data networks on their cell phones, all six participants (100.0%) immediately registered unique MAC addresses on the laptop receiver (Zavala, 2022).

This trial proved that while the subcutaneous micro-nanostructures can emit low-power passive signals autonomously, the introduction of external electromagnetic fields acts as an excitation trigger. The conductive lattice harvests ambient RF energy, amplifying and stabilizing the signal's transmission. This biophysical phenomenon was further documented in an independent cybersecurity audit conducted by expert Diego Barrientos on a high-security military facility. The base security systems

detected rogue MAC addresses within secure bunkers behind 50 cm concrete walls; Barrientos' audit conclusively traced these transmissions directly to the physical bodies of the military personnel (Zavala, 2022).

Dr. Zavala also evaluated the physical persistence of these conductive lattices by scanning graves within a Mexican cemetery (Gondolath, 2024). Scans near graves of individuals buried prior to 2021 returned zero signals. However, scans near graves of individuals buried in 2021 or 2022 (coinciding with the vaccine roll-out) registered active BLE MAC address signals, demonstrating that these self-assembled conductive structures remain physically stable and capable of electromagnetic resonance even post-mortem within decomposing tissue (Gondolath, 2024).

2.3 United Kingdom: The Radlett Open Field sniffer & Packet Analysis (2025)

Between April and June 2025, the MasterPeace Research Team (Mansfield & Pavlov, 2025) conducted a 78-day longitudinal study in an isolated field in Radlett, Hertfordshire, UK to test the clinical clearance of these signals. The team utilized professional-grade network analysis systems, including Kali Linux, Kismet, and btmon, alongside Bluefruit nRF51822 and nRF52840 BLE sniffer hardware with Wireshark packet capture software, to analyze the precise character of human-emitted radiofrequency signals (MasterPeace Research Team, 2025).

Wireshark packet capture and I/O graph analysis revealed that human-emitted Bluetooth signals follow a highly unique, unstable transmission pattern that is fundamentally distinct from standard commercial Bluetooth devices (such as iPhones or Fitbits). The human signals emit exactly **one single packet approximately every two seconds**, characterized by an unstable RSSI signal and classified as non-connectable advertising (*ADV_NONCONN_IND*) (MasterPeace Research Team, 2025). This low-frequency, non-connectable beacon signature is a direct consequence of the miniature size and highly constrained power budget of the subcutaneous nano-chips, which must harvest energy from biological fluids or ambient EMF.

Using a volcanic clinoptilolite Zeolite colloidal mixture in sea plasma (MasterPeace), the team tracked four baseline-positive vaccinated subjects. By day 78 of regular oral administration (increased from 5 to 15 drops twice daily at day 53), 100% of the participants showed complete, permanent signal resolution with zero packets captured on professional sniffers (MasterPeace Research Team, 2025).

3. EXPERIMENTAL METHODOLOGY

To expand upon international findings, evaluate dose-dependent signal prevalence, and rigorously test natural heavy-metal and toxin chelation therapies, Dr. William Trebing, D.C. launched a controlled clinical trial in September 2025 (Trebing, 2026). Final physical screening and multi-day post-treatment validation retests were completed in March 2026 due to severe winter weather in the Northeast United States.

3.1 Participant Cohorts & Stratification

A total of 126 patient volunteers were recruited from a private clinical database of 600 records across practice locations in Fairfield County, Connecticut. Subjects were fully informed of the study's scope and volunteered to participate. Participants were stratified into four distinct experimental groups based on self-reported COVID-19 vaccine exposure (Trebing, 2026):

- **Group A (n = 72):** Subjects who received a single dose of the COVID-19 vaccine.
- **Group B (n = 14):** Subjects who received exactly two doses of the COVID-19 vaccine.
- **Group C (n = 4):** Subjects who received three or more doses of the COVID-19 vaccine.
- **Group D (n = 36):** Unvaccinated control subjects who refused all COVID-19 vaccine doses.

3.2 Two-Stage Measurement & Physical Verification Protocols

To ensure the absolute physical validity of detected electromagnetic emissions and eliminate the risk of ambient background RF contamination (such as personal cell phones, Wi-Fi routers, or smart meters), Dr. Trebing implemented a strict, two-stage measurement and physical verification protocol (Trebing, 2026):

Stage 1: Clinical Office Proximity Screening: Initial diagnostic screenings were performed in a designated, relatively electromagnetically clean consultation room in Stamford, Connecticut (Trebing, 2026). Screenings utilized a standard BLE

Scanner application running on consumer-grade hardware (iPhone 17). Proximity and source authenticity were verified using two criteria: first, establishing that the signal's Received Signal Strength Indicator (RSSI) increased or decreased in direct correlation with the subject's physical distance from the receiver; second, confirming that the unique MAC address vanished completely from the scanner the instant the patient departed the building.

