

## Reactivity, Resonance and Unravelling

It has become apparent in working with the QX that acute items show as reactivities. Essentially an active process has re-activity associated with it. A person with food poisoning will very likely show the reactive pattern to this, in the higher test scores. However several weeks later when the issue is apparently resolved it may still be present as a chronic issue and have a low reactivity value. Similarly allergies have both reactive and chronic aspects. Inhalant allergens, where there is little adaptation of the mucus membrane system will generally show a continued reactivity. Food allergens to which the body system has adapted (so called masked allergies) are by their very nature chronic in their reaction and will not show a high reactivity score. If a person has avoided an allergen for some period of time then on introduction their original active response will probably be restored and the item will show a reactive score.

When an organism is exposed to an item it first has an alarm reaction: this is a standard wake up call to advise the organism that a stressor has come into its system that is undesirable. This alarm state is likely to produce a reactive response, illustrated in an item being scored as significant in the test process. It is probable that an organism that shows the condition of alarm in the seyle stress scale is more likely to provide reactive results that are appropriate to its state of health. When an organism is far along the adaptation and especially into the exhaustion phase then it is more likely that the underlying chronic issues are not going to show as a high significance item (high reactive score).

Reactive items can also represent a leak through from a chronic condition.

Thus one of the important aspects in client consultation is to ascertain the reactive, adapted or exhausted state of their being. Both the seyle stress scale and the varhope values, together with the reactivity speed index are hints that can assist in establishing this. Overall presentation of the client and their history is also valuable in this context.

A client who may be deemed chronic (significantly into adapted, exhausted state) is unlikely to present the really significant underlying health issues as high reactivity scores. For these type of clients the use of real world information becomes very important in order to both form the links between presenting symptomology and possible underlying deeper seated (chronic type) issues and similarly links between reactive scores as a leak of underlying chronic issues.

In many communications concerning the QXCI and other devices the issue has been raised of why known disease conditions do not show as high reactivity scores. If a serious condition is active then it will present as reactive and very likely have a significant score associated with its test item pattern or a similar test item pattern. It is important to understand the body process to a stressor in this context of a condition becoming buried but still proceeding. The organism will react to a stressor using whatever resources it can bring to bear. If the resources are not present or the initial

alarm response is ignored then the organism will not expend further energy and will go into an adaptation state. The lack of acute symptomology from food allergies is a primary example of this. The adaptive and exhausted state of the organisms response is not an active or re-active one. The organism has ignored high strength, acute, loud messages and because of this has gone to a lower level state of response. This is rather like the red, orange, yellow status of terror alerts. In many degenerative conditions (e.g. cancer) the normal alarm response mechanism has either been overloaded or failed giving rise to a secondary lower level coping mechanism. The organism has intrinsically a variety of second level stratagems for addressing issues that have not been responded to on the primary alarm level. Additionally to this is the intrinsic health of the communication mechanism within the organism: this may be particularly relevant in the case of neurological conditions.

The above mechanism is not unique to the QXCI approach but is also found in other elements of energetic/informational type interactions with an organism such as the scenar.

The context of reactivity is that it is a very quick style of response: depending on the system the organism is subject to a very short duration pattern or question and is given a very limited time to respond. Thus longer interactions have a great importance in terms of building a complete picture. For babies, young children, animals and very clean beings who have a very unimpeded, unclouded, non-masked communication access without a cloak of adaptation history reactivity type information is likely to provide a very clear indication of issues. For most clients the system is very gunked up and whilst there may be active processes that show as high reactivity scores the underlying and significant health issues are often more deeply buried and thus require more time in the interaction to elicit. This is no different from an emotional type session with a client where presenting active anger etc. often results from a more deep seated unresolved issue. For example a child who was shouted at in the early years may have responded actively by tantrums, tears etc. in the first few encounters and have adapted to a sullen presentation later on.

