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WHAT WORKS

Special Issue for the Science of Electro Physiological Reactivity, the Xroid Process

TABLE OF CONTENTS

Introduction ........................................... 3
What is Reactivity .................................... 5
A Short Review of the Experimental Work on Electrical Reactivity .................................... 10
Electrical Reactance and its Correlates in Biological System ........................................... 18
Electrophysiological Reactivity ....................... 24
Quantum Coherency and Reactivity ................... 27
Electrical Reactivity of Patients to Various Nosodes, Isodes, Allersodes and Sarcodes ..................... 33
Correlative Infection Comparisons to Xroid Reactivity .................................................. 36
Correlation of Standard Chemical Blood Analysis Results to Electrical Reactivity or Medication Testing Scores.................................................. 45
Electrical Science of Medication Testing .............. 50
Electrical Reactivity as a Prescreen of HIV Infection Patients ........................................... 59
Xroid Analysis and Homeopathic Treatment Modalities for Breast Implant Disorders .................... 61
Bio-Electro Medicine Therapy ............................ 65
Review of Hertzian and Non-Hertzian Treatment ............................................................. 69
Bioresonance Treatment of Mastopathies ............ 73
A Comparison Study of ElectroPhysiological Reactivity to Hair Analysis ......................... 78
Xroid Reactivity Patterns of Cataract Patients ......... 83
Xroid Analysis of a Toxic Water Exposure (a Multi Year Study) ........................................... 85
Aging Acceleration In the Toxic Water Patients ....... 116
Facilitated Diagnostics ................................ 120
To the interested reader:

The fields of natural medicine, homeopathy, and energetic medicine have received much attention in the last few years. The fear of synthetic chemicals, the ecological damage caused by the chemical industry, failure of antibiotics, realisation of the chemical special interest groups' ability to manipulate medicine, and an overall developing appreciation of nature, all have brought these forms of medicine into our awareness. Patented synthetic medicine dramatically profits from its synthetic patents, and then tries to get us to believe that the synthetic substance is the same as the natural. More and more people are doubting this.

The vast body of research included in this reference on quantum medicine is dedicated to offering evidence that synthetics are not the same. There are writings on physics, quantum biology, historical accounts and lots of clinical research.

The basic clinical hypothesis is:

**Can electrophysiological reactivity be used in a clinical practice to chart progress and diagnosis of a patient?**

This is the basic inquiry we pose. The studies are centred around this hypothesis. The results will definitely point to the conclusion that much of modern medicine indeed can be accomplished with the EPR described in these research articles. Natural medicine must be taken seriously.

Each of these studies is constantly being challenged and retested by our revalidating staff. Each of these articles on its own is not enough for a drug trial yet, but at present there is enough data to conclude that our original hypothesis is correct. We use these techniques in our clinics on a daily basis with greater success than the old style synthetic medications. These studies represent only a smattering of the thousands of successful interventions we see with homeopathy and behavioural medicine.

The basic scientific premise is that nature has many subtle differences that synthetic chemicals do not. There is a measurable and dramatic difference in safety, with natural homeopathic medication having far less side effects. Only nature knows.

With these ideas in mind we offer the medical and scientific community the volumes of evidence and research contained in this quantum medicine network.

Read, Enjoy, Learn, And Think.

Yours Truly,

Judith Nagy M.D.

Chief Medical Editor

What works
INTRODUCTION

Medication Testing is ElectroPhysiological Reactivity. This is an essential function of the body electric. The subtle fleeting and adaptable nature of EPR makes it difficult to study. But with the right tools we can study it adequately.

The field of Medication Testing has been one of scant scientific investigation sometimes mystical incantation. To fully investigate the phenomena we need to:

1. Understand the electronic background
2. Develop and test instruments to confirm the theories
3. Clinically test them
4. Experimentally perfect them.
5. Have the courage to reject the therapies that don’t work.

What our research will show is that ElectroPhysiological Reactivity or Medication testing is

1. Very brief (centiseconds)
2. Adaptable fractal (not repeatable)
3. Can not be measured with just resistance
4. Must be volt ammetric
5. Must be measured independent of therapist subtle muscle control
6. Small changes have dramatic effects or results

To accomplish these tasks takes years of study and dedication. These facts show how most or today’s Medication Testing is done improperly. This challenges kinesiology and point probe resistance techniques. This Journal represents a complication of this research.

Welcome to the real world of ElectroPhysiological Reactivity.
WHAT IS REACTIVITY

Antigenless electro magnetic reactivity in patients.

AUTHOR: William C. Nelson NMD

DEFINITION

In every organism there must be an interaction between the living organism and its environment. The organism must be able to procure food, excrete waste products and manage itself to battle the forces of changes in its nearby environment, plus it must be able to handle temperature changes, barometric pressure changes, changes in the oxygen, carbon dioxide ratio, and electro magnetic forces that confront it. This and other interactions with the environment are necessary for the cell to maintain its integrity. The living organism must be able to reproduce and generate the energy needed to handle cellular reproduction. This helps keep the species alive, and allows the species to continue.

The interaction of an organism with its environment has been studied at several levels. We know that there is physical or mechanical interaction in the organism in its ability to find food and intake food and basically prepare a quality of digestion that nutrients can be absorbed from. There is also a chemical interaction with the environment in that every cell seems to have some receptor sites in it that can receive chemical information and thus trigger activity.

The chemical interaction has received considerable amount of study over the last century. More recently, we now have come to appreciate the electro magnetic reaction of an organism. The fertile sensors of the eye, or eye-type organs that exist on many organisms are capable of receiving electro magnetic information, that of photon activity, or light and from this activity it is then able to interact with the environment. This helps procure the nutrients and also defend itself from, and adapt to the radical changes needed in the environment around us. In fact most higher organisms including men, rely very heavily on these photon receptors, in order to maintain life. Recently we have found that there is also a magnetic and electro static sensitivity within these higher organisms, that also help them to interact with their environment.

A good deal of research has been done on fish, mostly sharks, who use a type of electro sensitivity to find its prey. Oscillations in its electrical fields allow the shark to hunt and find fish that might possibly be food. We know that many organisms have the ability to detect changes in the weather and changes in the earth's atmosphere, including earthquake activity which is still largely undetectable by our modern science. It has been proven that much of this is an ability of these animals to sense changes in the electro magnetic and static fields around them.

It has also been shown that many animals can even sense the magnetic changes in the atmosphere induced by the moon. Oysters enclosed in a light tight box still open and close with the moon cycle.

There are more and more examples of electro magnetic reactivity being discovered by scientists. A different moon cycle, can also be sensed without the sid ing of the moon from electrical reactivity in the body. The field and study of electro reactivity of an organisms is becoming more and more popular in science. This falls into the field of reproduction, in that organism use this electro reactivity also to find and procure mates. It is also part of the stabilising of a mate relationship.

If we look at the science of electronics, we can see that there is a study of reactance that allows us to understand how any type of electric circuit monitors reactance within its circuitry. This reactance is a strong correlate to what we are talking about in reactivity. Reactance to find, as the opposition to the flow, of electrical current by the inductance or capacitance of a component or circuit. Thus, there is a static regulation of reactance and a magnetic regulation of reactance. Both of these principles, are utilised by the human
body in its monitoring of the electro reactivity field. Thus, any organism has the subtle sensory sensitivity to sense electronic changes in the field around it, and is utilised in the procuring of nutrients and also in defense against toxins and changes in the environment. These are the two components that make up reactivity.

Two purposes of electro static magnetic reactivity are:
1. **To move towards** – Sense nutrients, mates, pleasant fields
2. **To move away from** – Sense toxins, danger, disturbing fields

In simpler terms the body must be able to move to sense and move towards things that it wants, it needs, and its likes, and move away from the items that could impose danger or threats to life. Such items might be toxins, allergens, poisons and harsh fluxes in the environment. Reactivity in a circuit opposes the flow of electrons, as per our definition. This means that it actually has a correlate in resistance.

Many practitioners throughout the world have followed some of the initial work carried out by Dr. Rhienhold Voll who discovered that changes in resistance of different acupuncture points resulted when the person was subjected to different types of compounds. In other words he found that there was an electro reactivity, that could be measured with simple resistance meters, when a person was subjected to either a toxic, compound, allergen, or a compound that was disturbing to them, they would have a type of change in their electro reactivity. He also found that there was a change in the compounds that produced a harmonisation or a healthy movement.

Patients, when subjected to different nutrients that they need, would have a normalising change in their reactivity. Thus, the field of medication testing came into being, along the lines of electro acupuncture according to Voll.

Voll’s utilisation and measurement technique was that of resistance, and measuring the changes of resistance as a person was subjected to different compounds. It was soon found that the person had a greater reactance if the item was homeopathic rather than just having the simple raw compound. It seemed to add some type of energy that intensified the reactivity change. We also know from Fritche’s law of electronics, that as reactance in a circuit increases, the power in that circuit decreases. If a circuit goes to total reactance then power drops down to zero. In simple terms the more an organism reacts to its environment, the more power it takes from itself. This is a simple law of electronics, that can now be understood in biology.

When a person has a reactance to an allergen the more they react the more power is taken from the body. If the reactance were to become total, i.e. 100% and every cell of the body were to react to the compound, then the organism might die, as the organism could not even provide the power to maintain breathing. This is unlikely but can help us to explain some of the extreme activities which can sometimes put people into dire straits. An antiphylactic shock is an example.

In the field of kinesiology, kinesiologists have learned to utilise this principle. Kinesiologists are muscle testers who take the subject and monitor different muscles until they find a good, healthy, strong and secure muscle. Upon doing this, they then place into the person’s local environment or field, different compounds such as potential allergens, potential vitamins, and other types of homeopathics or nutritional substances. They monitor the muscle tension, by comparing it to when it was without the substance. If the muscles of the body start to grow weak, this means that the body is reacting to this compound, and thereby they can monitor reactance, by monitoring the muscle strength. The more the body reacts to the compound the weaker the muscle, because as reactance increases, power decreases. This is an example of Fritche’s law in biology. There are literally hundreds of thousands of kinesiologists, acupuncturists and other practitioners who are monitoring these types of phenomena in medicine on a daily basis. This is mostly happening in the field of alternative medicine or complimentary medicine. Alternative and complimentary medicine, work on the principle of reactivity. They believe in electro reactivity because it helps explain how the body reacts to a compound, and thereby they can monitor reactance, by monitoring the muscle strength. The more the body reacts to the compound the weaker the muscle, because as reactance increases, power decreases. This is an example of Fritche’s law in biology. They believe in electro reactivity because it helps explain the body in terms beyond simple chemistry. They do not ignore chemistry, but go beyond that of simple chemistry, meaning that the chemical interactions and interchanges of the body are still valid, but there is an electro magnetic and static interchange of the body with its environment.

The phenomenal movement in recent years into medical practice of practitioners of alternative and complimentary medicine indicates that interest is growing in this branch of science. Its place in medicine in biology is being recognised.
People in general want to go beyond the basic “tests and prescriptions” as practised by allopathic doctors in recent decades, and seek out this deeper understanding of the electro physiology of the body. Nature seems to know some secrets of this electro reactivity principle, and builds it into its natural herbs, vitamins and glandulars. The factory based synthetic replicas of these items, do not have the different energy structures that seem to be existing in the natural entities. Hence, more and more of the patients around the world are looking for natural and energetic solutions, which explains the growth in numbers of alternative and complimentary doctors and practitioners.

MEASURING REACTIVITY

One of the problems with measuring reactivity, through either kinesiology or a one channel distant device, is that it is prone to errors in measurement.

There are many complicating variables that can happen in the muscle testing environment. Simply, practitioner to subject communication can induce such changes. There are also changes in the doctor to these compounds, and these can be projected into the patient. We must understand that changes in a muscle and that of muscle power, are affected by millions of different reactivity precepts that can happen in the body, and which can interfere. The largest problem of muscle testing is that of the time involved of reactivity. When the body is subjected to a potential reactant, such as an allergen or toxin, there is an initial reactance that happens in the body. This initial reactance is followed by the body’s changes in trying to adapt to this reaction. If we understand reactivity, we also must understand adaption, in that any organism to interact with its environment has to:

be able to react (away from danger or towards nutrition) and be able to adapt.

Dr. Hans Selye developed a whole system of medicine around the idea of stress, producing an initial alarm reaction, followed by an adaption response of the person. It then tries to adapt to the initial stressor. Adaption is a basic principle of biology. In simple terms of kinesiology, once we place an item onto the body there are initially maximum changes, which happened within the body’s circuity and happened very intensely within the first millioth of a second. The body then starts to adapt to that signal. Thus because of the adaptation principle, reproducibility of kinesiology or any reactivity is questionable. The more we test, the more the body adapts.

By measuring fluctuations in the external field of the body, we can use a mathematical allogrythm to determine reactivity.

Normally allergy research depends on antigen to anti-body interaction. This is a shape receptor, a type of interaction where quantic chemical forces bring the antigen antibodies together. But since this action depends on the fields of antigens and anti-bodies to cause attraction, could there not be a field sensitivity which initiates the process. A chemical bonds with another chemical only because of a field compatibility. Any chemical process is indeed also an electro magnetic static process as well. Thus, it makes sense that there could be a field sensing process in the body. This would be called, an antigenless electro magnetic reactivity. In our books on quantum biology we document this in a mathematical and scientific way.

If you are allergic to cat dander, the field around the cat hair could be sensed by the field of the body and thus help alert the body. The volume of material will determine the time of reaction, but even trace particles have the same field and thus set off the same reactive pattern. So just a couple of molecules, can set off a reaction spike, but larger amounts make the reaction last.

If we brought 100 cats into a room, there would be an initial, dramatic reaction by the person in the room. Since there was a large number of cats, the volume would provoke a reaction in the body. Keep in mind that this is just the reaction to the exposure of the field of these cats and not to the actual antigen. So, if we then take just a small tiny sample we find that as we measure the reaction to the cat hair, it does not change the initial reaction.

The initial reaction is still largely the same even if there is just a couple of molecules of the cat hair, but the time of duration does change, it drops down below even a second. Thus in developing the zero technology, we found that if we limited the quantity of the material even down to a 10th of a drop, we did not change the initial reaction. Only the time of the reaction was changed. Adaptation is something that we must understand as being capable of happening in the body in Kinesiology. Thus, if we bring a compound into a persons electro-magnetic field and test a muscle that used to be strong, and it grows weak, we can see that the person has reacted to the compound and that as reactance increases, its power decreases. But then the circuit starts to adapt to the signal of the homeopathic. This sometimes happens in less than a second, and it is difficult for the muscle tester to be able to test that muscle quicker than even two or three

WHAT WORKS 7
seconds. Therefore can there be time variables in muscle testing. We can see the subjective problems of the doctor and the time variables required for muscle testing.

If we try to reproduce our experiments time and time again with the same compounds, we start not only abusing the muscle, but also abuse the adaptation principle, which is that the body starts to adapt to the electro-magnetic field. If our body could not adapt to electro-magnetic field changes it cannot survive, thus adaptation is highly important to the electro-magnetic fields around us. The healthier the organism the quicker the adaption occurs.

Modern chemistry has understood reactivity only as the chemical process. The existence of an allergen is known as an antigen or actual substance comes into the body to stimulate the immunoglobulin or immune systems action to the chemical. What we are firmly saying is that there is an ability of the body to react to the electro-magnetic field of the antigen without the presence of the antigen. This type of reactivity is of a certain electrical nature and also of a certain type of time duration. This allows the body in an electrical fashion, not only to react with the environment, but also to move towards essential nutrients, and away from dangerous toxins.

It is very important for us to realise that one of the future major studies of medicine will be studying, antigenless electromagnetic reactivity. With this in mind, we at the Maitreya Corporation have been studying this phenomena for the past decade and explaining to those growing numbers of practitioners who work in the field of antigenless electro-magnetic field reactivity. We are developing in this document, a complete understanding, because resistance and muscle changes are prone to some inherent errors. From our definition of reactivity we see that there are changes in capacitance or the static qualities of the organism and changes in the magnetic field. This means that we must go beyond resistance as a measure and also measure the voltage and inductance and inductance changes. Kinesiology involves too many reactions and interplays to become steadily accurate.

**COMPUTER TECHNOLOGY**

For these purposes we needed to develop technology and equipment that is capable of measuring not just resistance but measuring voltage and amperage, capacitance and inductance changes in the subject.

These changes have to be measured in a very short period of time. We found a 100th of a second test to be the best indicator. A machine was then developed, where small quantities of material were placed into a test kit and the patient was then monitored for voltage, amperage, resistance, capacitance and inductance changes to the electro-magnetic field of these different antigens. Thus the antigenless electro-magnetic reactivity test was born. We called it the Xroid.

We increased the accuracy dramatically beyond resistance and muscle testing because we now have a multi-channel test of the electro-magnetic field of the body, as it changes at different points of the skin. It is known that the electro-magnetic field of any cell, if it is in a liquid medium, the electro-magnetic field around it is displaced to the external parts of the liquid medium. In other words all the electro-magnetic fields of each of our individual cells in the human body are all pushed out to the exterior qualities of the skin not only to the exterior qualities of the skin but also to the furthest point from the centre, meaning that of the fingers and the toes. Thus, the measurement of electro reactivity with full, and with the most subtle changes in reactivity, were displaced on acupuncture points at the most distant part of the body, that of the fingers and toes. All of the major acupuncture meridians of the body, start on the fingers or toes. The Korean developers of such resistance machines found that measures of reactivity could be done on the wrist, thus they developed wrist sensing materials that would measure the changes of resistance at the wrist. The wrist and ankle spots were then utilised to measure electroactivity, and using our machine we found that we could also use wrist, finger and ankle spots as well as measure the brain wave, which would help us to infer voltage changes that happened in the body. The brain wave is a measure of changes in the voltage of the body. Thus, the outside skin reactivity was where interaction of the environment with the organism occurred.

The so called boundary layer as we talk about it in physics, is were the body receives information of the electro-magnetic field and produces its own changes in that electro field. The changes are small, subtle and thereby need to be measured by sophisticated electronic machinery. Modern computer technology makes this possible and the development of the Xroid provides a machine that would subject the person to a nutrient and potential allergens, a type of sarcoed and nosodes. Thousands of different homeopathic products were presented one at a time and then the machine would measure electrical changes in many different channels of the body. The key word or concept is change, thus we could see changes in the individual persons reaction to different compounds.

We also found that there are changes that can be induced by different drugs, and it was soon found
that morphine and other depressants decreased the amount of time of the reaction of the body. A person on morphine will sometimes take two or three times more to react than the normal person. It was also found that people who have degenerative disease or systemic weakness had less intense reactions, whereas those who were nervous or in states of inflammation or infection had greater reactivity scores. In order to calculate, the machine had to compare peoples reactions to established norms, but to compare norms for each patient inside their own reactivity scores. In other words the patient then became his own control and we could measure which of the compounds the patient most violently reacted to, verses the compounds that had the least amount of reactivity.

**CHAOS MATHEMATICS (fractal dynamics)**

New nonlinear mathematics are the rage in science. This new analytical system is explaining more and more real systems. Nature operates in the complex system of chaos theory and fractals. The human is a fractal system. Fractal systems have two definite criteria.

1. Things don’t repeat
2. Small changes have large effects on outcomes.

With this in mind we must see that the science of EPR needs to be aware of these two dictums.

In the book “PROMORPHEUS” we analyse this in detail.
A SHORT REVIEW OF THE EXPERIMENTAL WORK ON ELECTRICAL REACTIVITY

ABSTRACT

In this short document we review the principles of electrical reactivity, medication testing, and other like phenomena that have been tested by the Maitreya Educational Institute.

Parameters of medication testing, including size of material, temperature, and the virtual photon activity through the antenna effect, are briefly reviewed in this article.

This study represents over two decades of research into reactivity done by Prof. Nelson. Work started in Youngstown, Ohio and continues now in Budapest Hungary.

INTRODUCTION

When Dr. Voll discovered with his Dermiton device that there was a phenomenon known as medication testing, he was revalidating a phenomenon that had been known for thousands of years by medical practitioners. The phenomenon involves the fact that when a person is exposed to an item that might prove beneficial to him, his body seems to have some type of unconscious knowledge of this.

In fact, electrical reactivity is something that all life, even one-cell organisms, must have in order to interact with their environment. We know absolutely that all organisms have an electromagnetic field around them, which has a magnetic, capacitance and conductance nature. When something negates this field, life may be destroyed. Thus the electrical energy field around the body of any organism is part of its ability to interact with the environment.

When an organism becomes deficient in any area of its metabolic needs, such as water, air or nutrition, then it must be able to find this deficient nutrient. Its electrical reactivity to the nutrient is part of the process of location. Thus if an organism is thirsty, it must have an electrical sensitivity to find water, and solve its thirst.

Much has been discovered about the electrical nature of plants and animals in finding nutrients, how plants respond to sunlight and move towards water, and how animals have electrical sensitivity to help them to find their prey and to avoid enemies. Sharks have the electromagnetic ability to sense various prey. Even humans have an electro-sensitive field around them.

Many people have observed that the plants which farm animals eat change in response to the health condition of the animals. Normal farm animals will eat certain other herbs that might help them to deal with the illness. This is how the periwinkle and sanguinaria effects were discovered. Animals that have cancer gravitate towards some of these items. Extracted from these items was some of the chemical chemotherapy used in medicine today.

Anyone raising animals will also tell you stories about how animals seem to gravitate towards certain plants in response to their health conditions. This seems to be variant behavior, as normal, healthy animals do not eat these plants. Thus there is an unconscious drive or will in these animals to find the items that help them.

Scientific literature also has shown that there are electro-sensitive ways that this phenomenon occurs. Even when deprived of their senses animals can electrically sense their surrounding environment and obtain the nutrients they need. In the normal human population we see how people gravitate towards more of what they need to supply their nutrients. However, we also find that what a person is addicted to is a stronger force than the nutrient force. Thus peo-
ple who are addicted to coffee, sugar, cigarettes, alcohol, salt, meat, etc. often are driven towards satisfying their addictions rather than their mere nutrition. But even this type of satisfaction can be accomplished through electromagnetic sensitivity.

When Dr. Voll observed that an electrical change manifested in the electroacupuncture points, he made an observation that there were electrical resistance changes. In our article on electro reactivity we showed that resistance is just one simple correlate of reactivity. Actually, a better definition of the word "reactivity" would come from an idea of change in voltage and amperage, as this is a more accurate definition of reactivity.

Probably the best descriptor of this reactivity can be understood in the work of Dr. Hans Selye. Selye developed an analysis of an organism’s reaction to different types of stress. There would be the initial healthy state. When stress was introduced, this would produce an alarm or reaction state, in which the patient would respond to the initial stress. As the stress endured, the patient would then go into an adaptation state in which he would adapt to the stress, and be able to deal effectively with his environment. The adaptation stage, Selye said, was symptom-free, and the body would stabilize to the initial stressor. If this continued, it would later lead to the exhaustion stage.

Now in our understanding of electrical reactivity, we are not submitting the stressor directly, but only the electromagnetic field of this. This is the first type of stress that anyone experiences when exposed to any type of toxin. When a person is exposed to a toxin, he is first exposed to the electromagnetic field of that toxin, which provokes an electromagnetic alarm state or reaction in the body. Then the body must adapt to this reaction and stabilize. If the body did not have the capacity for quick adaptation, it would constantly be in a state of alarm from the electromagnetic disturbances to which it is subjected. Thus any time an electromagnetic or other energy disturbance continues, the body must go into an adaptation stage and successfully adapt to the exposure.

In our development of an electromagnetic test kit to measure reactivity, we utilize the dynamics of the alarm state reaction, and have calculated the time it takes for us to measure the reactivity.

In our graph on time, it must be pointed out that we do not show how at ten-second intervals the measures of reactivity were diminished; at the ten-second interval the patient had time to adapt to the exposure of the electromagnetic radiation.

Thus, through our analysis of the Selye description of biology, we can see a stable form of electrical reactivity that must be developed through the body. It is this principle that allows us to then deal with development of the electrical reactivity test kit and the development of the Xroid process.

From our theory we can see that if a patient is in a healthy state, and is exposed to a potential electromagnetic toxin, this would provoke an alarm reaction that can be measured electro-physiologically. This is the purpose of the Xroid device. However, if the patient is in the adaptation stage to a toxin or in the adaptation state to a type of microorganism such as meningitis, staphylococcus, candida, etc., we see that there is a stability change, or that the patient’s body reacts positively to these items. This positive reaction can be calculated with the machine, and is found to help the patient deal with the items in his body to which he is not successfully or appropriately adapting.

Thus in developing the Xroid technology, we can measure the alarm state reactions to potential electro-sensitivities of the patient and we can also calculate the positive reactions of the patient to determine some of the positive nutritional, mineral, amino acid, glandular and homeopathic needs.

We have developed a computerized software that interfaces appropriately with the system to allow us to manage this endeavor.

So as we have hypothesized, reactivity can be of two different types: one, toxic reaction; and two, positive reaction. These involve the reactivity of the patient to the electromagnetic field of the substance being tested.

To test this, we evaluated the reactivity of six patients to control water and then to toxic water. This was used to establish the basic reactivity factor to the toxin. The study was repeated three times for the control and three times for the toxic, in order for us to establish that there was a definite reactivity pattern. This is shown in the graph.

We can see from this graph that the reactivity of the toxic substances appears at the higher statistical end of the total reactivity, appearing greater than one standard deviation above the mean of the reactivity.

In the other test we tested vitamin C. Here the six patients were given 250 mg. vitamin C before the test. One hour later, two control tests were done. The tests showed that the vitamin C did not have great reactivity, and that it fell below the mean: around 25% to 30% of reaction.

A week later the six people were asked to start a diet containing extremely little vitamin C. They were asked to eat unseasoned chicken and bread, and to stay away from foods such as fruit, vegetables,
peppers and potatoes rich in vitamin C. They were also told to eat chocolate, in that chocolate is known to destroy vitamin C in the body, and it lowers the amount of active vitamin C.

Twenty-four hours later they were then tested for reactivity to the vitamin C. At this point they showed high reactions to the Vitamin C. Then 250 mg. of Vitamin C was again given, and two hours later the patients were retested for reactivity. It was observed that the reactivity had fallen down to the 25% to 30% range.

Thus we can see that reactivity can be provoked by toxins as well as deficient nutrients. This also falls in line with the idea of therapy localization, which is practiced by many kinesiologists.

In therapy localization, muscles are tested for their strength, and then the therapist finds an over-weak or over-tense muscle. He applies resistance to that muscle, and then puts things onto the patient that are either toxic or needed. The weak muscle becomes strong, and the strong muscle can become weak. To review this, we should review the literature about therapy localization by the applied kinesiologist. There is also behavioral kinesiology, as well as at least twenty other forms of muscle testing being taught today.

It is recognized that when there is reactivity, there may be electromagnetic disturbances applied to the spindle muscles, which are stable for voltage and amperage, and that this electromagnetic change could produce a muscular change. However, when we test this under strict scientific conditions with exacting pressure measures, we often see that the therapist effect is responsible for most of the reactivity testing. When this is applied to a double blind technique, we do not see the accuracy level. In fact, we can see that there is much less accuracy to muscle testing than a one-channel reactivity test of resistance. But by using the multi-channel voltage, amperage, and modulated signal type of resistance measured in our Xroid machinery, we can see that reactivity can be measured much more accurately.

As we explore quantum biology, we encounter the concept of quantum indeterminacy and the Nelson effect (see Quantum Biology). This Nelson effect also helps to account for some of the other medication testing phenomena that are observed today by practitioners. These phenomena include kinesiology, pendulums and many other divination techniques. It seems that when a biological organism asks another biological organism in some type of way that has an indeterminate or subtle measure of reaction, we can measure
changes of the body in response to the different questions we might ask. Thus if we ask the question, "Is this person sensitive to vitamin C?", somehow the basic, unconscious reactivity of the person can produce subtle changes in muscular activity, in pupil diameter, and also in sweat produced in the skin. If we measure these subtle changes, we can see that the indeterminacy principle of the Nelson effect might be a possible explanation for these phenomena.

But let us concentrate in this article on a more scientific analysis of the medication testing phenomenon, keeping in mind that where science begins or ends is often difficult to define.

One quantic system seems to be able to address another quantic system and bring changes to it, as well. Thus part of our explanation process for the electrical reactivity may also be included in what we have defined as trinary logic.

Another way to possibly explain the effect of the medication testing is the virtual photon and the antenna effect, which we explain through the quantum electrodynamic changes on the outermost electrons of an organism [Studies: 3].

Thus in our studies we are working towards the development of an electro sensitive test kit, or the ability of a machine to measure the electrical reactivity of a person as he is exposed to the virtual photon fields of a wide variety of hormones, glandulars, vitamins, minerals, etc. This has been accomplished in a device known as the Xrroid, patented by the Maitreya, Ltd. company of Limerick, Ireland.

In developing this device several questions had to be answered. The point of this article is to explore the background of our research in developing this test kit.

For our base of reactivity, we'd like to point to a study conducted in Cornwall, England regarding toxic water. In this study we showed that there was indeed a significant change of electrical reactivity in a patient's reaction to water when it was placed sublingually. The eighty-five people in the study showed an extremely significant reaction to normal tap water versus distilled water and bottled water.

In the study we also showed that the changes in skin resistance were not significant factors when compared to the electrical reactivity changes. Thus a one-channel skin resistance device did not demonstrate significant reactions to justify future development.

It must be pointed out that in the world today, there are over one hundred thousand practitioners of electroacupuncture using one-channel skin resistance devices. This technology has not become part of mainstream medicine, largely because it does not stand up to scientific inquiry. The changes in the skin resistance pattern are minute. This is largely because (as we've shown in our article on electrical reactivity) one-channel resistance changes alone cannot be measured adequately to check medication testing. We get far better results by using voltage, amperage and resistance scores, as well as multi-channel devices.

Thus, in our medication testing phenomenon, we must use a multi-channel voltage, amperage and resistance device such as those supplied by the Bio-Diagnostics company of Limerick, Ireland. To monitor the changes in medication testing phenomena, we then use the same types of water as those used in the Cornwall study.

In our first inquiry we sought to validate the virtual photon hypothesis demonstrated in Bio-Quantum Matrix. In this book we hypothesize that the virtual photon bath, or background photons at room temperature, exchanged with virtual identity photons coming out of the substance. Thereby, medication testing should be at its peak at room temperature. It should be destroyed or weakened if the medication testing item is at a temperature above 260° F, and also should be weakened if performed below a temperature of 9° F. We see in the graph below that this is indeed the case. Thus in developing our device we must be sure that the test kit is kept at temperature below 160° F and above 0° F.

Below we show that the virtual photon hypothesis seems to be correct; the exchange of the virtual photon through the antenna effect induces electrical reactivity changes in the patient, and this virtual photon seems to have some thermal dependence, as too many or too few thermal photons seem to affect the medication testing phenomenon.

Another question that had to be addressed was the size of the material to be tested: What were the limitations on the size of the material, and how small could such a test kit be made? Our first test kits used a full cc of material for testing. By making increasingly smaller samples of the product, we were able to show that the medication testing phenomenon was successful, even down to one tenth of a drop (see second graph). This shows that the virtual photon effects, though minute, if addressed in the quantic fashion, can induce changes in the electrical reactivity of the body. Thus it is not a volume effect of the virtual photon, but more a qualitative effect of how the systems of the body react to these different types of compounds.

It must also be noted that the reaction time of the system is that of a second or two. We attempt to show what the timing is of electrical reactivity. In the diagram we can see that the changes in electrical reactivity take place most intensely during the first 1/40-1/20 of a second; then the body starts to balance itself. In other words, when the body is exposed to a
toxic item or to a needed nutrient, the body has an initial reactivity. If the item is not in a large volume of material, the body then must stabilize so that it does not continue the electrical reactivity in the wrong dimension. So we had to seek to find ways of establishing just where the major electrical reactivity is. We can see that the reactivity changes of the body are at their most intense in the 1/1000 second range.

In our next diagram we show yet another analysis of the time change in the electrical reactivity section.

Another question we addressed in our study was that of the distance factors of how far this virtual photon effect would seem to be transferable over the electrical wires of our test kit. As we describe our antenna effect and the photon conduction of the antenna wire of our test kit, we can see from the next diagram that there is indeed a decay of the medication testing effect when the wire exceeds sixteen feet in length (see third graph). This seems to involve some effect of the intrusion factor of other electromagnetic waves disrupting the virtual photon reactivity.

To test the accuracy of the reactivity device under different conditions, we put twenty substances into the computer test grid. Ten of these are good, filtered water, and the other ten are toxic, polluted water with confirmed bio-reactivity. Six healthy subjects with low SOC indexes [Studies: 2] were then monitored for reactivity under each condition. Under ideal conditions the reactivity varies from 80% to 90%. The toxic substance should provoke a reaction that is at least 1 SD above the mean reactivity of a sample of 120 measurements. The extent to which this happens is the accuracy factor.

This is ascertained by simply calculating the overall accuracy of the 120 measurements of reactivity. This is correlated with the known reactivity similar to the Camelford experiment done in England [Studies: 1].

The toxic water seems to provoke a measurable reactivity difference to which the subjects do not seem to adapt. Each study performed in this article was done during different months over a year (1990, in Denver, Colorado). Each graph shows the effects of the variable on reactivity.

Our practical experience has also found that there are other medical factors that disturb reactivity.
Patients who are currently (at the time of the test) taking morphine, MAO inhibitors, anti-psychotics or any depressants do not get good results. Such depressants include alcohol, marijuana, barbiturates, etc. These produce unreliable reactions.

Hyper-reactivity can be induced by emotional upset, cocaine, vagus nerve disorder, electromagnetic or geopathic stress, candida, amoeba, and certain toxins. The effect here is not unreliable reactions, but accentuated reactions. Patients with high SOC (suppression and obstruction to cure) indexes have longer reactivity scores.

Since each patient's reactivity data is different, we use the patient's own data as an internal control. Thus the computer lists the range of reactivity to 4,000 items and calculates a mean, median and standard deviation to the patient's own reactivity data. The patient becomes his own control, and a positive reaction is established if the reactive substance in question is at the statistical top of the total range.
From our research and clinical experience, we can start to recognize the effect certain factors have on a subject's reactivity. Some effects are direct, others, inverse. We can thus generate a simple mathematical formula for a subject's reactivity accuracy.

\[
\text{Reactivity} = \frac{\text{Therapist's Skill}}{(\text{Distance From Test}) \times (\text{SOC Index})}
\]

(At Temperatures in the Room Temperature Range)

There is dramatic opportunity for further research in this new medical field of electrical reactivity.

**DISCUSSION**

Thus our research has shown that the virtual photon effect fits into our hypothesis about the background photons of infrared radiation. Our research has also pointed to our ability to assemble this test kit based on size, distance and temperature factors that must be maintained in the ranges outlined in the above article. This device is patented in Ireland and patent-pending in other places in Europe, Germany, Hungary, and the United States. At this time.

Our equipment also fits into the timing factors of electrical reactivity changes that are induced, and from our research, this theoretically shows that the test kit can account for the Xroid phenomenon of allowing us to be able to test the electrical reactivity of thousands of items within a short time.
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ELECTRICAL REACTANCE AND IT'S CORRELATES IN BIOLOGICAL SYSTEMS

Electro-physiological Reactivity

By: Nelson W. C. NMD LPCC and Nieber, Jozsef Electrical engineer, Budapest, Hungary, 1995

ABSTRACT

In this short paper we review some of the basic principles of reactance and draw correlates to reactivity in biological systems. Biological organisms indeed have electrical capacities. Electronic stability is important for every cell in maintaining its life. Reactance is one way that the cell could react with its external environment. This article draws correlates to cell membrane capacitance and inductance changes as possible ways of understanding the electronic function of a cell. Thus classical electronic theory could be used to describe the phenomena of cell reactivity. This has offered potentials for deeper development of bio electronic device interface, and diagnostic medical instrumentation. This article compares the large bodies of research in the fields of evoked potentials, voltammetry, and energetic medicine to classic electronic theory. Resulting in a concrete theory of medication testing.

REVIEW OF ELECTRONIC REACTIVITY

INTRODUCTION

Reactance was first described as the ability of an electronic circuit to react to voltage and amperage changes. Reactance allows us to understand the range of responsiveness of a circuit as well as its sensitivities. In fact Reactance is a correlate to sensitivity in circuit. The voltage and amperage changes applied to a circuit effect and are effected by the capacitance and inductance of the circuit. These determine the then the reactance or range of sensitivity of the circuit and set response characteristics of the circuit. In the Handbook of Electronic Tables and Formulas (Sams & Co.) (ref. 1966), reactance is defined now as opposition to the flow of alternating current by the inductance or capacitance of a component or circuit. The handbook further defines capacitance reactance differing from inductance reactance. When capacitive reactance and inductive reactance are equal, the circuit is at resonance. Inductance reactance is usually positive, whereas capacitance reactance is usually negative.

Reactance is a correlate of resistance as that both oppose flow of current. But they oppose current in different ways. Reactance takes away power from the flow of the current. Energy is expended on the capacitance and inductance of the circuit. If electrons flow through a conductor coil the magnetic inductance interferes with the flow and opposes the flow. A similar opposition happens in a capacitor. The capacitance reactance and the inductance reactance have inverse relationship. When they are equal they produce resonance at certain frequencies. The relation ship of these four factors (reactance, capacitance, inductance, and resonant frequency) are shown in the standard table in the appendix.

The capacitive reactance is equal to one over (2 pi times the frequency times the capacitance). The inductance reactance is equal to 2 pi times the frequency times the inductance. So the resonant frequency becomes equal to one over (2 pi times the square root of (inductance times capacitance)). (see appendix)

The susceptance of a circuit, or how susceptible a circuit is to current flow, allows us to understand factors of flow. When resistance is zero then susceptance is then the reciprocal of reactance. Susceptance is expressed in seimens.

Admittance is the measure of the ease in with which alternating current flows in a circuit. Admittance is equal to the conductance plus the susceptance. Conductance is the reciprocal of resistance. The
unit of conductance is also siemens. Capacitive susceptibility is positive and inductance is negative.

Power in an alternating or oscillating circuit is expressed as voltage times current times the cosine of the phase angle. According to Fritche’s law as reactivity goes up then power goes down. Reactivity opposes current and thus reduces power. In Wolberg’s law as the frequency increases the reactivity increases.

Thus every circuit has reactivity of capacitance and inductance as well as susceptibility, admittance, resistance, and conductance. These criteria set the resonant capacities of the circuit including frequencies. Together these aspects give any circuit an electronic signature. A signature that is definable of the circuit. Could the electronic aspects of biology do the same?

The most basic of all electromeasurements is volts, amps, and resistance. These are the components of capacitance and inductance. Changes in amperage reflect capacitance whereas changes in voltage reflect inductance. (ref. Brezina) The study of voltammetry is a well researched and extremely well documented area of scientific research. Voltammetry is widely used in chemical analysis. Chemicals differ in their oxidation and reduction capacities. (ref. Wang) So voltammetric analysis is used to analyse chemicals. It can detect as low as one part in ten trillion, what might be described as 10X. (ref. Tolbert) Thus changes in volts and amperage is a universally accepted technique in chemical analysis. (ref. Smyth) The timing of submolecular electron relaxation is in the nanosecond range. The timing of ionic relaxation is in the centisecond range. (ref. Zhalko-Titarenko) This is the phenomena most concerning to us for reactivity. The very essence of all biochemistry indeed all life is contingent on the volt, amperage in ionic exchange of oxidation and reduction. (ref. Nelson, 1982) This makes timing factors of centisecond reactivity possible as a form of measuring organic reaction.

Thus the Xetric reactivity profile was born. (ref. Nelson)

REVIEW OF ELECTRONIC FACTORS IN BIOLOGY

In biology these laws must also apply to some degree. There is oscillating current and potential happening across every cell membrane. Every cell process has electron transport. Every cell process has oxidation and reduction, which drive and are driven by volt and amp electropotentials. Each cell system, each organ, each organ system and indeed each organism has capacitance, inductance, susceptance, admittance, and resonant frequencies. The effects of bioelectronics borders on quantum physics so reproducibility has been a problem for laboratory results. But new developments in subtle energetic medicine have led to new applications of these principles. (ref. Nelson, 1992)

Recent research by Delguidice, Popp, Kenyon, Wilkerson, White, and many others have found application for these electrical laws in biology. Adey’s work on membrane dynamics and Lawarence’s work on non-linear electrodynamics show interesting examples of Bio-electronics. The oxidation-reduction of biochemistry is caused by electropotential of volts and amperage. The reactions in turn cause more electropotential which drives more volt and amp change. (ref. Nelson, 1992)

There are many frequencies involved with a multitude of biological processes. Perhaps the lowest frequency is that of the heartbeat (about 1 Hz). Some cellular processes have been measured in the giga hertz range. Inter medium frequencies are to be found in the mid ranges as well. (ref. Frohlich) But this short paper is on just the reactivity component of energetic medicine.

Just as there is extensive research in voltammetric analysis of biochemistry, there is also extensive research in voltammetric analysis of biological organisms. This has lead to several major conferences and the Annals of the New York Academy of Sciences has devoted several volumes to the study of bio voltammetry.

The major scientific research teams involved reported thousands of articles on successful voltammetric analysis of biological organisms. (ref. Annals of the New York Academy of Sciences) The 1986 volume 473 was dedicated to the Neurochemical Analysis of the Conscious Brain. In this volume studies were discussed that tested several topics relative to our own research. #1. Surface mount electrodes could be used to measure internal reactive changes of volts and amps. #2. Volt changes relate more to catecholamines. #3. Amp changes relate more to brain hormones (such as serotonin, dopamine, enkephalins, Gaba, and hypothalamic neuropeptides). #4. Rapid changes in biochemistry cause changes in conscious states and can be measured with external volt and amperage detectors. (ref. Annals vol. 473)

Since changes in volts and amps are reflective of capacitance and inductance, we can see the logic of our bioelectroreactivity model. Our clinical tests have also revealed factors of reaction time, reaction duration, reaction intensity and other dynamics. (ref. Nelson et al, Summary of Reactivity)

Research into skin resistance has consistently been extremely disappointing however. Research into skin
resistance as a measure of reactivity has consistently shown little effect. The reasons for the popularity of this medium in the "alternative" medical arena seems to be its self fulfilling capacity. (ref. Nelson on Facilitated Diagnostics) But now let us return to our analysis of real bioelectroreactivity.

REVIEW OF REACTIVITY IN BIOLOGY

The most researched and most accepted form of reactivity testing is known to science as the field of evoked potential. Thousands of research articles and a host of books have been dedicated to this subject. So pervasive is this field of research that the Annals of the New York Academy of Sciences dedicated its June 1982 volume 388 to this topic. (ref. Annals vol. 388) Many articles revealed research relative to our topic. #1 External mounted electrodes were capable of measuring reactions to sounds, sights, smells, touch and consciousness changes. #2 Skin resistance was an unreliable measure of same. #3 Certain neurological diseases disturb normal reactivity. #4 There is some difference in reactivity measures with age. #5 Natural stimuli can indeed provoke reactive changes. #6 That evoked potential reactivity can be measured at very fast speeds in the .01 area. (ref. Annals vol. 388).

Statistical analysis of the electroencephalic voltage changes were studied in Regan's book on Evoked Potentials in Psychology and Clinical Medicine. (ref. Regan) and at several NATO conferences including a 1978 conference in Constance. (ref. NATO) This pervasive research has led to our directions in reactivity testing. (ref. Callaway) There is a voltammetric change happening to all biological actions.

As we have shown in the electrical review, capacitance, inductance and resonant frequency have much to do with reactivity. Each cell has membrane capacitance and inductance and thus its own resonant frequency. This is reflected in the trivector signature work documented in our Quantum Biology series. (ref. Quantum Biology of Nelson) In a liquid medium where these cells are compressed such as that occurring in the human body the force of these static and magnetic factors are not expressed on the membrane of each cell. Instead these forces are displaced to the external periphery. The static and magnetic forces are displaced by the power of seven factorials to the outside of the body. These forces are then concentrated to the smallest and sharpest extremity. These are the fingers and toes. Most Acupuncture meridians begin or end on the fingers or toes.

Acupuncture indeed seems to be a healing art that involves electronic philosophy. In acupuncture the body is seen to run on the stability of energetic forces running through it. When the flow becomes unbalanced or non resonant, the acupuncturist tries to stabilise the circuit by applying some technique to control points. This is similar to the art of electronics where control of circuit flow allows us to control a circuit. Acupuncturist kinesiologists and electro-acupuncturists have been using a form of reactivity testing for several years now. Before and after measures of the body are used to determine the reactance of the patient to varying vitamins and medicines. This phenomena is called medication testing. (ref. Nelson on reactivity)

In several articles on biological reactivity we have shown that any organism must have electrical reactivity with its environment. This is needed to find nutrients, procure mates and to avoid toxins and danger. (ref. Nelson, 1994; All of the studies can be found in the International Journal of Medical Science of Homeopathy, Special Issue on Science of Homeopathy) If our theory is correct then we should be able to predict certain factors from biological observation. Wilkerson found anti resonance in homeopathics at predicted values from the reactance charts in the appendix. (ref. Wilkerson, 1994; All of the studies can be found in the International Journal of Medical Science of Homeopathy, Special Issue on Science of Homeopathy) White found magnetic resonance in homeopathics at similar values. (ref. White) Barney and Thomas found capacitance patterns unique to individual homeopathics. (ref. Barney and Thomas) Thus there appears to be an ever growing pattern of evidence for the electronic signature of homeopathy and the electronic signature of biological organisms. Perhaps compatibility of these is helpful.

After years of measuring capacitance and inductance correlates in medical patients Nelson found also intriguing results to establish some diagnostic parameters. (ref. Nelson, 1994). In our reactivity studies we have screened patients for skin voltage, and skin resistance changes when subjects where exposed to allergic, infectious or toxic compounds. The results of this research were presented at a major medical diagnostic seminar in Hungary. (ref. Nelson, 1994). This research has resulted in four patents for diagnostic and quality control equipment. (ref. Patents) By measuring the human body's skin voltage and resistance fluctuations we can calculate reactivity to items placed in electrical contact with the subject. This also enables us to calculate the gross electrical signature of the subject. By comparing normal subject reaction to abnormal or sick patients we can establish normal parameters. (ref. Nelson on reactivity)
This paper was developed to update the electronic profession about ongoing work in eastern Europe and elsewhere on bioelectronic signatures and bio reactivity. We hope this article stimulates further interest and personal research.

REVIEW OF RESONANT FREQUENCIES IN HOMEOPATHY

As this article has previously pointed out, homeopathy has been shown to demonstrate experimental resonant and anti-resonant effects. (ref. Wilkerson, White, Nintze, Barney and Thomas, Nelson, 1994; All of the studies can be found in the International Journal of Medical Science of Homeopathy, Special Issue on Science of Homeopathy) There also appears to be a similar effect in the patients such that they also have capacitance and inductance patterns. Then by electronic laws there should be dominating resonant frequencies. The right hand rule of electronics states that as electrons move as if in the direction of your right thumb there is a magnetic field generated at 90 degrees to the flow as in the direction of your index finger and a static field generated 90 degrees from that as if your middle finger. This makes up the trivector signal or the electronic signature of the subject or a homeopathic.

Our comparisons of the predictability of the compatibility of these two fields reveal intriguing results. Wolberg’s law states that when the frequency increases the reactance increases. Then we should see higher frequencies in more reactive patients or in more reactive homeopathic compounds. Patients with allergic symptoms or other hyper immune reactions would by definition be more reactive. This indeed shows a high degree of correlation as that these hypersensitive patients indeed have the highest measured resonant frequencies. In fact the resonant frequencies have been so reliable as to be a predictor of highly nervous patients.

In the measures of homeopathics we hypothesise that more infectious nosodes would have higher resonant frequencies. From the work done by Wilkerson we see such results. The infectious viruses have higher resonate frequencies. There seems to be some evidence to support the reactivity hypothesis. Simply put, electrical reactance has strong similarities to biological reactivity. Further experimental evidence and revalidation are recommended.

SUMMARY

Our review of electrophysiological reactivity has found a large research foundation in the areas of voltammetry, cooked potential, electronics, and complementary medicine. There is indeed evidence for an electronic signature of a substance which should have trivector components. The reactive organism should also prompt an electro voltammetric reaction as well. The endeavours of homeopathy, energetic medicine, and electronics indeed have some common ground that allows for a new rapid testing of items of biological significance on a human subject. This testing would be non invasive thus safe. And would allow a rapid type of pre-test of patients.
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QUANTUM COHERENCY AND REACTIVITY

(The Need for a Real-Matter Test Kit in Medication Testing)

ABSTRACT

In this short article we review the principle of quantum coherency, and the reason for a need for real test kit vials in medication testing. The initial form of medication testing started with real test kit vials, which are used predominantly today by most people in the field of medication testing. Other forms of the science have been started using electronic duplication mechanisms which inadequately attempt to duplicate the electronic field of a homeopathic or test item. This produces an inaccuracy, which will be highlighted in this article.

This article also reviews voltage and amperage, and their abilities as key measures of reactivity.

We will also introduce piezoelectric effect of DNA. Piezoelectric implies the ability of DNA to change shape and effect voltage, amperage and photon flow.

This study was performed in 1994 at the HOMEOPATHY Research Facility in Budapest, Hungary. Revalidation and further clinical testing are currently being performed by medical doctors at the Homeopathy Clinic in Budapest, Hungary, and by the doctors listed above.

INTRODUCTION

The medication testing effect was first observed by Dr. Voll in using his one channel resistance machine. He noticed that there would be changes in the resistance patterns of acupuncture points if there were a medication put into contact with the patient's body which was required by the patient.

This prompted an in-depth development of this technology which highlighted the Vega machine process: several test kit vials were linked into an antenna coupling to the human body, which then helps to channel the virtual photons of the test items to the body for detection. The body then changes its electrical dynamics, mostly on acupuncture readings, which can produce voltage, amperage and resistance changes. In our paper on voltammetry and trivector analysis we cover this in depth.

Every item has its own voltammetric signature. The study of voltammetry is a very in-depth study that observes not only patient reactions of voltammetric criteria but also the voltammetric signature surrounding biological items. In the hallmark book, "The Voltammetric Determination of Molecules of Biological Significance" [Books: 22], there is a complete review of the voltammetric signature process. This is also reviewed in our trivector work.

In the study of evoked potential psychologists and physiologists have studied the body's reaction to various stimuli. There are thousands of articles written on evoked potential, as well. The body of work shows how voltage and amperage are detection methods for reactivity. The research also shows the invalidity and inconsistency of skin resistance.

It seems that when an item that has a voltammetric field signature is exposed to the body, it can provoke a change in the electrical field of the body. This is the phenomenon of medication testing. This voltammetric field also has a factor of the virtual photon effect, which also influences the body and changes its electrical reading in medication testing effects. Since

QUANTUM ELECTRODYNAMICS (QED)

As any electron, proton or electrical charge changes, there is a photon released by any type of change. Feinman was able to prove through his work that all
electron and charge transfer is actually photon-dependent. This is the field of quantum electrodynamics, which is extremely important in our research for understanding that there are electrical charge and photon dependency effects that make up the end all reaction of medication testing.

In order for a true medication testing effect to exist, there must be a coherency within one quarter wavelength of the reactive body and the reactive substance. Thus a match between voltammetric fields of substance and voltammetric states of the body is the product of quantum coherency. This is known as quantum coherency, and further accounts for the medication testing effect.

The voltammetric signature is amplified by the existence of the virtual photon. The virtual photons or signature photons, of the test material will only come from the active test material. Hence it is extremely important to have the active, real test kit; this makes the best medication testing effect. Without the real items in the test kit, we would get an inaccurate type of quantum coherency, which then would cost the accuracy of our study.

Thus any of the reactions in the body involve oxidation and reduction, which are defined by their volt and ammeter changes. These ionic changes in the body happen within one hundredth of a second, because the relaxation of ionic changes is approximatively one hundredth of a second. Dna is found to have subspace reception effects by rein. This allows DNA to effect electron and photon transfer through the piezo electric effect.

**TEST KIT DYNAMICS**

The quantic interchange of the ionic exchange in the body then can be measured with a super-fast system, such as the Xrroid, that can capture the changes of the voltage, amperage and resistance of the trivector signal of the body in response to the active test kits. Thus speeds of one hundredth of a second are indeed feasible. Speeds of one thousandth of a second would not be feasible, as we could not possibly capture the ionic relaxation in that time.

It is very important for us to realize that the ionic relaxation and the changes of reactivity are most easily measured with the voltage and amperage readings. These induce resistance changes. But by having only a one-channel resistance device, we allow in so much extraneous data and have such a large margin for error that we do not get the proper type of reading. Our accuracy can be greatly increased by measuring the voltage, amperage and resistance readings, and also can be increased by using an active test kit with real remedies brought into contact with the body. Additional channels added to the measuring equipment can also help to increase the mathematical likelihood of success.

The size of the test kit vials was also determined with our testing [Studies: 2-8]. The size of a test vial determines the duration of the reactivity pattern. By using smaller and smaller amounts we see a decrease in the duration of the reactivity. But we do not see a decrease in the initial response. In other words, the initial response of even one tenth of a drop of substance placed in the test kit still constitutes a measurable voltammetric spike, which can be measured by the computer and ascertained as the medication testing effect.

Since we are measuring at one hundredth of a second of reactivity, we want to minimize the duration of the activity and have smaller quantities of material.

Having smaller quantities of material helps us to speed up the entire measure. The word “Xrroid” is a coined word meaning the rapid testing of thousands of items in a short period of time using electrophysiological means. This data is then calculated by the computer and brought up on the screen, which tells us what the major and minor reactive substances of the patient are. Within our grid we place all the known vitamins and minerals, thousands of homeopathics, toxic substances, isodes, nosodes, sarcoodes, allersodes, and other significant items to biology. DNA is capable of receiving subspace consciousness transfer, then DNA is also capable of effecting electron and photon flow by the piezo electric effect. Our test kit then can use the piezo electric effect of DNA to allow quantum coherency in our test kit. Thus our microchip test kit must have all of the test items in it. These items must rest on a DNA piezo electric control of the DNA chip and allow quantum coherency and then EPR can be measured.

**DISCUSSION**

Thus the quantum coherency effect is achieved by matching the virtual photon and voltammetric signature pattern of a reactive substance in the body of the patient and then watching the voltammetric resis-
stance changes that happen in the patient in response
to the item.

If there is a coherency, a reactive positive or nega-
tive pattern can be induced. This is the field of reac-
tivity so that it can move towards nutrition and away
from toxins and danger. This is measured in a volt-
ammetry.

In this short article we wish to briefly cover some
of the concepts of the quantum coherency effect, the
need for the real test kit, and the voltammetric and
resistance measures involved in the trivector analysis.
Further details are contained in the promorphus.
This is a major thesis on subspace and quantum biol-
ogy. This book can be ordered from Academy Press.

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ELECTRICAL REACTIVITY OF PATIENTS TO VARIOUS NOSODES, ISODES, ALLERSODES AND SARCODES

ABSTRACT

The basic hypothesis of this study is that people have a sensitive electrical detection field around them which can sense items. If a person is exposed to a sensitive compound such as a microorganism against which his system is fighting, this should induce a change in his electrical field. This is known as electrical reactivity, or medication testing. A sensitive device capable of measuring these changes is constructed and the person is exposed to thousands of various compounds. This is known as the Xroid process. Our study compares these Xroid results to other known medical measures of the study subjects. Discussion also concerns the history and future of this technique.

INTRODUCTION

The field of bio-energetic medicine has often relied upon an unusual property of biology known as electrical reactivity. It is apparent that organisms, in order to survive, must be reactive to their environment.

There are certain moths which are demonstrated to be sensitive to other moths at distances of up to thirty miles. The shark seems to be able to locate its prey and find its source of protein and amino acids through electrically-reactive techniques that are not explainable through biochemistry. We also know that birds are sensitive to their electrical fields, and their migration schedules are dependent upon changes in their electrical environment. Much of this electrical sensitivity is very high, and thus can only be uncovered through extremely delicate electrical maneuvers.

In electroacupuncture, the field of medication testing has expounded into muscle testing and kinesiology in America and elsewhere, whereas there are literally hundreds of thousands of doctors practicing medication testing, or seeing how their patients react to the electrical fields around certain items.

In our study we hope to evaluate the subtle changes in a human being's electrical field when he is subjected to the electrical fields of various pathological compounds such as nosodes, isodes, allersodes and sarcodes. We wish to review the literature regarding this phenomenon, and propose a biophysics explanation of this biological phenomenon.

This study is a variation of the original study done in America in 1989, which originally proposed the accuracy of the Xroid testing equipment. The Xroid process is that of testing a patient's reaction to thousands of electrical compounds brought into the patient's electrical field. This resulted in the development of the Eclision machine, which was registered by the FDA in America and utilized for subtle electrical testing. This device was then developed for a prediagnosis condition, as it was utilized to examine the electrical reactivity patterns of patients to various allergy compounds, pathogens such as bacteria and fungus, and also to evaluate vitamin deficiencies and the like.

Our original paper showed the proposition of basic electrical reactivity testing utilizing toxic substances [Studies: 3]. This paper showed that there was indeed a medication testing effect that could be measured between toxic substances and distilled water as a control. With this, several precepts were challenged including the temperature of the test, the time measurement and the distance of the test, and the disturbing effects of electronic vibration on the test. This allowed us to develop the Xroid, and to market it as a prediagnostic device.

In another paper we challenged the development of this in an allergy-testing device. The medication...
testing equipment of the Xroid was used to measure the allergic reactions of various patients, which were then correlated against provocative or known allergic compounds [Studies: 10]. In this study we found that there was an over eighty-five percent correlation between the electrical reactivity profile and the provocative reaction, showing once again that the machine could be utilized for allergy testing.

In another study [Studies: 8] we found that there was a significant electrical reactivity of patients to various blood compounds. Thus the electrical reactivity profile of the Xroid could be utilized as a prediagnostic condition to determine whether further blood analysis needed to be done.

Yet another study observed subjects from a large population in Cornwall, England, which was accidentally exposed to toxic water through its water sources in 1989. Several tons of aluminum sulfide were put into the water source. This resulted in a severe toxic disturbance which spread through the water. Many thousands of people ingested the water before they realized its toxic nature. For five years patients were studied, and their electrical reactivity factors were reported [Studies: 9]. In this article we observed an extremely high statistical significance of the Xroid device's capacities to measure the toxic reaction or the electrical sensitivity of over eighty patients to the toxic water.

In a recent study in Budapest, Hungary, a population of AIDS patients was analyzed for electrical sensitivity patterns, and we were able to find certain statistical profiles in the AIDS patient's electrical reactivity, which we hope to utilize in developing potential cure factors for these patients (Nagy Karoly study, 1994; soon to be in print).

METHOD

For our method we selected a group of patients with confirmed diagnoses of bacteria, fungus, parasites, toxicity, allergies, and organic weakness and compared them with the electrical reactivity readings of the Xroid. By our theory, we believe that there will be a heightened degree of electrical reactivity in a patient who needs a certain type of homeopathic to help him treat his infection, his organic weakness, his vitamin deficiency, or whatever type of physical condition is present in the body.

This theory of heightened electrical reactivity is further explained in our reactivity article [Studies: 3]. As an example, if the patient has a staphylococcus infection that is confirmed on culture, the homeopath-
bacteria and fungus. In the bacterial infection, we have taken ten patients with known hemolytic strep, twelve E.Coli patients, fourteen staphylococcus patients and three proteins infection patients. Each case was separate, and confirmed by medical diagnosis and/or culture results. The Xrroid test was then performed, and then we determined whether these bacterial compounds appeared above one standard deviation above the mean in their reactivity spectrum. The results were reported as positive reactivity numbers in our chart.

In the second category, that of fungal infections, thirty candida albicans patients were diagnosed from culture, and twenty-two tinea cases were also diagnosed. The positive reactivity was then measured as to whether those specific fungal compounds resulted in readings above one standard deviation above the mean.

In the sarcoval case, twelve patients with known liver disturbances were analyzed, twenty patients with adrenal deficiency, sixteen patients with kidney involvement, and twenty-three thyroid patients. These were taken from the primary medical diagnoses of these patients. (It should be pointed out that this data was acquired over a period of time at the practice of the Natural Center of Disease Prevention in Denver, Colorado. Some of these scores have also been developed in Budapest, Hungary.) The number-one diagnosis of the patient must be conclusively and undeniably confirmed medically in order for it to be tested in the study.

In our final test, involving isodes, we tested nineteen patients with high cholesterol disturbances. Using the United States standard, their LDL values were above 300. We also tested patients with known lactose intolerance for their reactions to milk and lacto peroxide. Also, we took the scores of the toxic water reactions from the Lowermoor study [Studies: 9]. This allowed us to develop our conclusions regarding isodes.

**RESULTS**

From our results, we see that in the first category of bacterial infection, the machine was eighty-seven percent correct in confirming the bacterial condition. For the fungal infection the machine was ninety-four percent accurate. In the sarcoval category, it was eighty-three percent accurate in diagnosing which of these disturbances were in various glandular areas. In the isodal category, the accuracy of eighty-seven percent.

**DISCUSSION**

Thus from our study, we see that the Xrroid testing electrical reactivity device indeed gives a pre-diagnosis scan that would be invaluable in helping doctors to measure the electrical reactivity of a patient. This test is non-threatening and noninvasive, poses no risk whatsoever to the patient, can be quickly and inexpensively done in the office, and can help the doctor to make initial diagnostic and therapeutic decisions while also helping to steer him in the direction of further diagnostic testing and diagnostic development.

We can see from the scores involved that the reactivity or medication testing effect can indeed be utilized practically. We can see that the Xrroid device is a superior unit for testing in the development of its mathematical analyses of the reactivity scores. This exciting new technology can be explained through a biophysics explanation in the Quantum Biology series [Books: 1-5].
COMPUTER ACTIVATES TEST KIT

SEQUENCE OF TESTING EVENTS
1. COMPUTER ACTIVATES TEST KIT BY SUPPLYING A CODED PULSE.
2. TEST KIT BRINGS IN ELECTRICAL CONTACT TO PATIENT ITEM TO BE TESTED VIA GROUND WIRE. COMPUTER ACTIVATES TESTING DEVICE.
3. TESTING DEVICE MEASURES 4 ELECTRICAL READINGS: 1 VOLT (BRAIN), 3 IMPEDANCE
4. COMPUTER STORES READING
5. COMPUTER STOPS READING
6. COMPUTER RETURNS TO #1 AND ACTIVATES NEXT CODED PULSE
# Reactivity

## Bacterial Infections

<table>
<thead>
<tr>
<th>Bacterial Infections</th>
<th>Positive Reactivity</th>
</tr>
</thead>
<tbody>
<tr>
<td>10 Hemolytic Strep</td>
<td>10</td>
</tr>
<tr>
<td>12 E.Coli</td>
<td>9</td>
</tr>
<tr>
<td>14 Staph</td>
<td>12</td>
</tr>
<tr>
<td>3 Proteus</td>
<td>2</td>
</tr>
</tbody>
</table>

39 Tested, 33 Reacted

**Accuracy Ratio: 87%**

## Fungal Infections

<table>
<thead>
<tr>
<th>Fungal Infections</th>
<th>Positive Reactivity</th>
</tr>
</thead>
<tbody>
<tr>
<td>30 Candida Albicans</td>
<td>28</td>
</tr>
<tr>
<td>22 Tinea</td>
<td>20</td>
</tr>
</tbody>
</table>

52 Tested, 48 Reacted

**Accuracy Ratio: 94%**

## Sarcodal Disturbances

<table>
<thead>
<tr>
<th>Sarcodal Disturbances</th>
<th>Positive Reactivity</th>
</tr>
</thead>
<tbody>
<tr>
<td>Liver Disturbance:</td>
<td>10</td>
</tr>
<tr>
<td>Adrenal Deficiency:</td>
<td>18</td>
</tr>
<tr>
<td>Kidney Patients:</td>
<td>12</td>
</tr>
<tr>
<td>Thyroid Patients:</td>
<td>19</td>
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</table>

71 Tested, 59 Reacted

**Accuracy Ratio: 83%**

## Isodes

<table>
<thead>
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<tr>
<td>Cholesterol: 19</td>
<td>15</td>
</tr>
<tr>
<td>Lactose Intolerance: 12</td>
<td>19</td>
</tr>
<tr>
<td>Toxic Water*: 86</td>
<td>80</td>
</tr>
</tbody>
</table>

117 Tested, 104 Reacted

**Accuracy Ratio: 89%**

---

*Taken from the Lowermoor study.
BIBLIOGRAPHY

BOOKS


ARTICLES AND STUDIES

CORRELATIVE INFECTION COMPARISONS TO XRROID REACTIVITY

This paper was presented at the Hungarian Diagnostic and Laboratory Seminar in September, 1994, in Pecs, Hungary (a major congress on laboratory and diagnostic techniques).

ABSTRACT

This short report examines a comparison between cultured blood, skin, urine, lymph and stool results, and Xrroid reactivity. Results show that the Xrroid has a very high correlation to culture results, and thus the Xrroid could be helpful in determining the electrical reactivity of the patient, and in determining the type of infection the patient might have.

KEY WORDS

Xrroid, electrical reactivity, capacitance, inductance, culture, bacteria, fungi.

HYPOTHESIS

It is our hypothesis that when an infection occurs in the body, the white blood cells and the body try to deal with the infection. If the infection is dealt with in a positive, natural manner, then the body will be able to disperse the infection and bring it under control.

It must be pointed out that bacteria and fungi abound in the body, but it has been determined that they are infectious when their levels become pathogenic, and cause risk to the organism. Minute levels of these organisms are not of concern, and are managed easily by the body. It is only when these levels excel to high proportions that the body is unable to control them.

In our description of Selye medicine, we see that when the first stressor attacks the body (such as the exposure to the microorganism), this initiates an alarm stage. During the alarm stage the body reacts in a hypersensitive way; a sore throat, a skin irritation, or some disturbance in the bowel or other area can provoke this type of initial reaction. The alarm stage is filled with symptoms and highlighted by many different concerns which the patient will present in the doctor's office.

Next we have the adaptation stage. During this stage the body tries to deal with the initial stressor in a positive way. If the body deals with this stressor positively, then the adaptation stage is said to be successful, and gradually the body brings this stressor under control. If the adaptation stage is not successful, then the body must attempt to adapt to this pathogen in its ever-accelerating quantities.

If the pathogen continues to grow or to do harm to the body, then eventually an exhaustion stage will kick in, where the organism or the organs of the system may go into failure.

During the adaptation stage, if the organism is unsuccessful at adapting correctly to the system, then we believe that the parts of the immune system, or reticuloendothelial system of the body, will be in a state of continued exhaustion, and will be unable to adapt correctly to the microorganism intruder. This means that the organism must be in a state of attack, and must try to drive its reticuloendothelial components, such as the white blood cell, towards the infection.

To do this, an electrical phenomenon must occur. This electrical phenomenon would be reflected in the electrical reactivity of the system, because if the patient has a candida infection that is not being dealt with properly in the adaptation stage, then the patient will electrically react to an exposure to candida at a
higher rate. This is the hypersensitivity of the medication testing phenomenon according to Vol, and an explanation through the Selze adaptation phase, which allows us to understand why the electrical reactivity is greater.

In our research we have discussed the medication testing phase of Vol, and how this testing can allow us to see a patient’s electrical reactions to the field of a microorganism or homeopathic. Thus a homeopathic, vitamin or mineral that might help the patient also might produce a change in the field. This would produce a change more towards normalization of the field, as the patient’s body would want to show that this is a correct remedy to use.

Our purpose is to understand this phenomenon through the development of the electrical reactivity work we have done. The Xrroid takes in scores of capacitance, inductance, resistance, voltage, amperage, etc., and converts them into an electrical reactivity score on thousands of items.

In this study the patients were determined from culture testing to have pathogenic microorganism infections. These infections were of the type of urinary bacterial cases, pseudomonas, E.coli, staphylococcus or streptococcus, etc. They were discovered from systemic infections, throat cultures, vaginal cultures, blood cultures for fungus (including the entire candida family), cryptococcus and blastomycoses. Blastomycoses was indicated from stool analysis, as well.

Forty patients were selected who had presented with symptomatic problems showing a good indication of the infection. The culture was then performed, which then proved undeniably that the infection existed in these 40 patients. These patients were then tested by the Xrroid to determine their electrical reactivity to the infectious agents.

RESULTS

Correlation between the infection and the Xrroid results came out at ninety-three percent correlation, showing that the Xrroid is indeed accurate in predicting the existence of a pathogenic organism that could be cultured in the human body.

These results will help us to further understand the idea of electrical reactivity and medication testing, and the phenomenon of the Xrroid electrical reactivity test.

DISCUSSION

As we have seen, the Xrroid was able to pick the electrical reactivity of patients who had pathological levels of an organism.

Thus the Xrroid, which is a simple test of electrical reactivity that can be performed in any doctor’s office, might be a good preliminary test to help the doctor develop hypotheses of the patient’s problems.

As we have pointed out in other research, the Xrroid also has a strong correlation in mineral analysis, chromosomes, infections (in this study), vitamins, minerals, and other measures of electrical reactivity. Thus the Xrroid can indicate a physical health. We can then find various ways to help him, using simple interventions in a prevention mode, such as homeopathics, nutrition, lifestyle and behavioral changes.

In developing a system of prevention medicine, we need some simple, inexpensive ways to determine whether the patient is at risk of a disease or infection. The Xrroid is very helpful in developing such a system, as it can pick up the initial electrical reactivity sometimes even far before the pathological level of the microorganism is reached. Then the system can properly deal with these items in a more positive fashion, if intervention is early enough.

The system of antibiotics that modern medicine has used for years is a system of crisis-oriented medicine, in which the organism is not treated until pathogen levels are high. This is indeed the phenomenon of antibiotic or allopathic medicine. Because of the harshness of synthetic chemicals, which have dramatic side effects, the doctor must be absolutely sure that the level of the microorganism is definitely threatening the patient before he prescribes these chemicals.

As an earlier but simpler intervention system, the Xrroid can help provide indication which can gear the doctor towards using a simple homeopathic, vitamin, mineral, or simple behavioral techniques to prevent the pathogen from increasing its numbers. Thus in developing such a system of medicine, we definitely need an early warning device, for which the Xrroid has been designed.

Certain patients have high levels of a microorganism that they might have ignored for months or years. In this type of case, it is extreme and the reticuloendothelial system cannot be pushed, perhaps the use of these harsh antibiotics should be resorted to. But as we’ve seen in many tests, antibiotics are currently overused in the medical profession.

Simple homeopathics, as we have shown in our other studies, can be used to help turn these infections around in a quick and easy way. A new type of medicine can be developed based on early warning signs and simple behavioral, nutritional and natural treatment.
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ARTICLES AND STUDIES

CORRELATION OF STANDARD CHEMICAL BLOOD ANALYSIS RESULTS TO ELECTRICAL REACTIVITY OR MEDICATION TESTING SCORES

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Chief Editor: Judith Nagy, M.D., Independent Medical Editor, Budapest, Hungary
Edited and Validated by: Istvan Bandics, M.D., Budapest, Hungary

This paper was presented at the Hungarian Diagnostic and Laboratory World Seminar in September, 1994, in Pecs, Hungary (a major worldwide congress on laboratory and diagnostic techniques).

ABSTRACT

In this study the standard blood chemistry of thirty-five patients is compared to the patients' electrical reactivity changes prompted by exposure to concentrated amounts of these same blood compounds. The patients were connected to a sensitive electrical device that measured their brain waves, skin resistance and voltammetry. The patient was exposed to blood chemicals such as potassium, magnesium, calcium, alk phos, iron, and various enzymes.

The hypothesis is that patients with abnormal blood profiles showing too high or too low amounts of these chemicals will also show electrical reactivity changes to these compounds. The results verified the hypothesis, and there was an eighty-five percent correlation to several factors, while others were less. The authors discuss the history, theory, and also the current usage of medication testing.

BACKGROUND

Science has long been aware of the subtle electrical activity which surrounds any organism. We now know that there is an interaction of the field around an organism with the close proximal field of the surrounding environment. Science has confirmed that this interaction is vital for existence. This mutual electrical reactivity sets the tone for chemical, thermal, and photo; as well as electrical, magnetic and static interactions [Books: 4].

Many researchers and doctors have found that the human being has electrical reactivity to the field of an item brought near to him. To measure this interaction, we must measure the reactivity of the subject. (For a further outline of this phenomenon, see the article, "Biofeedback Reactivity as an Energetic Medicine", in Appendix 1.)

The measure of electrical reactivity includes measuring changes in surface body voltage, amperage and resistance over a period of time. The body must be able to react to the electrical fields of different entities that come into its overall magnetic and static field. Thus, if an organism is thirsty, it must be able to sense water. The sensory detection of this water includes all the senses, but also includes the electrical reactivity network of the basic organism. Every organism must be able to interact not only chemically with its environment but also electrically. By sensing the different electric fields around if an organism must be able to find the various nutrients and conditions that it needs for survival (see Appendix 1).

This type of sensory system must be an unconscious process, and could be mediated through hypothalamic structures within the brain. Thus the electrical reactivity system, well researched in sharks and other predatory fish, is able to help the shark to find its prey and determine better places to hunt and to live.

It is well known that when animals become sick, they are often drawn to certain types of plants which have the basic nutrients they need. This is not a conscious process, but an unconscious process within the animal to find the nutrients and/or pharmaceutical agents it needs to survive.

The animal kingdom abounds with thousands of examples of this type of function. It was long thought that the mongoose always wandered off and died if it were bitten by the cobra. It is now known that some
HYPOTHESIS

We hypothesize that when there is variance above the norm in a patient's health, there will be a change in the patient's blood chemistry corresponding to different diseases that will correlate to a change in the electrical reactivity of the patient to the same types of compounds in the blood chemistry. Simply put, would a patient who displays a deficiency of iron in his blood (such as a correlation to anemia) have a greater electrical reaction to iron in the presence of such anemia? If the patient was anemic (this could be determined by blood analysis), he might also electrically react to the presence of iron, and this might allow us to develop a simpler prediagnostic system of measuring the electrical reactivity of a patient to different items before doing a blood screening.

METHODS

Thirty-five patients were chosen who had blood analyses of known variances from the norm. Many of these patients had serum iron deficiency, low serum blood potassium, low serum blood magnesium, blood loss, or high amounts of various enzymes.

These patients were measured with the electrical reactivity system known as the Xrroid. The results of the electrical reactivity were correlated to this system.

It was our hypothesis that the patients would have a high degree of reactivity, and that their reactivity to the needed compounds or disturbing compounds would be in the higher level or upper standard deviations of reactivity versus items that are known to be "normal".

Subjects were tested against approximately 4,000 items. Then the reactivity scores were tabulated and put into statistical order [Books: 18]. The mean and standard deviation were calculated in the computer.

Thus the blood analysis scores brought in by the patients were utilized in this study. This standard deviation was correlated to the amount of electrical reactivity that was demonstrated by these similar items once brought into the electrical field of the patient. A positive reaction was determined by the appearance of the specific reactivity score above one standard deviation above the mean. If the reaction is below this value, the reactivity is deemed negative.

Since each patient's reactivity data is different, we use the patient's own data as an internal control. Thus the computer lists the range of reactivity to 4,000 items and places a mean, median and standard deviation to the patient's own reactivity data. The patient

mongoose do not, as they go into the wilds and rub their wounds onto plantain (which they also eat), as well as other herbs. Some then survive and fight off the toxic effects of the cobra venom. Plantain is not a normal food source for the mongoose.

One explanation that could possibly help to account for this is the field of electrical reactivity. The reactivity of an organism to substances around it is measurable, and has been measured in the past ten years of research and development of the Xrroid machine. This machine has been clinically and experimentally validated, and currently is registered with the FDA in America. It is also currently registered as a medical diagnostic device in Europe. The machine measures sixteen fluctuations of voltage, amperage and resistance within the patient by carefully planted skin surface electrodes on all four extremities and the forehead. The measurements of the subtle and different fluctuations are then put into a computer, and put into a fractal analysis to determine the patient's reactivity to hundreds or thousands of different compounds, which then can be subjected to the patient possibly through connection to an electrical, computerized test kit.

In Figure 1 (see Appendix 2) we see that the different types of ingredients can be brought into electrical contact with the patient's field by the computer, and then the computer measures the reactivity and mathematically sorts the subtle changes in the electrical field to produce a list of priorities in the electrical reactions.

Thus by using this sensitive electrical monitoring system, we now hope to analyze how patients react to different types of blood-related chemicals and correlate these to known blood chemistry profiles.

The development of blood chemistry has also been an accelerating art which is well known by any medical doctor in the world today. By taking a blood sample and sending it to a lab, we can measure such entities as calcium, serum, magnesium, iron, alk phos, potassium, biliary urinary nitrogen (BUN), various enzymes, and a thousand other compounds.

One major study in this area was performed [Studies: 6] in which the researchers were able to demonstrate with a high degree of electrical significance that patients had toxic reactions to various compounds including many enzymes and herbs, as well as toxic water and good water. They demonstrated the abilities of this electrical reactivity technique to help in diagnostics and therapy.

In another such measure we correlated electrical allergy results, as we measured the electrical reactivity of the patient and correlated it to the presence of a known allergen from provocative allergy testing [Books: 10, Studies: 3].
becomes his own control, and a positive reaction is established if the reactive substance in question is at the statistical top of the total range.

RESULTS

Results of the study showed that there is indeed a high level of correlation between the electrical reactivity and the blood analysis. Sixty-seven tests were compared for thirty-five subjects. Certain of these subjects had multiple abnormal readings. The reactivity was confirmed eighty-five percent of the time. This shows an interesting reactivity correlation to abnormal blood chemistries.

DISCUSSION

From our clinical results of the experiment, as well as a history of practitioners who use this machinery, we have been able to show that the x-rhoid electrical reactivity system is an inexpensive, prediagnostic system which can help the doctor to develop some pre-diagnosis.

This could be invaluable as a simple, inexpensive, non-invasive test for prediagnosis. The safety of this test and our results indicate the efficacy of the medication testing phenomenon of reactivity testing using this particular, sophisticated piece of equipment.

APPENDIX I

BIOFEEDBACK REACTIVITY AS AN ENERGETIC MEDICINE

The Newtonian model of medicine does not take into account energetic parameters. However, the Einsteinian model of matter as an energy field provides to us a framework in which we may realistically view and comprehend subtle-energy systems. Bio-energetic analysis is a rapidly emerging science, which owes its origins to the concept of analyzing and treating the body in an energetic way rather than focusing primarily on chemical level homeostasis. With energy medicine, the various electrical flows of the body are being evaluated—the voltage, amperage, proton pressured and other energetic parameters. This bio-electrical analysis gives us an energetic picture of the body rather than purely a chemical one.

In 1973, at the University of Marbush in Germany, Dr. Fritz Popp and his coworkers built a machine that could measure the electromagnetic energy radiating from the cells of the body. They showed that all the cells of the body possess resonant frequencies and emit electromagnetic waves. The slowest waves travel at the speed of sound, and the fastest travel at the speed of light, and all of the wave lengths in between can be used by the cells to communicate with each other.

Dr. Popp and his co-workers discovered that our DNA can store sunlight. Shurien and two of his colleagues, at the Institute in Russia, discovered that the cells of the body communicate with each other and share information by coding their messages in the form of specific electromagnetic waves, including the ultraviolet waves that we see in light [Books: 23].

Dr. Popp said, "One could regard disease as being the storage of wrong oscillations. We already know that biological systems store electromagnetic oscillations; so it is possible that the wrong oscillations occur, which remain obstinately in the organism and lead to misregulation." Electromagnetic oscillations cause and control biochemical processes. The electromagnetic oscillations decide ultimately whether an organism or an organ is healthy or diseased. So in acupuncture, chemical flow is not being evaluated, but rather more of an electronic transport chain on some type of conductive system, processing electrical metabolism and information. Nothing happens in chemistry without a quantum energy force operating.

The key to understanding bio-energetic medicine is knowing and understanding the fact that all processes of biological systems are indeed controlled by electromagnetic oscillations. The contraction of a disease by a person is preceded by disease-causing electromagnetic oscillations which ultimately lead to the organism or an organ becoming affected.

Dr. Albert Abrahams discovered that the radiation of diseased tissue can be transmitted via a cable—just like electricity.

Dr. Abrahams reached the conclusion that disease must be regarded as an alteration of the arrangement and number of electrons in the molecules leading to an alteration of the cell's molecular structure, which only becomes visible under a microscope as an alteration of individual cells at a later point in time [Books: 24].
A quote from a lecture given by Dr. F. A. Popp: "Bio-chemistry regards disease as a dysfunction of some biochemical processes that are registered and which are no longer functioning properly. The human being is regarded as a total chemical reaction which is controlled by means of molecules and proceeds as a result of molecular particle pressure, without a single biochemist being able to answer the questions: "Why is it not active? What is the reason for this?" The number of enzymes is completely insignificant, for the partial pressure of the enzymes will itself trigger the reaction. But we have answers to these questions. These enzymes are regulated by the electromagnetic radiation by the electromagnet coupling existing in the system.

This radiation which we measure is the regulation, the activation of all biochemical functions. Not only that; what we are observing is only a very small window in the optical range, ranging from UV to infrared. The same things also occur in all other wave length ranges.

There is another fact which is important to know: each organ has its own specific frequency. The healthy oscillation of an organ is the same for every person. Disease is not an alteration of the physiological oscillations (the healthy oscillations), but is caused by additional electronic oscillators which hinder the unrestricted flow of energy in an organ or an organism. These energy congestions ultimately lead to blocking which can significantly impair the unrestricted flow of the healthy electromagnetic oscillations. Hemotoxins then also begin to accumulate in these blocked areas [Books: 1].

The new system of energetic medicine utilizing biofeedback techniques allows us to analyze the different meridians and body functions for voltage, amperage, resistance, temperature, resonant frequencies, oscillations, brain wave, and so on; as well as to evaluate the biochemical parameters. By observing the energetic-level and biochemical-level homeostasis, one now has a true window into the holistic analysis of biological systems [Books: 4].

### Iron

<table>
<thead>
<tr>
<th>Subject*</th>
<th>Sex</th>
<th>Age</th>
<th>ANEMIA (Serum Iron Deficit &amp; Iron Binding Capacity Below Normal)</th>
<th>Reactivity to Iron, Electrical</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>M</td>
<td>35</td>
<td>Below 50 mg/dl</td>
<td>pos</td>
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<tr>
<td>2</td>
<td>F</td>
<td>28</td>
<td>&quot;</td>
<td>pos</td>
</tr>
<tr>
<td>3</td>
<td>M</td>
<td>27</td>
<td>&quot;</td>
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</tr>
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Accuracy: 86%
### POTASSIUM

<table>
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<tr>
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<th>Sex</th>
<th>Age</th>
<th>Low Values: Whole Blood Potassium</th>
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</tr>
</thead>
<tbody>
<tr>
<td>1</td>
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<td>30</td>
<td>25 meq/l</td>
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<td>2</td>
<td>F</td>
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<td>3</td>
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Norm: 32  Accuracy: 70%

### LEAD

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### ALK PHOS

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*Subjects may appear more than once.*
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<td>47</td>
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## MAGNESIUM

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<td>8</td>
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Accuracy: 75%

*Subjects may appear more than once.*
## CALCIUM

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<td>8.9 mg/dl</td>
<td>pos</td>
</tr>
<tr>
<td>7</td>
<td>F</td>
<td>52</td>
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<td>neg</td>
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Accuracy: 61%

*Subjects may appear more than once.
APPENDIX

COMPUTER ACTIVATES TEST KIT

SEQUENCE OF TESTING EVENTS

1. COMPUTER ACTIVATES TEST KIT BY SUPPLYING A CODED PULSE.

2. TEST KIT BRINGS IN ELECTRICAL CONTACT TO PATIENT ITEM TO BE TESTED VIA GROUND WIRE. COMPUTER ACTIVATES TESTING DEVICE.

3. TESTING DEVICE MEASURES 4 ELECTRICAL READINGS: 1 VOLT (BRAIN), 3 IMPEDANCE

4. COMPUTER STORES READING

5. COMPUTER STOPS READING

6. COMPUTER RETURNS TO #1 AND ACTIVATES NEXT CODED PULSE
BIBLIOGRAPHY

BOOKS


ARTICLES AND STUDIES

THE ELECTRICAL SCIENCE OF MEDICATION TESTING

By: Staff of Maitreya of M.

The field of energetic medicine sprung up generations ago, when acupuncturists and medical doctors found an electrical correlate of medication testing while looking at acupuncture meridian points. These points showed an electrical variability through resistance when the patient was exposed to various homeopathic medications that seemingly produced a reaction in the patient.

In our Quantum Biology books we have proven that indeed the body is an energetic medium in which electrical phenomena happen at the cellular level, and through the multicellular organism. Thus the human is indeed an electrical being, with energy running through not only his nerves, but also his acupuncture meridians.

As we've shown in our books, the human body must be able to react to the environment surrounding it to survive. This reaction is a crucial matter in determining metabolism. Without the ability to have subtle reactions to the environment, the human could not possibly survive. The needs of eating, drinking, breathing, sex, and general health all determine the patient's reactivity.

If a patient needs more water due to a depletion of interstitial fluids, then the patient will react more towards water, as the biological organism of the body start to produce drives toward satiation of its needs. Since there are a vast number of these needs, which range to various degrees of intensity, there must be subtle variations of the needs. As we have pointed out, the electronic measurement of the subtle energy forces of the body tell us about the needs of the body, and this can be reflected in the electrical measurements of the reactivity of the body.

These are the initial discoveries that led Voll, Montoya and others to discover the phenomenon of medication testing. This phenomenon of medication testing has prevailed throughout the world; there are now over one hundred thousand practitioners of electroacupuncture who look for variations in the electrical fields of the body to determine the patient's nutritional, behavioral, and homeopathic needs.

One problem of the past has been the science of reductionism. Reductionism attempts to reduce very complex situations to overly simplistic criteria. Reductionism worked very well as a science for analysis of nonliving solutions; for buildings, engines, and work that generally required Newtonian physics.

With fractal dynamics we now find that the science of reductionism no longer fits in many situations, especially not in biology. Thus, if we try to oversimplify the body and its reactivity into one dimension (resistance, or skin impedance), we might lose sight of the true criteria. Let's not make the mistake of reductionism. We must go beyond just resistance or impedance measures.

Now let us briefly analyze the factors that determine the electrical reactance of the human body. This reactivity has an electrical formula.

The Handbook of Electronic Tables and Formulas defines reactance as: "The opposition to the flow of alternating (or pulsating) current by the inductance or capacitance of a circuit." Reactance can be separated into two criteria: capacitance reactance and induction reactance. The formula for capacitance reactance is

\[ X_c = \frac{1}{2\pi fC} \]

where \( X_c \) is the reactance in ohms, \( f \) is the frequency in hertz, and \( C \) is the capacitance in farads.

The formula for the induction reactance is

\[ X_L = 2\pi fL \]

where \( X_L \) is the reactance in ohms, \( f \) is the frequency
in hertz, and L is the inductance in henrys. Thus we can chart out just which variables reactance covers.

We can see that there is a direct relationship between the frequency of the item and the reactance of the circuit. As the frequency goes higher and higher, the reactance of the circuit increases.

We have measured the frequency of various homeopathic items with our trivector analysis (see Quantum Quality Control). Thus by measuring the harmonic frequency of different homeopathics, we can see that this variance can have an effect on the reactance of the circuit. Also, the healthier the patient and the more harmonious the frequency circulating through the body, the better the reactance of the circuit will be.

Capacitance can be measured by knowing changes in amperage. Inductance can be measured via changes in voltage. If we view the voltage, amperage, and resistance of the body of the patient, we can calculate reactance quite easily. Voltage, amperage, and resistance are the basic electrical values of any circuit, and are found in Ohm's Law:

Volts = Amps X Resistance

Capacitance has an inverse relationship; as capacitance decreases, the reactance increases. As the inductance increases, the reactance decreases. Thereby inductance and reactance have a direct relationship. Reactance is often correlated to ohms. Thus resistance and reactance have a strong correlate. But our true calculation of reactance with voltage, amperage, resistance, capacitance and inductance provides a very superior measure.

The capacitance and inductance of the human body are variables of the voltage and amperage of the system. All organisms (unicellular or multicellular) must have capacitance and inductance modulation of the electronic flow within the organism. Thus capacitance and inductance appear in the human body, and can be measured.

Another variable of concern is the phase angle. Since the body offers an oscillating circuit, or a pulsed DC, there are angles of the induction and capacitance of the circuitry. The Handbook of Electronic Tables and Formulas also tells us that the phase angle is Q when there is resonance in the circuit. It is also 0 when the reactance is at its peak. Thus this also gives us the possibility of measuring electronic reactivity.

The resonance of a circuit is shown by the following formula, where the resonant frequency equals $1$ over $2\pi$ times the square root of the inductance times the capacitance.

$$f_r = \frac{1}{2\pi \sqrt{L/C}}$$

where $f_r$ is the resonant frequency in hertz, $L$ is the inductance in henrys, and $C$ is the capacitance in farads.

Ohm's law tells us about the different interplays of voltage, current and impedance. It is given by

$$E = IR$$

$$I = \frac{E}{R}$$

$$R = \frac{E}{I}$$

where E is the voltage in volts, I is the current in amperes, and R is the impedance in ohms.

The power expended in an AC circuit is calculated by the formula:

$$P = EI \cos \theta$$

where $P$ is the power in watts, $E$ is the voltage in volts, $I$ is the current in amperes, and $\theta$ is the phase angle in degrees.

The phase angle is the difference in degrees by which the current leads or lags the voltage in a reactive circuit. In a series circuit, the phase angle is determined by the formula:

$$\theta = \arctan \frac{X}{R}$$

where $\theta$ is the phase angle in degrees, $X$ is the inductive or capacitive reactance in ohms, and $R$ is the non-reactive resistance in ohms.