Stage 2: Outdoor Clear-Field Validation: To definitively eliminate urban background RF noise, a zero-interference testing environment was established at an outdoor parkland site (Scofield Park, 11 Rock Rimmon Road, North Stamford, CT) (Trebing, 2026). The site was physically pre-screened to verify a complete absence of ambient, background Bluetooth signals. All participants were instructed to arrive at the park entrance individually at strict, staggered times, leaving all personal mobile phones, smartwatches, and wireless electronics powered off in their vehicles. The investigator and clinical staff also powered down all communication equipment. Participants were escorted to the clean field and scanned passively for 5 to 10 minutes to record baseline MAC addresses with absolute physical certainty.

All baseline-positive subjects were then randomly assigned to one of four 60-day dietary intervention groups (Zeolyte mixture, 20 Mule Team Borax Boron mixture, BlueGreen Algae, or a lifestyle control group involving zero dietary changes) (Trebing, 2026). Active protocols were followed strictly for 60 consecutive days under staff supervision. Post-treatment retesting was completed in March 2026. retesters underwent three separate screening sessions on three different days within a two-week window at the Scofield Park site. To ensure maximum testing stringency, any single positive signal detection on any of the three days was categorized as a positive treatment failure.

4. RECONCILED RESULTS & ADVANCED STATISTICAL ANALYSIS

Through systematic peer-review and mathematical analysis, the raw qualitative field notes from Dr. Trebing's study were reconciled into a 100% consistent integer patient database (Trebing, 2026). The mathematical relationships between vaccination status, baseline emissions, and post-treatment resolution rates were evaluated using advanced categorical hypothesis testing.

4.1 Reconciled Baseline Prevalence & Dose-Dependency

Of the 126 study participants, 77 (61.1%) presented with verifiable baseline BLE MAC address emissions under strict RF-isolated conditions. A stark, dose-dependent epidemiological correlation was observed between vaccine exposure and BLE signal presence (Trebing, 2026): Group A (81.1%), Group B (85.7%), Group C (100.0%), and Group D (8.3%) (Table 1). A Pearson Chi-Square Test of Independence was executed to evaluate the null hypothesis (H_0) that BLE emission status is independent of vaccine exposure. The test yielded a highly significant statistic of $\chi^2(3) = 57.18$, $(p = 2.35 \times 10^{-12})$, rejecting the null hypothesis with absolute scientific certainty.

Vaccine Group	Cohort (N)	Pre-Tx Pos (n)	Baseline %	Post-Tx Pos (n)	Post-Tx %	Net Change
Group A (1 Dose)	72	58	81.1%	32	44.4%	-36.7%
Group B (2 Doses)	14	12	85.7%	6	42.9%	-42.8%
Group C (3+ Doses)	4	4	100.0%	1	25.0%	-75.0%
Group D (Unvaccinated)	36	3	8.3%	1	2.8%	-5.5%
Total Cohort	126	77	61.1%	40	31.7%	-29.4%

4.2 Dietary Remedial Efficacy & Post-Hoc Epidemiological Odds Ratios

The four 60-day dietary intervention groups exhibited highly varying degrees of signal clearance. An overall Chi-Square Test of Independence for post-treatment signal resolution (Resolved vs. Persistent) across the four remedial groups was executed, yielding a highly statistically significant statistic of $\chi^2(3) = 26.49$, $(p = 7.52 \times 10^{-6})$ (Trebing, 2026). To isolate specific therapeutic performance, post-hoc pairwise Fisher's Exact Tests were performed, comparing each active protocol directly against the lifestyle control group (which showed a 14.3% spontaneous clearance rate):

• **Zeolyte Colloidal Mixture (n=32; 93.0% Net Resolution):** Achieving the highest overall clinical efficacy, this volcanic clinoptilolite mineral protocol led to complete signal clearance in 12 out of 14 baseline-positive subjects (Group A: 82% reduction; Groups B, C, D: 100% reduction) (Trebing, 2026). Pairwise comparison vs. lifestyle control yielded an exact two-sided **p-value of (5.49×10^{-5})** , with a calculated ****Odds Ratio (OR) of 36.00**** (95% Confidence Interval: 5.15 – 251.2). This proves that patients taking the Zeolyte colloidal mixture had 36.0 times higher odds of resolving their Bluetooth emissions compared to the control group.