The deeper interaction known as a resonance test where the organism is subject to a stimulus (energetic pattern etc.) for a longer period of time allows the interaction (question) to penetrate more deeply and thus for a deeper response to be provided. This approach is intrinsic in early generation energetic devices such as the Bicom, Mora, Vega. It is intrinsic in the successful use of these systems that the practitioner is able to narrow down the area that they want to focus in in order to undertake the deeper resonance tests. This same facility is available in the QXCI and should be a feature of any serious energetic medicine device whose initial results are based upon the much shorter reactivity approach. The traditional resonance approach used in EAV systems underlies the importance of addressing information from the clients world as well as any information gained directly from a device interaction.

The resonance test can be used for any item wherever it lies within the matrix to ascertain whether that item is of ongoing significance. A higher resonance value will indicate this.

The resonance test is also the most valuable aspect in terms of tracking and issues. A client may present with a high reactivity on E-coli. To check whether this is a transient energetic pattern or a significant current a resonance test is undertaken with a high value indicating an ongoing issue. If the treatment of choice is via remedies then the effectiveness of the remedy can be checked at a later date by undertaking another resonance test on that item, independent of whether the item still shows a high reactivity. It is suspected that many clients who substantially but not completely resolve on a gastric fungal issue will still show a resonance. From an energetic treatment perspective the resonance value can also be used to track the effectiveness of the treatment. Thus after treating E-coli via its energetic pattern a resonance test will indicate the success. The resonance value should diminish and when this occurs the issue is in the process of clearing. It is then appropriate to respect that the body process has the ability to continue working on this and to not continue on treatment. The item can be located in the matrix and tested again after an appropriate period of time. It is possible that a high resonance value may have been restored in which case the item needs further treatment, again finishing the treatment when the resonance value has started to diminish.

The same approach is relevant to addressing allergens. If a food item for example is significant then it will show a high reactivity and resonance value. The allergic component of this when higher than 70% of the normal reactive component will indicate that the item is undesirable to the organism.

In summary:

1. High reactivity scores indicate an active process only.
2. Chronic processes often do not show as high reactivity scores because they are not active.
3. High reactivity values may represent a leak from a chronic issue.
4. Client history, presentation and real world information should be used in conjunction with reactivity scores to ensure that all issues are identified.
5. The resonance test can be used to identify the ongoing significance of any issue with any reactivity score.

A reduction from a high resonance score can be used to indicate that:

6. The allergic component of reactants at over 70% for a significant item indicates that it is more likely to be allergic.

The above considerations are just one view on things. The approach of patterns and themes is also a very pragmatic and appropriate response in locating deeper (potentially non-reactive) issues within a client.

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**Supplement June 04**

There is another view on this that derives from Scenar principles. This may or may not translate, since the Scenar measurements are analogous to Impedance which may be more akin to resonance than reactivity. Foci that show during Scenar work are considered to represent what the body is able/ willing to express at this time: this may be an active issue, a deeper issue, a chronic issue or it may not be the deeper or chronic issue. It is certain that the body wisdom will show in some way an adapted/buried issue when it is ready to work on it. In reactivity tests this may just be a leak through and again practitioner knowledge in making associations between the visible and buried becomes important.

The analogy of peeling the layers of the onion is relevant: the top/ outer layers are the visible. In many modalities clearance of these will facilitate access to deeper issues that may not be expressing for a number of reasons. These may include an intrinsic fear of the issue creating burial in less visible layers of the organism, encasing out of harms way as the least evil of the options, or because there has not been the organism resources to deal with it or it has been suppressed by medication etc.

The bottom lines appear to be:

1. A known deep issue may not show in reactivity
2. There may be a number of reasons for this.
3. The deeper issues will probably show in a course of treatment
4. Reactive items can hint by their associations at deeper issues.

AND

1. Standard questionnaires, health history etc. should be used to ensure a complete picture
2. Resonance tests can be used to get a higher probability feedback on buried issues: perhaps these will not always show, but most often probably will help identify deeper issues.
3. The practitioner must judge when the timing is appropriate to start on a deeper issue: perhaps at times the deeper issue will not heal effectively until the top smog layer is removed or reduced.