Therefore, for a purely resistive circuit:

$$\theta = 0^\circ$$

$$\cos \theta = 1$$

$$P = EI$$

For a resonant circuit:

$$\theta = 0^\circ$$

$$\cos \theta = 1$$

$$P = EI$$
For a purely reactive circuit:

\[
\theta = 90^\circ \\
\cos \theta = 0 \\
P = 0
\]

where \( P \) is the power in watts, \( V \) is the voltage in volts, \( I \) is the current in amperes, and \( \theta \) is the phase angle in degrees.

In order to measure reactance of the body, and to define energetic medicine, we must measure different voltage readings and determine the change in voltage; measure amperage readings and determine the change in amperage; measure resistance readings and determine the change in skin impedances; and measure the oscillatory factors. These oscillatory factors are the variability factors that can be mathematically derived with Fourier or curve fit analysis.

The Ecolision machine was developed to measure the oscillations in brain waves, voltage, amperage, and resistance. By comparing the reactance of the body with two different items in a test kit, the Ecolision machine can mathematically chart out the variability in how the body reacts. Through the Fourier analysis we can chart the pattern of the brain wave, and see what the average brain wave pattern is for a patient over a period of time. When there is full reactance, we see that the phase angle equals zero. Thus this produces a definable shift in the brain wave that lasts for only a split second. This can be defined by the Ecolision system.

After there is reactance of the brain wave, and a phase angle shift, the body metabolizes to the reactance of the item, and thereby returns to its former pattern. Thus the Ecolision machine in analyzing a brain wave can perform at an extremely fast level. We have measured the reactivity of the brain, and found that it performs in a millisecond, or even microsecond, speed range. So the recording of data must take place within the least amount of time from the point which the test kit has brought those items into contact with the body (see Quantum Vibrational Medicine).

We can see that the measurement of skin point resistance, which was done with the single channel resistance machines (Interro, Dermatron and others) did produce some results. A one-channel resistance activity device can generate correlates, but the operator involvement in this also led to some pros and cons in its ability. The operator could, by means of the speed of the probe’s contact with the skin, control the various readings, and sometimes the unconscious process of the operator might intrude. In developing a purely mechanical and electrical measure of reactivity, simple resistance would not be enough; especially not one-channel resistance. We must develop a multi-channel device.

We have developed a sixteen-channel device that is capable of making several resistance, voltage and amperage measures. It can thereby calculate capacitance, inductance, and ultimately the reactivity of the body.

Also to determine our measurement, we must develop a test kit that will be able to bring in the virtual photon activity of thousands of homeopaths at a super speed. This is a patent-pending operation known as the Xroid test kit. We need to be able to make mathematical calculations and develop Fourier systems of analysis, known as curve fitting systems, to see where the items generate extreme variability from predictable curves. This type of mathematical operation is also under the patenting process of the Xroid.

After that we must have operator intervention known as “think time”, in which the practitioner evaluates the data and is able to judge whether there is a variation in the data produced by some type of patient movement or electrical parameter that might produce disturbing data. At the end of this “think time” we can reevaluate the data and generate a potential set of variables for analyzing the patient’s reactivity.

Over the last three or four decades the question has often been asked, regarding electroacupuncture: Could the phenomenon of medication testing be experimentally evaluated? The answer to that question is yes. Let me show a brief synopsis of some of the results of our studies. Attempts to produce results with one-channel resistance equipment have proved less than satisfactory. Measuring reactivity resistance with a one-channel device is like listening to a symphony with only one note, or using just one sense to judge an object. Remember the story of the ten blind men who encountered an elephant. With varied data, results unfold.

**PROCEDURE**

First, we needed to correlate some pretest with the reactivity of the device to calculate the patient reactance. In our first experiment we took the known presence of various pathogens in the body determined by body cultures of urine, vaginal swab, blood and other means. Culture results showed the presence of E.coli, pseudomonas, streptococcus, or candida. Knowing that the patient was indeed infected with these items, we questioned whether our electrical parameters could pick up a reaction to a nosode of these items. There was a more than eighty-five percent degree of accuracy in predicting the reaction to the nosode in our study, using the culture results of over fifty clients.
RESULTS

Table 1

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<td>Patients with Positive Bacterial Culture</td>
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<td>Patients with Positive Fungal Culture</td>
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<tr>
<td>Percent Accuracy</td>
<td>69%</td>
<td>88%</td>
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</table>

In our studies we first took groups of patients with the firmest possible diagnosis. Then, in a blind experiment, we asked an Interro user and an Eclosion user to try to diagnose the patients. The accuracy of each is reported in our results table.

Our blood scan results showed that the device also could be used to calculate the reactance of homeopathics of cholesterol, potassium and sodium. When compared with known blood scan variables and the reactance of the nosode, the accuracy in this study was eighty-six percent.

In a study using sarcoches, we first determined adrenal insufficiency by total catecholamines in the blood, and symptomatology. Also, Thyroid hormone insufficiency was correlated from blood results and symptomatology. There was a more than eighty percent accuracy in the machine's ability to find reactivity in the patient to the sarcoches of adrenal and thyroid when they were needed (see Table 2).

Another study was done on the presence of worm eggs in the stool; eighty-five percent of the patients who possessed worm eggs were found to have reactivity to the nosodes of those parasites.

The last test done was on allergic reactivity. The patient's allergic reactions to various products were determined not only by skin testing but also by provocative data, where we knew that the patient was consistently allergic to certain items. When these items were put into the electrical reactivity pattern, and the reactance of the human body was determined, the correlation of the Eclosion device was seventy-five percent to the known allergy. The increase of eighty-five from our other test of seventy-five could possibly be due to the inaccuracy of the first part of the test; often patients expect to be reactive in our tests, and don't really have allergic or electric reactivity. Known allergy tests today have determined that there is only a sixty-five percent accuracy on known allergy tests if everything is done correctly (see Table 3 below).

RESULTS

Table 2

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<tr>
<td>Percent Accuracy</td>
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Table 3

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<tr>
<td>Percent Accuracy</td>
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<td>75%</td>
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**CONCLUSIONS**

Thus the results of our studies have consistently shown definite electrical reactivity that can be measured. This electrical reactivity cannot be measured accurately on a one-channel device, nor can it be measured by simply using resistance in a multi-channel device. To determine the reactivity we must measure voltage, amperage, resistance, and oscillation; then generate them through our mathematical manipulations to determine mathematical reactance, curve fit responsibility, and the phase angle phenomenon that is the heart of most medication testing.

There is indeed a new era of energetic medicine proceeding from this data. We now can see that the old measures of skin resistance are antiquated and subject to many kinds of operator intrusion. Now, energetic medicine can chart a new course into the future of medicine with the development of Academy of Applied Bio-Quantum Technologies software and utilization of registered machinery to measure voltage, amperage, resistance, temperature and oscillations. Thus energetic medicine, homeopathy, naturopathy and acupuncture all have had a revalidation of their respective phenomena. It is the purpose of this article to briefly summarize the work done by Dr. Nelson in developing several books on energetic medicine, quantum biology, electroacupuncture and homeopathy. In the Quantum Biology series there is an extremely scientific, mathematical and lengthy explanation of the topics explored in this summary. We wish to point the reader in that direction for answers to some of the detailed questions he might have regarding this series of concepts. These books may be obtained by contacting the Academy Press, Homeoagnostica, Budapest, Hungary.
ELECTRICAL REACTIVITY AS A PRESCREEN OF HIV INFECTION PATIENTS

By: Nagy K., Nelson W., Barbas E., Balaza E., Varkonyi V., Horvath A.

Study Site: National Institute of Dermato-Venerology, Budapest, Hungary, Year: 1994

ABSTRACT

Twenty-two ambulatory AIDS patients in Budapest were studied for xrorid electrical reactivity readings; the electrical reactivity patterns and reactive substances that were in the highest faction of reactivity. In other words, those reactants that were statistically significant are compared in the groups of the AIDS patients taking the AZT as well as the AIDS patients that were treated with homeopathic and nutritional items. The purpose of the study was to analyze similarities and consistencies in their electrical reactivity patterns over the course of four measurements. This took place during the 4th, 5th, 6th and 7th month of 1994. During these months there was also a homeopathic and nutritional intervention done on several of these patients to see the effect on blood chemistry profiles denoting AIDS risks and the homeopathic and nutritional intervention are described in the article known as the comparative results. Reductionistic techniques of synthetic chemistry have failed with HIV. This study charts a non-reductionistic system of analysis of the electrical reactivity patterns of the study participants.

BACKGROUND INFORMATION

Reductionism in science has helped dramatically in the areas of mechanics, non-organic chemistry, and other non-living sciences. In Biology and Medicine however, reductionism has failed, often causing more damage than benefits. The science of electrical reactivity allows for testing reactions to thousands of compounds thus developing a non-reductionistic analysis. (ref. 1)

The science of electrical reactivity in the body has been documented in several articles. Two such papers were recently submitted at an international medical diagnostic symposium in Pecs Hungary in September 1994. (ref. 23, 24) Copies of these articles are attainable from the Quantum Medicine network on the internet. Also included there are articles that totally describe the electrical reactivity factors in medication testing.

To access the internet data base go to internet:

http://www.usa.net/qmed

Electrical measures of medication testing using one channel skin resistance devices has been shown unreliable, inaccurate, and susceptible to therapist error or intervention. (ref. 28) Reactivity patterns for electrical reactivity are best attained from electrophysiological changes of voltage and amperage along with resistance. (ref. 23, 24, 25, 26, 27)

Xrorid is a term which is coined to mean rapid electrophysiological tests of patient’s reactivity to large numbers of potential reactant substances. A sophisticated electrical device will then measure multi-channel reactivity of changes in skin resistance, skin voltage potential, skin amperage, and capacitance and inductance changes in the body. This is then calculated into a mathematical formula, which is then analyzed for reactivity patterns. (ref. 34)

In our study, approximately 4,000 substances (items) were tested at each measurement to determine which of these substances the patient had the most reaction to. The reactivity of the patient to the different substances was plotted by the machine from the lowest reactivity to the highest. Thus, the patient becomes his own control. The items appearing in this report are only those items that fall in the upper statistical significant reactivity part of the total reactive pattern. The patients in the study were measured four times, once a month, to determine which items they had the most reaction to.

It has been found through long clinical and experimental evidence that the items appearing at the top of
the electrical reactivity pattern are the ones most sensitive to the patient's health at the time of the test. (ref. 22,23,24,25,26,27) The device used for this measurement was developed by Quantum XRROID of Ireland. The first such device was the EPFX device, registered with the FDA (Food and Drug Administration) in America and over 300 devices have been sold throughout the world to clinical practitioners in their day-to-day medical practices. (ref. 9,27)

The first official epidemic analysis was utilized in the Camelford study by Peter Smith. (ref.33) In this article it was documented that the xrroid analysis was highly significant in showing the electrical reactivity through a polluted water source in Cornwall and also was very helpful in charting electrical reactivity patterns in a population in Cornwall England that was exposed to water pollution incident five years ago. (ref 33) The xrroid was used over a period of time to chart the different electrical reactivity patterns and to help in prescribing homeopathic, herbal and nutritional approaches toward their healing. The results were both highly significant and also clinically effective in the population.

It is this basic epidemiological approach to the AIDS population in Budapest that has been utilized by the xrroid to help chart electrical reactivity patterns.

At the end of each test of the 4000 items, there are approximately 100 items which would fall into the significant category. The significant category meaning that there was a one out of 20 chance that the item would fall into these top 100. At the end of each test, since there were approximately 100 items, many of these items were not highly significant for the study or the quality of this test. Items such as cat hair, goat milk, or the like might be particularly helpful in view of the patient's own particular health at the time of the test, but not really insightful into the direction of our study as to helping us to understand the AIDS case and looking for different healing factors. With this in mind, we looked at the items in the test which occurred at multiple times in our 22 patient population. Items that reoccur are more insightful as to how they might help with a patient population. For example, B12 which occurred in a patient or two significantly did not occur in the overall patient responsiveness for us to consider significant in the study. However, thiamine B1 and riboflavin B2 did occur significantly to show us this was part of the picture of the patients in the study. There might be many causation factors as to why any substance might occur or possibly reoccur in the population. This might include an overall dietary defect in the Hungarian population, behavior and lifestyle problems of the patients in the study or any wide variety of circumstantial evidences, but for the sake of the study we wish to report only the items which were recurring at a statistical factor to help us summarize significant reactivity patterns in our patients.

Other blood analysis factors were incorporated into the study to determine if any type of blood changes could happen as well. Another part of the study that was utilized was that of a homeopathic intervention of a group of products that were incorporated with one control factor. Twelve patients in this study were given a homeopathic intervention that consisted of items that were found to be significant in the first or 4th month of reactivity testing. This included a full range fatty acid compound, a homeopathic for stabilizing and stimulating the immune system, a group of items found to help stimulate T-Cell production and a homeopathic made up from the serum of the patients themselves. This was known as the AINT therapy or the Auto Immunization Nelsonian Therapy which is described in the bibliography. The patients blood levels were analyzed during the test and results are displayed. Twenty patients were chosen as controls from a local Hungarian population. These control patients did not have AIDS and came of typical presenting concerns such as sore throats, back aches, back pain and other normal pathology. The control subjects selected did not have major diseases such as cancer, lupus, leukemia or any other type of major involvements. (ref. 23,24)

EQUIPMENT

The machine is a 19 channel electrical measure device which measures changes in skin resistance, skin voltage potential, skin amperage, inductance, capacitance and conductance changes over a period of time. The machine incorporates an electrical test-kit which contains thousands of homeopathic substances which includes herbs, viruses, amino acids, fatty acids, vitamins, minerals, nosodes, sarcoodes, allersoedes, isodes, and complex homeopathic formulas. A harness is attached to the device and is hooked up to the patient's wrists, ankles and forehead (see Fig 1). These electrodes measure electrical changes as each of the different items within the test kit is electrically contacted to the body. The computerized software is designed to measure the electrical reactivity pattern and to convert this into a raw electrical reactivity score. The software then catalogs the electrical reactivity from the low to the high and calculates a statistical breakdown, separating the significant electrical reactivity scores from the norms or the average read-
ings. A full description and picture of the device is incorporated into the Electrical Reactivity of Patients to Various Nosodes, Isodes, Allersodes and Sarcodes study. (ref. 23,24)

RESULTS

There are several ways to possibly analyze these results. Table 1 is a list of reactive items that repeat in the AIDS patient population. Certain of these items repeat at highly significant levels. When compared to our normal patient control group, we see some differences in several items. The items which differ at highly significant statistical levels are in List Number Two. Further comparisons of reactivity patterns before and after treatment also show a statistical decrease in the following items: Retro Virus, Vitamin C, Chromosome patterns, Bacteria, Fungus, and enzymes. All homeopathic solutions at multiple potencies for polychoord effects.

Next we have the most statistical varying items broken down in the test population over the monthly tests. Normal population group of 20 normal Hungarian patients' data is presented in the fifth column. See Table 2.

Table 1

Initial Significant Reactivity Patterns

<table>
<thead>
<tr>
<th>EXTREMELY SIGNIFICANT</th>
<th>HIGHLY SIGNIFICANT</th>
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</thead>
<tbody>
<tr>
<td>Alpha = .005</td>
<td>Alpha = .01</td>
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<tr>
<td>Acne*</td>
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</tr>
<tr>
<td>Albacans</td>
<td>Biotin</td>
</tr>
<tr>
<td>B1</td>
<td>Brucellosis</td>
</tr>
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</tr>
<tr>
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<td>Creatin</td>
</tr>
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<td>Cardusmar</td>
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<tr>
<td>Chromosome 14</td>
<td>Caprylic Acid</td>
</tr>
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<td>Legionella</td>
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<tr>
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<td>Listeria</td>
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<td>Laurenti</td>
</tr>
<tr>
<td>Degex*</td>
<td>Leucine</td>
</tr>
<tr>
<td>Enkephalin</td>
<td>Lusitani</td>
</tr>
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<td>Fatty Acid Liquescence*</td>
<td>MAO</td>
</tr>
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<td>Gonorrhea</td>
<td>Prosta</td>
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<td>EXTREMELY SIGNIFICANT</td>
<td>HIGHLY SIGNIFICANT</td>
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<tr>
<td>-----------------------------</td>
<td>------------------------</td>
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<td>Staph.</td>
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<td>Strep. Hame.</td>
</tr>
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<td>Vitamin K</td>
</tr>
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<td>Vitamin U</td>
</tr>
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<td>Melioidosis</td>
<td>Wild Yams</td>
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<td>Thymosin Tularemia</td>
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<td>Avena Sativa</td>
<td>Ace</td>
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<td>----------------------</td>
<td>---------------</td>
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<tr>
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<td>Flex*</td>
</tr>
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<td>Hyaluronidase</td>
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<td>Jumper</td>
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<tr>
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<td>Kidney Cyst</td>
</tr>
<tr>
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<tr>
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<td>WBC</td>
<td>Zinc</td>
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* Complex homeopathic formula
Table 2
Changing Patterns of Significant Reactivity

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<tr>
<th>Item</th>
<th>4th mo.</th>
<th>5th mo.</th>
<th>6th mo.</th>
<th>7th mo.</th>
<th>20 control</th>
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<td>11</td>
<td>10</td>
<td>8</td>
<td>4</td>
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<tr>
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<td>11</td>
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<tr>
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<td>4</td>
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<tr>
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<td>Acne</td>
<td>5</td>
<td>5</td>
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Table 3

<table>
<thead>
<tr>
<th>Item</th>
<th>Treatment Group (Pre-test)</th>
<th>Treatment Group (Post-test)</th>
<th>AZT Group</th>
</tr>
</thead>
<tbody>
<tr>
<td>Retro-V</td>
<td>12</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>Vitamin C</td>
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<td>Enkephalin</td>
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<td>1</td>
</tr>
<tr>
<td>Fatty Acid Liquescence</td>
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<td>7</td>
<td>5</td>
</tr>
<tr>
<td>Mysterious Acid</td>
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<td>6</td>
<td>6</td>
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<tr>
<td>Hepatitis</td>
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<td>7</td>
<td>6</td>
</tr>
<tr>
<td>Histoplasmosis</td>
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<tr>
<td>Lactate Dehyd.</td>
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<tr>
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<td>3</td>
</tr>
<tr>
<td>Chromosome 14</td>
<td>0</td>
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<td>4</td>
</tr>
</tbody>
</table>

Of extreme interest to our theories of reactivity was the reaction differences between the sub groups of our study. Most interesting is how the AZT group showed little reaction to the retro homeopathic when the others had such high reactivity. Also after the treatment with the retro homeopathic the reaction of the treatment group fell statistically. Vitamin C and enkephalin followed the retro with falling reactivity scores. However the fatty acids did not lower their reactivity after treatment. Perhaps due to the fact that the most critical fatty acid in the survey, mysterious acid, was not at bio-usuable amounts in the treatment. Table 3 reveals the comparisons.

The other differences worth noting were that there was a difference between the treatment group and the AZT population in the factors of Hepatitis, Histoplasmosis, Lactate dehydrogenase, and chromosomes 14 and 17. The differences are significant because the AZT group of participants was smaller than the other groups.

Patients with AIDS significantly had the top 10% reaction pattern contains retrovirus, fatty acids, Mysterious acid, and candida albicans. This is a pilot study. More testing is needed on larger populations to refine this as a prescreen of risk.

DISCUSSION

The test provided information which suggests that the equipment used in the test may be used to pre-diagnose patients. This technology is most useful for patients without symptoms. Our study also shows successful treatment of AIDS patients with homeopathic intervention. Previous efforts in AIDS treatment have been along the lines of synthetic allopathic medications. The emphasis is on reductionistic techniques. Techniques designed to develop reductionistic synthetic chemical solutions. Given the complexity of a retro viral disease, non-reductionistic techniques such as the x-ray analysis can reveal individual weakness. And this could allow for more refined treatments.

Our studies show that homeopathic intervention definitely is worthy of consideration as a new direction for research. This would mean a reduction in medical costs associated with this disease, stabilizing and maintaining the health of the patient, and a new direction to look for a possible cure.
SEQUENCE OF TESTING EVENTS

1. COMPUTER ACTIVATES TEST KIT BY SUPPLYING A CODED PULSE.

2. TEST KIT BRINGS IN ELECTRICAL CONTACT TO PATIENT ITEM TO BE TESTED VIA GROUND WIRE. COMPUTER ACTIVATES TESTING DEVICE.

3. TESTING DEVICE MEASURES 4 ELECTRICAL READINGS: 1 VOLT (BRAIN), 3 IMPEDANCE

4. COMPUTER STORES READING

5. COMPUTER STOPS READING

6. COMPUTER RETURNS TO #1 AND ACTIVATES NEXT CODED PULSE
ELECTROPHYSIOLOGICAL CONCLUSIONS

1. HIV PATIENTS - Significantly lower values of oxidation potential.

2. HIV PATIENTS - Significant reactions to fatty acids, anti-oxidants, fungus, bacteria, calcitonin, lipase, herpes.

3. HIV PATIENTS AZT - Little reaction to HIV homeopathic.

4. HIV PATIENTS NON-AZT - Significantly high reaction to HIV homeopathic (pre-treatment), low reaction (post-treatment).

TREATMENT MODALITY
For Three Month Period

1. FATTY ACIDS FORMULA – 10 drops, 1/day

2. AUTOIMMUNIZATION HOMEOPATHIC - 6 drops, 2/day

3. HERBAL HOMEOPATHIC BLEND – 6 drops, 2/day

RESULTS
(Post-Treatment)

1. CD-4 + T-LYMPHOCYTE COUNT – Unchanged.

2. BETA-2 MICROGLOBULIN - significantly decreased, many dangerously high readings dropped to normal levels.

3. HEPATITIS B SURFACE ANTIGEN – only one in test (nontreatment).

4. HEPATITIS C ANTIBODY - only 3 patients (non-treatment).

5. CMV ANTIBODY - decrease greater in treatment group, not significant.
REFERENCES


XRROID ANALYSIS AND HOMEOPATHIC TREATMENT MODALITIES FOR BREAST IMPLANT DISORDERS


ABSTRACT

The Xroid measure of electrophysiological reactivity has been used on many types of diseases. The Xroid reactivity test was utilized on several women with breast implants who showed signs of autoimmune disorders.

This article is a summary of the Xroid reaction similarities in this group, and shows the results of the homeopathic treatment of these patients. This article briefly reviews the electrical reactivity and homeopathic theories and their applications.

This study was performed in 1993 in Houston, Texas, and Denver Co. U.S.A.

INTRODUCTION

Over the past few years twenty-seven patients with breast implants have been evaluated with the Xroid electro-reactivity device and given homeopathic treatment protocols. Three patients experienced profound results. However, over six hundred patients in the Houston area who were treated for breast implant disorders achieved no significant results. Doctors in the Houston area met with Dr. Nelson regarding the differing results. They were amazed at how homeopathy could produce results where allopathic techniques failed. We wish to summarize some of the basic similarities in the twenty-seven patients with breast implant autoimmune disorders and review the homeopathic methodology.

The largest surgical intrusion of an inert mass into the body is done in the breast implant case. This breast implant is usually a type of silicon or saline-containing silicon bag inserted into the body for cosmetic purposes. The fact that this additional material implant surgery is done for cosmetic purposes rather than for health purposes complicates the psychological ramifications. In addition, the fact that the implant is inserted in an area with sexual connotations further complicates the psychological involvement with the case.

It was originally determined that this silicon and other compounds were biologically inert and thus were not capable of stimulating an overall immunoglobulin response. But even the existence of a piece of glass or splinter in the skin draws the attention of the immune system and brings white blood cells that attempt to dispel the intruder. Even if the intruder is inert, the body still reacts to it. Cellular and lymphatic processes are then disturbed. It can be hypothesized that when the immune system is drawn to such a breast implant it might disturb the functioning of the rest of the immune system [Studies: 15]. Research has shown that these implants are covered by white blood cells, which are drawn to the intruding mass.

Possible mechanisms for this can be that the excess white blood cells drawn to the breast implant might deprive the rest of the body of white blood cell defense. It has been shown in several studies that breast implants draw a dramatic number of white blood cells that cover their exterior [Studies: 12]. Another possible theory is that the existence of the mammary implant might over-extenuate the immune system by stimulating the creation of a larger number of white blood cells which might attack other parts of the body. This could be producing a demyelination of the nerves of the body and produce the multiple sclerosis-like symptoms that many of the women with breast implants possessed. Scleroderma and transitory silicone migration also can result [Studies: 16].
The existence of a low grade intruder such as the breast implant pushes the immune system into a hyper-immune dysfunction or an autoimmune disorder, very much like lupus, arthritis or other chronic low-grade inflammation states.

There is much documentation regarding the neural demyelination syndrome of breast implant cases and multiple sclerosis-like symptoms [Studies: 14].

All the patients in the study were ages thirty to sixty. The average latency of the development of clinical symptoms is seven years (range .33 to 20 years). Eighteen had silicon-filled prostheses and seven had silicon-covered saline filled prostheses. The major symptoms were muscle weakness, sensory loss, tender breasts, pain and discomfort associated with easy fatigue, morning stiffness, aches, lymphatic swelling, loss of balance, irritability, brain fatigue, loss of memory, and overall malaise [Studies: 17].

Two additional patients, numbers 26 and 27, were male transvestites who had breast augmentation surgery. Similar neurological functions were observed in the male patients. However, the intensity of symptoms seemed to be related more to the female patients than the male patients. Perhaps the male immune system is not as sophisticated as the female and might not have the extreme degree of reactivity. In the male patients similar symptoms were present, but could be easily managed. The rest of the report concentrates on the female results. A review of the literature shows that quite possibly all patients receiving this type of surgical implant develop some of the related symptomatology.

In 1994 the FDA prompted a large court settlement from the manufacturers of breast implants. Damages were negotiated in the billion-dollar area. We could take this as some degree of admittance of the presence of an iatrogenic disease complex.

Many of the studies done on analysis of these patients have been reductionistic; in other words, reducing the patient to a simple variable. Studies have been done showing lymphatic involvement, neurological involvement, kidney disfunction, platinum and urine profiles. The lack of a consistent reductionistic profile led to the delays in prompting the court settlement resolution. But finally, the overall existence of a nonreductionistic syndrome led to the out-of-court settlement solution. The overall ramifications of this legal situation will take years to settle because not all injured parties have agreed to settle. The public needs to know the risks involved with such interventions.

**REACTIVITY**

Xrroid reactivity has shown that reductionistic analysis of a patient can be misleading. In fact, a better procedure is that of analyzing the body in its complexity using computer graphic analysis. A review of electrophysiological reactivity should be done at this time [Studies: 2-11].

We did see some very interesting individual profiles, which were insightful. Reactivity profiles in cases of AIDS, toxic water and other disease states have yielded medical information helpful in developing medical interventions [Studies: 2,18,19,20]. The individual profiles allowed us to understand some of the functioning capacities of the individual patient and led to a more successful homeopathic regime.

Taking individual analyses of patients is indeed successful in helping to develop better procedural analysis. The patients were then treated with homeopathic protocols which were individualistic as well, but there were several patterned similarities detected overall in this group.

**ANALYSIS RESULTS**

Of the twenty-seven patients involved, twenty-two had neurological signs of early multiple sclerosis including dismissal of subtle touch reflexes, visual disturbances, memory disorders and other neurological involvement. The remaining cases did not have measurable neurological reactions, but did complain of extreme fatigue and irritability. All those with neurological involvement were missing touch reactions in the abdominal area. Other neurological reflexes were also missing. Out of the twenty-seven cases twenty-four showed fatty acid deficiencies and high electrophysiological reaction to Fatty Acid Liquescence. Twenty-three had reactions to Degex, which is a combination of cobra venoms utilized to treat various demyelination syndromes. Major Nerves is a homeopathic used for neurological treatment, identified in twenty-four of the twenty-seven patients. All twenty-seven were identified with the formula made from various types of silicon, in homeopathic form. This formula was used in a hormesis manner to prompt detoxification and encourage the body to deal with the reactivity of the silicon. But the overall protocol of the breast implant hormesis product, Degex, Fatty Acid Liquescence and Major Nerves constituted the consistent profile of the patients. Some patients reacted to the lymphatic, spleen, digestive, brain and other types of disorders which were treated on an individual basis. Individualized support programs were used in addition to the overall protocol.
DISCUSSION

The results of the electrophysiological reactivity allowed us to analyze this population for therapeutic similarities. This leads us to conclude that the therapeutic similarities are in the area of demyelination and autoimmune disorders. These factors aggravate the psychological involvement and thus exacerbate mental disorders. Once these factors are corrected, counseling can be productive in revealing mental complications. There seems to be a chronic fatty acid deficiency in these patients and an inability for them to manage their fatty acids, hence the need for an oral supplement, Fatty Acid Liquescence. Also, the Degex helps to reverse demyelination syndrome. Major Nerves helps in a variety of neurological problems seen with these patients. The hormesis effect of the detoxifiers also had profound positive results. A review of homeopathy literature [Books: 6-9, Studies: 1] and the literature regarding electrophysiological reactivity [Studies: 2-11] would be important to understand the entire concept and validity of this study.

So it appears that complex homeopathy, nutrition and counseling should be considered therapy programs for this iatrogenic syndrome.

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BIO-ELECTRO MEDICINE THERAPY

ABSTRACT

In this brief review article we wish to highlight some of the medical therapy techniques that are utilized in the field of bio-energetic medicine. This is a short review on Rife technology, the mora filter type devices, magnetic therapy, bio-resonance static therapy, TENS therapy, and the introduction of a new technique known as the scalar wave generator.

This study was performed in 1994 at the Homeopathic Research Facility in Budapest, Hungary. Re-validation and further clinical testing are currently being performed by medical doctors at the Homeopathic Clinic in Budapest, Hungary, and by the doctors listed above.

INTRODUCTION

The basic foundations of electronics came from initial investigations of biology. The inventors of long ago; Volta, Ampere, and many others, tried to understand biology and ended up looking at the basics of electrical reactivity.

Now that electronics has become an art, let us return to biology and restudy this. It is the purpose of this article to recount some of the various therapeutic techniques used in therapy generated devices.

One such therapy that has received much attention is the Rife technique. Dr. Rife, practicing in California, found that the body had certain responses to different types of frequencies of an electronic nature. In fact, Rife contemplated that different types of frequencies involved with different amplitude wave patterns might have positive effects on organisms and negative effects on diseases. He rationalized that the small virus was actually a crystalline type structure; thereby, if a resonant frequency could be found, it might perhaps destroy and break up this virus component.

