

Interpretation of Calibration Information

The significant information is displayed on the:

1. VARHO/ Referrals Panel that shows during testing.
2. The Referrals panel that can be displayed again a any stage from Test>Information>Show Referrals
3. The Info Grid available in the Test Screen.

Philosophy of Interpretation

All information is hints to make a pattern/theme. Some values are more consistent and stable than others. The VAR and pH are the best indicators of progress.

Note that:

1. There is an error band to the values of around +5/-5%
2. Harness mode should in principle be more accurate than subspace: however one run of 10 harness/ 10 subspace gave consistent results in the above error band.
3. Some values are affected by demographics entries.
4. If you change the demographics because client life style has changed between visits that some values will also change.

Negative values are real and do happen: they are just lower numbers than "0".

The known SOC entry influences are:

- Amalgam fillings: affects R
- Smoking: may affect V and A
- Caffeine: may affect V and A

The Main Terms

Term	Meaning	Good range
SOC Index	Suppression & Obstruction to Cure Index: see Demographics chapter	<50
Volts	One aspect of the characterizing Trivector: reflects adrenal function and willpower.	80-100
Amp	One aspect of the characterizing Trivector: reflects brain function serotonin and lifeforce	80-100
Resistance	One aspect of the characterizing Trivector: reflects ease of energy flow.	80-100

Hydration	Reflects ease of water flow and water amount, thirst	80-100
Oxidation	Reflects ease of flow of oxygen and oxygenation	80-100
Proton Press(ure)	pH, acidity or alkalinity: an electrical measurement and NOT pH	68-74
Electron Press(ure)	This is a measure of the free electrons, which are important for body electric operation. Partner of proton pressure. To date there is no specific interpretation.	
Res. Freq. Computer	The software selection of the interaction frequency. No diagnostic meaning.	NA
Res Freq Patient	Relates to degree of nervous system activity.	1,000-15,000
<i>Data converted to the</i>	<i>Limited Metagenic type: for converts from the Metagenics device.</i>	
Impedance	See detailed explanation: appendices	
Reactance	See detailed explanation: appendices	
Phase angle	Cellular vitality index	
Phase response react	See detailed explanation: appendices	
Reactance speed index	Can indicate disease presence.	
Regulatory Dysfunction in	May show organ system ,EEG, ECG to give some hints	
Explore Risk of	Spinal energy flow etc messages may appear to give hints.	
Improvement Percent	The average improvement after today's treatment according to the VARHOPE electrical parameters	

Using as hints for stage of the disease process

(Courtesy Dr. Jerry Tennant)

Note that these are hints and not prescriptive. RF, PA, CV may vary considerably over even a few days. As in all areas of information from the QXCI look for several hints to give a probable focus and then corroborate with other information from the real world (client symptoms, therapist knowledge, other tests etc.)

SOC: the ability of a client to reduce a SOC indicates the willingness of the client to move forward!

Phase	V	A	R	RF	PA	CV
Alarm/ Reaction	80-100	80-100	80-100	>5000	>7.8	>7
Adaptive	50-80	50-80	50-80	1-5000	5.6-7.8	3-6

Chronic/Exhaustive	30-60	30-60	30-60	500-1000	4.6-5.5	<3
Degenerative	<30	<30	<30	<500	<4.5	<3

Note: in addition to the above

If $R < 0$ often find EP is around 2 times higher than PP and this indicates a serious and potentially systemic problem.

Voltage

- Negative means very frail. At voltage rises the client may get sick The Px may then start to get sick as they start to get rid of toxins.

Amperage

Amps correlate with life force, willpower. The communication of will to the system from the brain requires transmitters. The principle transmitter is Serotonin. Others of relevance are dopamine (blocks activity in specific nerves) and norephrine (noradrenalin)

Amps can be low from:

- Lack of will i.e. low life force. This may be a poor connection to the “spiritual life force” or just readiness to let go at life’s end.
- Lack of neurotransmitters:
 - Worn out or faulty manufacturing route.
 - Lack of raw materials

High Voltage with low amperage

Voltage is also a reflection of willpower: the editor has seen cancer patients with this facility, accompanied by a high resonant frequency in some cases. The body needs “power”. Power = amps X volts.

Amps is a reflection of the life force. As these drop (as in a sick patient whose battery is running flat, whose reserves are really depleted) the patient may try to maintain power by increasing the volts. This will result in both routes being compromised and will not be sustainable.

Resistance

Ease of energy flow through the whole of the client system. A early indication can derive from the number of times the Resistance needs calibrating.

- Can reflect disturbance on various levels:
 - Sheer stubbornness (use open mind therapy-NLP Emotional growth)
 - Fixed views
 - Holding on
 - Hydration

- Communication pathways
- Metal (especially fillings) affecting electrical flow in the body. (high mercury fillings will significantly decrease R)
- Spiritual, yogic etc. practices increase R.
- R can be negative: often also find EP>2xPP.
- At negative R clients may not react well: when R gets to 23/30 reactivity may improve.

Oxygenation

This reflects the total process and looking at each process step will identify the intervention points.

- SOC-lifestyle (smoking, exercise)
- Breathing action (complete, from diaphragm etc.)
- Lung condition (disease history- asthma, pneumonia etc.)
- Transfer factors as reflected in anaemia, haemoglobin, red blood cells, zinc or its role in oxygenation enzymes
- check the scores on de-carboxylase, breathing internal enzymes (Nutrition Screen/ Internal Enzymes).
- Check oxygenation in the risk chart (under oxidation). