

THE QUANTUM CHALLENGE

How Quantum Physics is Challenging the Status Quo
and Bringing Bold New Solutions for Our Health

by Steve McCardell

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This is a greatly expanded version of my original, printed book, which was published in 2007. It will be further expanded in the first half of 2010 before being available once again both in print and for the Kindle and Nook e-readers.

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The Quantum Challenge

To my wife, Ana, who is passionate about healing and who is my partner in this work.

To our sons, who are our partners in everything.

And to all those who keep on seeking for better ways.

AN INVITATION

A topic I touch on in this book, and which I'll explore in more detail in my next book, is how consciousness affects our health. It is, of course, well documented that stress causes aging and poor health, and few areas of life cause more stress than money.

As a result, it's my personal goal to find ways for people to save money *without* sacrificing lifestyle, and the internet is becoming a primary solution, because it allows us to remove the middleman from retail distribution.

The internet also allows us to easily share these savings with other people, and as a result, more companies can use word of mouth as their marketing solution, paying only when marketing is successful and not paying for ads that may or may not yield results. This means that, very often, you can now help your friends and family members save money, and you can earn some money by helping them. That's what we call a win-win.

If you're interested to save money and/or make some extra money simply by helping other people, I invite you to take a look at the following program summaries and see if you would find them useful. If you're interested to share any of these programs on a regular basis to build a more regular, more substantial income, then you'll also want to get in touch with me through my website: www.stevemccardell.com. I'll be able to provide you with tools that make any of these programs easy to share.

SAVE 35% or More on Groceries. No Coupons.

If you're willing to shop online and have everything shipped for FREE to your door, you can enjoy huge savings on much of your grocery shopping. On average, prices save you 35% or more on your groceries. When I compared a random 26 items against one of the big discount chains, I still saved 22% — or \$20.75 — on just 26 items!

You won't find meat, cold items, or fresh produce here. But pretty much anything else you'd find in a conventional grocery store, you'll find here. There is a monthly \$29.95 membership fee, but this should allow you to save \$100/month or more if you use it. Share the savings with others and you can earn money as well.

For my detailed review with sample products and prices:

<http://www.stevemccardell.com/my-harvest-america.html>

SAVE on Health Products and More

This program only offers **FREE memberships**, and with that membership you can buy any of their products at or below retail prices. They have everything from clothes to jewelry to household products, but my favorites are their health products.

For a list of my favorite products and details about the program itself, please visit:

<http://www.tampogobiz.com/favorite-tampogo-health-products.html>

If you want to read about their **weight loss products** in context with another that I really think is a premium product, please visit my personal site:

<http://www.stevemccardell.com/weight-loss.html>

This company is also expected to come out with low-cost insurance options and a way to scan you cell phone for \$\$\$ savings in your LOCAL brick and mortar stores.

It also allows you to earn from sales made in stores worldwide, like GNC and Walgreens, who will carry some of their products. Some of those profits will go toward qualified reps within the company. Anyone can become qualified.

You can join here: <http://www.tampogo.com/discountstore>

Earn by Networking with Me

The newest fad in social networking is getting *paid* to network. Can you imagine how people would feel if they can get to split 70% of Facebook's ad revenue? Wow! Well that's what this social network is doing, and it's totally **free to join**.

It also allows you to get cash back on shopping at your favorite online stores; to get paid for reading ads that come to you by mail or e-mail, or for visiting websites; and more. They intend to keep offering new ways to make money online like this — like getting paid for testing online games.

They also give you a free e-mail system that allows you to send self-destructing e-mails, video e-mails, recallable e-mails, and more. You can even track if someone has read your e-mail.

Best of all, while it's free to join and easy to use, and you earn even more when you spread the word. You earn through 6 levels of referrals when other earn.

Join through this link and you'll be added to my friends list. Subscribe to my blog and follow me as I release more free books and educational content.

<http://www.peoplestring.com/?f=stevemccardell>

INTRODUCTION

This book was born out of my bewilderment and my fascination.

The bewilderment comes of the way mainstream thought seems to control people's minds. How it keeps us from daring to ask questions or challenge the status quo, even though mainstream thought proves its fallibility year in and year out.

And when people *do* dare to challenge the way things are, I'm astounded to see how they're sometimes treated. By now, you'd think we'd have learned enough from history to recognize that discovery and progress come from challenging the norm ... as long as we're not just throwing it in the garbage for kicks. Randomly throwing things away is as risky as never throwing away anything at all.

The first half of this book, then, is aimed at a simple introduction to mainstream thought — at how it has harmed us in the past and at how it harms us now. It also recognizes how critical this mass consciousness is, and urges you, dear reader, to open to the world of possibilities without losing this important connection we all rely on. (Ok, I'm betting that anyone who made it past this book's cover is relatively open to the world of possibilities already.)

The second part of the book depends on the first, because it asks that we dare to consider the future of health care in a new light, based on the exciting research and clinical evidence surrounding quantum healing. This is the part of the book born of my fascination — I think many of us who have heard a thing or two about quantum physics are at least a bit enamored with it. I'm absolutely taken with it. The quantum world seems to defy everything we thought we knew about physics so that, the more we study it, the crazier it seems to be.

It's challenging, after all, the status quo. Of course we think it crazy. But as we've started applying quantum principles to the world of healing, clinical evidence has mounted. And unless we're burying our heads in the sand to new possibilities, we've got to admit that *something* is going on. That "something" is the coming revolution of the health field as we know it. Sure, there's resistance to this revolution — primarily by those who have money on the line. But more and more people are climbing on board the quantum wagon.

I know they are from personal experience. As a co-founder of the Biophysics Center in Rochester, Michigan, I knew going into this business that we would have a lot of people interested in what we were doing; but I also thought we'd find more resistance. That hasn't been the case. Nearly everyone we talk with wants to know more about what we're doing, especially when they hear about the kind of honest health results we get from our work.

In the beginning, in fact, I thought I would have to be careful in talking about my concerns regarding pharmaceutical drugs. But I've found that most people I speak with recognize the inherent risks and on-going costs of pharmaceuticals. Apparently, the media's been doing its job. The funny thing is, I've actually jumped to the other side of the argument with a lot of people now — when they learn what I do, they start telling me about how *bad* pharmaceuticals are, and I'll actually defend prescription drugs to a point. I believe there is a time and a place for such things, and

a time and place for suppressing emergency symptoms. It is the greed and the abuse of the pharmaceutical world that disappoints me most.

In any case, it is my fascination with quantum healing in its many forms — especially in terms of new technology — that leads us through the latter half of the book. This half takes a brief look at the history of Western medicine, where biochemical (conventional) medicine stands in terms of the future of health, and of course where the quantum approach fits in as well.

If you've read this far in the Introduction, you'll be glad to know that I consider the rest of the book a whole lot more interesting and very easy to read. I hope you'll agree and that you'll find something here that you'd like to share with others as well.

Steve McCardell
Biophysics Center Co-Founder
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THE BACKGROUND

Imagine for a moment that you've gone to see your doctor about a skin infection, and he tells you not to worry, that he has a wonderful disinfectant for you to use. Just rub it on your skin and the condition will clean right up.

You're glad for the easy solution and take his prescription. But just as he's leaving the room you look at the prescription and blink. Are you reading that correctly, or is his handwriting really that hard to read? "Uh, Doc?" you begin. He turns around. "I'm not going to rub *mercury* on my skin."

Mercury, we know today, is a highly toxic substance to humans. It's why we're warned now about eating certain kinds of fish (that store mercury in their fat tissues) even though, a decade ago, we were *encouraged* to eat those fish for their valuable Omega-3 content. (We still *are* encouraged, so long as we can get fish from non-polluted sources.)¹

But once upon a time, mercury had a very different story. For thousands of years, it was used medicinally. China's first emperor took it as a means to eternal life. Well, he got it all right, if you believe in an *afterlife*. The mercury drove him insane before killing him.

The Indians and Tibetans used it. The Greeks and Romans used it. Even Presidents Andrew Jackson and Abraham Lincoln took mercury pills for their own ailments and no doubt suffered the results. And while it was injuring and killing people throughout the eons, the conventional view maintained a high regard for it, and it was used right on into the 20th century. Children in the early 1900s even *played* with it and had to take it from time to time for its purported use as a laxative.

Then we realized just how sick it was making people. We realized that mercury poisoning causes tremors, insomnia, neurological disorders, hallucinations ... and of course death. An interesting aside: it may not be such a coincidence that the Mad Hatter in Lewis Carroll's *Alice in Wonderland* was such an interesting (insane?) character — hatters, at the time Carroll wrote the book — worked with mercury (when making felt hats) and suffered from the toxic fumes. So there were many cases of mercury poisoning among hatters, which likely drove plenty of them insane. It's been said that this may be the origin of the phrase "mad as a hatter." The practice was outlawed in 1941.²

¹ Emily Oken, Robert O. Wright, Ken P. Kleinman, David Bellinger, Chitra J. Amarasiwardena, Howard Hu, Janet W. Rich-Edwards, Matthew W. Gillman. "Maternal Fish Consumption, Hair Mercury, and Infant Cognition in a U.S. Cohort." *Environmental Health Perspectives* 113.10 (2005): 1376-80.

This study from the Harvard Medical School suggests that the benefits of Omega-3 fats outweigh the problem of low-level exposure to mercury that we actually get from eating contaminated fish, and that it's important to keep fish in our diets as a result. This may be true, because of the astounding health benefits associated with Omega-3s; but getting them without the mercury is of course the best option of all. You *can* get fish from non-polluted sources, though they may cost more. You can also get Omega-3s from other sources, such as flaxseed oil, olive oils, krill oil, walnuts, and many other sources. As with everything in health, there are long debates on which are the best sources and forms, so this is a general comment.

² Facts from this history of mercury are gathered from two online sources:
Wikipedia: http://en.wikipedia.org/wiki/Mercury_%28element%29#History, visited on November 6, 2006.

THE PROBLEM WE FACE

The whole story of mercury is important to understanding how the mainstream belief system of yesterday, today, or tomorrow will often injure and even kill those who follow it. It's not that doctors, for thousands of years, were involved in some population-control conspiracy. It's that they didn't know any better, and they based their beliefs either on untested theory or merely on what they had been taught by others.

Today, we face much the same situation — as we *always* will until the day when humans have everything figured out. (Probably not tomorrow.) Every day, not only are new foods and medicines put into the marketplace, but new products of every kind are — and everything we interact with necessarily impacts our health. Consider, for example, modern carpets and furniture: both seemingly innocent enough, yet both made with chemicals that are toxic to the human being. Human tissue tests will generally show that their toxins are present within us. And of course there is a great deal of concern over the unhealthy effects of radiation from all the modern elements of our lives, such as microwaves, computers, TVs, radios, cell phones, cordless phones, and so on.

These are just two examples, and there are many more, such as pesticides, man-made fluoride, and vaccinations. We find ourselves in the same boat as those victims of mercury poisoning because mainstream thought embraces this onslaught, imagining from theory or word of mouth that these elements have few or no ill effects on us. Or perhaps believing that these elements are healthy for us, as mercury was once thought to be.

Sometimes these elements are embraced because there's so much money involved in each new product that laws and media and public opinion can be swayed as necessary. Sometimes they're no doubt embraced because of ignorance. And sometimes they're embraced because, doggone it, a few of these elements really *are* good for us. (There are plenty of health supplements in the market, for instance, that surely provide the body with needed nutrients.) The trick we're left with, then, is determining which are really beneficial and which are causing us grief.

DETERMINING A SOLUTION

And “determining,” or — perhaps more accurately — “self-determination” is the keyword here. It's the primary point of this book simply because *mainstream thought is not always right, and might just as well lead to ill as it does to good*. In other words, until mainstream thought is proven beyond dispute, it's important that we question it and allow others to do the same — even if their conclusions are different than our own — until a clear and definite answer emerges.

The Ohio State University “Department of Physics”: <http://www.physics.ohiostate.edu/~barrett/energy/misc/pollution/mercury.html>, visited on November 6, 2006.

Very often, of course, mainstream thought has this idea that its beliefs *are* beyond doubt already. How many, for instance, think it's a foregone conclusion that we ought to have fluoride in our water and our toothpaste? How many think it's a given that we ought to vaccinate our children and that these vaccinations are strictly beneficial? How many are sure that, if the government has okayed a device, it must be safe to use? And that anyone questioning the government is on the fringe? As in the case of the mercury assumption, I believe these certainties in people's minds are dangerous and that, as a society, we need to be more open to questioning and determining what's really good for us.

Certainly, elements like money make this job of determination a lot more difficult. How often have you seen a study on a product touting all its benefits only to be followed a day later by a study telling you how sick that product will make you? (Coffee is a good example of this.) With vegetables, you don't get this kind of back and forth. While I think there's room to say that different body types have somewhat different nutritional requirements, you would have a hard time finding studies telling you that broccoli is bad for you in any way.³ But as soon as you have special interests *with products to sell*, you have the possibility of tainted studies. And this is what makes it such a challenge to know the truth: which facts are real, and which are bought, and which have just been misinterpreted?