Many people struggle with the concept of a virus shattering. But the basic process of stimulating the body through different electromagnetic radiation patterns has indeed been involved heavily in the last couple of years of research. But many experimenters have found that the application of 50 Hz. can have some positive effects on certain types of biology and negative effects on certain others.

There has been some overall agreement that 500 Hz. signals can induce cells to pump out more norepinephrine, and to stimulate adrenaline production. 300 Hz. has been found to help in the production of bones. 110 Hz. has been found to be a very good frequency for stimulation of sleep. The list goes on and on. In these types of practices, an actual external Hz. field of an electromotive potential is applied to the body; most often at low-voltage capacities, usually lower than 4 volts.

This type of oscillation potential can have stimulatory effects on the system. Many times people are sick because they do not have sufficient electrons or electron push in the system. The number of electrons is correlative to their amperage, and the amount of push in the electrons is correlative to their voltage. Thus many patients who are in deficiency states need the input of these amperage and voltage components, and by just simply filtering their own personal signals they do not have enough raw energy to work on.

This is what Rife observed. He developed his type of technique to supply the electrons and push the voltage of the person towards more normal, and thus more healthy, states. People who are in degenerative conditions such as cancer, fatigue, emotional stress or depression may have depleted their own natural life force (amperage) and their own willpower (voltage).
Thus the addition of this type of external field can have powerful, productive effects on their biology.

Much of this exciting medical science is reviewed in Quantum Vibrational Medicine (Books: 4), in which we have a more lengthy and mathematical description of these components. We would like to point the reader in this direction for review.

Once the "battery" is charged and we apply these external electrical fields, we hope to find the cause of the problem and resolve it so that the patient can return to his own field generation, and not be dependent on an external field generator.

This is also the concept behind TENS (transcutaneous electro-nervous stimulation), in which the application of an electrical field of a certain pulsation and Hz. has been found to block deep pain fibers inside the body. There are many companies manufacturing TENS devices for the utilization of pain management, both in America and abroad. These TENS devices have also found application in decreasing substance abuse.

The medical information on the use of TENS is very prevalent in literature, and TENS is found to be helpful for burn treatments, pain regulation, addiction therapy, nerve regeneration, bone regeneration, headache, back problems, and other medical concerns.

Another exciting field of electro medicine therapy is that of cardiology. In certain types of cardiological arrhythmias, application of a 2 KHz. signal to the bundle of hiss inside the heart has been found to help in relieving the arrhythmia and reestablishing the correct wave patterns in the heart. Higher wave patterns, even that of 1 MHz., have also been used on the Purkinje fibers of the heart to help relieve other types of arrhythmia. The new applications of electro medicine stimulation for cardiology are indeed very exciting, and the whole cardiological world is looking at other applications of this electro medicine phenomenon.

There also seems to be an ability of different signals to stimulate various types of hormonal production in the brain. This exciting, new technology also shows how applications of external electromotive potential through different signals has exciting ramifications for behavioral medicine, psychology and psychiatry; perhaps some type of feedback can be established, and an application of an external signal might be helpful in stabilizing the various neurological patterns of the brain.

Much research has concentrated on glial cell development in the brain and its response to electromagnetic fields. Thus the whole application of electro-neurological field stimulation is an exciting one for the future of medicine. Another basic type of therapy that has been in research over the last decade has been that of the various biological filters. Most of this technology was first developed by Dr. Morell in Germany. He found from the writings of many other researchers (most importantly Del Giudice, Froehlich, Popp and others) that there were indeed a wide variety of electro-oscillatory factors in various cells and in the human body. These types of oscillations could be responsible for cell metabolism, cell reproduction, and overall cellular response to environment.

It was reasoned that some of these signals were of a healthy nature, and that certain other signals were so-called "pathologic", or inappropriate. Having determined which bands these frequencies were in, they could simply make a type of biological, energetic band pass wave filter that would take healthy bands and pass them on for amplification, and readminister them to the body for amplification of the healthy frequencies.

The unhealthy frequencies could be inverted, amplified, and passed back into the body to negate the unhealthy types of frequencies.

This offered several variations, and responded to the generation of many types of therapeutic devices, which were of a band pass filter origin.

The plus of this type of work was that the specific therapist didn't need to know exactly which frequency he was working with, in that the biological energies of the body would simply treat themselves by going through the band wave filter. The minus was that in certain types of degenerative conditions in which the patient did not have enough of his own energy to respond, amplification might be very difficult because there is not enough of the electromotive force within the patient to begin with.

Much research has been developed in cell cultures, animals, and human patients, showing the efficacy of this filter type mechanism. But wouldn't it be nice if a device existed which was able to do both the electromotive application of an external field and one that could apply a filter to the patient's own electrical field?

Thus came the genesis of the Quantum Xroid of Ireland's electrical therapy device, known as the treatment function of the Xroid system. For a complete review of the different band wave potentials and for systematic board design of these principles, we point the reader to the Quantum Vibrational Medicine by Dr. Nelson, in which these and other items are discussed.

Another type of therapy which has not seen much clinical or experimental validation, but which is theoretically sound, is that of scalar wave generation.
work of Glen Rein and other researchers has shown that scalar waves can have significant effects on biology. In discussing scalar waves, we are talking about how a wave of a certain potential and structure meets a counter wave that has the opposite polarity, the negation of these two waves can produce a photon release and a scalar wave induction. This scalar wave induction is found to be stimulatory on cells and humans. The scalar wave technology is also discussed in Quantum Vibrational Medicine [Books: 4]; it may be extremely helpful for finding curative processes for some of the more perplexing diseases confronting humanity today [Sources: 1].

Last to be discussed is the hololinguistic therapy. The hololinguistic therapy says that there somehow seems to be an ability of the human biological system to recognize different characters of various types of words, whether they are presented in verbal or electrical fashion. This was first noted by Roy Curtain, who developed the interro device using a hololinguistic type of computerized signal. This also was capitalized upon by many other companies which have since developed several devices that have been used experimentally and clinically to verify the hololinguistic process.

In the hololinguistic process the computerized signal is given to the patient, whose body is treated much like a hard drive. The patient's body seems to have the ability to respond to certain types of signals for testing and also for therapy. Thus the patient who has a problem with vitamin C regulation in the body can be stimulated by the hololinguistic form of vitamin C, and the body can have positive physiological responses. This hololinguistic response is also a key part of the development of an electro medical model.

An elaboration on the field of hololinguistic therapy can be found in the Quantum Biology series of Dr. Nelson [Books: 1-5].

DISCUSSION

With this in mind, we see that the new generation of electro medical techniques should arm the researcher with the dramatic potential to handle a wide variety of disturbances and physiological problems and to teach doctors varying techniques of electro medical treatment.

With this in mind the new system from Biodynamics has been designed with all the capacities listed within this article. The therapist can learn to quickly and easily chart the different processes and help to treat his patients. Thus a system of energetic medicine should treat frequency, magnetic, static, and other electronic capacities of the patient. New computerized technology will include computerized instruction to make field use safe and easy.

So the medical system of Quantum Xroid of Ireland is computerized with self-tutoring profiles, so that the doctor may learn how to quickly and easily help his patient with a wide variety of electromotive concerns.
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REVIEW OF HERTZIAN AND NON-HERTZIAN TREATMENT

By: William Nelson LPCC M.D.

ABSTRACT

This article is a short summary of experimental and clinical research done on wave form treatments. Rife proposed that certain frequencies could have beneficial effects on the body. Many other researchers have also found the body to respond to certain electromagnetic frequencies in positive ways. More recently there is also research on non-hertzian waves called scaler waves. When two equal and opposing waves meet they can cancel and produce a scaler effect. There is also research documenting the positive action of this scaler technique on biology. With this in mind a scaler wave generator was built. This device generated two equal but opposing waves applied to the body at each wrist with the ground at the ankles. The hertzian waves meet in the body and produce a scaler effect. Other research on wave forms suggested specific frequencies to have certain effects. These frequencies were applied to 250 patients in the Selye Janos medical clinic in Budapest, Hungary. The observations are stated in this article with a suggested therapeutic protocol.

Glen Rein of the Heart Math Institute in Northern California, has proposed a scalar theory and also has done some experimental testing of his theory. In his experiments there was a positive effect on biological tissues produced from a generating a scalar field. His experiments used a caduceus coil to generate the scalar field. Scalar fields are generated from two equal but opposite wave forms meeting and cancelling out some of the electromagnetic potentials. A photon wave in the infrared range results with the theorised scalar field. The effects appear to be similar to standard electromagnetic fields so our literature review guided us in designing the preliminary frequency protocol.

INSTRUMENTATION

The instrument is computer driven and mounted into the computer as an internal mount circuit board. There are several settings and design functions in this board that will not be discussed in this paper as we will limit our discussion to the scalar function. Two wrist electrodes of conductive mylar encircle each wrist. There is also two mylar electrodes encircling each ankle. The computer software controls board functions. Two single volt signals of square wave function are sent to each wrist. The signals are equal but opposite in polarity of the amplitude of the one volt potential. Thus the signals meet on the chest of the patient and produce the scalar wave. The board has optical isolators and is tested safe to EC standards. The computer can control the frequency of the signals via software. The range of frequencies is 0 to 1000 KHZ. The current density is so to not exceed ten to the minus fifth amps per cm squared. The software also can control a timer for length of therapy.
PRELIMINARY PROTOCOL

There is research showing a variety of frequencies having positive effects on clinical conditions. The largest body of data is with the Rife followers around the world. This data and suggested protocols are in the disease dictionary. Adey quotes research showing how 500 HZ could produce release of nor-adrenaline. Dixey and Rein did some of this original research. Our clinical evaluation found 555 HZ as the best treatment for hypoadrena. This frequency seemed to energise the patients tested, and seemed to be the best treatment for stress related concerns needing adrenal stimulation.

Leduc, in 1902 observed 110 HZ as capable of narcotic effects. (ref. Grandolfo) This led to a host of research into electro sleep induction. In our protocol 111 HZ was chosen for anxious and nervous clients. Several insomnia patients were helped by this therapy. There seems to be a prompting of serotonin release. GABA seems to be released at 148 Hz. (ref. Watchel)

Luben, 1982 found bone healing by stimulating bone growth enhanced by 200 HZ. We found that 222 HZ was stimulating for bone and thyroid function. Parathyroid function is also enhanced at 200 HZ. It should be used with injury and in hypothyroid conditions.

Craig reports that frequencies of 300 HZ is beneficial for proper heart functioning. We have chosen 333HZ for stabilising irregularities of the cardiac. Patients with arrhythmia have responded to this protocol. Frequencies of 10 KHZ to 15 KHZ are helpful for certain arrhythmia's of the heart involving ventricle and auricle timing. Three of our patients found relief of cardiac involvement for some weeks. The stabilising effect seems to last for 2 or 3 weeks.

Wilkerson showed the positive effects of 444 HZ on digestion disorders. There seem to be stabilising effects on liver, stomach, pancreas, and gall bladder. (ref. Wilkerson)

Rife found 1000 HZ as the single most influencing frequency for the basic body. This seems to produce stabilising effects on reproductive organs and bowel function. The balance of the bowel flora is enhanced by this frequency.

Fopp and others talk about the work of Schuman. The Schuman field is reported to be stabilising for the overall body as it is a basic harmonic of all the other frequency patterns. In developing a brief easy to use protocol for treatment we can see that there is a correlate to the chakra system, the endocrine system, and our protocol. The chart below is a basic protocol presentation. To use clinically simply decide which chakra or endocrine system is involved and set the machine to the appropriate setting.

There is some evidence for 60 MHZ as a treatment for leukaemia. (ref. Adey) There is also evidence for a negative effect on DNA at 9 giga HZ. This might have positive potential for cancer treatments. (ref. Swicord)

After treating the first 250 patients with this therapy we have not seen any adverse effects. There seems to be good results. Good clinical trials are needed for more data. This paper is just a preliminary observation on which to base a meaningful hypothesis.

<table>
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<th>ENDOCRINE SYSTEM</th>
<th>CHAKRA</th>
<th>FREQUENCY SETTING</th>
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<td>hypothalamus</td>
<td>crown</td>
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<tr>
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<td>base</td>
<td>1000 HZ</td>
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</table>

70 WHAT WORKS
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BIORESONANCE TREATMENT OF MASTOPATHY
(FIBROADENOMATOSIS)

P.P. Nosa, V.G. Serbinenko, A.N. Boroda, Institute of Experimental Pathology, Oncology and Radiobiology of the Ukrainian Academy of Science, Kiev, Ukraine

Mastopathy (fibroadenomatosis) is the most widespread mammary disease both in the Ukraine and abroad. This disease not only makes woman's state uncomfortable but also is rather dangerous because of the possibility of malignant transformation which may occur in the proliferating foci in mammae. Many authors all over the world consider mastopathy as a precancer state and is a result of the same epidemiical factors as breast cancer.

The treatment of mastopathy is rather difficult and cannot ensure enough efficacy because of mastopathy's ethiopathogenesis on the basis of hormonal, metabolic and neurological disorders which are hardly corrected. Besides, the development and efficacy of treatment of numerous proliferative, pretumoral and tumoral processes to the great extent depend on the adaptability of an organism and its system of defense and compensation (R.E. Kavetisky, 1977).

Local forms of mastopathy are treated, as a rule, with a surgical invasion which does not prevent recurrences. Diffuse and mixed mastopathies as well as recurrences after operations commonly undergo conservative treatment, although the results of such treatment are not sufficient.

Bioresonance treatment (recently developed on the basis of acquiring, analysis, modulation and intervention of extremely low electromagnetic fields of human organism) may be an alternative or at least additional method of mastopathy treatment. In a series of experimental works, positive influence of such treatment on living organisms (E. Dabeno, 1988; M. Mosisse et al., 1993) and human organism among them (C.W. Smith, 1989) is evidenced. For such treatment, "MULTICOM" (from "multicomunication") device (Bruegemann, Germany) is needed in order to simulate the oscillations of environmental electromagnetic field and transduce them into a biological system (B. Kohler, 1990).

Thus, this work presents a trial of bioresonance treatment of patients with mastopathy.

PATIENTS AND METHODS

Ambulant patients are treated.
Fifteen women with mastopathy in the age of 20 to 45 years old are examined and treated. Patients are followed-up during a year.
Diffuse mastopathy is diagnosed in most cases. Before treatment, all patients underwent the following tests:
1. Examinations of mammologist, surgeon and gynecologist who made their resolutions.
2. Ultrasonography and thermography of mammae.
3. Total blood count (erythrocytes, leukocytes, hemoglobin, rate of erythrocyte sedimentation, eosinophiles, neutrophiles (staband segmented), lymphocytes and monocytes).
4. Biochemical analysis of the blood (bilirubin (total, direct and indirect), ALT, AST, thyml test, cholesterol).
5. Mammography if necessary.
Total blood count is carried out also before every exposure to bioresonance treatment and at the therapy completion. Patients are treated with "MULTICOM" device four times during a month, i.e. once per week. Self appraisal with the following examination by mammologist is made after every exposure.

RESULTS

The analysis of self appraisal:
Almost all patients had indurations in one or both mammae before treatment. Seven from fifteen, pati-
patients had pain symptoms. Two patients had transparent excreta in a mamilla. Patient D. (38 years old) had rubella during the treatment period. Ten patients had ovary pathologies (polycystosis) and six of them had also uterine fibromyoma. All examined patients had normal menstrual cycle. In ten from fifteen, patients, mammae turned coarse (with more or less marked pain symptom) in 5-7 days before menses. Near relatives (mother, father, grand mother, sister, brother) of three patients had malignant tumors in mamma, body of the womb and stomach.

After the first exposure to "MULTICOM" treatment, pain symptom ceased in 50% of patients and became less pronounced in the other 50% of those who had it before treatment. After the 2nd treatment, pain ceased in all patients. In most patients such state is maintained during the whole period of observation (a year). Although in two months after treatment completion, weak pain periodically rose up and ceased in mammae of two patients, it was pronounced than before treatment. Moreover, in most patients, pain before and during menses also became less pronounced or ceased completely.

In all patients, initial indurations in mammae softened and decreased in volume after the treatment completion.

Thermo- and ultrasonography of mamma evi-

dence the positive dynamics of the treatment efficacy and a reduced number of the initial foci of induration in most cases of diffuse mastopathy. Nevertheless, in three patients no alterations in the number of indurations are observed after treatment completion. Mammologist's resolutions support thermo- and ultrasonography data.

Positive dynamics (toward normalization) of the total blood count is also observed after bioresonance treatment in the cases when it was beyond normal limits before treatment. The results of biochemical analysis of the blood show the same behavior.

It is interesting to note more mild flow of rubella in a patient during "MULTICOM" therapy. This fact is evidenced both by self appraisal of the patient and by the indices of the blood analysis.

Thus, we can mention a positive therapeutic result of mastopathy treatment with "MULTICOM" device. The most pronounced therapeutic effect is observed in the cases of diffuse mastopathy with marked pain symptom which is hardly treated with the conventional methods. We should emphasize, that further investigations with more patients and with other forms of mastopathy and fibroadenomas of mammae seem to be interesting in the view of bioresonance treatment of the initial stages of cancer processes.

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APPENDIX

Results of blood count and biochemical analysis of blood of the patients during bioresonance therapy
(Hb - haemoglobin; L - leukocytes, (thous.); Er - erhthrocytes (thous.); E - eosinophils (%); N - neutrophils (%) (1 - stab; 2 - segmented; 3 - macrophags; 4 - monocytes); R - reaction of erythrocyte sedimentation; B - bilirubin (1 - total; 2 -); TT - thymine test # - blood count in a week after the 1st treatment.

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Table 2. Patient 2, 30 years old

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A COMPARISON STUDY OF ELECTROPHYSIOLOGICAL REACTIVITY TO HAIR ANALYSIS

ABSTRACT

This is a short study of a client population exposed to an accidental toxic water spill. Dramatic amounts of aluminum were spilled into the Camelford water in 1989. Hair analysis showed excess aluminum in the patients' hair to a high degree. Hair analysis for other minerals was done, as well (see pages 4-6).

These results are correlated to Xrroid readings done by a biodiagnostic device. The results show that there is a strong correlation between the hair analysis and the toxic chemicals, and a decent correlation between the hair analysis and the nutritional elements.

INTRODUCTION

In the Cornwall district of England five years ago, a water company known as Southwest Water accidentally spilled a large truckload of aluminum sulphate into the water supply. This resulted in a dramatic amount of aluminum in water used by the population, which numbered over thirty thousand people. The people experienced acute symptomatology, as well as other problems. This practitioner was asked to do an electro physiological Xrroid test of the participants' electrical reactivity. We then correlated the electrical reactivity of these patients to the quantity of minerals in their hair.

RESULTS

The correlation between the toxic minerals of the hair and the toxicity readings of reactivity with the Eclosion device was ninety-five percent, showing indeed a very good correlation. The correlation, however, to the nontoxic minerals such as calcium, potassium, magnesium, etc. was a collective seventy percent.

Calculated was the highest of these, with a rating of 75, whereas magnesium was the lowest, with a rating of 65.

DISCUSSION

We can see from this study that the Eclosion unit can pick up electrical reactivity, as we have shown in many other studies. When we correlate this with our hair analysis, we see that the toxic minerals, which have been present for a long time, are indeed accumulated in the skin and will probably produce a reactivity that can be picked up by the Eclosion device.

However, the nontoxic items vary on a daily and weekly basis, and thus are not so easily reflected in the hair analysis.

Hair analysis has shown to be a very good indicator of toxic chemicals, but is not as good an indicator for nutrition. The Eclosion device is a much better indicator for nutrition, as it can pick up electrical reactivity in the moment to tell the doctor about his patient's condition right now. Thus the doctor is better able to put together a nutritional program by looking at the Eclosion results than by using hair analysis. The detoxification factors of using homeopathics that detoxify can be utilized with both, although the Eclosion unit is simpler to use, and also much less costly to the patient.
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- **R** = raised minimum of 50% above control norms
- **A** = above control norms
- **B** = below control norms

### Sample Period

- Drs Newman’s/Ward’s Samples – 21
- Horn’s Early Hair Samples – 113
- Horn’s Latest Hair Samples – 147
- Dec 1988/early 1989
- Total Nail Samples – 71
APPENDIX

Extracts and Commentary on data of Results of Hair and Nail Sample Tests carried out by Dr Neil Ward, Department of Chemistry, University of Surrey for the NCHP.

INTRODUCTION

The data in this Appendix is in a raw state.

As there is a certain amount of urgency in delivering this report and much of the Hair and Nail Sample data has only recently been completed by Dr. Neil Ward, it is necessary to restrict ourselves to a simple presentation of the data as far as we have been able to study it. Having said this, there does appear to be a general pattern emerging. To definitively interpret the results we must rely on the expertise of more senior colleagues in other disciplines but in the meantime we will offer various hypotheses to initiate discussion.

THE SAMPLES

We have three distinct sets of samples, with a fourth in the pipeline:

1. Hair Samples - July 1989 to Dec 1990
2. Nail Samples - same
3. Hair samples - Dec 1990 to May 1991

The fourth set of samples represents Nail Samples for the latter period.

We have a further set of Hair Samples, numbering 160 and a similar number of Nail Samples which but for a lack of resources would also have been processed by now. These reflect the position from May 1991 to May 1992. We feel that completing this final set of test is a matter of some priority, as a failure to do so would result in much potentially useful information going by the board. Funding to facilitate this must be sought. Suggestions are welcomed.

The NCHP and others gratefully acknowledge the generosity of Dr. Ward in having carried out the extensive testing of samples to date.

Further to these samples, there exist other samples taken by G.P.’s - also tested by Dr. Ward - some of the results of which are included in this data. These are invaluable, because they constitute the earliest samples taken and will provide two sorts of differential and corroborative data:

i) by extending the time period of sampling and by including other data - blood etc. which the NCHP was unable to undertake.

ii) a crude form of control: many of these people have been treated by the NCHP, and have been subsequently retested: some have been treated conventionally only.

Salient features and observations
Reference to Appendix 5 - Chart 1 - will be useful at this juncture.

HAIR

Cu
Raised Cu values appear to be normalising. Where there were 89% of all samples either at least 50% above norms (43%) or merely raised (46%), these have fallen to 6% and 29% respectively, a total of only 35%.

Al
There has been a shift of 9% downward from the highest level to the medium, and the level of normal has risen 2%. The levels of these continue to be significantly raised, however: seriously raised 68%, above normal 16%, with only 16% testing within normal ranges. None are testing below.
Selenium levels continue to fall, with the level of normal levels dropping from 42% to a mere 27%, the level of lowered samples rising to 71% from 52%.

**Fe**
Levels of these have risen to the point where there are none testing below. Levels of seriously raised levels have dropped from 31% to 8%, whilst simple raised levels have correspondingly risen.

**Ca**
The normal range of Calcium levels has more than doubled from 26% to 56%. Where those testing below was 63%, this has gratifyingly decreased to 12%. There has been a corresponding change from normal to above normal of 21%, raising the former level from 5% to 26%. The level of seriously raised samples has risen by 1% to 6%.

**Zn**
Whilst the numbers of those testing normally has risen 50%, this still remains a paltry 18%, and seems to reflect a fall in raised and above normal levels. The underlying trend of 81% testing below must surely be significant.

**Pb**
No samples give normal or below normal values. Instead there has been a sharp increase, seriously raised levels rising from 65% to 88% and leaving a mere 12% above normal. 100% are testing above normal and seriously above normal.

---

**Fe**
In a straight ratio of very high and raised levels to normal and lowered levels hair samples gave a ratio of 13:12, whilst nails gave a ratio of 3:1.

**Ca**
Similarly, taking ratios into account, with hair samples the significant ratio here was between normal and lowered levels of roughly 2.5, whilst in nails it was again 1:1.

**Zn**
The levels of Zn in nails mirrored precisely that found in the hair samples, bar minor deviations in the higher levels.

**Pb**
A 7% increase in the higher level of nail samples compared to those found in hair samples, but the trends demonstrate a marked similarity with hair samples.

---

**Possible interpretations**

When examining these results of a totally unique water pollution incident we are both hindered and at the same time unhampered. Hinderer because we do not have similar situations with which to compare results, unhindered precisely because it allows us to view the result from a fresh perspective.

There are various basic possible interpretations one can make:

I) high levels in the hair and nails denote present high levels in the body as a whole

II) high levels in the hair and nails denote previous high levels in the body as a whole

III) high levels in the hair and nails denote present deficiencies in the body as a whole

IV) high levels in the hair and nails denote past deficiencies in the body as a whole

V) high levels in the hair and nails denote that the body has been able to transfer the substances involved into "safer” tissue such as hair and nail - Pb, Al, Fe and Cu.
XRROID REACTIVITY PATTERNS OF CATARACT PATIENTS

By: W.C. Nelson & Judith Nagy Performed in Szent Janos Hospital Budapest, Hungary

ABSTRACT

In this study 22 patients were monitored for their electrophysiological reactivity pattern. The patient group included 16 patients with cataracts and 6 controls. A definite reaction pattern for the cataract patients was observed statistically and not observed in the control group. The reaction compounds involved sugars and sugar enzymes. The conclusions point to a possible treatment and therapy for the cataract patient.

RESULTS

A simple attack statistic was used to calculate the occurrence of reactive compounds that occurred consistently in the cataract group. Items that fell in the top standard deviation of their reactive pattern consistently differing from the control group are as follows:

The following reactants are statistically significant at alpha levels .05 for the cataract patient.

- sucrose
- sucrase
- glucuronidase
- glucose
- glucogen
- glucose dehydrogenase
- aspartase
- myeloperoxidase
- cataract nosode
- pancreatin
- pancrease sarcode
- glutathione

The above pattern was then used in double blind fashion to predict the cataract patients from the non cataract controls. Based on this pattern of reactivity the patients with such pattern were then analysed without names based on computer estimates alone. The success of this estimate was quite successful with 14 right out of 16 guesses. The probability of such a guess pattern puts the predictive abilities of this pattern within significance of .05 alpha.

INTRODUCTION

We analysed the reactive pattern of several populations in our other studies. Such studies are the AIDS, Breast Implant, Toxic Water, and Cancer. In this short review we analyse the data of electrophysiological reactivity of Cataract patients. The Xroid process is used to analyse the reaction patterns of several middle aged to aged patients for the purpose of developing a therapeutic regime.

METHOD

This study used 22 subjects participating in a cataract experiment in Budapest. The subject group consisted of 16 cataract patients of the Szent Janos Hospital in Budapest, Hungary and 6 controls. All subjects were ages 45 to 80. 8 male and 14 female. The subjects were tested for their cataracts by ophthalmologists and evaluated using the standard cataract and ophthalmologic tests.

The test measured their UV light exposure from dose meters the subjects wore on their person. Since there was no therapy or treatment intervention it provided an excellent opportunity to test the xroid reactivity for validity.
DISCUSSION

The predominance of the reactions are to either sugars or sugar enzymes. The reaction to pancreas tissue reinforces the hypothesis of cataracts evolving from mismanagement of sugar processes in the body. The predictive capacities of the electrophysiological reactivity pattern of the x-rayd analysis also points to the possible development of a homeopathic enzymatic therapy.

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Full Study of Reactivity to Tapwater and Health Evaluation via Evoked Potential of Residents in the Lowermoor Water Supply Area, Cornwall in the Aftermath of The Lowermoor Water Pollution Incident of July 1988.

Reports on Pilot Study, Camelford
5 October 1993 (16 people)

and

Second Study, Camelford
11-13 March 1994 (56 people)

by

THE NORTH CORNWALL HOMOEOPATHIC PROJECT

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INDEX

Part 1 – The Pilot Study – 5 October 1993

1. Introduction
   Background-Discharge of Aluminium Sulphate into water supply, January 1988 ............................................ 2
1.1 370 symptoms ........................................................................... 2
1.2 Sensitisation ........................................................................... 3
1.3 Brain and nerve damage, memory problems and endocrinal dysfunction ........................................... 3
1.4 Developing new strategies-The Pilot Study .......................... 3

2. The need for the Pilot Study ....................................................... 3
2.1 The Organisation and running of the Pilot Study .................. 4

3. Pilot Study Findings and Statistics
   Findings ..................................................................................... 4
3.1 Evaluative/medical-Xrroid profiles ........................................ 4
    Charts 1–5 .............................................................................. 5–9
3.2 Summary of Xrroid ................................................................. 10
3.3 D N A ................................................................................... 10
3.4 Reactivity I Sensitisation ......................................................... 10
3.5 Results - Significant variation ............................................... 10
    Chart 6 - Anova results .......................................................... 11
3.6 C1 EDG - electrodermograph ............................................... 12
3.7 Disparity in D1 EMG data ...................................................... 12
3.8 Findings ............................................................. 12
3.9 Other methods employed to display reactivity/sensitisation .. 12
3.10 Food Specific Attack Rate Calculation .................................. 13

4. Analysis of data by patient ...................................................... 13
4.1 Separate analysis
    (i) The Waters ..................................................................... 14
    (ii) The Homoeopathics ........................................................ 14

5. Ongoing treatment ................................................................. 14

6. Results of treatment .............................................................. 14
The Second Study – 11-13 March 1994

7. Introduction
   Reasons for Second Study .......................................................... 15
   7.1 The Second Study-11th-13th March ........................................... 15
   7.2 Equipment ........................................................................... 15
   7.3 Expert report ........................................................................ 15
   7.3.1 The Quantum Med .............................................................. 15
   7.3.2 Control group ...................................................................... 16
   7.3.3 Premature aging .................................................................. 17
   7.3.4 Evidence of Aluminium in Tissues ........................................ 18
   7.3.5 Prognosis ........................................................................... 18
   7.3.6 Summary ........................................................................... 18
   7.3.7 Conclusion .......................................................................... 19
   8. Findings and Statistics .............................................................. 19
   8.1 The Second Study ................................................................... 19
   8.2 Summary and conclusions drawn from the statistical data .......... 20

9. Ongoing treatment
   Global assessment/Prescription .................................................... 20

10. Comments and recommendations .................................................. 21

11. Ongoing research ......................................................................... 21
   11.1 Areas to be explored in future research ................................. 21
   11.1.1 Brain .............................................................................. 22
   11.1.2 Nerves ............................................................................. 22
   11.1.3 Hormonal disequilibrium .................................................... 22
   11.1.4 Pancreas/enzymes .............................................................. 22
   11.1.5 Fluids-spinal, lymphatic, intracellular and extracellular ....... 22
   11.1.6 The children ..................................................................... 22
   11.1.7 DNA ............................................................................... 23

12. The need for in-depth data gathering ............................................. 23

13. Funding ...................................................................................... 23

14. Long term aims ............................................................................ 23

Appendix 1. Organisation of the Pilot Study ...................................... 24
Appendix 2. Damage to the DNA/Chromosomes ................................. 26
Following the poisoning of the water supply with aluminium sulphate in a small rural community in North Cornwall in 1988, homeopathic treatment was provided by a small independent initiative, which worked in tandem with a support group. Over five and a half years, after highly-detailed one-to-two-hour casetaking a large number of people were treated with homeopathic remedies, many successfully. Increasing numbers of people came forward for treatment as the full enormity of the disaster became apparent and the cumulative effects of the poisoning and constant re-exposure to the tap water gradually began to produce symptoms amongst those initially resistant. Greater efforts were put into an epidemiological study and research to attempt to understand what was happening to the health of the community.

