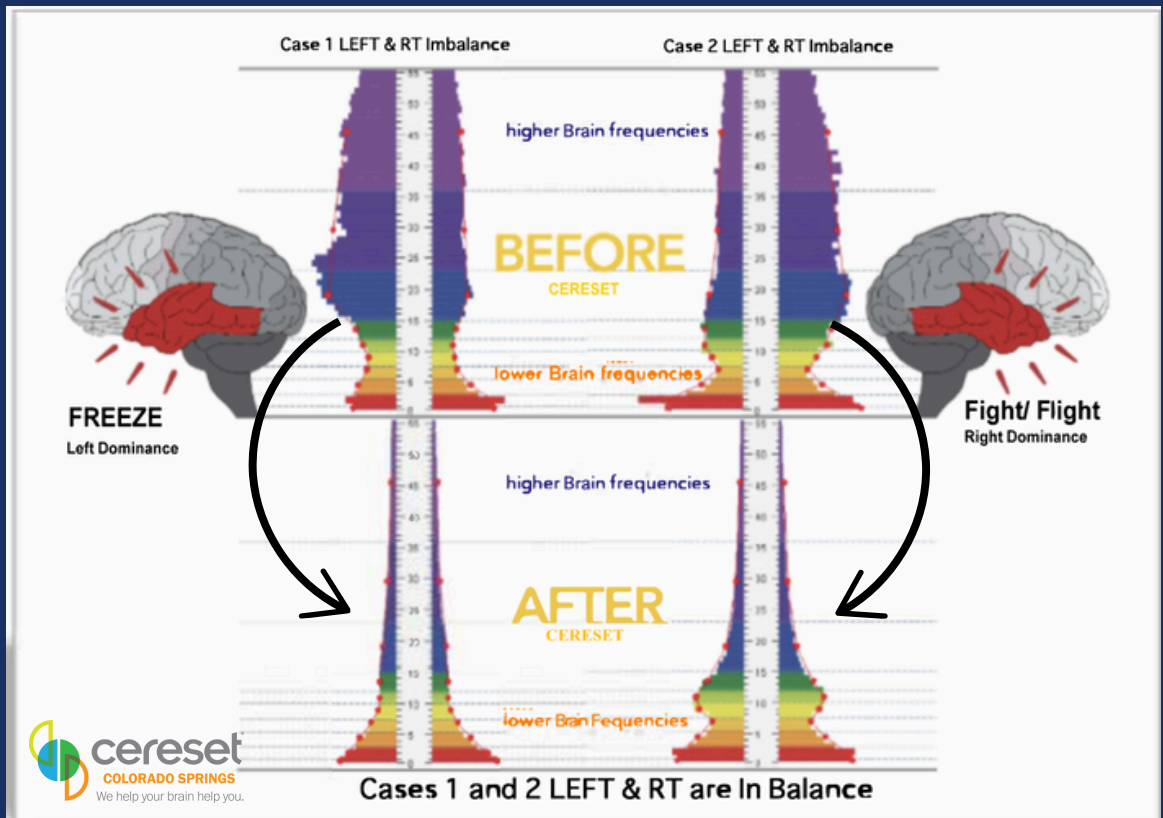
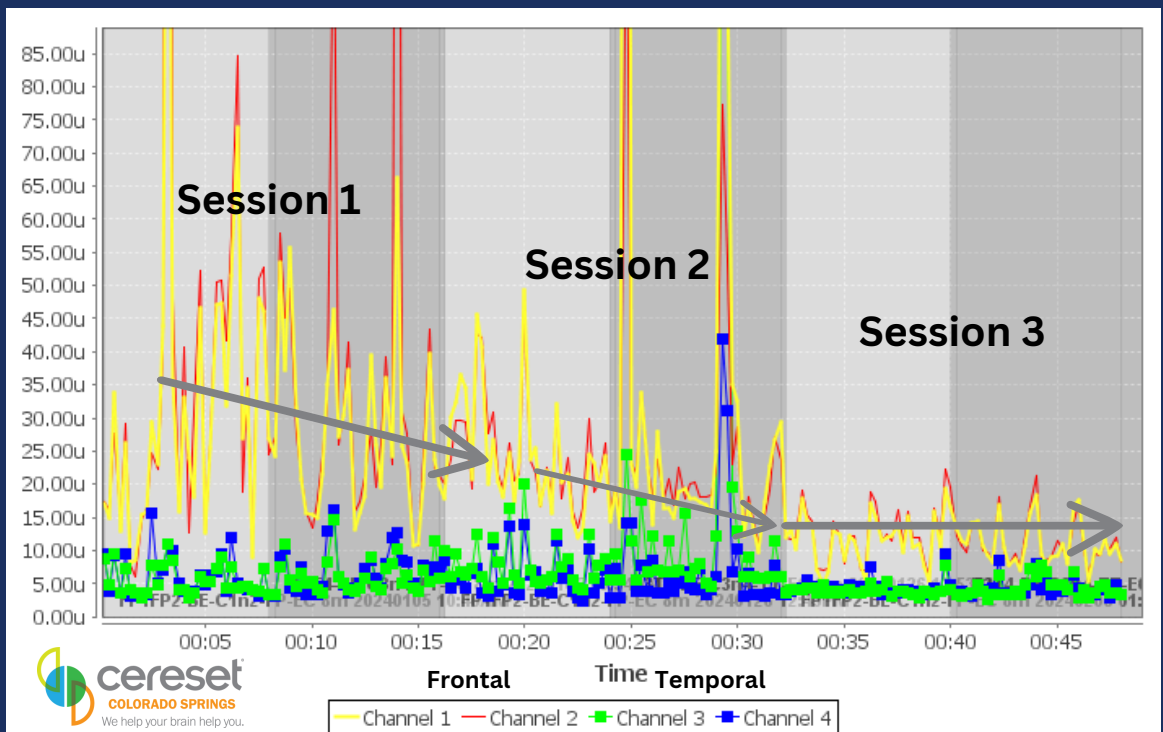