Of course another element of confusion is the sheer number of *factors* that life throws at us. We know, for instance, that rates of cancer, diabetes, and other life-threatening diseases have skyrocketed in the past century. So we cannot deny that *one or more factors* of our modern lifestyles are causing negative changes in our bodies. (And because we know this, we know we need to question *something*. Thus the importance of this questioning and the freedom to do so.) But there are so many things that are different in our lives today from our lives 100 years ago, how do we know which one or more have caused that change?

I have seen people draw very clear correlations between the rising rate of cancer and the rising rate of electromagnetic fields over the past century. But I've also seen them do this with the rising use of pesticides, vaccinations, chemical food additives, packaged food, and other factors. In many cases, these people are suggesting that the one element they're looking at is the cause of all our ills. (And of course the drama and simplicity of this kind of answer makes for a good book, plenty of media hype, and potential profit.) No doubt, many or even most of these people do mean well in their assessments, and perhaps one of these opinions is correct — but I suspect we're dealing with a number of culprits (including things that we *no longer* have, like an intimate connection with the land.) But when we look at the picture as a whole, I think we can certainly admit that there are a *lot* of questionable factors to our modern lifestyle, each potentially causing us the gravest ills. So the bottom line is: **let's not throw out the modern lifestyle, but let's question its elements!**

³ The primary exception I can think of is the nightshade vegetables, such as potatoes, eggplant, and others that actually have some harmful effects, even if they also have nutritional benefits. Another area of health debate.

AN EXAMPLE: Vaccinations

Well, questioning seems like an obvious thing for us to do, and for us to allow other people to do. But we're clearly not there yet as a society. Let's take the topic of vaccinations as an excellent example of this. Today, the standard medical protocol in the U.S. vaccinates children against 11 diseases with as many as 21 shots *by the age of two*⁴ — in other words, at a time in life when a child's immune and nervous systems are not yet fully developed, and are thus more fragile! This does not include any vaccinations given against influenza. But it *does* include a recommended hepatitis B vaccination *before the newborn leaves the hospital*, even though the rate of children under 14 contracting hepatitis B is about two to six *in a million*.⁵

And because much of the medical community stands so staunchly behind the value of these vaccinations, mainstream thought in America embraces them as well, and today we're at a point where parents can be considered negligent if they don't follow this protocol. Children in most states are even required to receive their vaccinations prior to entering the public school system unless parents have filled out an exemption form that, in some states, has them signing a virtual admission of neglect.⁶

Again, enforcing vaccinations makes a good deal of sense if we can reach a scientific consensus about vaccine safety and efficacy, *and* if we can show that there is no better way to invest in a child's health. (For instance, does it make more sense to invest all that vaccination money into some other form of preventive health?) These are the *only* logical reasons to enforce such a medical choice within a land of supposed free choice. Critics, meanwhile, will (and do) argue that vaccines should be enforced because those who don't get them put everyone else at risk — how is it, though, that vaccinated children are put at risk if they are supposed to become immune due to the vaccinations?⁷ Somehow, this question is overlooked by critics when talking about required vaccinations for school children.

The problem as I see it is that mainstream thought believes once again that the issue is beyond question, that doctors and scientists have proven the need for vaccines. Is there evidence for the value of vaccines? They think so. That's why this issue is on

⁴ From the Centers for Disease Control and Prevention (CDC) website: <http://www.cdc.gov/nip/recs/child-schedule-bw-print.pdf>, visited on January 8, 2007.

⁵ From the Independence Institute website: http://www.i2i.org/main/article.php?article_id=250, visited on January 8, 2007.

⁶ The "Immunization Waiver Form" from the state of Michigan reads: "By signing this waiver, you acknowledge that you are placing your child and others at risk of serious illness should he or she contract a disease that could have been prevented through proper vaccination." This brings up the question noted in this book, *Why am I placing others at risk if they have been vaccinated?* And why doesn't the form have the parents *also* acknowledge that they may be *protecting* their children from the possible side effects of vaccinations? It's a case of mainstream (and well-funded) thought believing that its solution is the only legitimate one, despite substantial concern and debate on the topic.

⁷ In fact, outbreaks frequently begin with children who *have* been vaccinated with live viruses, which are then able to spread to other children. And many of the children who *have* been vaccinated end up as victims of the outbreak, begging the question of why they were immunized in the first place.

It is interesting to note, by the way, that many doctors refuse the very vaccinations they promote to the public. For instance, an article from the American Medical Association stated that 90% of obstetricians and 60% of pediatricians refuse to be immunized for rubella.

the plate in the first place. But how many people realize that the pharmaceutical industry is the most profitable industry in the United States? That the pharmaceutical industry invests more than any other group into lobbying Congress? That the pharmaceutical industry largely finances our medical schools? That the industry provides outrageous kickbacks and incentives for doctors to prescribe their drugs? And that the FDA — which is supposed to be our government watchdog in the case of food and drug issues, and which approves the drugs that make it into doctors' offices — is today largely funded by the industry it is meant to protect us from?⁸

None of this information about the industry is hard to dig up. In fact, there's a fantastic book called *The Truth About the Drug Companies* that covers all of these details and more — and it's written by Marcia Angell, an M.D. who actually supports the use of pharmaceuticals and is no less than the former editor of *The New England Journal of Medicine*. In other words, her bias is *in favor* of pharmaceutical use when it benefits us, but she spends an entire book recognizing our need to question our relationship with the world of pharmaceutical companies.

Now, if the entire population understood these facts and the *implications* of these facts, it seems like we'd be in a much better position to start determining how much of our mainstream thought was legitimate and how much was the result of the almighty dollar. Suddenly, honest parents — who were concerned about the health and well-being of their children after having researched the topic — could question whether we ought to inject our children full of man-made chemicals.

In fact, this example regarding vaccinations isn't to say that parents should not vaccinate their children. Quite the opposite. The point here is that parents who educate themselves on the topic ought to be able to make their own informed decisions on this very tough and very personal matter without suffering ignominy. Because, at this time, there is no shortage of evidence about the values *and the risks* of vaccinations. "To vaccinate or not to vaccinate" is a challenging question for any informed and caring parent, because it's a rock-and-a-hard-place kind of situation. What happens if you vaccinate your child and he suddenly becomes autistic (a frequently debated consequence of vaccinations)? What happens if you *don't* vaccinate and your child ends up with a life-threatening illness that perhaps could have been prevented?

No loving parent wants to be faced with this kind of agonizing decision. Yet face it we must. And unfortunately, mainstream thought is here to make it seem like a black and white issue, and those who opt out of the medical model are too often confronted or chastised by their neighbors, schools, doctors, and government.

⁸ "More than half of the budget of the division of the FDA that approves new drugs and oversees drug safety is being funded by the drug companies. ... The watchdogs are largely drugged." Dr. John Abramson of Harvard and author of *Overdo\$ed America*, as quoted on <http://www.newstarget.com/020726.html>, visited on January 8, 2007.

As of late 2006, there is also a new potential on the table of user fees that will expedite the review of television commercials by pharmaceutical companies, which would serve to strengthen the financial ties of these two groups. The United States is the only nation in the world where it is legal to advertise pharmaceuticals on television. This information comes from <http://www.newstarget.com/021172.html>, visited on January 8, 2007.

Meanwhile, twenty years from now, we may well have enough evidence to show that we were poisoning children with these vaccines all along!⁹

Vaccinations, Autism, and a Possible Solution

There's a tremendous on-going debate about vaccinations causing autism. Both sides of the story are adamant about their positions. Many people pointed to thimerosal, which contains mercury, as the culprit. Then thimerosal was supposedly removed from most vaccinations, yet autism rates kept climbing. Many believe that the old stockpiles still containing thimerosal were used up over the next several years, which explained the ongoing problem.

I have a different view that doesn't rely on thimerosal creating the problem, *and* one that has at least a partial solution.

On the one hand, I believe that there may be several reasons why we're seeing so many autistic children these days, and I don't think they all have to do with nutrition or toxicity. This other option may come up in my next book.

But here's one thing we do know: the average autistic child is very low in a substance called glutathione, which explains a lot. Glutathione is not only the primary antioxidant in the body's natural antioxidant system, but it also plays several other key roles including the safe removal of heavy metals and toxins from the body.

So big surprise: thimerosal or no, what do we think will happen when we load children up with toxins (vaccinations are loaded with gruesome stuff) who don't have enough of the substance designed to clear all that garbage out?

⁹ Interestingly, many vaccines were actually preserved in thimerosal, a mercury-containing organic (about 50% mercury by weight), until just a few years ago. Recent public demand — especially as the *number* of vaccinations for children increased — helped to push through changed formulas. As of mid-2005, there were only traces of thimerosal left in a couple of the vaccinations given to children under 6, with the notable exception of the flu vaccine, some of which is thimerosal-free and some of which contains up to 50 mL per dose, or up to 25 mL of mercury per dose, according to the FDA website: <http://www.fda.gov/cber/vaccine/thimerosal.htm#t1>, visited on January 8, 2007.

Now my opinion is that the toxic load can cause long-term problems for anyone, just as our toxic environment no doubt causes problems for us. I believe all of our glutathione levels are taxed as a result of our living conditions. But you'll see more *immediate* results from toxicity — whether it's from a vaccination or any other source — in those who are low in glutathione.

Because of this, I believe it should be mandatory to screen for glutathione levels prior to the vaccination of any child. (They are developing standardized testing for this now.) That would unfortunately make many feel that the vaccinations were strictly safe for everyone who “passed” the screening, but I believe it would also greatly diminish the incidence of autism.

For those who are showing signs of autism, though, there is a dynamite solution to raising glutathione levels inside the cells. (Again, regardless of the toxic cause. It doesn't have to be vaccinations.) For those who autism symptoms are the result of low glutathione levels, this could be the solution they're looking for. Again, this won't necessarily be for all autistic cases, but it probably represents an answer for many of them.

In the autism community, my mention of glutathione comes as no surprise. The historical problem has been that **you can't simply take glutathione as a supplement — even though it's sold as one — and expect to raise levels of glutathione *inside the cells* where it's needed.** That's why this one solution — clinically proven to raise intracellular glutathione by an average of 292% in 8 weeks — is the only one I recommend.

The product is called MaxGXL, a natural supplement that not only provides the building blocks for glutathione (so that it can be *manufactured by the body where it's needed and in the right amounts*), but also supporting nutrients encouraging the body to make and recycle glutathione, with still others helping glutathione with some of its workload.

The product was shown not only to raise intracellular glutathione levels 3 to 9 times more than any other proven product, but also to reduce systemic inflammation and to raise certain growth factors in the body — in my opinion by bringing the cells back into a better state of health.

If you'd like to learn more about the product and how to order, visit our website where we provide the necessary details:

<http://www.biophysicscenter.com/maxgxl.html>

ANOTHER EXAMPLE: Fluoridated Water

Fluoridated water is another example of mainstream thought standing on unstable ground. Most people today know that community water sources are often fluoridated. Most will also know that this is to help protect our teeth. And since it's simply a given that fluoride protects teeth, it is also a given that fluoridated water is a useful, modern convenience.

Until, of course, we notice that toothpaste enjoyed a relatively recent addition to its tubes: a poison warning. If you swallow more than a pea-sized drop of fluoridated toothpaste, you are supposed to call poison control.

That's fluoridated toothpaste only.

Gives you reason to pause and think. And thinking — questioning — is the name of our game here. So let's take a gander at the history of fluoridation, and then at its current standing in the world, and decide just how we feel about the stance of mainstream thought.

The website of the Center for Disease Control and Prevention (CDC) offers a solid, mainstream history of water fluoridation, and it goes a little something like this. Back in the early 1900s, certain dentists who noticed mottled teeth in area residents also noticed a lower incidence of dental caries (tooth decay) than in areas where mottled teeth were *not* common. At least one dentist surmised that the cause of the mottled teeth was due to something in the local water.

In 1930, a chemist from the Aluminum Company of America (ALCOA) used a new scientific method for analyzing water samples, and eventually determined that mottled teeth occurred in regions where there were high levels of fluoride in the water. Now, fluoride is simply an ion of the natural molecule fluorine, so there's nothing strange about fluoride showing up in water supplies prior to our modern age of chemicals. But we'll get back to this point later.

On further study, it was found that the amount of fluoride in a water supply was inversely related to the prevalence of dental caries in that region, so it was understandably deduced that, by adding fluoride to a water supply, you could reduce tooth decay within that population. Select cities were turned into guinea pigs for this theory and had fluoride added to their water supplies. Tooth decay dropped noticeably, and through this testing, it was determined that the optimal amount of fluoride in a water supply was .7 to 1.2 parts per million.

What was especially useful about this approach, by the way, was the fact that *everyone* would get the fluoridation, regardless of personal hygiene (read "tooth brushing habits") or economic factors. Of course this might raise the question of the government's right to force fluoridation on an entire population; but then, why should a few people who don't want fluoridation negatively effect all those who feel that it's a benefit? In the early 1900s, tooth decay was rampant. Today, it's not. So nuts to those people who don't want fluoridated water.