Finally after over five years a Pilot Study was carried out in October 1993 to establish the existence of sensitisation to tapwater which had been observed so often by the project. Using the Quantum Med, a sensitive, multi-channel diagnostic biofeedback machine, the reactivity to tap water of 16 people was monitored, under double-blind conditions, via evoked potential. Results were significant. The equipment also rapidly provided corroboration of observed clinical symptoms and even more importantly suggested reasons for many other problems not previously fully understood.

A further study of 56 people in March 1994 under double-blind conditions validated the findings of the Pilot Study. It showed scientifically and statistically to a significant degree that a sensitivity to tapwater clearly exists. It is possible that the gross electro-reactivity resultant on ingesting tapwater could at worst provoke such serious effects as a cardio-electro mechanical accident and the like, and we hope that this paper will encourage the health authorities and scientists to explore the very real problems in existence in the population.

**KEYWORDS:** aluminium, aluminium poisoning, double-blind, evoked potential, biofeedback, premature aging, endocrinal dysfunction, toxic shock syndrome, brain damage, stress, hormesis.

**Part 1 – The Pilot Study – 5 October 1993**

1. **BACKGROUND**

**Discharge of Aluminium Sulphate into water supply, July 1988**

In July 1988 a relief delivery driver accidentally discharged 20 tons of liquid Aluminium Sulphate into the already-treated water supply at the Lowermoor Water Treatment works in Camelford, North Cornwall, UK. The cocktail of heavy metals in a highly acidic, bioavailable solution travelled through the pipework to a population of close to 20,000 inhabitants and summer holiday visitors, scarring the pipework as it went, liberating a cocktail of metals such as lead, copper, iron, cadmium, zinc etc. Initially it caused severe short-term problems for many people, including mouth ulcers, vomiting, nausea, diarrhea, malaise, lethargy and aches and pains, and it is our contention that it went on to cause more serious long-term problems.

1.1 **370 SYMPTOMS**

The Health Authorities decided finally in 1991 that there were unlikely to be any long-term sequelae, but this is far from the experience of the North Cornwall Homeopathic Project, having examined and treated some 200 people. Rather, we saw medium and long-term problems endemic throughout the age-groups and sexes and we gathered a unique collection of 370 shared symptoms from our patient population, and laid them before the Health Authorities, only to have them dismissed. Gannrot1 discussed the ‘long, silent period’ observed in Dialysis Encephalopathy Syndrome patients which occurred before their symptoms appeared. We observed similar delays with our patients, which obviously varied according to the condition of their health prior to the poisoning. He mentioned ‘trigger mechanisms’ which could exist which increased the transfer of Aluminium to the brain from other areas of the body where it had formerly been stored. This we observed when carrying out homeopathic detoxification / chelation measures.

---

1 Metabolism and Possible Health Effects of Aluminium - P.O. Gannrot - Environmental Health Perspective Vol 65 pp 363-441. 1986.
1.2 SENSITISATION
We observed from relatively early days that the patients were experiencing sensitivity to the tapwater supplied by South West Water, who, when approached by us in June 1990 agreed to supply bottled water to some 50 of our most seriously-affected patients. We had observed that patients who had begun to drink bottled water found that their ongoing symptoms declined, only to return acutely on resuming tapwater consumption.

When our patients drank tapwater, they would with varying degrees of violence begin to display some quite severe and long-lasting symptoms. Even when they were unaware that they had ingested the water by accident, having been re-exposed by a visitor or family member they would manifest these symptoms.

This accidental ingestion, when the consumer was unaware of having drunk tapwater eliminated psychological reasons for the reactions so often quoted by other experts as the main cause of the problem.2

Clearly and logically there is an ongoing problem with the water.

Those not fortunate enough to have had bottled water were, we contend, exposed to a slow, debilitating attrition in the form of an element which eroded their ability to keep at bay the damage effects of the water on their systems.

In spite of approaches, the Department of Health in London refused to help us to mount a study, instead they chose to concentrate on unconvincing reasons as to why it would be impossible to obtain a control group.

1.3 BRAIN AND NERVE DAMAGE, MEMORY PROBLEMS AND ENDOCRINAL DYSFUNCTION
Various conventional experts have observed and recorded the brain damage and dysfunction complained of by our patients and it is not the brief of this paper to explore this. We have explored this thesis at length in an earlier discussion document.3

It is our contention that we have a population faced with clear premature aging problems caused by the ingestion of a toxic cocktail of chemicals and that, even if we are able to stop the damage, these people will have lost years of their lives in terms of both quality and quantity.

By the autumn of 1993 it was realised that we were rapidly reaching our homeopathic therapeutic limits. It was decided to investigate further avenues.

1.4 DEVELOPING NEW STRATEGIES - THE PILOT STUDY
We determined:
- To seek other diagnostic and therapeutic approaches
- To establish the sensitisation beyond doubt
- To continue to work towards a solution to the general health problems

2. THE NEED FOR THE PILOT STUDY
To reiterate, we have sick and sensitised patients who are unable to obtain the support and help they need—many of the G.P.'s in the area still adamantly deny the existence of a problem.

It was patently obvious to us that there was a need for a study and we were fortunate enough to obtain the assistance of Dr William Nelson on a consultancy basis as he has previous experience with evaluating and treating aluminium toxicity, amongst other problems. He arranged for his colleague Dr. Peter Bartlett of Clinic Support Services to act as our technician and to carry out tests on our behalf using his Quantum Med machine in our Pilot Study.

His role was:
- To perform a series of initial medical/evaluative tests using the Quantum Med machine
- To gather data enabling treatment to be prescribed
- To monitor reactivity to tapwater thereby establishing sensitisation

2 refer to Dame Professor Barbara Clayton's reports
The route of sublingual testing was chosen for the purposes of the sensitisation part of these tests because it was felt that a simple, comprehensive test, using already recognised and validated biofeedback procedures similar, in effect, to lie-detector technology would make a sufficiently strong case to interest other professionals to review and reappraise the question of whether or not an ongoing problem exists amongst those affected by the contaminated water over 5 years ago. Until now, as far as we can ascertain, no work has been done to even examine this most fundamental of questions regarding sensitisation. We hope that this report will encourage those in authority to examine our findings, send observers to future studies and to support the work already done.

In retrospect, whilst the NCHP has undoubtedly done a considerable amount of good for many of the close to two hundred people who we have treated, and despite the skillful use of many conventional homoeopathic therapeutic approaches, there is no doubt that we have failed with some of these.

It must be remembered that it would be easy to lose sight of not only the devastation wreaked by the initial ingestion of the water but also the insidious attrition which is the result of continual minor exposure to the sensitising medium which is South West Water's tap water, and to thereby dismiss the successes that homoeopathic treatment achieved.

Closer examination of our detailed exploration of the symptomatology in our report4 will attest to the immense complexity of the problem we still face in Camelford.

2.1 THE ORGANISATION AND RUNNING OF THE PILOT STUDY
This can be found in Appendix 1.

3. PILOT STUDY FINDINGS AND STATISTICS

Findings
These fell into two distinct categories, namely:

1. Evaluative/medical
2. Reactivity / Sensitisation

3.1 EVALUATIVE/MEDICAL-XRROID PROFILES
During the course of the Pilot Study corroborate of our previous observations5 was provided by the Quantum Med machine. Serious levels of malfunction across four of the major systems of the body can be seen from the following graphs. The levels of normal function, depicted by reaction numbers are clearly very low, in comparison with the remaining raised levels. Calibration of the norm has been established following the testing of many healthy individuals under clinical conditions. Whilst testing a patient, the machine performs 4,000 separate evaluative tests which have come to be known as the Xrroid profile. The following scores provide the practitioner with a qualitative score of the patient's essential well-being:

<table>
<thead>
<tr>
<th>Range</th>
<th>Indication</th>
</tr>
</thead>
<tbody>
<tr>
<td>0 – 9</td>
<td>Normal, healthy range of function. No particular problem.</td>
</tr>
<tr>
<td>10 - 14</td>
<td>Poor function. Some attention required.</td>
</tr>
<tr>
<td>20 - 30</td>
<td>Of serious concern-urgent treatment required.</td>
</tr>
<tr>
<td></td>
<td>(30 would indicate imminent organ/system failure).</td>
</tr>
</tbody>
</table>

As can be seen, there is a vast discrepancy between abnormal and normal scores in the ratio of roughly 4:1.

The least affected system is the Lymphatic, where this ratio drops to almost 3:1, but the remaining systems display gross disruption/malfunction. Chart 1 provides an overview of the four systems, whilst Charts 2-5 give more detailed information.

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*See footnote 1
*See footnote 3
CHART 1

Abnormal Values (Xrroid scores of 10 - 30) vs Normal Range (Xrroid scores of 0-9) as % (16 People)

Abnormal range of function  Normal, healthy range of function
Comment
The compromisation of the Immune System can clearly be seen from the chart, with a mere average of 14.4% testing normal. Salient features are column 7, the Liver which showed overall only 6% normal, corroborating our clinical observations; the bone marrow is of concern, and the bowel flora readings are no surprise. Generally, the after-effects of the toxic ingestion have left the system weakened, as was observed by the tendency to repeated infections, requiring increasing antibiotic dosing, coupled to a marked reduction in the speed of healing complained of by so many people.
Comment
Compared to the immune system, although the endocrinial system generally scored a higher rate of normal function (20.8% vs 14.4%) it showed a higher overall rate of more serious damage. The hypothalamus scores bore out the thesis of our previous paper, with the resultant disruption to the pituitary and the other major glands clearly visible. The 8-year-old girl wrongly demonstrated problems throughout 93% of this system.
CHART 4

DIGESTIVE SYSTEM ANALYSIS 16 People

Key to Range

1-2 = TMJ  3 = Stomach Acid  4 = Stomach  5 = Intrinsic Factor  6 = Liver  7 = Gall Bladder  8 = Pancreas
9 = Ill. Valve  10 = Small Intestine  11 = Bowel Flora  12 = Valve Houston  13 = Large Intestine  14 = Micelle Balance

15-19 (Very Poor)
10-14 (Poor)
0-9 (Normal)

Comment
Although not scoring so highly in the most seriously affected range the digestive system had the smallest overall normal range of only 13.4%. 12% of those tested had no satisfactorily functioning areas at all and 31% had only one satisfactorily functioning area. (Note that the scores for digestive functions of the liver are in inverse proportion to those for the immune function of the liver, which is seriously affected; much work was done to enhance digestive function by homoeopathic treatment.) The incidence of stomach acid problems reported clinically were borne out by the results shown here, with even the 8 year-old girl affected. The general picture of the state of the digestive system is one of weakened function, grossly different from the picture one would expect to encounter in normal practice.
CHART 5
LYMPHATIC SYSTEM ANALYSIS 16 People

1 = Cervical Nodes  2 = Sentinel Nodes  3 = Axillary Nodes  4 = R Lymph Nodes  5 = Abdominal
6 = Inguinal Nodes  7 = Subclavian Nodes  8 = Thoracic Duct  9 = Cysterna Chyli  10 = Peripheral Nodes

Key to Range
- > 20 (Of serious concern)
- 15-19 (Very Poor)
- 10-14 (Poor)
- 0-9 (Normal)

Comment
All those tested showed an unsatisfactory status in this system, with only 25% showing satisfactory levels of functioning in one or two areas and 62% showed one or two very poor areas of functioning. Aluminium is known to gather in the tops of the lungs, and it was notable that 25% showed serious impairment of the subclavian nodes. A healthy, functioning lymphatic system is required to eliminate toxins from the body; in this group, we see an inadequate score of 23.7% normality in the lymphatic system as a whole.
3.2 SUMMARY OF XRROID

The results of the xroid profiles produced by the Quantum Med were not only validated by the symptoms elicited by homoeopathic casetaking, but demonstrated the existence of problems which the patients had failed to mention at the time of the tests. From a therapeutic point of view, the Quantum Med highlighted many problems which no ordinary homoeopathic or conventional investigative techniques could have brought to light so easily and which had not been reported to the technician.

3.3 DNA

As an example of this, one of the areas tested, the DNA, displayed striking patterns of disruption. These results were cross-validated by the case histories taken previously. It was relatively easy to recognise from the DNA profile the different patterns of disruption so-often observed in our patients. It should be remembered that the incidences of DNA disruption are minimum incidences, because a full 56-patient analysis was not performed; time pressure did not permit us to scan each person with this in mind. We remain convinced of the need for a complete evaluation of every person, the data extracted being employed in the form of an epidemiological update. Clearer patterns for generalised treatment would undoubtedly emerge. For this to be achieved requires support and modest funding.

A brief outline of the findings is contained in Appendix 2.

The NCHP recognises that whilst the diagnostic value of this new technology has been recognised to date by only very few pioneering conventional physicians, it is confident that this situation will change in the years to come as more research such as this is published, replicated and thus validated.

3.4 REACTIVITY/SENSITISATION

The patients were exposed to 5 samples in a double-blind fashion:

- DW: Distilled Water
- BW: Bottled Water
- TW: Tapwater (1994)
- HP: Homoeopathic Placebo
- HR: Homoeopathic Remedy prepared from samples of 1988 tapwater

(Refer to Appendix 1 for full details of the sublingual testing that follows.)

The analysis of the sublingual data gathered in the Pilot Study was completed in mid-April 1994 by Dr. R. Roberts of the Open University. Tables are included in Chart 6, overleaf.

The readings were taken concurrently across four different points on the body over a 28 second period:

- A1 Temp = Temperature at the right temple
- B1 Temp = Temperature at the left temple
- C1 EDG = Electrodernograph-voltage potential at the wrists
- D1 EMG = Electromyograph - on the index fingers

3.5 RESULTS - SIGNIFICANT VARIATION

The data was analysed by means of a Two-Factor repeated measures ANOVA. The mean variations for the five different samples were as follows:

<table>
<thead>
<tr>
<th></th>
<th>A1</th>
<th>B1</th>
<th>D1</th>
<th>C1</th>
</tr>
</thead>
<tbody>
<tr>
<td>DW</td>
<td>3.25</td>
<td>3.88</td>
<td>11.52</td>
<td>2.82</td>
</tr>
<tr>
<td>BW</td>
<td>3.52</td>
<td>4.36</td>
<td>7.66</td>
<td>2.83</td>
</tr>
<tr>
<td>TW</td>
<td>3.39</td>
<td>3.94</td>
<td>10.7</td>
<td>2.87</td>
</tr>
<tr>
<td>HP</td>
<td>3.87</td>
<td>4.81</td>
<td>6.02</td>
<td>2.64</td>
</tr>
<tr>
<td>HR</td>
<td>3.92</td>
<td>5.16</td>
<td>5.07</td>
<td>2.56</td>
</tr>
<tr>
<td>F</td>
<td>3.83</td>
<td>4.37</td>
<td>9.48</td>
<td>0.867</td>
</tr>
<tr>
<td>DF</td>
<td>4,1200</td>
<td>4,1200</td>
<td>4,2100</td>
<td>4,1820</td>
</tr>
<tr>
<td>P</td>
<td>0.0042</td>
<td>0.0016</td>
<td>0.0000014</td>
<td>0.483</td>
</tr>
</tbody>
</table>

They are displayed in Chart 6 overleaf.
3.6 C1 EDG
The electrodemograph used in this early generation machine used in the Pilot Study gave no significant reactivity as the machine has certain limitations, namely the time periods between readings is too long and in terms of the data from an electrodemograph; it is not the fact that the patients are not reacting, it is rather the case that reactivity occurs instantaneously and then drops thereafter. The newer machine used in the Second Study has been re-engineered to produce more accurate electrical reactivity measures. A newer version of the machine which has just been produced improves even on this.

3.7 DISPARITY IN DL EMG DATA
The first few readings of many of the DL EMG column give large and disproportionate readings for the first few seconds before settling into a more normal pattern; this appears to reflect the action of the patients returning their hands to their laps after placing the sample into their mouths-the tension in the index finger took a few seconds to settle back down. (This problem was addressed at the time of the Full Study.) However, Dr. Roberts informs us that the disparity is allowed for when the analysis is performed and that the probability factor holds good.

3.8 FINDINGS
The machine was able to detect reactivity to the various samples tested. At three of the four locations samples from where measurements were taken the source of the water supply led to significant variations in their parameters as measured. This is borne out by the Chi-Square analysis of the reactivity scores which appear later in this paper.

3.9 OTHER METHODS EMPLOYED TO DISPLAY REACTIVITY/SENSITISATION
Prior to the conventional statistical analysis being completed as a result of the NCHP being unable to obtain the services of a statistician, and yet knowing that the reactivity / sensitisation was clearly detectable from the data, we decided that, in order to protect the patients from being unnecessarily exposed to tapwater as South West Water had withdrawn the funds for the supplies of bottled water despite our regular protests, a simple analysis was required.

With this in mind, the amount of fluctuation/reactivity was totaled over the different channels to display the different scale of reactivity displayed by the subjects. These totals were then expressed using the Food Specific Attack Rate formula (FSAR) which is commonly used to express reactivity/allergy. (It will be observed from the data tables that there are differing levels of electrical potential in each individual patient, as one would expect. This is displayed even more clearly in the second study where the machine used is more sensitive.) The reactivity was scored as follows, where figures in bold were included in the resultant totals.

October 1993 Pilot Study - Initial Sublingual Data (In order of administration)

<table>
<thead>
<tr>
<th>Patient no.</th>
<th>Sample</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>BW</td>
<td>2.3</td>
<td>DW</td>
<td>5.1</td>
<td>TW</td>
<td>5.0</td>
</tr>
<tr>
<td>4</td>
<td>BW</td>
<td>3.0</td>
<td>DW</td>
<td>2.0</td>
<td>TW</td>
<td>6.5</td>
</tr>
<tr>
<td>5</td>
<td>BW</td>
<td>2.4</td>
<td>TW</td>
<td>1.0</td>
<td>DW</td>
<td>1.0</td>
</tr>
<tr>
<td>6</td>
<td>BW</td>
<td>0.0</td>
<td>DW</td>
<td>0.0</td>
<td>TW</td>
<td>1.0</td>
</tr>
<tr>
<td>7</td>
<td>TW</td>
<td>0.0</td>
<td>BW</td>
<td>0.0</td>
<td>DW</td>
<td>0.0</td>
</tr>
<tr>
<td>8</td>
<td>DW</td>
<td>1.0</td>
<td>BW</td>
<td>1.0</td>
<td>TW</td>
<td>2.0</td>
</tr>
<tr>
<td>9</td>
<td>DW</td>
<td>1.0</td>
<td>BW</td>
<td>0.7</td>
<td>TW</td>
<td>1.5</td>
</tr>
<tr>
<td>10</td>
<td>BW</td>
<td>1.5</td>
<td>DW</td>
<td>1.0</td>
<td>TW</td>
<td>2.0</td>
</tr>
<tr>
<td>11</td>
<td>DW</td>
<td>0.5</td>
<td>TW</td>
<td>0.5</td>
<td>BW</td>
<td>0.5</td>
</tr>
<tr>
<td>12</td>
<td>BW</td>
<td>1.0</td>
<td>DW</td>
<td>0.5</td>
<td>TW</td>
<td>1.5</td>
</tr>
<tr>
<td>13</td>
<td>TW</td>
<td>2.4</td>
<td>BW</td>
<td>1.0</td>
<td>DW</td>
<td>2.5</td>
</tr>
<tr>
<td>14</td>
<td>DW</td>
<td>1.1</td>
<td>BW</td>
<td>1.7</td>
<td>TW</td>
<td>1.2</td>
</tr>
<tr>
<td>15</td>
<td>DW</td>
<td>0.3</td>
<td>TW</td>
<td>1.1</td>
<td>BW</td>
<td>0.5</td>
</tr>
<tr>
<td>16</td>
<td>TW</td>
<td>2.6</td>
<td>BW</td>
<td>2.1</td>
<td>DW</td>
<td>1.5</td>
</tr>
<tr>
<td>17</td>
<td>DW</td>
<td>7.1</td>
<td>BW</td>
<td>5.0</td>
<td>TW</td>
<td>11.5</td>
</tr>
<tr>
<td>18</td>
<td>TW</td>
<td>2.1</td>
<td>BW</td>
<td>0.3</td>
<td>DW</td>
<td>0.4</td>
</tr>
</tbody>
</table>

DW (distilled water) is used as a control substance. Data was lost on Nos. 2& 3.
3.10 FOOD SPECIFIC ATTACK RATE CALCULATION

So the following chart clearly demonstrates that our patients have a clear and unequivocal sensitisation reaction when exposed to samples of tapwater (and interestingly to a homoeopathic remedy prepared from tapwater) under strict and properly conducted double-blind conditions. The chart expresses the differential in reactivity to the various samples, and leaves no room for doubt as to the significance—clearly, the Attack Rate shows a strong reactivity to the TW and HR. It attests to the sensitivity of the Quantum Med that it is able to detect the reactivity evoked by even the minute amounts of tapwater contained in the Homoeopathic Remedy (HR).

<table>
<thead>
<tr>
<th>SAMPLE</th>
<th>R</th>
<th>NR</th>
<th>T</th>
<th>Attack Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>DW</td>
<td>4</td>
<td>12</td>
<td>16</td>
<td>256</td>
</tr>
<tr>
<td>BW</td>
<td>4</td>
<td>12</td>
<td>16</td>
<td>25</td>
</tr>
<tr>
<td>TW</td>
<td>11</td>
<td>5</td>
<td>16</td>
<td>68.75</td>
</tr>
<tr>
<td>HP</td>
<td>4</td>
<td>21</td>
<td>16</td>
<td>25</td>
</tr>
<tr>
<td>HR</td>
<td>10</td>
<td>6</td>
<td>16</td>
<td>62.5</td>
</tr>
<tr>
<td>Key</td>
<td>R = Reaction</td>
<td>NR = Non Reaction</td>
<td>T = Total</td>
<td></td>
</tr>
</tbody>
</table>

The chart includes:

- DW = Distilled Water
- W = Bottled Water
- HP = Homoeopathic Placebo
- R = Homoeopathic Remedy of Tapwater

From this it is easy to see the disproportionate reaction to tapwater and to the homoeopathic remedy prepared from tapwater.

4. ANALYSIS OF DATA BY PATIENT

Eleven of the samples demonstrate clear and straightforward patterns of reactivity to the water: these are patients 1, 4, 8, 9,10, 11,12,15,16,17 and 18.

With patient 14, with a figure of 1.2 with the tapwater, the reactivity began to rise dramatically to peak during the time that the homoeopathic placebo was administered, in spite of the alcohol solution, we suspect that there was a timelag effect here, and that we were still seeing the full effects of the tapwater at work. The reasoning behind this is that, with the same volume of alcohol, by the time the fifth sample was administered the homoeopathic remedy—the reactivity was already diminishing (and interestingly enough to the same level as the Tapwater). (This has been refined by the time of the Second Study.) With patient 13, the reactivity set in immediately with the Tapwater at 2.4 and we saw a rather high figure on the Distilled Water (This high DW figure was also found in Sample 17.) Dr. Nelson and his colleagues have often found that a high response to Distilled Water is indicative of the body's need for it.

"... this we have found experimentally with many of our patients, because many times people have excess minerals in their body which require chelation by distilled water. So, sometimes patients demonstrate positive reactions to distilled water, electrically, because their system requires that non-mineral water which will help to chelate out some of the minerals in their system. ..."

With patient 5, the administration of tapwater produced a strong reaction, although the figure is a negative one, and the patient went on to give a very clear reaction to the Homoeopathic remedy which was administered fourth.

"Calculated as follows: e.g.  R - T X 100 = Attack Rate  
4 - 16 X 100 = 25 etc"

1 had hoped that this would encourage South West Water to give us more time to investigate, and during this time to temporarily resume bottled water supplies. They refused, instead of which they insisted on seeing the completed reports, in spite of the fact that we insisted that people would continue to deteriorate according to past experience.
Patients 6 and 7 have a history of recent antidepressant use which, according to Dr. Nelson, tends to dull response and hence reactivity whenever the Quantum Med machine is used. Steroid-based and morphine-based drugs also have negative effects on reactivity. Interestingly patient 6 in spite of this, displayed a reaction to the Tapwater and patient 7 gave a clear reaction to the Homoeopathic Remedy.

It is obvious from these figures that a clear reactivity is demonstrated, beyond a statistically significant extent. As explained earlier, the Water samples and the Homoeopathic samples were separated for obvious reasons. Even if one was to analyse the study in two separate halves, i.e. by simply looking at the waters and by simply looking at the homeopathics the integrity of the study is maintained. Both halves of the study, independently, bear out the existence of reactivity.

4.1 SEPARATE ANALYSIS

(i) The Waters

If one compares the first three samples, DW, BW and TW it is clear to see that numbers 1, 4, 8, 9, 10, 12, 13, 15, 16, 17 and 18 demonstrate a clear reaction to the Tapwater.

Patient 5 reacted, albeit negatively, and 14 began a delayed reaction. Thus we see either a total of either 11 (or 12, if one includes the negative reaction) out of 16 demonstrating reactivity with 10 out of 15 showing a very strong response.

(ii) The Homoeopathics

Comparing HR against HP we see that in 10 out of the 16 patients the HR clearly elicited a stronger response than the HP. In the case of patient 16, the strongest response was way and above strongest to Tapwater than any of the other readings, which would suggest that that patient was more reactive to tapwater on the normal physical level as opposed to the tapwater in potency, which would indicate a more dynamic response.

In the case of patient 14, as explained earlier, after the administration of the Tapwater a strong reaction set in which peaked all the way throughout the administration of the HP.

With patient 13, the person is not, it turns out, fond of alcohol at all and reacted very strongly.

With patient 8, reactivity was the same to both HP and HR, but again in this case TW was seen to be clearly the most reactive.

The reliability of the data of patient 6 is of arguable value for reasons outlined earlier.

The patients selected to take part in this Pilot Study are by no means outstandingly reactive, but rather represent a typical cross-section of those recognised as displaying sensitivity in the community. We are confident that had there been sufficient time, we could have tested a further 20 to 30 others who would have demonstrate a similar pattern of reactivity. (This was borne out after the Second Study.)

5. ONGOING TREATMENT

The first course of treatment for those tested commenced in early January 1994, once the festivities and excesses of Christmas were over and when those involved were able to concentrate on the medication undistracted. It lasted from between 14-28 days depending on the rate at which the medicines were taken.

The group analysis of the Xroid data permitted us to discover the population trend. Results were possible because the Xroid was able to pinpoint the interference caused by the substances ingested, to name the offending substances and to suggest the required remedies.

Treatment was focussed on four distinct areas:

1. Detoxification/ chelation. A homoeopathic compound containing Aluminium, Lead, Sulphur and Vanadium was given to clear these highly indicated substances in those taking part in the study.

2. Molybdenum. A further homoeopathic chelating compound was given to clear the high levels of molybdenum which appeared in the population. No reason has been found for this unusual incidence, unless it has something to do with chemicals used to reline the mains in the aftermath of the Lowermoor poisoning.

3. Pancreas/adrenal. As both these systems were demonstrating problems a short course to detoxify and stimulate these important organs was employed.

4. Amebex. High levels of amoeba were indicated by the Quantum Med and treated with this compound.
6. RESULTS OF TREATMENT

Certain people felt some quite marked results, and one diabetic patient reacted dramatically. He reported that he had not felt so well for ages, and had markedly more energy. Many others felt an initial surge of wellbeing, some noticing unusual and dramatic changes in their urine, which turned bright orange, indicating some clear detoxification in progress. Many people reported that they were able to think more clearly whilst others reported more energy. Although the initial two-to-three-week improvement has settled back somewhat, there is no doubt that some of the gains have remained permanent. People would have benefited from an ongoing course of medication—certainly more benefits could have accrued had the Amebex been readministered; a 60-day course was needed rather than a 30-day course.

The North Cornwall Homeopathic Project is confident that, following similar treatment to those other sufferers in Ohio and Vancouver also treated by Dr Nelson in the past, subsequent retesting will demonstrate an improvement in the health of those treated. Once this can be established, and the database grows, the basis will exist for treating a larger number of people more rapidly and increasingly effectively, thus achieving the initial aims of the NCHP.
7. INTRODUCTION

Reasons for Second Study

We recognised that corroborate of our initial findings was necessary to convince the authorities of our case.

Once we had seen the extensive diagnostic capability of the Quantum Med machine at work, also recognizing the fact that it is capable of suggesting two-tier treatment (firstly, the acute illnesses or weaknesses currently manifested, and secondly deeper constitutional weaknesses, opening the door for preventive medical intervention) we realised that at last we had a tool capable of not only demonstrating and quantifying the problems which we had so long observed, but of enabling accurate treatment to be pursued.

We also felt it necessary to increase the numbers tested to enlarge the base for statistical purposes and to ensure a truer picture. Up until now, our colleagues in the conventional field had found it impossible to accurately map the degree of disruption with the technology at their disposal, and rightly or wrongly concluded that there was no problem as such—a conclusion with which both our patients and we ourselves can only disagree.