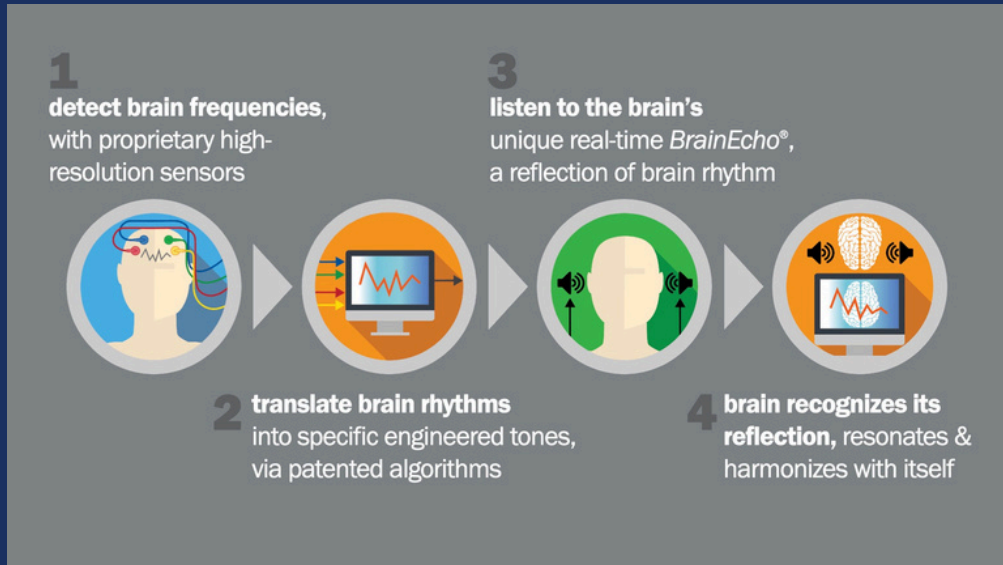
Cereset Technology and Brain Response



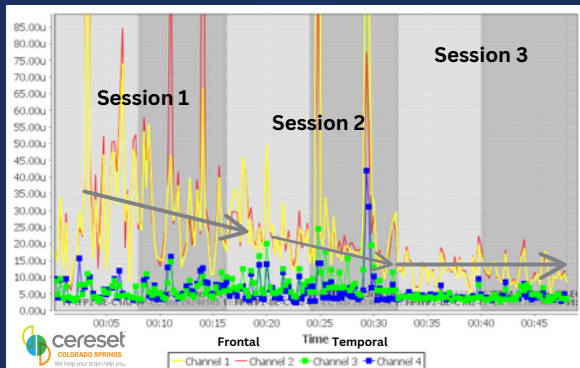
Frontal and Temporal Lobe Progression (LF)