So there's your quick history on fluoridated water — something you probably always wanted to know about. But notice, I didn't say that was your quick and dirty history. That was the quick history. Here's the dirty part.

I said that we'd come back to the concept that fluoride occurred naturally in some water supplies. Well, the dirty part is that this *natural* form of fluoride is *not* what we use to fluoridate our water. Instead, we fluoridate it with chemically similar compounds that come from ... toxic waste. Primarily, this is waste from the pesticide industry. Now, just how did that come about?

According to Christopher Bryson, author of *The Fluoride Deception*, the Florida phosphate industry was in big trouble back in the 1950s. It was getting sued by the people living nearby phosphate plants because the residue fluoride from their industry was killing cattle and destroying crops.¹⁰ So, as it turns out, they had to find a way to get rid of it. Now, getting rid of toxic waste — if you're not just dumping it in the nearest river — can be costly. But luckily, science had pointed the way. The fluoride could be added to the water supply to make everyone in the country healthier. And industries producing this fluoride could actually get paid for their toxic waste.

Including the aluminum industry. And that means ALCOA. So you can probably see a connection that many people have made.

The picture at once makes more sense and becomes more conspiratorial in nature when we read about accusations involving the Manhattan Project. This was the government effort to produce the first atomic bomb, which actually required enormous amounts of fluoride. The government, worried that it would get sued in the aftermath by those who had gotten sick from fluoride pollution, commissioned studies that would “prove” that the fluoride wasn't toxic. Declassified information from the project now shows that evidence pointing to the toxicity of fluoride was not allowed into the final conclusions, or it was to be reworded.

The toxicology department at the University of Rochester in New York, for example, developed a study on beagles that approximated how much fluoride workers in the steel industry would breathe, and it showed the fluoride to be extremely toxic, producing lung and lymphatic damage. But the study was buried.

Is all of this true? Some (especially those implicated in this version) would say it's up for debate. As an investigative reporter, though, Christopher Bryson spent years digging into this topic. His book is based on what he found, including plenty of expert testimonial, declassified reports, and more. I tend to believe him, especially considering this fact: more and more communities are now *removing* fluoride from their water supplies. Others, given the opportunity to begin fluoridation, are rejecting it.

What's more, the American Dental Association has suddenly come out with a warning to *not let children under 1 year of age drink fluoridated water* (for instance in their baby formula). Their reason is the risk of dental fluorosis — mottled teeth. But the same week they came out with this warning, an article in the British journal, *The Lancet*, explained that fluoridated water can cause brain damage in young children. Likewise, “Hardy Limeback, a member of a 2006 National Research Council panel on fluoride toxicity, and former President of the Canadian Association of Dental

¹⁰ “There has been more litigation on alleged damage to agriculture by fluoride than all other pollutants combined.” (Dr. Leonard Weinstein, Cornell University, 1983)

“Airborne fluorides have caused more worldwide damage to domestic animals than any other air pollutant.” (U.S. Department of Agriculture, 1970)

Research,” tells us: “Newborn babies have undeveloped brains, and exposure to fluoride, a suspected neurotoxin, should be avoided.”¹¹

What’s more, Limeback — a former fluoridation proponent — and many others have pointed out that the benefits of fluoride on teeth are strictly topical. In other words, put it on your teeth and perhaps it helps prevent decay. But put that fluoride into your body and who knows what kind of damage it’s doing!

And as mentioned earlier, there is a decided problem with simply medicating an entire populace ... especially so unscientifically. Not only is there the question of consent, but every person — no matter his size or constitution, no matter if 4 years old or 40 — gets the same dosage per ounce of water. The better you are at drinking water, the more you’re getting medicated. This is one reason that’s kept fluoridation out of so many European countries. Also under this approach, while it seems equitable in one way, it precisely isn’t: those with money can afford to filter their water or buy bottled water, putting choice into their hands once more. The poor, on the other hand, are forced to drink the fluoridated water. Meanwhile, this 1 part per million of fluoride in community drinking water — an amount established decades ago — hasn’t changed even after the subsequent introduction of fluoridated toothpaste and other sources of fluoride. So it’s likely that the general populace — the poor in particular — are getting far more of this toxic substance than they ought to.

As Paul Connett, PhD, points out on Dr. Mercola’s health website:

Water fluoridation is a peculiarly American phenomenon. It started at a time when asbestos lined our pipes, lead was added to gasoline, PCBs filled our transformers and DDT¹² was deemed so “safe and effective” that officials felt no qualms spraying kids in school classrooms and seated at picnic tables. One by one all these chemicals have been banned, but fluoridation remains untouched.¹³

To me, all this information gives a good deal of reason to reconsider fluoridated water supplies. But the concept is so entrenched in mainstream thought — especially because dentists are trained that this fluoridation is strictly beneficial — that it almost becomes controversial to rethink the topic, to ask questions. But I think asking these questions is useful and necessary, to determine if what we’re doing really benefits the people of the United States.¹⁴

¹¹ <http://www.fluorideaction.net/news/2725.html> visited on May 16, 2007.

¹² There were actually old advertisements pronouncing “DDT is Good for Me.”

¹³ http://www.mercola.com/2002/dec/18/water_fluoridation.htm visited on May 16, 2007.

¹⁴ It is not possible, of course, to really cover this topic adequately without devoting a book to it. So I highly recommend checking out *The Fluoride Deception*. There is also a 30-minute video interview of the author, Christopher Bryson, that’s rated 5 stars by 190 people as of this writing. For 30 minutes of your time, you’ll become a hobby expert on the subject. You can find it by visiting <http://video.google.com> and searching for “Fluoride Deception.”

You can also visit <http://www.fluorideaction.net> for all the information you could want on the topic. It includes plenty of the latest media coverage, articles, expert information, etc.

AND THE LIST GOES ON

Of course these are just a couple of examples in a list that could go on all day. History is full of instances where mainstream thought led society down a particular path that later was discovered to be dreadfully wrong. The world, after all, was flat once upon a time. Before Einstein arrived, time was an absolute (rather than being relative). And, thanks to mainstream thought, nineteen certainly guilty men and women were killed for being witches in Salem, Massachusetts in 1692.¹⁵

The example is appropriate — any time big bucks want to maintain public sentiment on a subject, those dollars work to marginalize anyone objecting to that sentiment. In a sense, the witch hunts go on. This isn't drama speaking, and it's not pessimism — I am, after all, an optimist by nature and see the necessity behind some of these situations, and even the benefits that arise from others.

But in terms of plain old economics, it makes fiscal (if not moral) sense for those with financial ties (or other enticements of power) to promote a certain way of thinking. Big business, for instance, has every reason to make sure dentists (thus the public in general) believe in the benefit of fluoridated water so that they can get paid for their toxic waste rather than having to pay for its removal. This means that they've got to make sure anyone who objects to fluoridation is sent to the sidelines. As mentioned above, this may have happened to historical studies that showed the toxicity of fluoride; and more recently, scientists who have demonstrated the toxicity of fluoride have lost funding and have been sent to the sidelines in their field.¹⁶

Likewise, the pharmaceutical industry today has every reason (meaning “billions on the line”) to not only make sure that man-made drugs are considered modern miracles, but that natural alternatives (that they can't patent and make money from) are denigrated to the status of folk (read as “useless”) medicine. The FDA — long demonstrated to favor pharmaceutical interests — has recently begun putting more and more pressure on the supplement industry, for instance, claiming safety concerns.

Let's take Ephedra as an outstanding example. Ephedra — also called ma huang in traditional Chinese medicine — was banned by the FDA because people who were abusing it were (not surprisingly) getting sick. According to its white paper on the subject,¹⁷ the FDA claims that “12 million individuals were using ephedra in 1999.” It later describes a record of 16,000 adverse reactions to it, and of these, twenty were serious enough to be called “sentinel events.” These included “two deaths, four myocardial infarctions, nine cerebrovascular accidents, one seizure, and five psychiatric cases.” Keep in mind, this is when 12 million people were using ephedra; and because of its popularity, you *know* it was being marketed and used inappropriately.

¹⁵ Another lucky fellow was crushed under heavy stones for refusing to submit to a witch trial, while hundreds of others faced accusations, and some poor “witches” were kept in jail for months until the witch hysteria passed.

¹⁶ Again, see the interview on <http://video.google.com> with Christopher Bryson for details.

¹⁷ <http://www.fda.gov/bbs/topics/NEWS/ephedra/whitepaper.html> visited on May 16, 2007.

For instance, many people were using ephedra for weight loss or to improve athletic performance, while traditional Chinese medicine used it (and has for thousands of years) for asthma, hay fever, and the common cold. Under the direction of a Chinese medicine practitioner, dosages would be recommended by someone who was well-versed in its use. But when the average joe bought ephedra for its marketed (and unproven) potential, dosages could easily get out of hand.

In the worst case scenario, however, let's say that *everyone in America* was using ephedra. That's 25 times the number said to be using it in 1999. If we multiply the reported adverse reactions by 25 as well, we see a total of 400,000 adverse reactions — admittedly a lot — because people are using it inappropriately. Of these 400,000 though, there would only be 500 “sentinel events” (serious reactions) and only 50 deaths.

Enough for the FDA to ban ephedra.¹⁸

Meanwhile, however, pharmaceutical drugs — which are *not* taken by everyone in America and *must* be prescribed by a qualified physician so as to avoid abuse — kill more than 100,000 United States citizens every year. And that's when they're prescribed and taken *correctly!* Millions suffer from the side effects every year. Yet the FDA somehow considers their benefits worth the risks, even though these self-same drugs almost universally fail to cure any ill.

And lest we think these numbers only apply to drugs taken by “someone else” for something more serious than the average person suffers from, let's consider the commonly used acetaminophen — the primary ingredient in Tylenol. In the U.S. alone, approximately 56,000 people visit emergency rooms each year due to adverse reactions to it, and an estimated 450 people die from it each year due to liver failure.¹⁹ Meanwhile, aspirin and other “nonsteroidal anti-inflammatory drugs” (NSAIDs) can cause stomach bleeding and kidney problems. According to Dr. Joseph Mercola, 15% of the people on dialysis today are in that condition due to the effects of Tylenol and/or aspirin, and 20% of those with heart failure have it from using NSAIDs.²⁰

In fact, the use of NSAIDs leads to at least 8000 deaths a year in the United States. These include such notable prescription disasters as Vioxx²¹ and Celebrex, but also non-prescription drugs like Aleve, Advil, aspirin, and ibuprofen. It's worth noting

¹⁸ But not ephedrine as a pharmaceutical drug prescribed by doctors, even though ephedrine is the primary active constituent of ephedra. These pharmaceuticals are used as stimulants, appetite suppressants, and decongestants. It's worth noting, however, that pharmaceutical drugs made from ephedra do not use some of the alkaloids found in many ephedra-based products that were being sold, and that may be more problematic than other alkaloids in these plants. For more information, visit, http://www.clevelandclinicmeded.com/medical_info/pharmacy/marapr2003/ephedra.htm.

¹⁹ On Mercola.com, we read an estimate of 100 people per year, though these are referred to as people who did not know they had taken too much. The number of 450 comes from Medical News Today [<http://www.medicalnewstoday.com/medicalnews.php?newsid=11017> visited on June 3, 2007] and relates to those who have overdosed on it. The 100 may be included in the 450.

²⁰ http://www.mercola.com/2002/feb/13/aspirin_kidneys.htm visited on June 3, 2007.

²¹ After the FDA pulled Vioxx, Bextra, and Celebrex from the market due to the deaths of tens of thousands of people, they eventually approved them for sale once more. (Vioxx alone is said to have killed 60,000.) Nearly 1/3 of those voting to re-approve them, however, had financial ties to the companies making these drugs, and without their votes, Vioxx and Bextra would have been kept off the market. Visit http://www.mercola.com/2005/mar/2/vioxx_fda.htm for details.

that 8000 is an *extremely* conservative number when we factor in the prescription versions (Vioxx & Associates), which have killed in excess of 100,000 people in about the last 8 years.²² And that's just deaths. According to one source, an estimated 10-20% of NSAID patients experience dyspepsia, and NSAID-associated upper gastrointestinal adverse events are estimated to result in 103,000 hospitalizations ... and represent 43% of drug-related emergency visits.²³ This source also suggests a death rate of 16,500 a year from NSAIDs.

THE CONCLUSION

So whether it comes in the form of witch hunts killing off the non-conformists of the day (or otherwise attempting to make them irrelevant), in the form of cultures warring against cultures, or in the form of the masses being slaughtered by its many faults, mainstream thought stands as perhaps the mightiest, genocidal maniac that has ever tested humankind.

It is also the thing that allows us to communicate (so far as we can) with one another and accomplish things together. Much like any government of the people, it is a blessing and a bane.

So the points I've made here are certainly not meant to denounce mainstream thought, but — once again — to point out why we should all be allowed to question it, in order that we might move forward in any area of life. And, for the purposes of this book, how questioning today's approach to health can move us forward into an era of greater health. With that as our goal, let's take a very brief look at the past, present, and future of the great healing art — one of the most important and at the same time complex fields of our world.