Another aim of this second study was to convince SWW to resume bottled water supplies urgently, thus minimising continuing damage resultant on re-exposure to the water to those who cannot afford to spend the 30 English Pounds per month per head necessary to provide enough water.

7.1 THE SECOND STUDY-11TH-13TH MARCH 1994

This study employed the same methods as the Pilot Study but used the most newly-developed and far more sensitive and powerful version of the Quantum Med machine. The machine was operated by a fully-trained practitioner.

When carrying out the sublingual tests, because of pressures of time and wishing to test as many people as possible, we did not involve the use of a Homoeopathic remedy and placebo on this occasion as we had established the Quantum Med’s ability to more than adequately detect these in the first study.

We concentrated in this second study on a broader exploration of each patient. Whilst working towards constructing up a more general picture of the way that the poisoning had affected the population as a whole, we hoped to discover a common and generalised prescription for treatment. Additional individual remedies could also be prescribed where acute or urgent needs were indicated.

7.2 EQUIPMENT

The second machine is a new generation machine, and it has presented the data in a different format than that obtained from the first study. This newer machine performs mathematical analysis internally, and produces a reactivity measurement in the form of Rise and Fall readings. The machine is capable of more exact readings, with 20 channels as opposed to the 10-channel machine used in the Pilot Study. The software is capable of more, not only more accurate but also of quicker determination of the results.

These overall readings are presented in the statistical analysis presented below.

7.3 EXPERT REPORT

There now follows the report of the Quantum Med expert, Dr. William Nelson. Where we feel a need to expand or comment on this report from our own experience, these will follow his report.

After reviewing the Camelford Project and having seen much of the data and learned of the history regarding the spill I can definitely conclude that there has been an aluminium toxicity disturbance.
7.3.1 The Quantum Med device and Xroid profiles
The aluminium readings on the Quantum Med xroid tests are the leading presenting concern; amongst other substances radon, cadmium, lead, mercury and molybdenum also present as a problem in the patients' reactivity. This measure of reactivity was determined by a very sensitive biofeedback machine, known as the QuantaMed device. This device is capable of measuring slight fluctuations in the resistance or voltage in a patient. The patient's brainwaves and skin resistance are measured whilst the patient is exposed to the components of a xroid profile. This xroid profile then measures their reactivity to approximately 4,000 items. Their highest reactivity was to aluminium, and our chart will show the overall extent of the reactions.
As explained, via the xroid profile, the machine examines the electrical reactivity of 4,000 items and determines from that electrical responsiveness just what it is to which the patient might be sensitive. In the case of the study, we looked at the patients' reactivity to different compounds.
There is a 1 out of 40 chance that any one of the items might come up in a normal display. Thus if we were to examine 40 people, it is likely that, for instance, Pancreas would occur in one of the people, a ratio of 26:40. In the Camelford population, however, we see that pancreas occurs in 37 of the cases, rather than the one (a 26-fold incidence above the norm). This shows a factor where the patient population responds dramatically more than chance in many items, especially those which we have highlighted in the chart below.
To reiterate, for an item to appear in the list it has to exceed 2 Standard Deviations from the norm of reactivity of the patient. Thus, if the mean or average reaction of a patient is 250, as calculated by the Electrical Reactivity Score, then the patient would have to have 2 SD’s above that for electrical reactivity for it to appear on the list.

7.3.2 Control group
The symptomatology profile of many of the Camelford sufferers was so markedly unusual and atypical of reasonably healthy individuals observed by this practitioner and, separately by the NCHP, that it was deemed necessary to try to compare a random group of healthy individuals against this profile.
"By way of demonstrating the extent of some of these grosser problems, with a view to encouraging further investigation by the responsible authorities charged with the healthcare of the North Cornwall population, on a recent trip to Eastern Europe a control group of healthy athletes and doctors was assembled. The control group is not a random-sampled group but taken from some of the healthy Eastern European patients that we had already tested during demonstrations, or from amongst medical colleagues. There were no real concerning symptoms of any note; in short, what would be described as a healthy and 'normal' population.
No effort was made to age- and sex-match the two groups, as time was of the essence and it was judged that this could be properly carried out at a later date. The aim was clear: to attempt to roughly compare some of the salient findings already recorded in the Camelford patients against healthy individuals. The reactivity scores were analysed to see if the same types of symptoms were occurring in the Camelford group, and what if any, were the different frequencies.
In this sub-study, the study population is 76-20 from Eastern Europe, 56 from Camelford. We did not carry out the double-blind sublingual water tests with the Eastern European controls, but instead carried out a comparison of the 'xroid profiles' as described in paragraph 2 of this section of the report. The findings, in order of significance, were as follows:
<table>
<thead>
<tr>
<th>Compound</th>
<th>Camelford Group (56)</th>
<th>Control Group (20)</th>
<th>Significance</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Incidence</td>
<td>%</td>
<td>Incidence</td>
</tr>
<tr>
<td>Spinal Column</td>
<td>47</td>
<td>84</td>
<td>6</td>
</tr>
<tr>
<td>Aluminium</td>
<td>44</td>
<td>79</td>
<td>3</td>
</tr>
<tr>
<td>Major nerves</td>
<td>40</td>
<td>73</td>
<td>5</td>
</tr>
<tr>
<td>Libido</td>
<td>40</td>
<td>73</td>
<td>2</td>
</tr>
<tr>
<td>Pancreas</td>
<td>37</td>
<td>67</td>
<td>3</td>
</tr>
<tr>
<td>Immune</td>
<td>36</td>
<td>65</td>
<td>4</td>
</tr>
<tr>
<td>Adrenal</td>
<td>35</td>
<td>64</td>
<td>6</td>
</tr>
<tr>
<td>Diencephalon</td>
<td>32</td>
<td>57</td>
<td>2</td>
</tr>
<tr>
<td>Cerebellum</td>
<td>27</td>
<td>50</td>
<td>2</td>
</tr>
<tr>
<td>Pituitary</td>
<td>25</td>
<td>45</td>
<td>4</td>
</tr>
<tr>
<td>Radon</td>
<td>25</td>
<td>45</td>
<td>2</td>
</tr>
<tr>
<td>Myencephalon</td>
<td>24</td>
<td>43</td>
<td>0</td>
</tr>
<tr>
<td>Lead</td>
<td>23</td>
<td>42</td>
<td>5</td>
</tr>
<tr>
<td>Molybdenum</td>
<td>23</td>
<td>42</td>
<td>5</td>
</tr>
<tr>
<td>Amoeba</td>
<td>23</td>
<td>42</td>
<td>13</td>
</tr>
<tr>
<td>Spleen</td>
<td>21</td>
<td>38</td>
<td>5</td>
</tr>
<tr>
<td>Serotonin</td>
<td>21</td>
<td>38</td>
<td>3</td>
</tr>
<tr>
<td>Cadmium</td>
<td>18</td>
<td>33</td>
<td>4</td>
</tr>
<tr>
<td>Liver</td>
<td>17</td>
<td>31</td>
<td>4</td>
</tr>
<tr>
<td>Chloretx (Water poll'n)</td>
<td>17</td>
<td>31</td>
<td>4</td>
</tr>
<tr>
<td>Algin (Radiation)</td>
<td>16</td>
<td>29</td>
<td>3</td>
</tr>
<tr>
<td>Copper</td>
<td>15</td>
<td>27</td>
<td>1</td>
</tr>
<tr>
<td>Envirox</td>
<td>15</td>
<td>27</td>
<td>5</td>
</tr>
<tr>
<td>Mastopathia cyst (M/F)</td>
<td>14</td>
<td>25</td>
<td>1</td>
</tr>
<tr>
<td>Endorphin</td>
<td>12</td>
<td>21</td>
<td>2</td>
</tr>
<tr>
<td>Wilson's Disease (Cu)</td>
<td>11</td>
<td>20</td>
<td>0</td>
</tr>
<tr>
<td>Calcitonin</td>
<td>10</td>
<td>18</td>
<td>2</td>
</tr>
<tr>
<td>Gallbladder</td>
<td>8</td>
<td>15</td>
<td>3</td>
</tr>
<tr>
<td>Insulin</td>
<td>7</td>
<td>12</td>
<td>2</td>
</tr>
</tbody>
</table>

* = > 2 Standard Deviations  
SS = Statistically significant

(Note: Chloretx and Algin are proprietary, branded compounds which the Quantum Med has determined are required medicaments. Chloretx is customarily given where polluted water has been ingested. Algin is customarily prescribed where background and other radiation problems are manifest.)
It should be remembered that the Quantum Med device is calibrated so that in any given population of 40 people there should be a recorded incidence of 1. Here we clearly have a grossly affected population.

Thus we have now compared the reactants which occur in the top Standard Deviation of the Control Group and the Camelford Group and seen the different percentages. In the situation where the percentage response of the Camelford Group was twice as much as the Control Group, this is highly significant of a major difference in their reactivity. In certain of the population it exceeded twice, and in certain places it was even three times, the percentage of reactivity when compared to the Control Group.

We can definitely see the reactivity to many of the compounds and many of the reactions we have looked at dramatically exceed chance. Thus the patients' reactivity to these heavy metals-most significantly to aluminium-would lead us to conclude that there is some aluminium toxicity which the patients have not yet adapted to.

The most reactive of the organ systems is the pancreas with a very high degree of reaction in almost all of the patients. The pituitary and serotonin and dopamine production also figured very high on our scale; adrenal function was also observed to be extremely depleted.

The patients present with fatigue, inability to concentrate, memory lapses, depression and a host of other affective as well as somatic concerns. Many times during the interviews patients would forget what they were doing or even speaking about as their minds would wander; they also showed an inability to remain focussed. This type of early Alzheimer's condition and the concluding diagnosis can only be that there is a premature aging factor which has been introduced into this population. In comparison with other patients that I have seen in other parts of the U.K., Ireland and in Europe, I can definitely say that this population shows the signs of far more advanced premature aging than any other population which I have investigated.

7.3.3 Premature aging
In the other investigations which I have been involved in, in similar instances of accidental water pollution, I have only been involved in the first acute six month stage, where the patients presented with intestinal disturbances, skin conditions and many acute reactive reactions. With the Camelford Project, this is my first opportunity to review the long-term effects of such an exposure. However, I clearly conclude that there is a premature aging factor at work here, a subject which I trust that the appropriate and responsible authorities will choose to explore rather than to ignore.

Premature aging is very hard to measure medically, but the scenario of accelerated aging probably lies somewhere in the region of 3-5 years for every year following the initial poisoning. In any one of these clients it would be hard to determine what is proper or improper aging, but if any medical practitioner would sit down and examine the 56 patients which I saw during my stay at Camelford, they would have to conclude that premature aging and an acceleration of some of the different debilitations of age are apparent. Our x-radioid scores can contribute this to the various substances mentioned and especially to the aluminium exposure. The method of destruction appears to be that of interfering with the pituitary, whose role it is to regulate many of the metallic ions in the bloodstream; added to this is a dramatic interference with the pancreatic function, especially with the pancreas' ability to generate enzymes. If the pancreas does not generate the proper amount of enzymes, then many conditions can ensue: formation of mucus, formation of inappropriate polypeptides, prostaglandin cascade, cellular inflammation and cellular degeneration. These are all the factors which have been observed in these patients, as can be seen from the chronicling of the symptoms collected by the NCHP. There is definitely a disturbance of immense proportions which these patients are showing. Without doubt the foregoing display of symptoms is directly attributable to the water pollution incident.

7.3.4 Evidence of Aluminium in Tissues
There is strong evidence from the Quantum Med reactivity readings that the aluminium is overabundant and toxic in the Camelford patients and this is borne out by the hair analysis carried out by the University of Suney's Dr. Neil Ward. Aluminium readings should be much lower than the readings which we are seeing in both these tests.

In reviewing the caseload, I can definitely see a 95% correlation between our aluminium readings from the Quantum Med and your hair analysis results. For aluminium to be found in this amount is definitely an indication of toxicity. As for selenium, we can see that the figures for selenium whole blood correlates with the defi-
ciency of selenium, borne out by the selenium deficiency in the hair results. When we look at calcium, howev-
er, it is harder to evaluate the meaning of data from hair analysis; where our correlation with selenium is
approximately 80%, that for calcium is a mere 60%, which is almost negligible. The correlation with iron is a
mere 65%, similarly negligible. However, as far as the two toxic chemicals which you have here, lead and alu-
minium, the picture is clearer for we can see a 95% correlation between the hair analysis and the Quantum Med
for the aluminium and 90% for the lead.

The Quantum Med machine looks into matters in finer detail. Revici reports that certain ions need to be
inside cells, and that certain ions need to be outside cells. Thus we know that potassium is an intracellular ion,
whereas sodium is an extracellular ion. If we look for sodium, we should find it in the serum, and if we look
for potassium we should find it inside the cell. Modern medicine however looks for potassium in the serum.
When they do this they find the normal of 4.5; when we assay potassium in whole blood, we find the normal
of 31.5, which is a big difference.

The Quantum Med device can detect possible deficiency or toxicity states. The patient might react to sele-
nium because it is toxic to him/her as a result of there being too much in the system already, or because there
is a deficiency of it and there is therefore a need for its supplementation from a positive point of view. The dif-
fERENCE between the two systems is that hair sampling is a repository of material elements over a period of
time, whereas the Quantum Med device looks at what is the reactivity of the patient today? Correlating the two
differing approaches does not always work. However, in the Camelford case, the two toxic elements, aluminium
and lead, give two extremely strong correlations which is indicative that there is definitely a set of problems.

7.3.5 Prognosis
Unlike the previous incidents in which I have been involved where I was consulted at a relatively early stage
in the case, with Camelford the results of the initial damage may well now be deep-rooted as five and three-
quarters years have passed, and it remains to be seen how much reversal of the premature aging effect can be
brought about. It may well be that, if we deal with the cause and rid the body of the aluminium and the other
toxins, we might still be unable to rebuild the tissues.

We are faced with an awful lot of work to rebuild the pancreas, pituitary and other functional disturbances;
also, as can be seen from each individual report, each individual has developed a different set of pathology.
Science, Medicine and Homeopathy all must learn to go away from simple, reductionistic philosophy and
move towards more complex dynamics—or what we call fractal dynamics. This is what the xroid is designed
do. The xroid is designed to examine the complexity of the human being and to find several faults, in fact
sometimes even hundreds of faults, which require treatment. It is therefore wrong for us to ever think that
there is one single, simple solution, especially since patients are living in such a toxic world.

7.3.6 Summary
Some of the brain disturbances which we have recorded, as well as some of the functional
disturbances relate clearly to the aluminium. We also see that these people have been sensitised to the tapwa-
ter which is presently supplied to them. What we can determine also, is that there is definitely a disturbance
and somebody needs to pay the piper for this problem. Someone needs to take responsibility and pay for some
of the damage which has been done to these patients.

The point needs to be made to the Camelford patients that if, having accurately and painstakingly taken
the prescribed remedies they achieve some positive results from the treatment, this will act as a source of immense
encouragement for other similarly affected communities. The reason for saying this is that, from my experi-
ence, under normal conditions the tendency following contamination by heavy metal poisoning is for anyone
to feel hopeless, despondent, depressed and despairing; it is all-too-easy to become trapped in the feeling of
powerlessness and the cycle of ‘victimhood’.

If, however, the Camelford patients can demonstrate that it is possible to gradually regain their health fol-
lowing such a traumatic event they will not only be doing themselves immeasurable good, but also will be
leading the way as pioneers for others who will undoubtedly follow. This will take willpower and application
to achieve.

If they can only provoke enough willpower, aided by the homeopaths, it is possible they will make sub-
stantial improvements. This will establish and demonstrate once and for all that early homoeopathic inter-
vention in these cases is crucial.
In other cases which I have dealt with the early intervention by treating the whole person and supplying them with all the different factors that they required stopped a degeneration. Because of the early homeopathic intervention the successfully treated patients whom I have reinterviewed who were exposed to similar compounds years ago nowadays have none of the cascading disturbances currently displayed by the Camelford population.

7.3.7 Conclusion
This practitioner would strongly encourage any Government or statutory official to consider looking more deeply into this situation and to support the ongoing work of those actively attempting to resolve this situation.

8. FINDINGS AND STATISTICS

Analysis of the sublingual data gathered in both the Pilot Study in October 1993 and this latest study has been carried out by Dr R Roberts of the Open University.

8.1 THE SECOND STUDY
As explained earlier the second machine is a new generation machine and it presents the data in a different format than that obtained from the first study. The new machine performs mathematical analysis internally, and produces a reactivity measurement in the form of a Rise reading.

From 10-15 years of past experience of using this sort of equipment, only degrees of reactivity >5 are deemed to be significant. For the purposes of this study, which is to actively and urgently promote interest in further research, we have restricted ourselves to simply demonstrating positive reactivity scores, but it should be noted that the Quantum Med machine would score a corresponding Fall as a measure of reactivity, in that it is a demonstration of the interference with equilibrium in the system. Using the full scores (both Rise and Fall) yields the following data, which shows the significant association between the source of the water and the reactivity or non-reactivity. When analysed by the Chi-square Test of Association : Chi-squared = 28.444 Degrees of Freedom = 1. The probability number is P = < 0.0005.

![Reaction Non-Reaction Table]

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p = < 0.0005
df = 1

This picture of depression and despair can clearly be seen by reference to Homeopathic Materia Medica concerning the heavy metals.

106 WHAT WORKS
As can be seen, this yields a disproportionate reactivity to Tapwater. It was therefore decided to investigate this further, and so we applied a more stringent index of reactivity of 8.9, being the highest level of reactivity to Distilled Water which obtained, being the largest random fluctuation we would expect. Distilled water was in effect used as a control. With the new criteria of reactivity of > 9 the association between the source of water and reactivity 1 non-reactivity was still statistically significant: Chi-squared = 7.3652 for one Degree of Freedom. The probability of that is P = < 0.01.

<table>
<thead>
<tr>
<th></th>
<th>Reaction</th>
<th>Non-Reaction</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bottled Water</td>
<td>4</td>
<td>52</td>
</tr>
<tr>
<td>Tap Water</td>
<td>16</td>
<td>40</td>
</tr>
</tbody>
</table>

p = < 0.0005  df = 1

8.2 SUMMARY AND CONCLUSIONS DRAWN FROM THE STATISTICAL DATA

The association between the source of the water and reactivity was shown to be statistically significant. The reactivity/sensitivity of the subjects to the Tapwater samples given under double-blind conditions and which the NCHP was maintaining for so many years is plainly validated by these findings.

This type of reaction is analogous to a hypersensitive sympathetic nervous reaction or pattern. Whilst it is akin to certain heart disturbances and certain autonomic nervous imbalances it could at any time provoke a more severe health crisis for these individuals. Because the tapwater causes such gross electrical reactivity it is conceivable that this could provoke a cardiovascular accident or electromagnetic dysfunction at worst or at least palpitations. Any substance that can produce the sort of reaction of this magnitude can conceivably produce more serious sequelae at any time in the future.

Having seen the ability to maintain homeostasis gradually eroded over the years in our patients, and knowing that in diseases such as Alzheimer's there appear to be thresholds over which, once crossed, there is no going back, it prompts us again to plead with South West Water to reinstate supplies of bottled water to those of our clients who demonstrate a requirement for it. Our early attempts to plead this case have been placed into abeyance whilst data could be produced, validated and finally seen to support our clinical observations. We trust that these criteria have finally been met and that the health of our patients can be given the priority which it so demonstrably deserves, all concerns about culpability, responsibility and economics being firmly and finally relegated to their rightful and secondary importance.

9. ONGOING TREATMENT

Global assessment/Prescription

Following the assessment of all the 56 patients via the Quantum Medic’s xroads profile, a general prescription has been implemented in much the same way as was done with the Pilot Study. In addition to this prescription, certain urgently required remedies have been prescribed on an individual basis.

Stomach/Pancreas formula – a remedy designed to balance and repair the functioning of these areas has been recommended. The level of disturbance in these areas is marked.

Metex – a specially developed version of this compound has been prepared, concentrating on Aluminium, Cadmium, Molybdenum and Lead. It encourages the body to eject metals from the system.
Chlorex – is used to stimulate the body's own natural detoxification/chelation processes wherever problems with drinking water are encountered, a specially prepared version of this compound has been prepared taking into account the particular problems in Camelford. Work carried out at the University of Wyoming on hormone explains the beneficial effect of these sorts of remedies.

Algin – a special remedy to deal with background radiation problems has also been markedly indicated.

Serotonin/Dopamine – recommended to rebalance these particular systems, which are commonly interfered with in the aftermath of toxic shock syndrome (viz. myalgic encephalomyelitis-ME- organophosphate poisoning etc) Endorphin and Calcitonin were added, to help with the hormonal disturbances which were observed in the patients.

Pituitary – this, the master gland, is showing signs of serious malfunction according to the Quantum Med readings. This comes as no surprise to the NCHP as it was through the hypothalamus, and the lack of blood-brain barrier at the pituitary, which provided the wide-open doorway into the very centre of the brain, as we outlined in our previous paper.10

10. COMMENTS AND RECOMMENDATIONS
This disaster clearly shows the need for the following initiatives to be set into motion the moment a disaster of this type occurs:
1. Coordination of skills necessary to optimally protect the population affected or others in similar danger:
   a) toxicological monitoring and investigation
   b) epidemiological data gathering
   c) medical and homeopathic treatment/chelation etc
   d) counselling and other support services (see "When Disaster Strikes " by Raphac!)
   e) the formation of local support groups and financial resources for running them

2. A change in thinking where, in a situation such as the Lowermoor Incident, the emphasis is not so much on attempting to avoid blame or economic or political expediencies, but rather to do the best for the affected population and to view it as an opportunity from which to learn and better safeguard our communities.

   Statutory no-fault insurance, to protect the population would be more equitable than the existing adversarial system, and would avoid undue and unnecessary stress on people already seriously affected.

3. Area Health Authorities and the Environmental Health Departments should be adequately funded so that they are enabled to automatically apprise themselves beforehand of the potential ramifications of such occurrences as an aluminium sulphate spill and take advantage of the existing structures and facilities such as an instant literature search. Thus a private firm such as South West Water would not have been able to have suppressed the fact that a neurotoxin was free in the water supply.

   The polluter should not be in a self policing position nor of acting in the role of experts advising the authorities regarding the perceived potential ramifications of pollution incidents such as Lowermoor.

11. ONGOING RESEARCH
As a result of the studies undertaken with the help of the multi-channel Quantum Med machine which is capable of measuring voltage, amperage, capacitance and inductance as well as resistance (the limitations of single-channeled resistance devices already clearly documented11), the NCHP feels that the potential for extensive and in-depth research, investigation and treatment of the population is at last made possible, ruling out the need for many hundreds of hours of casetaking. At this relatively late stage where the effects of the poisoning have continued to strike into the depths of the patients the problem is correspondingly more complex than existed at the early stages of the problem.
Having worked so intimately with those affected for nearly six years, and having built up a clear picture of the devastation so clearly wrought in peoples' health physically, emotionally and mentally, it appears that at last we have a technology capable of examining many if not all aspects of our patients. It prioritises areas which need urgent attention and points the practitioner to remedies that should help to alleviate-and hopefully permanently cure-symptoms.

To adequately explore the problem systematically, resources are urgently needed to allow the NCHP to methodically map out the complete picture. Current research has been carried out from our own pockets and thanks to the support of New Vistas Healthcare Ltd and Clinic Support Services but it is not right for this burden to be carried by private individuals; the relevant authorities should extend help and support where this can be justified.

11.1 AREAS TO BE EXPLORED IN FUTURE RESEARCH

Having examined the data produced by both the Pilot Study and the Second Study we see the need to explore the following areas in particular and to continue to throw the net wider by testing greater numbers of people. The reason for this is that the 56 people so far tested although no doubt broadly representative cannot produce a full picture.

Reference here to the incidence chart compiled for the Eastern European Control shown earlier would be useful, remembering that in a normal population we should have seen incidences of between 1 and 1.5.

11.1.1 Brain
We are particularly concerned by the damage shown in the brain generally, where in particular the myencephalon (110), midbrain and pons (35), diencephalon (34), cerebrum (23) and the cerebellum (15) show quite serious problems-numbers in brackets show minimum incidences in the general areas.

11.1.2 Nerves
Another major area of concern are the nerves (82) and the spinal column (66) which are also levels of damage to warrant serious concern.

11.1.3 Hormonal disequilibrium
Returning to our previous paper, where we outlined endocrinial problems at some length, there is no doubt that a general and widespread problem exists. As can be seen from the current prescription, the Quantum Med has clearly demonstrated a problem with the pituitary gland preeminently, and it remains to be seen what degree of success will follow this treatment. We consider that treating just one element of the endocrinial system, whilst surely helping, cannot be the sole answer in such a complex case of generalised disruption of function.

11.1.4 Pancreas/enzymes
The same consideration applies to this area. This was clearly shown to be the most damaged organ, whose malfunction caused such havoc in the digestive system.

11.1.5 Fluids-spinal, lymphatic, intracellular and extracellular
Many different areas of concern have come to light with regard to fluids. Cataracts (22) are prevalent, and most worrying children score surprisingly highly here. Of 8 of the younger members of the population, 5 were found to have Aluminium in either whole blood or in blood serum, and one of these an 11 year old boy also showed Copper in whole blood.

11.1.6 The children
Dr. Nelson has backed up the NCHP's clinical observations with regard to premature aging. We are very concerned at the level of disruption existent in the children we have seen in the past and having seen the sorts of problems quantified by the Quantum Med we now feel that our concerns were justified.
Four examples:

A girl aged 6, with aluminium in her blood serum, low red blood count, abnormal bleeding time, deficiency in Angiotensin Converting Enzyme, shows a need for Lecithinase, ACTH, α-Endorphin, Atriopeptin I, Gastric Inhibitory Peptide, serotonin, other digestive enzymes and neurotransmitters, who also shows poor function in the Kidney, Pancreatic, Adrenal, Parathyroid, Pituitary, spleen and Immune System, coupled with depression is not the typical picture of the average 6 year-old schoolgirl.

A boy aged 6, Aluminium in whole blood, abnormal bleeding time, allergies, asthma/bronchitis, signs of early Wilson’s Disease, damage to ears and nerves of ear, semi-circular canal, problems with the Lateral Ventricle, Parietal lobe, Hypothalamus, much nerve damage: Cutaneous Division, Submandibular Ganglia, Spinal nerves, and also damage to the Lateral Horns, Choroid Plexus and the Fourth Ventricle of the Myencephalon.

A boy aged 10, Aluminium in blood serum, signs of Wilson’s Disease, problems with Pancreozymin, Gastrin Releasing Peptide, Angiotensin III, Atriopeptin I, plus other enzymatic problems, abnormal bleeding time, signs of Cataract Complicata; deficiencies in Lymphatic System, Spleen, Pancreas, Stomach and Immune System. He lacks Serotonin and Dopamine and displays depression.

A 21 year old women (aged 16 at the time of the poisoning) with rheumatic/arthritis pains for 5 years, of the sort associated with menopausal or middle-aged women cannot be said to be normal: Add to this aluminium in blood serum, platelet count incorrect, low tryptophan, somatostatin, angiotensin converting factor, secretin and pancreatic polypeptides, widespread nerve damage, immune system, pancreatic and digestive problems and we see the picture of anything but the average teenager/young woman.
APPENDIX 1.

Organisation of the Pilot Study

1. METHOD

1.1 PARTICIPANTS
Participants were initially invited to take part—see Appendix 1—and the aims of the study were explained to them. On the day of the tests they arrived with a completed and signed Consent Form and were seated alone in a waiting room. They did not communicate with anyone else before the tests, and the only conversation that ensued is as described. Obviously, we did this to minimise any possibility of stress or conditioned reactions.

1.2 PREPARATION OF THE SAMPLES
a) Distilled water was obtained, gratis, from The Freshwater Company, London who supply various hospitals and hospital laboratories in London.

b) Buxton Water, batch No LB 1660706—sell by date December 1994 was obtained from a local supermarket and is similar to supplies obtainable currently by patients.

c) Tapwater was obtained from a tap on the premises where the tests took place—The Moorings, Trefrew Road, Camelford. The water was allowed to run for three minutes, (longer than South West Water would normally recommend). The tapwater had been run, as usual, shortly before by the householder, in addition to this to ensure that there was no long-standing water in the pipe.

d) The Homoeopathic placebo was prepared by Mr. John Morgan, M.R.Pharm.S of The Helios Homoeopathic Pharmacy, Tunbridge Wells, Kent. It was a 10% ethanol solution: 90% distilled water solution.

e) The Homoeopathic Remedy—Camelford Water 6c—was prepared from the stock initially prepared in February 1990 by The Helios Homoeopathic Pharmacy from water samples supplied from Dr Neil Ward, Department of Chemistry, University of Suney, who in turn had gathered these from residents of the Lowermoor area who had had the prescence to take the samples at the time of the Lowermoor Incident. The Camelford Water sample was potenised in 90% alcohol following Hahnemann’s recommendations for preparation of potencies by hand. The Homoeopathic Remedy was in an identical alcohol solution to the Homoeopathic Placebo described in d) above.

iii) The sample bottles
120 samples were prepared, 24 of each of the 5 substances to be tested. Each 10 ml sample was placed in clean, sterile, brown glass Beathen medicine bottle obtained in a sealed pack from a local pharmacist using a new, sterile 60 ml syringe supplied by a local veterinarian. The five different sorts of samples were encoded by type by one of the authors of this paper. He then left the room, and another of the authors and her husband proceeded to choose the batches at random and to assign them numbers in the range of 1-20, 21-40, 41-60, 61-80 and 81-100. The codes were not broken until 7 weeks after the tests, nobody was therefore aware what was in each of the sample bottles until this time.

iv) Selection of samples
Just prior to their being introduced to the technician who recorded all the data Dr. Peter Bartlett—the participants in the waiting room were invited to choose one of each of the 5 samples from the tray. Depending on the order of choice, this determined the order of administration of the samples, ensuring the random factor. The sample numbers were recorded. A separate Alphabetical code was required by the computer involved in the testing.
2. TESTING EQUIPMENT EMPLOYED

Reactivity was determined by a very sensitive biofeedback machine, known as the Quantum Med device. This device is capable of measuring slight fluctuations in voltage, amperage, capacitance and inductance as well as resistance in the patient.