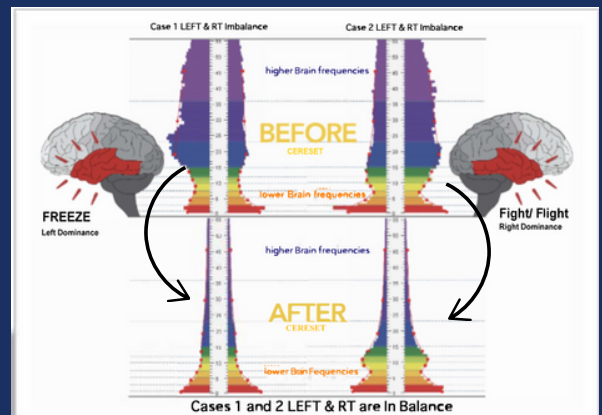
Cereset Process



Frontal and Temporal Lobe Progression (LF)



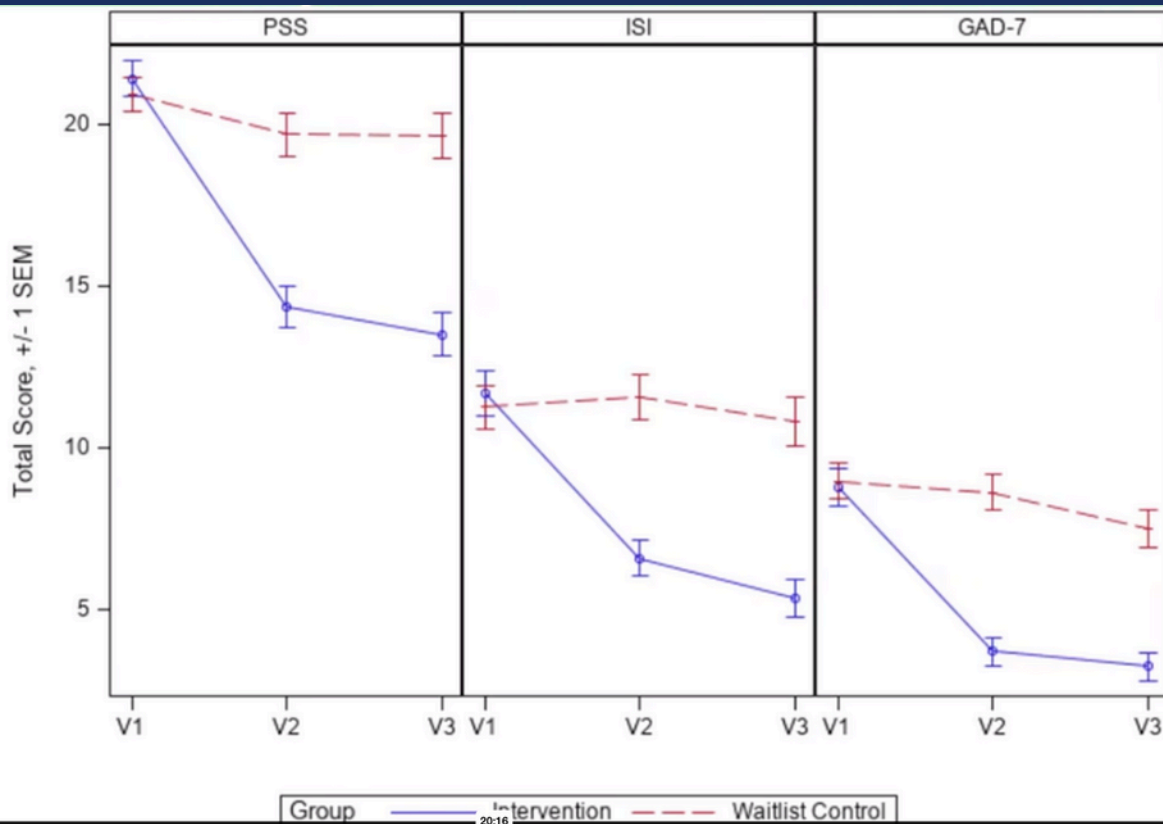
Brain Response



Cereset Research Reduces Symptoms of Stress, Insomnia and Anxiety in Healthcare Workers: A Randomized Clinical Trial

Changes in Mean (SD) Symptom Scores from V1 to V3

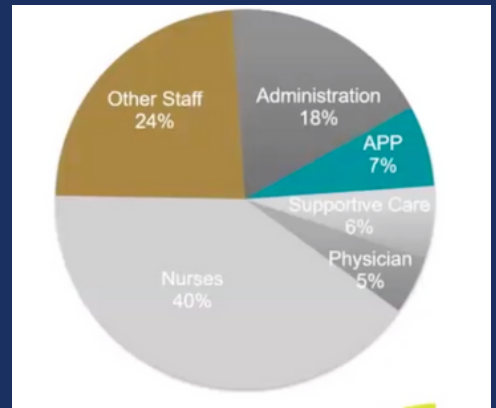
| Outcome Measure | Early Intervention [N=67] | Control Health Care as usual wait list [N=67] | p* |
|---|------------------------------|---|----------|
| Perceived Stress Scale (PSS) | -7.91 | -1.13 | p<0.0001 |
| Insomnia Severity Index (ISI) | -6.48 | -0.54 | p<0.0001 |
| Generalized Anxiety Disorder-7 (GAD-7) | -5.55 | -1.30 | p<0.0001 |
| HRV | 9.50 | -0.4 | p<0.0001 |