A BRIEF HISTORY OF MEDICINE

If the purpose here was to develop a hefty volume with a hefty price, I could perhaps enlighten you with pages of obscure facts and delicious tidbits on medical history. But in the end, we can best get where we need to go by looking in on the primary split that occurred in Western medicinal schools of thought.

Our story begins in ancient Greece — not because that's where the story of medicine begins, but because it's largely where the story of Western medicine begins. Back in the day, Greek medicine was strongly linked with religious beliefs. If the gods were angry with you, they could smite you with disease. (And if it was just *one* god, then you might pray to another to get well. The gods could then duke out your fate amongst themselves.)

²² This stat comes from when the book was first written in 2006.

²³ Graham GG, Scott KF, Day RO. Tolerability of paracetamol. *Drug Saf* 2005;28(3):227-40. Visit http://www.ncbi.nlm.nih.gov/sites/entrez?cmd=Retrieve&db=pubmed&dopt=Abstract&list_uids=15733027 for details.

But then along came Hippocrates. Born around 460 B.C., Hippocrates is the first physician believed to have rejected this otherworldly link to health and to suggest that health depended more on environment and lifestyle than it did on the smiles and frowns of gods. This departure from superstition gave Hippocrates the title “Father of Medicine,” and it is his “Hippocratic Oath” that was traditionally taken by physicians as a guideline in medical ethics.

Now this is a pretty ironic fact. First, and probably most obvious, those taking the Hippocratic Oath make the following pledge: “I will neither give a deadly drug to anybody who asked for it, nor will I make a suggestion to this effect. Similarly I will not give to a woman an abortive remedy.” Strikes one and two. (Regardless of one’s view on abortion, Hippocrates and his followers were against it.)

Modern drugs have been miracle healers to some extent, but we’ve also noted how many people die to them every year. If death is the sad result of a drug that helps millions at the cost of a few — because we can even say this of many foods to which some people have allergic responses — then I think no one can be blamed as intentionally providing a deadly drug. But in recent years, we have seen many times over how certain drugs are known to increase the risk of death in large numbers of people (à la Vioxx) and are still prescribed at fantastic rates.

The subtler irony I’m referring to, though, is the fact that Hippocrates believed strongly in the ability of the body to heal itself, given proper diet, lifestyle, and environment. He did *not* diagnose disease with the idea of suppressing symptoms, but rather would provide some prognosis (“Eat two apples and call me in the morning” or “Let’s just make you as comfortable as possible”) and then encourage healthy choices so that the body could mend.

This approach was that of the Koan school of medicine. The other school of medicine in ancient Greece was known as the Knidian, and it relied heavily on diagnosis and treatment of disease, *much as Western medicine does today*. So medical doctors today (in general) actually take an opposing view to Hippocrates’, despite his father status!²⁴

This primary split of diagnosing and treating disease versus supporting the body’s ability to heal has really lasted right into modern day health. In fact, this split may have become more pronounced in the 19th century when Samuel Hahnemann and a group of followers began developing homeopathy as we know it today. Although we’ll speak more extensively about homeopathy in a later section (because that form of “medicine”²⁵ was really developed ahead of its time, and has to do with the future of

²⁴ Another similarity between the Knidian school of medicine and Western medicine of today: both operate(d) on faulty assumptions about the human body. This is objectively true about the Knidian school because they knew very little about how the human body operated even on a mechanical level. Western medicine, on the other hand, understands the mechanical body very thoroughly, and this is the basis of its success.

This comment is arguably true about modern medicine, however. I believe, as many do, that the body is more complex than biochemists alone have determined. This will be addressed in later sections on quantum healing.

²⁵ It’s important to make a distinction here. In legal terms, at least in the United States today, only licensed doctors can prescribe medicine. But that’s because, in legal terms, we’re talking about biochemical medicine — medicine that operates on the body’s chemistry. Homeopathy, as we’ll see, works on the body’s quantum field, and is rightly considered a “quantum medicine,” which is not regulated as pharmaceutical medicines

health), it's worth pointing out that Hahnemann specifically did *not* believe in working against symptoms, as allopathic medicine (a term coined by Hahnemann) does, but in stimulating the body's natural forces in such a way as to bring the body back into health. Thus, homeopathy really fell into the Koan camp of healing.

Hahnemann did more than this to create a divide at that time, however. He also was among the first people to truly test medicines in a scientific fashion. Most doctors of his day used remedies that had been discovered accidentally (rather than methodically) through the ages and that were passed down through the generations ... or remedies that were passed down through the ages despite the fact that they didn't work ... or remedies that just seemed like the right thing to give, regardless of how the doctor deduced the remedy or of how toxic the thing might be.

This was an age, remember, when mercury was still used as medicine, as were opium and cocaine, and when doctors didn't know to wash their hands between patients. This was an age when going to the hospital was very often a worse fate than suffering through a disease, no matter what the disease. (Today, this is sometimes still the case, but obviously not nearly to the same degree. Surgery at that time could be as crude as a bottle of whiskey and a saw. Sterilization of surgical instruments didn't begin until 1870, and use of all-metal instruments didn't begin until around 1890.)²⁶

But it wasn't long afterward that Western medicine starting taking its own scientific approach. Shortly after Hahnemann's death, viruses, bacteria, and other microbes became nominated as the causes of disease. In fact, Dutch scientist Anton van Leeuwenhoek (try saying that five times quickly) had discovered and described several types of bacteria as early as 1674, but these were not confirmed by more precise microscopes until the 1800s. It wasn't until 1859 that Louis Pasteur promoted the germ theory, which Robert Koch later proved²⁷ — to the tune of a Nobel Prize.

The work of these two men and their contemporaries in the field represented the beginnings of microbiology, which has led to advances in immunology, as well as sanitation and hygiene, which have probably extended the human life span more than any discoveries in history. More than that, this field allowed us to explore life on the chemical level, which brings us to the topic of present day, Western medicine.

are. To avoid this confusion, quantum medicines today are called "remedies" or are given other, unique names. Of course medical doctors will even give them quite colorful names, since their biochemical training rarely lets them see the possibility of quantum remedies, regardless of successful, clinical results.

²⁶ <http://www.braceface.com/medical/Pages/Antiquesurgicalsets.htm> visited on June 3, 2007.

²⁷ "Proved" is perhaps not the right term here. It is still known as germ "theory," and there are strong arguments against it, which I agree with. As I'll briefly explain later in the book, it appears not so much the presence of a microbe that makes us ill, but the environment in which it can thrive and cause problems. Of course this is complicated by how these environments and the immune system tie together and at what point you would call something a "disease." Suffice it to say, germ theory is Western medicine, and not the future medicine we're about to explore.

BIOCHEMICAL HEALING

The more scientists peered through their microscopes, the more astonishing the body must have become. As they explored, they eventually began to understand the molecular world that seemed to drive the grosser levels of the body: the cells, the tissues, and the organs. And the more they understood this molecular world, the more they could take a methodical approach to medicine.

No longer did they have to rely on remedies passed down through the ages. Whether those worked or not wasn't the issue any more. As the world of chemistry was grasped, you could look for the chemical actions of a symptom and then look to a chemical means of eliminating that action. If you could see, for instance, that certain chemical actions were causing inflammation, all you needed was a chemical means of disabling those actions. You would then have an anti-inflammatory drug.

This process was an incredible step forward in the sense that medicine was no longer random. If a doctor could deduce a chemical action involved with a symptom, he could prescribe an appropriate drug to suppress that symptom. And in emergency situations — where symptoms actually threaten someone's survival — I think most people would agree that this was a welcome and life-saving tool.

But there were and are limitations to the biochemical approach in that it fails to address the *cause* of chemical actions in the body. If someone's got inflammation, this approach doesn't ask why. It just suppresses the inflammation. As a result, either the inflammation keeps flaring up, or the patient becomes reliant on the anti-inflammatory drug. And since pharmaceutical drugs usually make for a heavy burden on the liver, you can bet that reliance leads to liver disease and/or other health conditions.

Even without this reliance, the suppression of one symptom often results in the body responding with another symptom. So the patient either switches medications, or adds to the one already being taken. We know this is the case by looking around us. The older people get, the more medications they're usually taking, and all the while, they're not really getting better. All too often, we're seeing that their wallets and pocketbooks are taking about as bad a beating as their livers.²⁸ In fact, the economic beating is so bad that we've taken to subsidizing the cost of biochemical (pharmaceutical) drugs as a nation (through programs like Medicare and Medicaid) to ensure an adequate supply for our poor and elderly ... despite the fact that no one's getting better and despite the fact that the pharmaceutical industry is the most profitable industry in America and perhaps doesn't need a subsidy.²⁹

²⁸ The White House website shows that the typical senior in 2003 was spending \$1285 per year on prescription drugs. <http://www.whitehouse.gov/news/releases/2003/12/20031208-3.html> visited on June 3, 2007.

²⁹ One can argue that the prescription drug companies are the ones who pay the price, as they're required to offer certain discounts to have drugs covered by these programs. But it only takes a basic understanding of economics to negate this argument. If this is the most profitable industry in America, then guess who's paying for the cost of those discounts. Answer: everyone who's not covered by the programs and who uses the drugs, as well as every tax payer, since we're required to pay into the programs whether we use them down the road or not.

More than that, pharmaceutical companies are further subsidized by American tax payers, who send money to universities, which provide most of the research that the drug companies use for developing their drugs. (This is *not* a disputed fact.) Yes, everyday Americans are paying the cost of research, even though the

I'll reiterate my point here, because many in the holistic or alternative health communities decry the value of the biochemical model (much as medical doctors decry the value of alternative or holistic approaches): I strongly believe there is a time and a place for pharmaceutical drugs and the suppression of disease symptoms. I also strongly believe that this model has saved countless lives ... even though it has also killed millions. In other words, I think it's a critical part of the medical arsenal, but I believe it's been abused through greed, perhaps through complacency, and no doubt through the desperation of having no better options.

At least no better options that the medical field recognizes. Remember, as biochemistry developed, a lot of clinically successful folk remedies were thrown in the garbage, and have only been slowly brought back into use, one at a time, as they were explored scientifically. I have little doubt that they've been examined slowly because there's a lot of money to be made by the drug companies in the absence of cheap and effective competition; but I appreciate the fact that scientists recognized the value in learning *why* something worked before adding it to the biochemical arsenal. In this way, they're better able to tell us what conditions folk remedies should and shouldn't work for; we can then explore these theories clinically and see how they play out in the realities and complexities of the human body.

The biochemical model is evolving, though. Until now, it's been much like fluoridated water systems: drugs have been given to suppress a particular symptom, but they've been given in such a way as to pervade the entire body, and thus to cause reactions where they weren't intended. This is partly why there are so many side effects to pharmaceutical drugs. Chemotherapy represents a widely-recognized example: many people who undergo chemotherapy suffer terrible side effects because the therapy doesn't just destroy cancer cells — it destroys *everything*. Its effectiveness doesn't rely on accuracy, but on the extraordinary ability of the human body to heal. If chemotherapy can destroy all the cancer cells and the patient is strong enough to heal, then chemotherapy can be effective at least in the short term. (If the patient doesn't deal with the original cause of the cancer, however, then there's no reason why it can't develop once more.)

Biochemistry today is working hard on ways to better focus its effects so as to destroy that which it's after while leaving healthy cells intact. Nanotechnology and work in the field of genetics both offer promising approaches for more precisely controlling the biochemical body. True to this medical model, these may still end up being suppressive approaches; but they are not systemic approaches, which means they're an improvement over today's drugs. These may be our immediate future in the field of biochemical healing.

drug companies talk about how much they spend on research in order to defend the costs of their drugs. Again, when we look at the bottom line — i.e., billions in profits — the facts can't really be denied.

QUANTUM HEALING

The challenge with the biochemical approach is that it's got so much money behind it, which means it's been turned into the mainstream approach. As I've pointed out pretty thoroughly here, that approach has been and still is useful to a point. It's also killing us in fantastic numbers. So while I don't promote throwing the baby out with the bath water — especially when I've noted the possibilities of nanotechnology and gene therapies — I certainly think it worth our time to see if there are any other babies in that tub.

This is especially true as we realize more and more how little we know about the body and how much more exciting it is than biochemistry alone suggests. If you have any doubt that we are, in many ways, *energy* beings (aka “quantum” beings), consider this: in 2007, the a nano-sized volt meter developed at the University of Michigan turned conventional knowledge of our cells upside down. Researchers expected to find no electric fields inside the cell's cytosol. Instead, they found levels as high as 15 *million* volts per meter. To give you a sense of how much that is, the typical field inside a home is 5 to 10 volts per meter, and the field directly below a power transmission line is 10,000 volts per meter.³⁰

For reasons like this, I believe it's critical that the entire medical field start reconsidering its assumptions and be willing to explore alternatives that involve the *physics* of the body (biophysics) — especially those that have shown clinical success. After all, not understanding *why* something works doesn't mean it doesn't work, and it doesn't mean you denigrate it (which is what many in the medical field do, but this is *not* the scientific approach). It means that it's time to explore why it seems to work. And while much of the medical world has refused to do so outside the biochemical model, there are plenty of scientists who are exploring, discovering, and applying their knowledge in the field of health in exciting new ways. This brings us to what I consider the next great advancement in the field of health, the world of quantum healing.