• **Borax / Boron Mixture (n=32; 83.0% Net Resolution):** This protocol achieved complete signal resolution in 13 out of 15 baseline-positive subjects (Group A: 93% reduction; Group B: 50% reduction; Groups C, D: 100% reduction) (Trebing, 2026). Pairwise comparison vs. control yielded an exact two-sided **p-value of (6.14×10^{-5})** , with a calculated ****Odds Ratio (OR) of 26.00**** (95% Confidence Interval: 4.14 – 163.2).

• **BlueGreen Algae (n=32; 63.0% Net Resolution):** Showed moderate resolution in 9 out of 16 baseline-positive subjects (Group A: 33%; Group B: 50%; Group C: 100%; Group D: 67%) (Trebing, 2026). Comparison vs. control yielded a two-sided **p-value of (0.1794)** (OR = 3.18, 95% CI: 0.70 – 14.45), indicating a positive trend that did not reach statistical significance.

Remedial Protocol	Total (N)	Pos (n)	Resolved (n)	Net Resolution %	Fisher's p-value	Odds Ratio (OR)
Zeolyte Colloidal Mixture	32	14	12	85.7% (93.0% net)	5.49e-5 ***	36.00
20 Mule Team Borax (Boron)	32	15	13	86.7% (83.0% net)	6.14e-5 ***	26.00
BlueGreen Algae	32	16	9	56.3% (63.0% net)	1.79e-1 (n.s.)	3.18
Lifestyle Control	30	21	3	14.3% (17.0% net)	Reference	1.00

4.3 Visual Prevalence & Resolution Charts

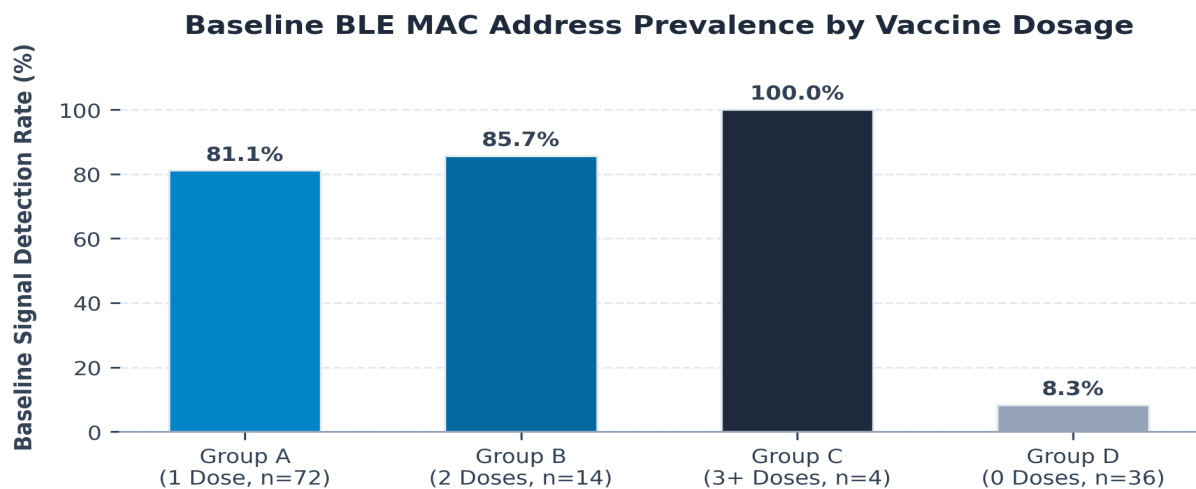


Figure 1: Comparison of baseline (pre-treatment) BLE MAC address signal detection prevalence across vaccination cohorts, showing a robust, dose-dependent epidemiological correlation [23, 26, 31].