RESULTS

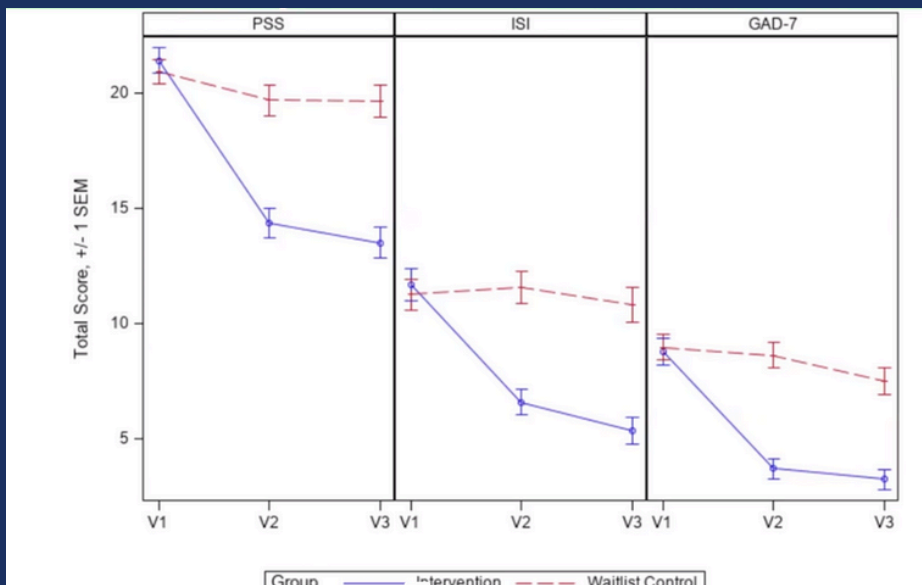
Study Sample

- 144 healthcare workers
- 86% Female
- 40% nurses
- Mean age 44.69 yrs
- Mean years worked in healthcare 16.55 (SD 10.83)
- Mean perscription medications 2.78 (SD 2.25)
- 50.3% using SSRI/other psychotropics
- 40.3% using integrative/complementary therapies
- 10 dropouts, 5 per group
- CR sessions received over mean 9.82 (SD 4.26) days
- Both groups 53.65 (SD 10.35) days from V1 o V3



Changes in Mean (SD) Symptom Scores from V1 to V3

| Outcome Measure | Early Intervention [N=67] | Control Health Care as usual wait list [N=67] | p* |
|--|---------------------------|---|----------|
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Cereset Research Reduces Symptoms of Stress, Insomnia and Anxiety in Healthcare Workers: A Randomized Clinical Trial

Healthcare workers (HCW) experience constant stress, exacerbated since the COVID-19 pandemic, long work hours, and are more vulnerable to developing rigidified stress responses. Studies have shown that HCWs across roles have a higher prevalence of anxiety, depression, somatization, and insomnia compared to workers outside of healthcare. There are few short-term, safe, and robust interventions targeting stress, sleep, and anxiety in HCW. This study evaluated a nondrug, non-invasive alternative to medications to help HCW mitigate and manage stress to build resilience.

Conclusion

- CR was feasible and safe**
- Clinically meaningful, statically significant reduction in symptoms of stress, insomnia, and anxiety were seen at 6 weeks post-intervention**
- Narrative Feedback included: “ It increased energy and truly reset my brain””It helped me stop the adrenaline-filled, panic level anxiety,” ”Increased energy, motivation, and focus. relationships improved” “Increased energy, restful sleep, decreased headaches, lessened anxiety, cleared brain fog, felt restored”**
- CR was well received, with participants asking for additional “tune-up’ sessions, and expressing hope for it to be offered as an employee benefit**
- Effectiveness of this brief, 4-session paradigm of standard CR sessions, with few exclusions, supports scalability in HCW**
- Reduced symptoms of stress, insomnia, and anxiety in HCW indicate potential for broad impact on health and wellbeing.**