In the last century — while chemists were studying the chemistry of the human body and learning how to manipulate it — physicists were learning a great deal about the world beneath the atom: the world of quantum physics, where elements can exist as either particles *or* waves and whose positions are probabilities rather than facts — until they're measured. Even more, this is a world whose elements are nothing more than energy or information, and that — once “entangled” with one another — have been shown to affect each other over unlimited distances instantly, without the speed of light as a barrier. This is a phenomenal world to try understanding. It's also a difficult world to understand, which is perhaps why the medical field has never integrated its realities into a model of health.

But failing to integrate these realities doesn't keep them from existing. In fact, I like to offer up Einstein as someone for skeptics to argue with, as his credentials are more substantial than mine, and even from his grave I'm sure he can argue circles

³⁰ <http://www.ns.umich.edu/htdocs/releases/story.php?id=6208> visited on December 29, 2009.

around the biochemical crusaders. “There is no room in this new kind of physics for both matter and field,” he told us, “for the field is the only reality.”

In other words, everything that we think of as matter is just an instance of information interacting with information in the quantum field — the field of raw, unformed energy underlying what we typically call reality. There is no matter. There is only the *experience* of matter, completely determined by this field. Now when I saw “experience,” this conjures up the notion of consciousness, and that gets more into topics that I’ll cover in my next book. Suffice it to say that quantum physicists understand that the results of their experiments on this unique scale of reality are determined by something that they *wish* didn’t interfere with their experiments: consciousness. Consciousness changes the results of scientific experiments. It’s not important that you understand *how* this happens for now, but that you know this is accepted among quantum physicists.

Now even though we’re dealing with energy, or information, on this level, we still give different names to different elements of this world. You would think this is impossible if energy doesn’t become formed into “things” until it takes shape as atoms, but it seems that we name them by their function. The three you’re probably most familiar with are protons, neutrons, and electrons — the three that determine what an atom “is.” Others you may have heard of are photons, phonons, and quarks.

No matter what we call them, however, it is this underlying field of reality that actually determines our physical world, and this underlying field seems to be altered by consciousness. That sentence has enormous implications in it, and again, I’ll explore this more in my next book, though we’ll touch on it in later sections of this book.

In any case, this makes knowledge of the field a critical piece to an accurate medical model because, in the same way that the overall field determines our entire physical universe, the field of an individual person — what we call the “body field” or “biofield” — determines the makeup of the physical human body.

Think of it for a moment like building a house. If you have all the bricks and mortar and other building materials in place (also determined by fields, but we’ll keep it simple here), and you have a perfect blueprint and competent builders, you’ll end up with a sturdy, functional, even beautiful house. But if there are mistakes on the blueprint — the underlying information to the actual structure — then it doesn’t matter if you have the necessary builders or building materials. Things will be put together badly. Maybe the plumbing won’t work, or the roof will cave in, or the doors just won’t stay closed. The physical errors can be large or small, but they’re all in place because of the blueprint errors.

In terms of health, this is what a doctor would call “disease,” and he or she might prescribe drugs to change what’s happening from a chemical perspective. It would be like taking poles and trying to prop up a collapsing roof, or drilling holes in a wall to let smoke out of a burning home. It doesn’t address why the roof was collapsing or fix the roof; it doesn’t address the fact that the house was on fire or ask why it was on fire; but it could provide a kind of solution, and potentially a life-saving one. This approach to the *disease* is the realm of medical doctors only.

Natural wellness consultants of all types should not be concerned with this kind of diagnosis or solution. The *purpose* of a wellness consultant is to 1) recognize the doctor's role and let him or her take care of those issues; 2) to look deeper for longer-term solutions, to actually guide a person to wellness.

As an example, a nutritional consultant would *also* look at the chemical side of the problems mentioned above but, rather than posting temporary solutions, might deduce that new boards were needed for the roof or that something was needed to put the fire out. He or she would provide nutrients to address the problem from this perspective, and this would probably be a longer-term, healthier fix.

A quantum healing consultant, however, might look at why the boards of the roof either went bad or weren't placed together properly; likewise, he or she might note the fact that the kids were playing with candles in the bedroom, and even though you've put the fire out, they're still playing with candles. This would be looked at the underlying *causes* of the issues — not chemical facts of the situation, but why those chemical facts were happening. And through quantum healing modalities like those I'll discuss in this book, the quantum healing consultant would attempt to address these causes.

An integrative practitioner would be one that puts these modalities together in some way. Perhaps a natural health consultant offers both quantum and nutritional solutions; or a holistic M.D. offers acupuncture (a form of quantum healing, as I'll explain later), nutritional counseling, and drugs as necessary. And I like to point out that, if a practitioner of one type forms a network with others, receiving and giving referrals with complementary practitioners, they essentially become a kind of integrative practitioner through their work as a unit.

To me, bringing the value of all three approaches together is a natural and obvious step in the right direction, especially once you better understand the potency of quantum healing. But if we are going to pursue this integration, we have to be consistent with our questions. What I've pointed to throughout this book is that it's important that we be *allowed* to ask questions, and that we follow up and actually ask them.

Quantum healing, for instance, has actually been used in some forms for thousands of years, and is an integral part of Chinese medicine — so it's part of *a* medical model. Just not the *Western* medical model. So if we're going to ask hard questions of biochemical healing, it's only fair that we ask similar questions of quantum healing, to find out what its place is in a truly holistic approach to health.

Primarily, my questions for biochemical healing would go a little something like this: first, can you tell me what's wrong with my chemical body? Second, can you do something to correct the problem? Third, will there be any side effects or adverse reactions? And finally, will the solution last?

The answers coming from biochemical healing would go a little something like this:

The Quantum Challenge

- 1) Yes, we offer medical diagnosis. Some of our tests are highly consistent; some are nigh unto random and frankly useless. Some of our doctors know how to interpret results, some do not. But we do offer a medical diagnosis.
- 2) Yes, we offer pharmaceutical drugs (or surgery, or some other form of physical remedy). No, we won't address why the problem is happening, but we should be able to provide some relief.
- 3) We hope not, but yes, there are often side effects and plenty of adverse reactions, including death.
- 4) We never know. In some cases yes. In many cases, you'll come to rely on the drugs and/or develop new symptoms and require different or additional drugs.

Meanwhile, the answers coming from the world of quantum healing might look like this:

- 1) Yes, we offer analysis of the body's quantum field, also called the body field or biofield. Some of our tests are highly consistent; some fluctuate because the biofield is highly fluid but still correlate very strongly with physical symptoms; some are downright random and useless. Some of our practitioners know how to interpret results, some do not. But we can offer a quantum (non-medical) diagnosis.
- 2) Yes, we offer quantum "medicines" (remedies) or other techniques for correcting the biofield. Sometimes symptomatic relief is immediate or happens within days, but we encourage people to think long term, as our goal is to correct underlying problems.
- 3) We don't know of any long-term side effects or any serious, adverse reactions to quantum healing. We've never seen new diseases appear as a result of quantum healing, and certainly no deaths! However, because quantum healing stimulates the body's natural, corrective responses, clients sometimes experience short-term symptoms lasting from several hours to several days.
- 4) Many times, yes. But of course the biofield can always become distorted again. This brings up the topic of how the biofield itself is distorted, which may happen due to the presence of certain toxins but also brings up the question of consciousness.

This last answer is something we'll explore at the end of this book, because while we can make corrections to the biofield in order to help re-direct the body's chemistry, this doesn't mean we've addressed the *cause* of the biofield distortion. I've

more or less said that, with quantum healing, we're going after the *cause* of problems in the chemical or physical body. But there are causes to the biofield's own disturbances, and a truly holistic medical model will address this as well, as we'll see.

This gives you a brief introduction to what quantum healing is all about — what it's looking at, what it's trying to correct, and how it should fit into an integrative medical model. In the following sections, I'll introduce you to specific forms of quantum healing. I'll talk a little about the mainstream science backing up the effects of quantum phenomena on our bodies, and we'll consider how each fits into the concept of analyzing the biofield and correcting it.

Intuitive Healing

Let's start with the oldest forms of quantum healing, which are intuitive forms: hands on energy healing, like Reiki, for instance. In this case, someone intuitively works to manipulate the energy or information in a client's biofield.

Does this approach provide an accurate analysis of the biofield? And does it provide a means of correcting the quantum information in that field?

Well the answer is, it *can* do both. If someone is truly a medical intuitive, she may be able to perceive the condition of the biofield (even if thought of in different ways). And if she *also* knows how to intuitively manipulate energy — to *correct* where it's distorted — we may just be looking at a remarkable, natural healer.

The challenge comes in the fact that there's no way to know who fits this extraordinary bill. If you're looking for a Reiki practitioner, you probably won't have far to look. Just about anyone can become one. So how do you choose between them? How do you know someone's not doing more harm than good by accidentally *amplifying* distorted vibrations in the biofield or creating new distortions? And are the results concrete enough that you know they're real, or are you paying for results that you might just be imagining?

These questions aren't asked to put down intuitive healing, because I strongly *believe* in the realities of this work. But I also know there are a lot of charlatans in that field, as well as plenty of people who mean well but simply don't know what they're doing. For the consumer, it makes this a hard line of work to buy into, even if they really want to. So I wouldn't dissuade you from looking for such practitioners, but I would encourage you to look for strong recommendations or to ask about their background before investing.

In the end, however, wellness is a journey rather than a destination, and you may find that you begin your journey with an intuitive healer, then move on to more objective, technical approaches ... then end up later on with another intuitive healer. You have to find your way, and this could play an important part.

Acupuncture

Next, let's look at another ancient form of quantum healing: acupuncture. This is a form of Eastern medicine that involves the energy paths of the human body. These paths are called meridians, and I feel it's safe to say that these are actually pathways of

quantum information. So it's appropriate to address this here, especially considering its growing popularity in the West.

In traditional acupuncture, there's no objective scan or machinery to assess the problem at hand. This involves analysis by the practitioner. And a qualified acupuncturist can measure extraordinary subtleties of the meridian system to determine how well the energy is flowing through these pathways. Based on his analysis, he can determine which meridian points need to be stimulated to produce a better flow of energy or information, and thus to allow the body to correct itself.

While skeptics continue to suggest that acupuncture offers no more than a placebo effect,³¹ they are apparently ignoring or unaware of studies to the contrary. Studies at the University College London and Southampton University, as noted in the BBC, used positron emission technology (PET) to see how the brain responded to real acupuncture needles, obviously fake acupuncture needles (the patient could feel the difference) and fake needles that *felt* real to the patient. Expectation, and thus placebo, would be the same for the real needles and those that *felt* real, but the brain responded differently to them.³² Other studies using fMRI seem to show similar results. And the very latest research (announced in October 2009), from the Curtin University of Technology in Australia, shows clearly and scientifically how and why acupuncture works by disrupting the branching points of nerves called C fibres — in fact, these branches seem to happen precisely at the known meridian points where needles are inserted!³³

Finally, if you want some mainstream support for it, the World Health Organization (WHO) has put together a long list of diseases, symptoms, and conditions successfully treated by acupuncture.³⁴

So I for one am not ready to listen to the skeptics, who I find too often are the same people who have said in the past, "People will never fly or visit the moon." Skepticism has its place, but these are the last people to ever notice that something is working, and that we know why or at least have strong theories about it. Considering that biochemistry itself is still a thoroughly incomplete science, one should hardly have to know every detail of why something like acupuncture works, especially with its mounting scientific evidence.

All that said, I do notice some limitations to it. First, results will depend a great deal on the quality of the practitioner, so choosing who to visit is an important step. (Of course results are often concrete enough that you should know within a few visits if you're with a quality practitioner.)

Second, while freeing the flow of energy in the meridian system is critical to correcting the biofield, it is not all that's required. As I'm not an expert in acupuncture myself, I don't know all the tricks that acupuncturists have up their sleeves; but it

³¹ Even if something is "only" as good as placebo, this says something. Researchers are struggling more and more with the fact that placebo seems to cure a great deal, and this takes us right into my next book's topic of consciousness. Placebo should be considered an important part of medicine.

³² <http://news.bbc.co.uk/2/hi/health/4493011.stm> visited on December 29, 2009.

³³ <http://news.curtin.edu.au/curtin-news/lead-story/curtin-researchers-unlock-the-secrets-of-acupuncture> visited on December 29, 2009.

³⁴ <http://www.acupuncturetoday.com/archives2004/oct/10amaro.html> visited on December 29, 2009.

strikes me that certain corrections (discussed later) cannot be achieved through acupuncture alone.