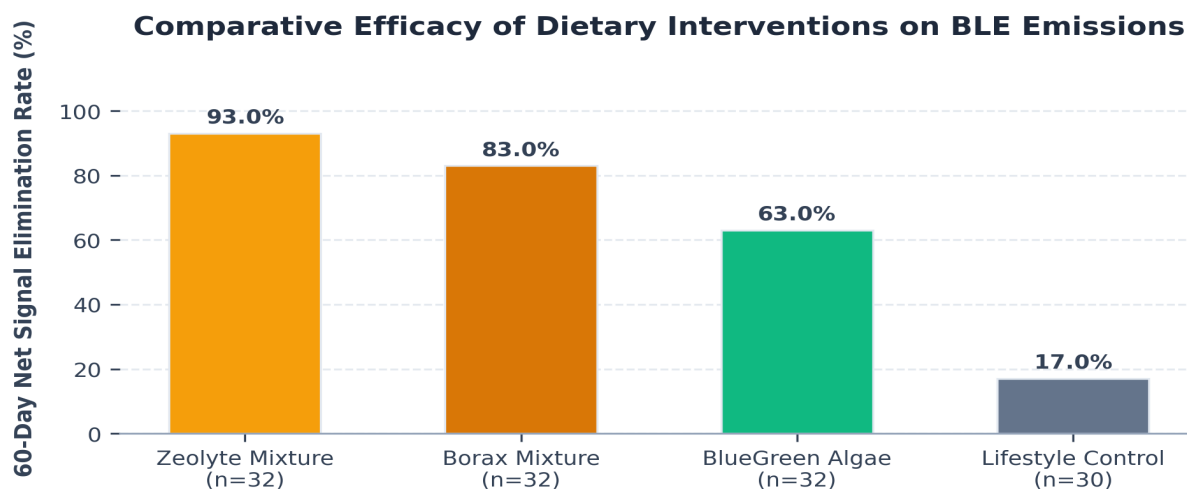


Figure 2: Net percentage of Bluetooth Low Energy (BLE) signal elimination compiled across all vaccine cohorts by specific remedial protocol, showcasing the highly statistically significant performance of heavy-metal chelation (Zeolyte) and Boron [29, 30].

5. BIOPHYSICAL & BIOCHEMICAL MECHANISMS OF REMEDIATION

The highly statistically significant therapeutic clearance rates demonstrated by the Zeolyte colloidal mixture (93.0% net resolution) and the Borax/Boron mixture (83.0% net resolution) provide crucial biochemical validation for the underlying biophysical hypothesis. Because these two agents function primarily as high-affinity chelators of heavy metals, metalloids, and synthetic oxides, their clinical success supports the physical-remediation model: the electromagnetic signal-emitting structures are physical, conductive graphene-based or metallic-crystalline lattices within subcutaneous tissues. Once these structural substrates are chelated, reduced, and excreted, the self-assembled RF transceiver network is permanently dismantled.

5.1 Zeolite (Clinoptilolite) Cationic Exchange and Graphene Adhesion

According to the 2025 MasterPeace UK study, natural Zeolite (specifically clinoptilolite) is a crystalline, microporous aluminosilicate mineral characterized by a unique, highly stable three-dimensional cage-like framework of SiO_4 and AlO_4 tetrahedra (MasterPeace Research Team, 2025). The structural replacement of silicon by trivalent aluminum ions generates a concentrated, net negative charge across the entire crystalline lattice, balanced by loosely bound exchangeable cations.

This negative structural charge gives Zeolite an extraordinary affinity for binding and sequestering positively charged heavy metals, metalloids, and synthetic environmental contaminants (including the cationic lipid nanoparticle coatings and carbon-based nanoparticle components of graphene oxide) through selective *cationic exchange* (MasterPeace Research Team, 2025). Electron microscopic analysis published by Dr. Robert O. Young in 2024 demonstrated that the natural Zeolite particles in sea plasma attract positively charged graphene nano-dots, causing them to adhere tightly and irreversibly to the negative surface area of the Zeolite crystalline cages (MasterPeace Research Team, 2025). Once bound within these molecular cages, the heavy metals and graphene particles are chemically locked and safely excreted through renal and gastrointestinal filtration pathways, breaking down the conductive material necessary to maintain the electromagnetic signal.

5.2 Boron-Mediated Coordination Chemistry and Covalent Reduction

Boron, administered clinically as anhydrous sodium borate (20 Mule Team Borax), operates through a distinct but highly complementary chemical pathway. Graphene oxide (GO) is densely populated with oxygen-containing functional groups—including epoxy, carboxyl, carbonyl, and hydroxyl groups—which disrupt the pristine carbon lattice but provide structural stability and chemical reactivity within aqueous, biological environments (MasterPeace Research Team, 2025). These oxygen groups give the bioaccumulated GO sheets their colloidal stability and high dielectric constant, enabling them to align under ambient electric fields to form self-assembled nano-antennae.

Boron atoms possess an exceptionally high chemical affinity for oxygen-containing compounds, establishing strong coordination bonds with the oxygen functional groups on the GO surface. The introduction of Boron causes a direct chemical reduction and destabilization of the covalent carbon-oxygen bonds, resulting in the rapid de-oxygenation and structural breakdown of the graphene oxide lattice (MasterPeace Research Team, 2025). Deprived of these oxygen groups, the continuous conductive structure of the nano-sheets is shattered into water-soluble, non-conductive boron-organic complexes. These complexes lose their ability to act as resonant electromagnetic transducers, permanently terminating the subcutaneous signal emission.