Interestingly, and again tribute to the Quantum Med machine, two young male athletes, one a 22 year-old cyclist competing at national level and another a 25 year-old equestrian competitor tipped for Olympic competition both suffered an inability to compete in their chosen sport as they were unable to maintain balance and to accurately judge distances. The cyclist had several serious falls having misjudged distances and the other regularly fell from the saddle when attempting to jump fences, something he rarely used to do as a younger rider. Both displayed these inadequacies via considerable damage to their auditory and balancing capabilities, and one has clear damage to his otoliths.

Academic performance has been a closed door to us in the past, and suspicious performances at the Richmond Tests led to denials that there were any behavioral problems with the children; the problem was attributed to “marking problems” which is a nonsense as the test results are either right or wrong. We are in no doubt that similar tests on children supposedly not affected would again show identical patterns of damage as that demonstrated by those who we have already tested. The immature defence systems of children born at the time of or since the water incident must be even less able to ward off the worst excesses of the poisoning, because clearly older children and adults failed to cope with an assault of such toxicity.

11.1.7 DNA
The effects on the DNA bears further investigation.

12. THE NEED FOR IN-DEPTH DATA GATHERING

This data was extracted from the most salient features of a xroid scan performed in what was essentially an unsystematic and unrepresentative manner, as there was literally insufficient time to explore all but the most urgent and salient areas of each person. (The Quantum Med can extract the top 100 areas of concern across many different systems, helping the practitioner to prioritise areas to explore. Under normal clinical conditions, where time is less of a consideration, it would be possible to obtain a more specific and accurate picture.)

As a result of the ‘epidemic’ nature of the Camelford poisoning, it is even more important to explore and identify the underlying trends occurring in the population as a whole, and to achieve this a complete scan of all systems is required, for at present the picture we have is far from complete and is obscured by individual pathology, some of it undoubtedly exacerbated and worsened by the toxic shock.

13. FUNDING
In short, we have the tools but need the wherewithal to be able to afford to use them.

14. LONG TERM AIMS
Following an evaluation of the initial testing and treatment of patients, there are several steps to be taken:

i) to re-test them,

ii) continue with treatment,

iii) refine treatment of general patterns of dysfunction to enable us to be able to treat a large number of people as quickly as possible, thus returning them to as high a quality of health as possible, ending with:

iv) individualised therapy for particular ongoing or stubborn problems.

112 WHAT WORKS
v) refinement of computer software and data storage to enable epidemiological data to be gathered from the very onset of such an event as the Camelford poisoning and to thus have in place an organisation capable of instantaneous response, evaluation and treatment of an affected population in collaboration with all other appropriate orthodox medical and scientific services.

The patient’s brainwaves and skin resistance are measured whilst the patient is exposed to the components of a xroid profile—a battery of 4,000 separate evaluative tests developed over years of clinical practice.

Whilst the machine is essentially a diagnostic tool to point the physician to obvious problem areas in the patient, it is also capable of obtaining conventionally-recognised readings. It achieves this via a conventional headband with embedded electrodes, wrist bands and a band on each index finger.

3. PROCEDURE
People were shown into the testing room, introduced to the technician, seated in the chair, and as they were connected to the equipment the technician briefly explained that the equipment would be testing their state of health and their reactivity to the various samples. They were assured that the equipment was safe (i.e. that they would feel nothing and that there was no possibility of their receiving an electric shock.)

Test 1-General health evaluation

Once settled and comfortable, a series of three evaluation tests were carried out, each lasting some three minutes. Those tested were informed when each test was completed, and they were told that they could move, scratch, fidget in the one-minute gap between tests, but that during the tests they should attempt to sit quietly without moving or talking.

Test 2-Sublingual tests

Part I: The 3 Water samples
It was then explained briefly that the sublingual tests could now be carried out. The first sample was handed to the patient who, on command, tipped the sample into his/her mouth, held it there for 10 seconds and then on command was asked to swallow the sample. This procedure continued for the next two samples.

Part 2: The 2 alcohol-based homoeopathic samples
It was then explained that the next two samples would taste different to the first three as they were preserved in alcohol. The samples were then administered in the same fashion as the first three.

None of the participants expressed any views that they had found the tests upsetting or difficult. The fact that the tests took place in familiar surroundings—the premises where I had practised in Camelford for over four years coupled with the fact that they know me well all contributed to the fact that there was the least possible stress to them.

Both Part 1 and Part 2 of the tests were carried out under double-blind conditions, but as the homoeopathic samples were of secondary importance, and we wished to avoid any possible interference by the alcohol, we deliberately separated the test into two parts.

10 The health evaluation part of the test procedure had to be carried out prior to the sublingual testing, to prevent reactivity to the sublingual samples giving a false picture. We were well aware how violent the reactions of some patients could be.

11 In the case of the child who was tested, the samples were diluted with a further 10 ml of distilled water and allowed to stand in the room to permit the alcohol to evaporate as much as possible.
APPENDIX 2.

Disturbances in the DNA I Chromosomes
Pilot Study - October 1993

This small extract from the data concerning the DNA/chromosomes gathered from the initial Pilot Study clearly corroborates the areas of concern amongst our patients.

Knowing our patients well from our extensive case-taking, and although this is only a small sample-14 people-it is relatively easy to recognise our patients when viewed from the perspective of chromosomal disturbance as highlighted by the machine.

The leading incidences extracted from Chart 7 overleaf are as follows:

<table>
<thead>
<tr>
<th>Chromosome No.</th>
<th>Description</th>
<th>Incidence</th>
<th>as %</th>
</tr>
</thead>
<tbody>
<tr>
<td>3</td>
<td>RNA Control - Hearing</td>
<td>7</td>
<td>50</td>
</tr>
<tr>
<td>16</td>
<td>Multiple Sclerosis</td>
<td>7</td>
<td>50</td>
</tr>
<tr>
<td>22</td>
<td>Brain</td>
<td>7</td>
<td>50</td>
</tr>
<tr>
<td>20</td>
<td>Pancreas</td>
<td>6</td>
<td>42.8</td>
</tr>
<tr>
<td></td>
<td>X Chromosome</td>
<td>6</td>
<td>42.8</td>
</tr>
<tr>
<td>5A</td>
<td>RNA Control</td>
<td>5</td>
<td>35.7</td>
</tr>
<tr>
<td></td>
<td>Extra Y</td>
<td>5</td>
<td>35.7</td>
</tr>
<tr>
<td>2A</td>
<td>RNA Control- Tactile</td>
<td>4</td>
<td>28.6</td>
</tr>
<tr>
<td>4A</td>
<td>RNA Control</td>
<td>4</td>
<td>28.6</td>
</tr>
<tr>
<td>8A</td>
<td>Cholesterol Control</td>
<td>4</td>
<td>28.6</td>
</tr>
<tr>
<td>9</td>
<td>Cholesterol Control</td>
<td>4</td>
<td>28.6</td>
</tr>
<tr>
<td>10A</td>
<td>Blood disturbance</td>
<td>4</td>
<td>28.6</td>
</tr>
<tr>
<td>12A</td>
<td>Immune system</td>
<td>4</td>
<td>28.6</td>
</tr>
<tr>
<td>13A</td>
<td>Nerval Disease</td>
<td>4</td>
<td>28.6</td>
</tr>
<tr>
<td>14</td>
<td>Nerval Disease</td>
<td>4</td>
<td>28.6</td>
</tr>
<tr>
<td>15</td>
<td>Nerval Disease</td>
<td>4</td>
<td>28.6</td>
</tr>
<tr>
<td>19A</td>
<td>Liver problems</td>
<td>4</td>
<td>28.6</td>
</tr>
<tr>
<td>22A</td>
<td>Brain</td>
<td>4</td>
<td>28.6</td>
</tr>
<tr>
<td></td>
<td>Y Chromosome</td>
<td>4</td>
<td>28.6</td>
</tr>
</tbody>
</table>

etc etc

There should be a more even spread statistically across all the different chromosomes than is apparent. (48 different chromosomes should yield an average incidence of 2.91 for the top 10 scores of 14 people.) We can see clearly from the figures above that 65% of the incidences fall clearly outside this range, from which we can conclude that there is definitely a pattern of abnormal disruption of the chromosomes which bears further investigation. During the Second Study there was insufficient time to trawl for the same information gathered in the course of the Pilot Study, a shortcoming we intend to remedy in future studies.
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THE PREMATURE AGING EFFECTS OF A TOXIC WATER POISONING INCIDENT
Long-term Pathological Findings Amongst the Population in the Lowermoor Water Distribution Area of North Cornwall, England

By: Dr. William Nelson LFCC, Peter Smith LCH

ABSTRACT
On 6th July 1988 a toxic water accident occurred in the Lowermoor water district of the South West Water Authority, a public water utility, in Cornwall England. It resulted in 20,000 people being exposed to a toxic cocktail of chemicals in their drinking water, causing a host of different physiological diseases. It also resulted in a 7 year study by a homoeopathic practitioner and other colleagues of the effects of this toxicity in the population.

Extensive case notes on 200 sufferers, together with hair and nail samples, several different electrical measures, chemical measures, and psychological studies have yielded an understanding of these patients' disease profiles; various lengthy papers have been produced by the North Cornwall Homoeopathic Project.

One of the key factors which has been observed in this population is that of premature aging. This is discussed within this article.

INTRODUCTION
According to the Merck Manual aging effects the following areas of the body:
1. the thermal energy of the body
2. the cerebral spinal fluid
3. memory
4. flexibility
5. a loss of lean body mass
6. a fall in basal metabolic rate
7. a fall in hormonal production
8. a fall in sexual function

Balance and nutritional intake are also affected. Many different types of diseases are outlined in the field of gerontology besides the above effects and in our tests we have seen that there is indeed a possibility that premature aging has occurred in some of the Lowermoor population.

Whilst attempting to develop our scientific criteria it became apparent that there is little literature in the scientific field concerning rapid and premature aging, and there are very little means by which we can measure that process. In other words aging is a phenomenon which is normally observed and measured over decades (as opposed to a single-figure timespan in this instance) and is largely a matter of recording the slowly developing aging factors in a patient. Yet there were indications that accelerated aging was taking place in the Lowermoor patients.

METHOD
In developing our electrical measures we have used the Quantum Med 4000 to measure oxygenation, thermal capacities of the body, thermal reactivity, hydration, electrical reactivity of brain waves, galvanic skin resistance and changes in capacitance and inductance. This method allows for the overall measurement of electrophysiological reactivity, which is then used to chart the reaction of the body to thousands of chemicals, hormones, nutrients, allersodes, sarcodes, and nosodes. This article does not discuss the reactivity measures in specifics; to learn more about this we point the reader to the references to Reactivity. For the purposes of evaluating their rate of aging we have analysed the patients' thermal reactivity, oxygenation, hydration, capacitance and inductance.

As mentioned, a phenomenon of aging is that there is a lowering of the production of hormones in the body and an impairment in the nutritional processes. We observed that the patients demonstrated an enhanced reactivity when exposed electrically to samples of pituitary, hypothalamus, adrenal and pancreas, indicating such a problem. On the matter of nutrition, we observed increased reaction to iron, protein, calcium, and the absorption of other types of
nutrients, pointing to a compromised nutritional status. (Reactivity normally suggests either a shortage of or an overabundance of the substance(s) and points the practitioner to further examination of that status.)

Data demonstrated a clear statistical significance when the memory, flexibility and balance of the patients was tested, which further indicated an acceleration in the aging process.

The patients generally presented a loss of lean body mass, a fall in their basal metabolic rate, a loss of general memory, an inability to focus their mental energy, a general and progressive loss in flexibility, loss of balance, visual acuity, hormonal function, and a marked loss of sexual appetite. This corroborated the previous symptom picture charted by the North Cornwall Homoeopathic Project in a raw epidemiological study which incorporated data from 40 females and 30 males across the age range. The patients had reported not only an instant, overnight 'aging' but also a steady, progressive decline in their well-being. That this accelerative decline was abnormal was borne out when the Lowermoor patients were compared to the 'normal' population observed in homoeopathic practice in nearby towns. These reports, when coupled with our electrical reactivity scores, point strongly to the hypothesis that there is a premature aging phenomenon occurring in these Lowermoor patients.

In a small pilot study group of 6 patients in 1990 we used a homoeopathic and nutritional intervention which included homoeopathic homeric formulas for the removal of heavy metals, bad drinking water, and aluminium (the pollutant substance was aluminium sulphate, which is a flocculent used purely cosmetically by the water company to settle harmless detritus). In addition nutritional factors of choline, calcium, iron, and other supplements were used to boost intestinal absorption of these substances. Clinical observations showed clearly that those who fully complied with the prescribed treatment routine seemed to experience a temporary reversal in the premature aging process whilst those patients who had no homoeopathic or nutritional intervention in the early stages of the poisoning continued with the acceleration of aging. Some patients had been treated homoeopathically from as early as 1988 and they demonstrated the greatest response to the attempt to reverse the premature aging syndrome.

A small Pilot Study of 14 patients in October 1993 was then carried out, employing the electrical reactivity equipment. The successful intervention of the homeric and nutritional remedies administered to these patients, coupled, importantly, with the establishment of clear sensitisation to tap water via double-blind testing, (the major maintaining cause of disease in the population), and other valuable data gathered prompted us to follow up with an expanded study involving 56 people in March 1994. In this second study 48 of the 56 proved to be sensitised to the water. The results confirmed our previous findings of positive signs of accelerated aging.

Once again we carried out a homeric and nutritional intervention and many of the patients taking part reported an amelioration of symptoms and a slowing or reversal of their decline in health. Some benefits remain to this day, others have once more resumed their decline. Considering that the intervention was of a relatively short duration it is fair to assume that major benefits could be anticipated from a longer programme of treatment.

Clinical and electrical analysis showed an acceleration of the aging process in these patients at a rate of about 4 to 5 years for every 1. From the perspective of a licensed Clinical Counsellor it was possible to observe hormonal, memory, mood and cognition disturbances that contributed to the hypothesis that there is indeed an acceleration in the rate of aging. The efficacy of - and, in these circumstances, the urgent need for - early homoeopathic intervention was clearly demonstrated.

It would be only realistic to assume that after 7 years some of these patients would be incapable of correcting or reversing the slide into premature aging since they had aged 20 years over the last 4 to 5 years. Perhaps too much damage has been done over such a period of time (different for each patient) that it would be impossible to reverse the aging effects on the body in those cases.

We reiterate that early intervention in these chemical catastrophes is imperative and that failure to carry out early assessment and treatments may result in long-term accelerated aging as demonstrated by the Camelford population.

RESULTS

The following index shows that the Camelford patients have reactivity and electrical scores that are similar to a control group of elderly patients. From our understanding of the electrical/nutritional factors associated with aging we can see that the Camelford patients appear to display some clear signs of premature aging. Our analysis shows a significant difference in the Normal versus Camelford Group and a similarity between the Camelford group and the elderly normal group.
These figures were generated by the Quantum Med equipment.

Normal patients age 20-45
Oxidation Index 1-1.5
Hydration Index 4-5
Hypothermia 92-93
Thermal Reactivity 1-2 degr
Electrical Reactivity 100-150e.v.

Normal patients age 46-84
Oxidation Index 0.75-1.25
Hydration Index 2-3
Hypothermia 91-92
Thermal Reactivity 1-2 degr
Electrical Reactivity 100-150e.v.

Normal elderly patients age 85-95
Oxidation Index 0.2-5
Hydration Index 0.75-1
Hypothermia 89-90
Thermal Reactivity 2-3 degr
Electrical Reactivity 50-60e.v.

Camelford Patients age 20-45
Oxidation Index 0.2-5
Hydration Index 0.75-1
Hypothermia 89-90
Thermal Reactivity 0.2-3 degr
Electrical Reactivity 50-60e.v.

Camelford Patients age 46-84
Oxidation Index 0.02-5
Hydration Index 0.75-1
Hypothermia 89-90
Thermal Reactivity 0.2-3 degr
Electrical Reactivity 50-60e.v.

Our Camelford Population then, when reviewed for aging, shows:

<table>
<thead>
<tr>
<th>AGING SYMPTOM</th>
<th>MEASUREMENT</th>
<th>OBSERVATION</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. thermal energy of the body,</td>
<td>QUANTUM MED</td>
<td>ACCELERATED</td>
</tr>
<tr>
<td>2. the cerebral spinal fluid,</td>
<td>UNMEASURED</td>
<td>-</td>
</tr>
<tr>
<td>3. memory,</td>
<td>PSYCH EXAM</td>
<td>ACCELERATED</td>
</tr>
<tr>
<td>4. flexibility,</td>
<td>REPORTED</td>
<td>ACCELERATED</td>
</tr>
<tr>
<td>5. loss of lean body mass,</td>
<td>REPORTED</td>
<td>ACCELERATED</td>
</tr>
<tr>
<td>6. fall in basal metabolic rate,</td>
<td>QUANTUM MED</td>
<td>ACCELERATED</td>
</tr>
<tr>
<td>7. a fall in hormonal production,</td>
<td>QUANTUM MED</td>
<td>ACCELERATED</td>
</tr>
<tr>
<td>8. a fall in sexual function</td>
<td>REPORTED</td>
<td>ACCELERATED</td>
</tr>
<tr>
<td>9. Oxidation</td>
<td>QUANTUM MED</td>
<td>ACCELERATED</td>
</tr>
<tr>
<td>10. Hydration</td>
<td>QUANTUM MED</td>
<td>ACCELERATED</td>
</tr>
<tr>
<td>11. Electrical Reactivity</td>
<td>QUANTUM MED</td>
<td>ACCELERATED</td>
</tr>
</tbody>
</table>

DISCUSSION

Our analysis of electrical, chemical and observational qualities in the Camelford patients leads us to conclude that there is indeed the possibility of a premature aging syndrome. This acceleration is individual to each person exposed. That this is as a result of the toxic exposure to the aluminium and the other chemicals liberated by the aluminium sulphate in the water pipes is almost beyond dispute.

CONCLUSION

From our observations it appears that the patients are demonstrating an accelerated rate of aging, namely 5 years for every 1.

From the results of the homeopathic intervention with the hormetic factors of the aluminium and other heavy metals a reversing effect on the rate of aging can be achieved to a greater or lesser extent.

Early intervention appears to have the effect of reversing accelerated aging and thereby reducing the risk of long-term damage as the patients who receive the early intervention seem to have the best resistance to the risk of accelerated aging. The longer patients delay starting with the homeopathic intervention the less successful is the hormetic effect.

This clearly demonstrates the need to establish early intervention protocols for this type of ecological disaster to minimise the risk of similar damage to a population in future chemical catastrophes.
BIBLIOGRAPHY

FACILITATED DIAGNOSTICS
Subtle Muscle Control as Fraud in Kinesiology and Electroacupuncture

By: Staff of The Occupational Standards Council for Bioresonance Medicine and Complex Homeopathy in England

INTRODUCTION

In the late 1980's a new type of technology arose for treating autistic children. This therapy was known as Facilitated Communication. The basic form of the therapy was that a facilitator loosely held the arm of the autistic child over a computer keyboard. The child was then encouraged to strike the keyboard and thus write words. These words became sentences, which became paragraphs, which became poetry, stories and even more. It appeared that these children could communicate their deepest thoughts with this facilitation help. It appeared that these children could think normal and that their disease was stopping the expression. The hopes of the parents and the apparent success of the facilitation drove this therapy into cult like status. Tens of thousands of parents and therapists flocked to the classes on facilitation. They paid large sums of money to become certified facilitators. They bought equipment, books, and videos on this new revelation. But was this frenzy real?

In 1994 PBS's Frontline did a broadcast on Facilitate Communication. The investigation was enlightening. I recommend requesting the video or transcript. As this therapy was gaining strength and tens of thousands of followers, some problems developed. Literally thousands of complaints of sexual abuse were being reported. The children with the help of their facilitators were writing of graphic cases of abuse in much higher numbers than the norm. Several parents were separated from their children and some even went to jail on the strength of facilitated evidence. This and other evidence started a scientific inquiry into Facilitated Communications.

The scientists first noted that the child was usually not even looking at the keyboard. They were looking all around the room, and only glancing at the keyboard. Professional typists were asked to type with the same visual behavior and they could not type words. The scientists noticed that every facilitator however stared intently at the keyboard. If the facilitator can see the screen the process does not work at all. Who was doing the typing?

One study was set up to find out who was writing the words. In this study the autistic child was shown a picture of an object, then the facilitator was shown a different picture. The facilitator was led to believe it was the same picture shown to the child. Frontline broadcasts a set of keys shown to the child and some tennis shoes shown to the facilitator. The facilitator loosely holds the child's arm and the child types out "sneakers". The test is redone and redone and redone. Scientists construct many other tests. Hundreds of studies are performed in a variety of ways to find out from whose consciousness is the words coming from. The results are always the same, the facilitator's mind absolutely controls the result. The facilitator through subtle control of the small muscles of the body, controls the child's arm and unconsciously guides the child's arm. The unconscious mind of the facilitator writes the words. For a copy of this video contact the Academy Press in Budapest.

Facilitation Communicators were appalled. Therapist who invested thousands of dollars and years of time felt betrayed. Several apply cognitive dissonance and refuse to accept the results. But all were hurt by the revelation. Undoubtedly the facilitator or therapist created the effect.

But this is not the first or the last case of subtle muscle control resulting in a cult therapy. Two cases are currently producing even more potential harm. Kinesiology or muscle testing and single channel resistance test of EAV. Both of these techniques depend on the subtle interface of the facilitator or the therapist on the patient. History abounds with examples of this subtle muscle control. Pendulums, Ouija
boards, fingers sticking to radionic rub plates, finger modes, and many others are used throughout history to express the unconscious. The unconscious can express itself through this subtle interaction as we can see from research in autonomic functions. The right brain is wired to the autonomic system more distinctly than the more conscious left brain. These subtle control acts are called divination by many. Most religious warn of their use. To use this divination to express our unconscious is one thing, but to promote it as science and accept its results as true evidence of disease is clearly another. Kinesiologists and EAV technicians tell their patients that the results come from the patients body and that the tester is just an unbiased bystander reporting result. Nothing is further from the truth. The tester's unconscious is in complete control of the results. The tester cannot function if his measurement techniques do not allow contact of the subtle muscles with the patient. Let us now analyses each of these techniques in greater detail.

**ELECTRO-ACUPUNCTURE according to VOL (EAV)**

Doctor Rheinhold Vol was a medical doctor and acupuncturist in Germany. He discovered that the acupuncture points had different skin resistance from the surrounding skin. By using a type of simple skin resistance device he could measure the resistance and compare it to norms. He stated that the results would be diagnostic of inflammation or degeneration. Then he discovered that the readings would apparently change, he called this the medication testing effect. Attempts to confirm the medication testing effect with just resistance devices on the skin were futile. Vol rationalized that the circuit needed to be broken for the effect to work but even breaking the circuit with machines did not work. The only way medication testing effect works is with the facilitator or EAV therapist using the magic wand or the resistance stylus. The unconscious of therapist controls the results not the changes in patient as is the claim. The subtle action of the "speed of the probe contact" is the primary determinant of the reading. If the probe is pushed in quickly a high reading results, if slowly a lower reading results. Factors or end pressure and twisting of the probe also contribute to the facilitation or subtle control of the therapist. The therapist tests vitamin, minerals and other supplements on a test tray or computer screen. By seeing what he tests the therapists unconscious controls the subtlety of the probe-patient contact and thus determines the result. If the we turn off the screen or double blind the therapeust from knowing what is being tested the therapist is lost and frustrated. No longer can he unconsciously effect what he dose not know. Just like the facilitator and the keyboard the EAV therapist must know what is being tested to control it.

**KINESIOLOGY**

Testing of muscle strength and structure was the original type of kinesiology. Certain Kinesiologists thought that they could test the reaction of a patient to supplements with their muscle testing. By placing the supplement on the patient they then challenge a muscle with pressure before and after and compare results. The change can indicate suppositive if the patient needs the supplement. But are the effects of the pressure consistent? Attempts to reproduce the results with machinery or simple weights fail. When consistent pressure is applied the system does not perform consistently. If we apply a gauge to the therapist to measure his pressure, such as a rubber band with consistent length, a scale of consistent pressure, or a pressure measuring device we can easily see that the therapist applies a wide variety of pressures. The trained therapist influences the muscles with a subtle pressure variance or also with autosuggestion or slight hypnosis to strengthen or weaken the patient. All designed to produce complete control of the therapist over the patient. The patient is deceived to believe that the test is a true measure of his own reaction. When actually the therapist unconsciously controls the results.

If the therapist dose not know what is being tested, and can not read the face of the person who does know (as in a true double blind) the therapist can not reproduce consistent results. The control is broken and the frustrated therapist must rationalize some explanation for his lack of performance. Patient negativity or lack of cooperation is the rationalization of choice.

**ELECTROPHYSIOLOGICAL-REACTIVITY (as real medication testing)**

There is a phenomena of electrophysiological reaction of an organism to a needed nutrient or adverse reaction to a toxin. This reaction has been explored by several researchers. The electrical reaction seems to take place in the first few hundredths of a second. The reaction also is primarily in ionic reaction and thus most of research relates it to factors of capacitance or
amperage change. Resistance and muscle reaction are weak variables of reactivity in the current research. The search is on to find devices capable of measuring the amperage, voltage, as well as resistance changes in the body at speed levels of body reaction. Several are already in commerce in the world today. But clearly operator interference and the influence of the subtle energies of the Kinesiologists and the EAV therapists are not the scientific unbiased test patients are lead to believe.

HOW TO DEBUNK THE FACILITATORS

The facilitators use their own test results to check their own performance. This is like using a broken 2 foot yard stick to measure a yard. You always get the same result. The inferred claim is that the technique (EAV, kinesiology, or pendulum) can be used to measure the reaction of the patient to the proposed substance. Some of the therapists are straight forward and explain to the patient that the therapist’s unconscious will chose the remedy. This clear expression of the truth is commendable, but if the therapist clings to the so called unbiased reaction idea, then some enlightenment is recommended. The true test is a double blind where no one knows which remedy is being tested. Setting up a true double blind is tricky. If the tester’s employee or friend know which substance is being tested then unconscious or conscious signals can effect the test. Testers can often use change readings to appear to succeed, for fifteen or twenty tests. Then determine the accuracy compared to chance. When ten exact bottles are compared in a double blind fashion for twenty tests and the code broken as to the accuracy we can then and only then determine the ability of the tester to demonstrate his claim. For the computerizes resistance probe users, simply cover or turn off the monitor. Make sure that the starting position of the therapist is unknown to the therapist, and proceed. Be careful however the frustration and ego of the therapist is so challenged that extreme rationalization and anger can result. The therapist can get so angry at the messenger because he dislikes the message. The anger can result in a brutal attack on the messenger or the “shoot the messenger” concept. Such violent attacks have been frequently directed at rational thinkers. Since science is on the side of this rationality the manufacturers and sales people of these resistance devices resort to brutal character assassination as they try to shoot the messengers. Take the time to evaluate the message.

LUDICROUS EXTREMES

The temptation to explore the extremes of this therapists control is so hard to resist. The unconscious control over another person is addictive. The usual answer is that the therapy works. The attention, the use of vitamins, the avoidance of harsh allopathic, and the placebo response account for most of the results. Few tests of real efficacy versus placebo are ever done.

Placebo results are cheap. Placebo result usually occur with psychosomatic diseases, and results only last for two weeks or so. Placebo results are often just an improvement in the perception of the symptoms. These results are often reported to the therapist who doesn’t often do long term followups.

Double blind is a dirty word to these therapists. Most of the therapist who are involved in these subtle control endeavors are untrained and unappreciative of statistics and scientific challenges. Science is a threat to their control.

As the control grows the therapist usually resorts to more and more diverse questions. The therapist test personalities, time factors, and more and more occult questions. The unbridled unconscious wants more and more control. The Kinesiologists resort to lubrious illogical modalities of testing, such as hand position or hand modes. Some therapists in his dreams or in meditation states develop strange testing techniques and rationalize how they were uncovered from some past life or even stranger source. Without scientific evaluation the new techniques can grow unbridled and snowball out of control. The apparent results blend into exaggerated stories which grow over time into small legends. Before you know it you have thousands of Faciliated communication therapist whose unbridled unconscious is effecting the lives of many patients who are looking for help. There is danger in these subtle muscle control therapies. Some people can not resist the temptation and go deeper and go deeper and deeper into the therapy, rationalizing step by step, to further justify their control.

Many religious groups feel that the art of EAV, pendulums, and Kinesiology are quote “of the Devil”. Perhaps they are right to some extent.

CONCLUSION

It appears then that there are people who will always be wanting to use these unconscious connection of subtle muscle interaction. Also it appears that some will try to present this interaction as unbiased tru sci-
ence, without any double blind independelt testing. The temptation of going to far with this therapy is impossible to resist for the unscientfic. Thus the users of these therapies should test them out with independent double blind tests that should be the heart of any Investigational Device Exemptions (IDE). IDE should insist on such testing. Allowing persons with diabetes or any disease to be measured by therapist who know this is inappropriate. Once it is determined that the therapy is biased then the users should notify there clients and patients that the unconscious of the tester determines the results. And patients should realize that the unconscious does not always give helpful results. Any of us have an unconscious capable of mistakes or even harm. The cultural warnings against divination are valid. Some religions say that such subtle therapies are of the devil indeed have some validity.

If your therapist can not pass the double blind test, ask for your money back. Don't give in to their anger. Fight for truth, not proliferation of unscientific lies.
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The Journal attempts to provide scientific topics in simple fashion for easy reading. The Journal is a must for anyone wanting to keep abreast of the most current research in homeopathy and natural medicine. In the medical arts it is so important to keep current with new developments. Imagine a cardiologist who is not familiar with the term angioplasty. In the medical profession keeping current is so important. To not know about new developments would be devastating. But in homeopathy many therapists avoid new ideas and cling only to past theories. This lack of knowledge breeds contempt through ignorance. It is now more important than ever to bridge the gap of knowledge. Imagine a homeopath who is not aware of the research being conducted in state hospitals on AIDS and cancer. Such a homeopath would be extremely short sighted and not well informed of the most recent findings in homeopathy. This Journal should be read by everyone in the health field, from salesman to Doctor. Keeping current is vital!

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