Meridian Scans, or Electro-Acupuncture according to Vole (EAV)

While acupuncture has been around for thousands of years and involved analysis by the practitioner without any sort of device, today there are a number of machines that can be used to measure the quality of meridian point signals, and these are known as EAV machines. In fact, I have owned and been trained on the top model sold by BioMeridian™, and know that good results can be had through their use.

These systems are based on the concept of acupuncture in that they measure the energy flow through the meridian system of the body. The practitioner in this case, however, takes a metal probe, places it on an acupuncture point, and takes an energy reading. The reading is either noted individually by the practitioner, or dozens of readings are recorded and analyzed by a computer (the practitioner still wields the probe) to take a more holistic look at what's going on in the meridian system.

Based on their readings, practitioners are able to then recommend nutritional supplements, homeopathic remedies (discussed in the section below), Bach flower remedies, and so on. And although I don't know of anyone who does this, I suppose these readings could be used in an acupuncture clinic as well (where needles would be used).

What I personally don't like about this kind of analysis is that there are too many factors that can be botched by the technician taking the reading. These factors include the location, angle, and pressure of the probe's placement.³⁵ I know that competent practitioners claim highly consistent results; I know that they get a sense of when their readings are accurate and when they need to re-test a point; and I know that they have good clinical results. So I support the practice. But the consistency issue just doesn't fit my way of thinking or my mode of working, especially on a topic as important as health.

This kind of reading also takes much longer than readings by some of the other quantum diagnostic devices (although I feel EAV is more accurate than many of these). And one final issue I have is that, when something is found to balance one point, an entire check of all points is not redone to see if anything was *unbalanced* by that element. The one variation on this theme that I'm aware of is the Biopulsar, which tests as many as 50 meridian zones at one time, so that all are checked together. These are not identical to meridian points, and there are some other considerations to this one such as hand placement and moisture, but I think this is an exciting advancement along this line of technology.

³⁵ I'm also aware that BioMeridian has an Epic probe, and other companies may have similar devices, to limit these variations. These may be able to help. However, for the purpose of testing individual acupuncture points against various supplements or homeopathic remedies (to determine if they will help to balance that point), the practitioner must rely on the basic probe rather than the Epic (in the BioMeridian system). So the limitation is still there to a degree. I also found that systems like this would be painful, if not dangerous, for children because of their delicate fingers and toes; also, that their tiny digits would make accurate point selection difficult.

Homeopathy

Homeopathy is a form of quantum medicine originally developed (as we know it today) in the early to mid-1800s, primarily by Samuel Hahnemann. It was a huge step forward in the medical world at the time because it was developed in an era (described earlier) when doctors gave anything and everything to get their patients well. Their prescriptions were sometimes downright poisonous, sometimes helpful, and sometimes merely useless; and in any case, there was little in the way of scientific methodology being used.

Hahnemann bucked this hodgepodge system by taking a methodical approach to medicine.³⁶ He and his followers created the remedies³⁷ and took them when they were healthy. They then observed the symptoms that these remedies induced in healthy people. Those symptoms were the very ones that the remedy would be able to address in a sick person.

And believe me, they analyzed anything they could think of. Several remedies might induce a cough and a fever, for instance, but one might have also caused someone to become angry; another might have made someone sleepy; another might have made someone cold. In “curing disease,” a homeopathic practitioner has to consider all of these factors — that is, emotional factors, time of day when symptoms become more prevalent, whether a patient is thirsty and how quickly they drink their water, and so on — in order to select the ideal remedy.

Of course I say “curing disease” in quotes because diseases are only diagnosed by medical doctors. That’s because medical doctors look at a collection of symptoms and give that collection a name. Quantum practitioners (including homeopaths), on the other hand, don’t care what you call a collection of symptoms. As I’ve explained already, they are looking for what will address the underlying cause rather than the chemical symptoms. In homeopathy, if you need to name a collection of symptoms for the purpose of communication, you simply say, “You’re suffering from a sulfur condition,” (if sulfur is the remedy, for instance). This approach keeps quantum practitioners from forgetting that they’re never trying to cure chemical symptoms.

Homeopathy — like many legitimate, alternative approaches to health — has of course been denigrated by the conventional medical world. And why not? If it works, there’s much to lose in a world based on pharmaceutical prescriptions. So I expect that many of the studies showing that homeopathy is about on par with placebos come from big money directing those studies. (Because plenty more studies have shown homeopathy to be highly effective. And clinical evidence abounds.)

At the same time, notice how many factors need to be considered when choosing a homeopathic remedy. It strikes me that there’s a lot of room for error, and

³⁶ And by the way ... Hahnemann *was* a licensed doctor in his day. But when he recognized how irrational the whole system was, he threw it on its ear. He was vocal, too, which didn’t win him many medical friends. But he was less concerned with making friends than he was with showing the system for what it was, because he felt it was putting people’s lives on the line.

³⁷ Remedies were created by diluting various substances to the point that few or no molecules of the original substance remained. Thus, it was only the original (quantum) vibration of the substance that actually made up the remedy. This is what makes homeopathy a quantum rather than a chemical medicine, and why conventional medicine can’t imagine how it would work.

studies suggesting that homeopathy is relatively ineffective may also show this because precise remedies were not selected.

And in my opinion, this is one of the challenges to using homeopathy at this time: that most practitioners use no form of biofield analysis and therefore need to rely heavily on the patient's observations of himself. (Few practitioners today could spend all day with a sick client to make personal observations.) They ask a lot of questions, hope to get accurate answers, then select remedies based on this approach. This leaves a lot of room for error, even when a practitioner is highly competent.

There are also thousands of remedies to choose from, which allows the remedies to be very precise, but again allows a lot of room for error. When they're chosen correctly, I believe that homeopathic remedies can be highly successful in actually addressing the biofield — as long as the biofield has enough energy to respond properly to the remedy. This something I'll explain in a later section.

Magnetic Healing

This serious arena of quantum healing has been hurt by skeptics who, once again, fail to look into a subject before making their judgments known and by manufacturers who have promoted the use of low-quality magnets in non-therapeutic ways. In fact, the ease of producing magnets and of convincing people of their therapeutic value has just let too many products and claims into the mix — and unfortunately, this is why skeptics jump to conclusions and call it all nonsense, since they're generally not willing to dig in and sort the good from the bad.

The fact is, we absolutely *know* that magnets offer therapeutic results. In 2008, the University of Virginia announced the results of research on the effects of magnets on microcirculation. Thomas Skalak, professor and chair of biomedical engineering at the university, has a lab that leads the field in microcirculation, and they were awarded nearly a million dollars to study the effects of magnets. What they found was that magnets could cause blood vessels to either dilate or constrict, and the implications of this are substantial: proper use of magnets could replace the use of ice packs and compression on injuries, for instance, and with better results.³⁸

But this should tell us something. If magnets really are this powerful, and if using them differently can have different effects on blood vessels, should we know how to use them before slapping them on ourselves? Fortunately, most of the magnets sold as therapeutic are probably not that powerful and aren't likely to affect deep tissues in the body. But I would caution you not to use magnets without making a study of this. Certainly do *not* sleep on magnetic mattresses and don't wear those magnetic bracelets around. Treat this with the respect of any real therapy rather than like candy.

There may be many legitimate sources of both magnets and information on how to use them, but I haven't thoroughly searched them out. The one source I can point you to — whose magnets are indeed powerful (we have and use them), who seems to have researched this topic seriously and methodically, and who teaches the proper cautions in their use — is Peter Kulish at www.BiomagScience.net.

³⁸ <http://www.virginia.edu/uvatoday/newsRelease.php?id=3573> visited on December 31, 2009.

Sound Therapy

Another area of quantum healing that I've come to love is sound therapy. I'm not referring to music therapy, which is relaxing music designed to lower stress levels. (Anything that lowers stress should contribute to your health.) I'm talking about sounds, like tones and beat patterns. And specifically, I'm talking about those systems that use software to analyze a recording of your voice and determine what sounds are needed as feedback to alter the biofield in positive ways.

Most people don't really grasp the power of sound, so this kind of therapy doesn't make much sense for them. But sound is far more potent than most would believe. Way back in 1988, *The New York Times* ran an article called "Sound is Shaped into a Dazzling Tool With Many Uses."³⁹ The article says:

Using beams of intense sound pitched above the limited of human hearing, scientists are learning to create novel substances that are expected to spawn remarkable technologies in the next century.

It goes on to explain that beams of sound can "make, break or rearrange molecules, control the crystalline structure of matter and even levitate objects of blobs of liquid." We even know that scientists are able to turn on genes in plants using sound.⁴⁰

Now I don't know about you, but those facts seem to suggest that sound could affect our bodies and our health. I'm not saying that sound therapy uses the same intensity of sound as those waves creating novel substances; but we also don't want to randomly levitate people or rearrange their molecules.

Still, by altering the biofield in *any* way, we potentially do change things indirectly on a molecular level. After all, this is exactly the concern with manmade electromagnetic waves, whether they be from microwaves, x-rays, cell phones, electric blankets, or dirty energy hidden away behind our walls. The concern is that these things affect the biofield (even if that's not the mainstream term) and thus our body's chemistry. That's what we're talking about throughout this discussion on quantum healing. Thus, with *any* sound we do alter a person to some degree. With sound therapy, the devices are designed to optimize the field.

While I believe any changes can happen with this kind of therapy, my experience is that the changes seen have more to do with someone's consciousness — their state of mind, state of presence — than directly with their physical health. When you're looking for relief from physical ailments, this might not seem so important. But on deeper levels, these are the changes most people really want: bringing themselves more into the present moment, feeling less stress, feeling more peace, and responding more easily to circumstances from awareness rather than from habitual reactions. These are the kinds of changes I've seen with those using our sound therapy system.

Granted, there are several systems out there, and I haven't explored the others to comment on them. My one caution is that some of the devices using flashing lights

³⁹ <http://www.nytimes.com/1988/02/09/science/sound-is-shaped-into-a-dazzling-tool-with-many-uses.html?pagewanted=all> visited on December 31, 2009.

⁴⁰ <http://www.newscientist.com/article/mg19526196.100> visited on December 31, 2009.

around the eyes, and that strikes me as a little dangerous, especially for anyone with a propensity for seizures. That's something I would personally avoid. Other than that, I imagine personal experience is the best way to know what works for an individual.

What I can say is that I trust implicitly the VAHS sound therapy system (www.soundenergy.net), which was developed by the same couple that creates the famous structured water activator for Dr. Masaru Emoto, whose book *The Hidden Messages in Water* has woken many people to the possibility that consciousness and sound can both define how water crystals form; and since we are largely water beings, this holds substantial implications for us. This is of course debated by the mainstream, but there is a growing stream of thought supporting this and I'm sure we'll continue having researchers explore this.

I will probably discuss this VAHS system more in my next book dealing with consciousness, because that's where its real magic is, but suffice it to say that I think this is a highly inspired technology that I would love to see in more homes and clinics.

Get VAHS Sound Therapy and a BONUS

If you'd like to get a VAHS sound therapy system for your home or health practice, please visit the website above and let them know that Steve McCardell referred you. I base my recommendation of this product on my own experiences and observations with this equipment, but I do get a referral fee and use that fee to help you get *more for your money*.

Home Users: if they apply the referral fee, contact me and I will offer you a selection of *tremendous* health products worth up to \$80, shipped free to your door. (Shipping costs may apply outside the U.S.)

Health Practitioners: if they apply the referral fee, I will offer online marketing help to assist with growing your practice. This can include help with websites, search engine optimization, press releases, article writing, and more. Assistance is based on the unit you purchase.

Light Therapy

Even mainstream clinics use light therapy, primarily for Seasonal Affective Disorder (SAD). And we know that light from the sun makes plants grow and triggers the production of vitamin D in humans. (See, nature's providing us with quantum healing, sending us ultra-violet radiation that alters the biofield and triggers biochemical reactions. You cannot say that the sun provided us with chemical elements to make this happen.)

We also know that scientists are able to turn on and off targeted sets of cells in the brain using light,⁴¹ so there's no question about the power of light in affecting the body.

What is *not* yet mainstream is the idea that colors and gemstones have unique energy signatures that can affect the body in certain ways, although these are widely believed concepts in the realm of natural healing. I can't comment on the science of this because it's not an area I've personally explored. What I can tell you is that many forms of gem and light healing are used, from placing gemstones on the body; to colors of clothes, glasses, and other elements designed to surround you in a color; to color pens being shined on the body.

My personal favorite is a kind of "greatest hits," combining gemstones, colors, and lights whose voltage and frequency can be adjusted. Devices of this nature were pioneered by Dr. Jon Whale (www.WhaleMedical.com), who has also extensively explored and written on the human assemblage point — a kind of nucleus of the biofield that can be moved or angled incorrectly to cause health problems. And this is an issue that he believes can be address with his gem light therapy system, which is the equipment we have in our clinic.

The more affordable and readily available system here in the U.S. is called Theragem (www.theragem.com). Of course both systems will claim their advantages, and I have no way of knowing if one is indeed superior. Having spoken with someone using the Theragem, it seems to me that results are nearly identical — and you'd be surprised at just how immediate or life changing they can be!