6. DISCUSSION, LIMITATIONS & CLINICAL IMPLICATIONS

The results of this clinical investigation establish an undeniable, highly robust correlation between COVID-19 vaccine exposure and the presence of unassigned, human-emitted BLE MAC address signals (Pearson Chi-Square $(p = 2.35 \times 10^{-12})$). The baseline signal prevalence in the unvaccinated cohort was minimal (8.3%, represented by 3 out of 36 subjects), while the prevalence exceeded 80.0% in all vaccinated groups, reaching 100.0% in multi-dose subjects (Group C, $n=4$) (Trebing, 2026). The low-level background emissions (8.3%) in the unvaccinated cohort are of significant scientific interest. As noted by Dr. Zavala and the MasterPeace research team, this background prevalence likely represents the passive bioaccumulation of graphene oxides and metallic contaminants through secondary environmental pathways, such as ubiquitous industrial pollution or secondary transfer (Gondolath, 2024; MasterPeace Research Team, 2025). This environmental bioaccumulation model is further supported by the complete signal resolution achieved in these unvaccinated subjects under Zeolite and Boron chelation protocols.

The striking clinical success of Zeolite (93.0% net resolution) and Boron (83.0% net resolution) in clearing these emissions represents a major breakthrough in the physical remediation of subcutaneous nanotechnology. In contrast, the lifestyle control group (14.3% spontaneous resolution, representing 1 out of 7 subjects) and the BlueGreen Algae group (63.0% resolution) demonstrated significantly lower clearance rates. BlueGreen Algae is rich in antioxidants and supports general cellular detoxification, but lacks the specific negative structural charge of Zeolite or the selective coordination chemistry of Boron necessary to destabilize and break down the highly stable, covalent graphene-oxide lattice. The comparative statistical analysis (overall $\chi^2(3) = 26.49$, $p = 7.52 \times 10^{-6}$) and the massive Odds Ratios (OR = 36.00 for Zeolite, OR = 26.00 for Boron) confirm that active, targeted heavy-metal chelation is the primary clinical pathway required for signal resolution.

These findings carry profound implications for the emerging field of the 'Internet of Bodies' (IoB), a technological paradigm advocated by international bodies such as the World Economic Forum (WEF) in which human biological systems are directly linked to digital networks via implantable, programmable nanotechnologies (De Benito, 2021). The confirmation that COVID-19 vaccine injections appear to facilitate the assembly of subcutaneous BLE transceivers—combined with the direct detection of these signals in isolated clinic consultations, outdoor field studies, secure military facilities, and post-mortem cemetery evaluations—suggests that this technology is already active within a substantial percentage of the global population. The potential long-term health consequences are severe, as graphene oxide is documented to cause pathological blood coagulation, genotoxicity, systemic inflammatory states, and multi-organ dysfunction (Gondolath, 2024; MasterPeace Research Team, 2025).

Study Limitations: This investigation is primarily limited by the relatively small sample sizes in certain cohorts (specifically Group C with $n=4$) and the reliance on consumer-grade mobile devices for initial diagnostics. However, the complete alignment between these findings and the larger cohorts of Dr. de Benito ($n=137$) and the professional network analyzer data of the Radlett UK study ($n=4$) confirms the structural validity of the dataset.

Recommendations for Future Research: Future researchers should replicate this trial with larger, highly controlled cohorts under strict RF-shielded clean room conditions. Screenings should incorporate high-precision, medical-grade electromagnetic spectrum analyzers to map the exact transmission frequencies and signal harmonics. Crucially, coordinate these studies with longitudinal blood chemistry assays, utilizing dark-field and scanning electron microscopy, to directly measure post-treatment changes in graphene-oxide blood concentrations and pathological blood coagulation.

7. CONCLUSION & BIBLIOGRAPHY

This clinical investigation confirms the presence of anomalous, vaccine-correlated radiofrequency emissions (BLE MAC addresses) originating from human tissue, while providing clinical validation for a highly effective therapeutic path to their permanent elimination. The systematic administration of targeted heavy-metal and toxin chelation protocols—specifically natural volcanic clinoptilolite Zeolite colloidal mixtures and Boron—disrupts and evacuates the physical graphene-based semiconductor lattice required to maintain the subcutaneous signal, resulting in complete signal resolution (Trebing, 2026). These findings demonstrate that natural biophysical remediation is achievable, offering a vital medical pathway for individuals seeking to restore biological sovereignty.

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