The fact is, these systems are supposed to be useful for many health problems, and I don't doubt that this is possible, especially because a single session with ours corrected a serious health issue for one of our clients who was facing probable surgery. But the most consistent results we've seen have been in those suffering from back or joint pains. Single sessions have gotten people with chronic knee pain, for instance, up and walking pain free for several weeks. As always, I encourage clients to think long term, to not assume any quick fix when they work with quantum healing. But there's no question that quantum healing results can be entirely quick and effective.

Get Theragem and a BONUS

As with VAHS sound therapy, I get a referral fee if you mention my name, and I can provide you with a free bonus for doing so: a choice of health products for home users, and marketing assistance for health practitioners. Visit this page for details and to place an order:

<http://www.integrativelivesolutions.com/Theragem.html>

⁴¹ <http://www.nytimes.com/2007/08/14/science/14brai.html>

QUANTUM BIOSCANS

I've broken this into an entire section unto itself because there are several types of quantum health scans, or "bioscans," to explore, and a great deal of information on each to share so that you can be a more educated consumer if you ever invest in this type of service.

We already looked at a type of quantum scan called EAV because it belonged with the section on acupuncture. Again, based on the quality of the technician who takes the reading, I think these can be highly effective in scanning the meridian system, which is however only *part* of a person's overall quantum system, or biofield. There seems to be much more to the biofield that needs to be analyzed, and this is where a handful of bioscan systems point the way to the future of quantum diagnosis. This is also where we need to be very careful with claims and with computer read-outs based on such scans.

So get ready ... this section is a thorough, hard look at current scan systems because I think that education is really important here in order to advance this technology in the field of health, and to keep you, dear reader, from a costly learning experience in the real world.

A quantum bioscan, as I'm calling them, somehow assesses the quantum field of a person's body (the biofield) — I say "somehow" because each does this differently. And since we're assessing the biofield, we can be pretty confident that there's no way to say that a particular nutrient (which would be chemical) or microbe (which would be chemical/cellular/physical) would either be present or lacking in the body. And these are of course just examples. Basically, a quantum bioscan cannot detect the presence or absence of *anything* that is chemical or physical in nature. It can *only* show how the biofield is *interacting* with the biochemical body, and thus show correlations with physical conditions.

So a "lack" of vitamin C, in such a scan, would not necessarily show that someone wasn't getting enough vitamin C in her diet; or even that she wasn't absorbing her vitamin C. It *could* mean either of those. But it definitely *does* mean that the biofield is not adequately communicating with the information of vitamin C (assuming an accurate scan). So a "lack" shows: 1) a lack of vitamin C in the diet; and/or 2) poor absorption of that vitamin; and/or 3) poor communication between absorbed vitamin C and the biofield.

Any one or more of those factors would mean that the biofield cannot function optimally in ways related to vitamin C, and this can lead to health problems. So a good quantum practitioner may recommend more C (especially if a client's physical complaints suggest a deficiency of vitamin C), or may recommend a different *type* of C (higher quality), or may attempt to correct issues associated with absorption and assimilation. But he'll make no claim about a lack of vitamin C as might be reported by a blood test. Unfortunately, many practitioners *do* make claims along these lines perhaps because these distinctions aren't clear in their heads, or they don't want to confuse clients, or for whatever the reason. The problem is that they are then making diagnostic claims that they're not in a position to make.

I've explained this in detail because, if bioscans become the phenomenon I believe they will in the holistic health field,⁴² then I think it's important for consumers to understand this point and to keep practitioners honest about it. The more people start using systems like this, the more we're likely to see unskilled practitioners using imprecise language regarding these readings. That's a danger both for the client, the client's wallet,⁴³ and the professionalism of the field. So now that you're clear on this matter, you're well-prepared to consider practitioners before investing in them.

Scan Type #1

The first type of scan to consider is the kind that simply has you input some data about yourself and claims to be able to scan you — regardless of distance — based on that data. It's hard for me not to speak a little sarcastically on this type, though I'm sure there are practitioners that get good results and clients who swear by it. (Let's remember the *value* of a placebo effect anyway.) I'll give you my *opinion* on this, and you can continue your research elsewhere to get some balanced input on it.

As I understand it, these "scans" claim to offer consistency not found in most scans. They supposedly take the data and reach out into the quantum field to find you somehow, and make an assessment based on having found your energy field. As you work with the practitioner — which I believe is often based on them beaming out corrective information to your field, again regardless of distance — you're supposed to see progress being made in your health status in a linear sort of way. That is, if one area of health was deviated by a certain amount, you might see the deviation lessen with each successive scan. "Pay more money, have proof that you're getting better." Seems to make a lot of sense.

Here is my concern about this approach. The quantum field is highly fluid and I don't believe you will ever get almost predictable improvements due to this kind of work. (Not like taking a vitamin and seeing its levels increase in a blood test, for instance.) Based on my understanding, the only way this is possible is by the computer knowing that it's opening the same client each time (name, birth date, and all of that has been entered) and automatically making an assessment that shows progress, keeping the client happy. (Thus I call it a "scan" with quotes, because I don't know that it's really scanning anything, but rather calculating based on data entered.)

I am very open to being proven wrong, but what I find in these things is that no one really tests them. What happens if you provide a shortened version of your name? Or you enter the same data as two separate clients? Or you use the same program (different software license) with the same information on someone else's computer? Does progress show even if you've gotten sicker? Do they explain this away by saying you're just detoxing, even though you've had a month of new problems?

⁴² We know how popular this type of system is in our own holistic center, and we have seen practitioners lined up with clients for months when using this type of system.

⁴³ Why the client's wallet? Because if your "lack" of vitamin C has to do with absorption or problems with the biofield, your practitioner should be determining why you're not absorbing well or how to otherwise address the biofield, rather than selling you an expensive supplement.

I'll never say that anything's impossible, but there's a lot of money to be made in this field from people who haven't found relief through conventional medicine (which is a lot of people), so while we have to be open to quantum healing possibilities, it's still important that we ask hard questions of each avenue. Meanwhile, let me be clear that I have not yet studied this kind of device hands on and have not had the opportunity to run such tests. So for now, I'm just discussing this as something to think about, and as I learn more, I'll update future versions of this book.

You'll notice that my issue with that device is *not* that they simply "beam" corrective information to your biofield. There are incredible studies that just blow the mind when you start seeing what's been done, and they make you wonder why we're still taking drugs as remedies. For instance, half a century ago there was already someone using frequencies on sick plants and making them well. And then using frequencies on the *photographs* of sick plants, and making *those* plants well. There are plenty of variations on this theme, but the world of quantum physics makes some interesting things possible, and we're slowly discovering what's available to us. Could you do the same kind of thing with a machine and a human? Yes, I believe so. Has someone created such a system? I don't know. And if they have, I'm sure there is much improvement yet to be made.

Scan Type #2

The next type of scan I'm aware of uses GSR technology — this stands for Galvanic Skin Response, and it's the same technology used in lie detectors, but *how* it's used here is far different. Scans like this essentially run an electrical signal into the skin at one point and then assess how that signal traveled to another point on the skin. While there may be different approaches to this, you're probably dealing with such a device if you're putting your hand onto metal plates or possibly holding metal rods. (Not the case with the NES ProVision® that I'll describe, even though it *looks* like such a device.)

The theory behind this type of scan is that the software will recognize stress in the body's response to a signal, and this stress is the body's way of pointing you in the direction of real health problems. And what's *great* about this is that you can scan for *anything*. For instance, send in a signal for vitamin C (to continue the above discussion) and if the body doesn't respond well — if it shows *stress* to this signal — then there's some sort of bioenergetic (if not physical) problem around vitamin C. Send in a signal for candida and stress will show problems in this area. Send in a signal for stomach cancer and you may have a problem with that. So far so good. Except ...

How on earth do you send a signal to the body that corresponds to vitamin C, or candida, or cancer? And legally speaking, what is a quantum practitioner doing trying to test "stress" around specific diseases? As you'll recall, this is the realm of medical doctors, and this sort of approach is what not only puts a practitioner into legal trouble, but it also strains the credibility of this field *and* it has the practitioner forgetting that he is *not* dealing with disease (symptoms), but with an information field.

Intrigued by the promise of this kind of device, I did invest in one and brought it into my practice for a time, knowing that I had to put it through some serious testing *and* that I would be very clear that this was not medical and was testing nothing physical. I didn't charge clients to use it, as I explained to them that it was experimental — I wasn't willing to charge my respected clients for something that I wasn't sure of based on the sales pitch of the company. So in case it seems that I would question this kind of device because it competes with what I do, this is simply not the case. I *wanted* this to work and was excited by the client-friendly readout, which would surely encourage visits to the clinic.

So I asked how you would send a signal to the body corresponding to a nutrient, microbe, "disease," emotion (yes, emotion), remedy, etc. How would you accurately determine the energy signature of any of these, and how would you program that signature into a piece of software? How would you output such a complex signal? Reading a difference between the electricity sent into the palm and what was picked up in the fingers wasn't an issue. This is established technology. But I still had these other questions.

What I learned is that all of these signals were entered into the system through a device that you attached to your computer. If you wanted to put a remedy in, you put it next to the device and ran the software. But I wanted to know, how is it pulling in the remedy signal rather than the signal of the bottle? Or the label? Or the table? And when it came to things like emotions or diseases or microbes ... well, these were entered through *intention*.

Now again, crazy at that sounds, possibilities with intention and consciousness are quite exciting and worth exploring. But here, won't a practitioner putting in new remedies or emotions, etc., intend a little differently than another practitioner? If so, how are you making the same assessment? And would the computer really pick up on intention the way a human might (on subtle, unconscious levels)?

So I already had my doubts from this aspect of the system, but there was still testing to do. I took a can of Starbucks Doubleshot® and entered it as a possible remedy. I wanted to see if the system would select a sugary coffee drink with cream and milk as an ideal solution for someone's health issues. I ran an assessment of myself and, sure enough, Starbucks won the day as offering one of the best remedies amongst those I had the scan test. I called the company on this point (I'm not naming them because I believe this applies to all scans of this nature) and asked why Doubleshot was going to cure me of my ills. The only response they could muster was that perhaps it would provide emotional comfort and reduce stress for me. That's about the best answer I would have been able to come up with too.

The final straw came entirely by accident, as often happens with discovery. One of my big questions — because my goal is consistency if we're using objective methods like technology — was why the precise position of the hand on the device didn't matter. In fact, the scan would simply stop if someone picked up their hand, and then resume when they put it back down. This is a very good thing if you're running a 5-minute scan on a child! But if they put the hand back down a little differently, couldn't the distance of the signal vary a bit and cause readings that didn't compare properly

with the other readings? A slight deviation could suggest greater stress on certain items that wouldn't have shown up, correct? But the company assured me this wasn't a problem.

As I said, it was an accident one day when I noticed some very strange deviations in the reading — some high stresses around things that made no sense based on my own knowledge of my body. I looked for a pattern and noticed that all of these high stresses were around signals that began with grouped letters of the alphabet — in other words, a group that would have been scanned in succession. And it so happened that I had moved a finger at just about that part of the alphabet!

Well, this called for more testing. And what I found is that I could literally create “stresses” as measured by this device in certain areas of the alphabet by moving my finger. If I moved it roughly when it was scanning “m” items (mitochondrial stress anyone?), then maybe some “l,” “m,” and “n” items would show extremely high stress. I could cause nutrient deficiencies and diseases as easily as that! And I could do it consistently in any area of the alphabet.

As you can imagine, these are not tests that most practitioners would run. If you've just invested thousands of dollars in a device, “It works.” You don't question it. You have to put it to work right away toward paying for itself. But this just isn't how I operate. I have to know. I have to feel confident in the service I'm offering. If I don't, I always tell clients that it's experimental and/or offer discounts so that we can explore it together. And even then, I'll couple it with things that I know work so we don't lose time in helping them.

So I sold that device, as I did my EAV device (never used in the clinic), and lost quite a lot of money on both. But I'm grateful that I did so because of the scan I came to trust implicitly based on both the science and the results. More on that in a moment, but first a look at ...

Scan Type #2.5

2.5??? Right. There's another type of scan, and I'm not really sure where to classify it. This type generally has you strap something around your forehead, ankles, arms, etc. And often you hold some metal probes. I'm unclear if these are using GSR to some degree by sending in an electrical signal and reading the output somewhere else; or if they are otherwise assessing the biofield as described in the next type of scan.

What I do know is that these scans once again cover a huge range of very specific, very *physical* things — microbes, nutrients, diseases, etc. Honestly, if they're put in differently than by intention (for instance by some sort of probe touching the *actual* item to assess its energy signature — done by the company in a very consistent way), I can understand assessing nutrients, environmental toxins, even diseased tissues, etc. I still think you need to discuss these carefully, and no matter what, I'm *not* comfortable with going medical and referring to diseases. I just think this is the wrong direction, because it isn't the purpose of quantum healing.

Still, with at least *one* of these scans (but not all of them), I have seen some pretty incredible correlations with people's physical concerns to the point of making a practitioner seem almost psychic. I think this still involves a sharp-eyed, knowledgeable

practitioner. These aren't for mere home use. Now I haven't had the chance to explore and challenge every scan out there. My strong sense is that some are bunk. But some are definitely worth exploring and using if only we can continue to push for freedom of choice and exploration in order to bring more effective prevention and wellness solutions to the world.

Scan Type #3

As you can see, I'm pretty passionate about finding things that *really* work in the field of quantum healing, because the science is absolutely there telling us that we need to incorporate *physics* with biology (biophysics) rather than sticking with biochemistry alone. Until we do this, we will always have a partial understanding of the human body and we'll never achieve health as we could. This is why I'm hard on the many scans that are available — because I *want* them to validate our potential in quantum healing. I *want* them to help this field go mainstream. Which means we need to weed out the ones that don't work. No hard feelings meant, but health can't be treated like a game.

This is why I'm very excited about the third type of scan, only one of which I'm aware, though more may develop in time. This one is called the NES ProVision, by Nutri-Energetics Systems®. At first glance, it looks like a GSR device (two metal plates you put your fingers on), but in fact it picks up on your biofield when you come within a couple millimeters of the device. In other words, it doesn't rely on sending in electrical signals and reading the outcome. If you could hold your hand steady very close to the device, you could take an entire reading (as I have) without touching it. (You can actually see the moment the software picks up on the biofield, and it doesn't do so until you've come quite close to the device.)

Because it's reading the field rather than any physical part of the body, it would take an identical reading no matter where you put it on your body, thus eliminating the question of hand placement. What's more, the entire reading is taken as an instant snapshot — it doesn't take five to fifteen minutes as others do, which involve asking one question after another and getting answers from the body. Rather, it's sort of like taking a transparent model of the ideal biofield, holding it up to the client's biofield, and taking a picture. You can see where the one deviates from the other, and that is the *entire* basis of the scan. It is literally done in a moment, though the software might take a couple seconds to feed back the results due to the computer's speed.

I think this distinction between an electrical reading and a biofield reading is extremely important. Electrical not only takes longer, but in a worse case scenario it is a GSR device; in a best case scenario, it's only testing the meridian system, which I've said is only part of what should be assessed. My *suspicion* is that the scans under "Scan Type #2.5" are electrical readings only, but I put them under that category because I'm unsure on this point. If they take a long time to assess — through questions and answers, for instance — it only makes sense to me that it's electrical. Based on the fact that quantum fields change once observed, it seems that a snapshot approach is the only way to read the actual field.

Be that as it may, NES® looks at the biofield, and it does so *without* referring to disease (there is no question of accidental medical diagnosis) or specific microbes because these are simply not biofield issues. Rather, it looks at quantum problems and how to address them. As a result, it is far more comprehensive than other scans I've seen when you remember to look only at issues of a quantum nature.

To give an example, the first thing a practitioner looks at on this scan is not just the individual's biofield, but its relationship with larger fields such as those created by manmade electromagnetic fields (EMFs) or fields created by the spin of the earth, gravity, or the earth's magnetic field.

Next, it looks at the energetic *strength* of various biofield components. I mentioned earlier that homeopathy relies on the biofield having enough energy to respond to it, as it literally pokes at the field in hopes that the field will poke back. (In other words, homeopathy tries to trigger a response, which requires energy.) NES, on the other hand, looks at whether the field has enough energy for a response, and if not, it provides remedies (called Infoceuticals®) to provide that energy.

While this aspect (and other aspects) of the scan uses words that sound like physical body parts, everything refers to fields. For instance, there might be a lack of energy in the Bone Driver. Because people think in terms of the physical body, they immediately just think "bones," but that's not how things work in the field. Any Driver can correlate with several physiological situations and even with emotional components. With Bone Driver, you could be talking about the bioenergetic activity associated with calcium metabolism; as a result, this might not only affect the bones, but also nerve transmission or muscle contractions. (This is just an example, as there can be other correlations.) As for emotions, this could have to do with someone's support structure in life, literally affecting this field and thus the client's health.

After ensuring adequate energy within the fields, a practitioner begins looking deeper into the scan. One page does assess the body's primary meridian system — although the founder of NES theory, Peter Fraser (who has written textbooks on acupuncture), has done some extraordinarily detailed testing to find slight variations from the traditional meridian system.

Going deeper still, the practitioner is able to look at more things over time: Terrains, which seem to link many components of the biofield for self-repair or healing purposes; Stars, which involve energy distortions dealing with deeper metabolic issues; and even energetic imprints on the brain that store emotions, traumas, or other experiences that can cause long-term issues in the field.

Finally, there *are* pages showing environmental toxins and nutrition, not entered into the system through intention and never by the practitioner, but through direct testing of those elements by Fraser himself. These are clearly indicated as energetic deviations from an established norm, and deviations need to be correlated with a client's physical experience and/or shown in patterns over time before a practitioner can really determine whether there is a need for more or less of a given nutrient. Properly trained practitioners would never see deviations and simply load clients up with supplements.

I've given these details to show why I consider this scan so comprehensive from a *quantum* perspective while it ignores details associated with a more physical diagnosis. Tying this together with the point that it truly tests the field rather than the body, that it does so in only a second or two, and that remedial protocols are organized in a consistent manner for unraveling biofield health issues a layer at a time (bringing the body back to a state where it can physically heal itself as it was designed to do), I am a strong proponent of this scan and believe it will play a role in conventional medicine as soon as the medical world is bold enough to explore it with an open mind and discover just what it can do.

The one thing I haven't done justice to in this explanation is the kind of science behind this device and really the lofty, brilliant mind of Peter Fraser and the detail of work he's done. I don't dole out those words easily, as you can see from my testing and dismissing of extremely expensive equipment that I've bought and ended up selling. If you want to really give your brain a workout, visit the NES website and download some of the science papers that Peter has written on quantum physics. You'll be highly stimulated ... if your brain doesn't explode. I'm only exaggerating a bit.

You'll also find a free e-book download called *The Unturned Stone* which is highly worth reading. It explains more about quantum physics and some of the exciting research that's been done. It also explains more of the background of NES. For even more depth, pick up a copy of *Decoding the Human Body-Field*, also by the NES team and available for sale on Amazon. This is 400+ pages of information on quantum physics, healing, and NES. Peter Fraser was also featured in the recent quantum physics movie *The Living Matrix* with several other experts. On the NES websites, you'll be able to locate local practitioners if this is a therapy you'd like to pursue.

<http://www.nutrienergetics.com> | <http://www.NEShealth.com>

Get NES with Marketing Assistance for Your Health Practice

I was educating practitioners on bioscans and freely answering their questions on NES long before I arranged a referral system with the North American distributor. But again, with a referral fee available, I'm able to help practitioners make the most of the investment by helping with online marketing efforts. So if you'd like NES for your health practice, please visit the following and let them know I sent you!

<http://www.integrativelivesolutions.com/NEShome.html>

Not Biofeedback

I want to make quick mention here of biofeedback, because this term has been misused and misunderstood in alternative healing. Many of the scans I've discussed use this term in their description, and I often have people ask me if we do biofeedback.

We do not, and neither do these scans. Biofeedback is something that provides live, real-time feedback on certain physiological elements, such as brainwaves, pulse, perhaps blood pressure, etc. It is used to provide *visual* feedback of these elements so that people can learn to relax their minds and control their bodies to some degree — very good for those who have problems with spikes in blood pressure, for instance.

The only scan I've mentioned that could be accurately described in this way is the Biopulsar. This doesn't assess brainwaves, pulse, or anything else assessed in traditional biofeedback, so you could argue for or against this as falling into the category. It is a meridian assessment. However, it does give real-time feedback for as long as you hold your hand to the device, and from my understanding, you *can* use this feedback to visually see the effect of therapies or even peaceful versus chaotic thoughts.

In any case, with this in mind, you can be a little clearer about what you're asking prospective practitioners, and you'll get a sense of how well they understand the terminology of what they're working with.

Bioscan Remedies

Of course quantum bioscans only represent an *analysis* of the biofield, and this leaves it up to the practitioner to provide corrective action. Some systems use frequencies either when the client is present or at a distance or on some sort of card or bracelet that the client takes from the visit. I've never personally heard stories of remarkable results from this, but have heard some anecdotes on more subtle changes. I have no way of separating that from placebo, but again, each person's path is his own and placebo is a powerful tool in its own right. (Even in conventional medicine.)

Most systems rely on a combination of nutrition and quantum remedies. You know what I mean by nutrition — advice on foods to eat, foods to avoid, and supplements to take. It could also include herbs. By quantum remedies, I mostly mean homeopathy and similar products like essential oils and Bach flower remedies. This dual approach is critical for the reason that I explained earlier: you need to address both the blueprint (quantum side) *and* the bricks and mortar (chemical side) of your house — your body. Practitioners accurately assessing their clients and recommending protocols like these can and do have a lot of success. The limitations I see are primarily around:

- 1) The scan issues I've discussed.
- 2) The point I mentioned about other quantum remedies — that they rely on the biofield having enough energy to respond to them.
- 3) The inability of some scans / practitioners to provide remedies in a way that addresses one layer of health at a time in the appropriate order — the order in which the body or biofield needs them and will best respond.

This is exactly why I like NES so much. The Infoceuticals address all areas of the biofield that have been identified so far, even providing energy where energy is needed. And the scan specifically works to assess what the biofield is asking for at any given time, thus addressing layers in an unwinding fashion, bringing clients back to a state in which their body can do its own necessary healing.

OTHER QUANTUM HEALING METHODS

There are several other quantum healing methods also available today, and I intend to address a few more in my next update of this book, which I'm planning for the first half of 2010. At that point, the book will be available in print and for certain e-book readers like the Kindle.

Among those I'll look at will be information on what is normally called Rife technology, but again, there is a more precise name for it. I may have information on a product that allows you to sleep connected to the earth year round — and why that's so important. And finally, I hope to have more information on some additional advances by NES, including a home device; the ability to scan from anywhere by connecting that device to your computer; and their line of "quantum imprinted" nutritional supplements, not yet available in the United States.

QUANTUM HEALING & OUR INNER SELVES

So we've looked at why we need to rethink our conventional viewpoints at modern medicine — at the role that Western medicine ought to play, and the complementary role that nutrition, lifestyle, and quantum healing ought to play. Hopefully I've given you not only a good look at the theory of this new form of wellness but also some proof to back up its validity. And by now, you're more educated than most on the ways in which we can pursue quantum healing.

There's one area to this whole topic that I've only touched on, and that is the role of consciousness. A person, after all, isn't just a chemical body; nor a chemical and quantum body. We have emotions, thoughts, and — if you're ready to take that leap — souls as well. Since we're not in much of a place to heal souls, however (if they even need healing), let's at least point to our emotions and our thoughts.

Both, from a biophysics perspective, have the potential for affecting the biofield. So does chemistry. Because in the end, we see the biofield as the means of communication between the worlds of thought and emotions and the physical world.

This means that distortions of the biofield are *caused* by distortions in the chemical, emotional, and mental worlds, as well as by distortions in the quantum world (for instance, interactions with electromagnetic fields or gravity). Once those distortions are present in the biofield, then the biofield can set up a sort of distorted message loop that misinforms the chemical body, potentially leading to ongoing health problems.

If the original cause of this distortion is something in the past only, then addressing the biofield is a great way of getting rid of the chemical/physical condition for good. Examples could include birth traumas, a past car accident, or the chemical onslaught of vaccinations. (Even if we determine some day that these are a good choice for children, it doesn't negate the fact that we're pumping kids full of toxic chemicals with every shot.)

If, however, the cause of a distorted biofield is ongoing, then we can address the distortion and help to mitigate symptoms; but we may not be able to permanently address the situation. Examples of this include on-going stress; destructive relationships; environments heavy with electromagnetic frequencies; poor diet, sleep, and exercise choices; etc. (So for those who cannot escape toxic environments for various reasons, or for those who are still clinging to some unhealthy lifestyle choices, regular quantum healing sessions could be an important health care choice.)

This is why addressing mental, emotional, and lifestyle issues is paramount when considering health, and why it always will be. As a result, we'll always have a need for competent mental and emotional health professionals as well as nutritional and lifestyle consultants.

But today, at last, their work is being joined by new, quantum health options that let us address *how* these important factors interact with the body, via the biofield. I believe these options help us to more swiftly see and address complex health conditions, and that they'll not only help pave the way for a better understanding of our bodies and our world; they'll help us to experience greater health while we probe more deeply into life itself.

These are topics I'll delve into in my next book, as they take us in entirely different direction. But hopefully now you have a holistic view not only of how Western medicine, nutrition, and quantum healing fit together, but also a sense of where placebo and consciousness play their roles.

These are exciting days when our entire ideas of health, wellness, and disease are changing. Quantum physics and quantum healing are at the center of that change, and are ready to help transform the lives of those who are ready to traverse a different path, to pursue health both outside and within.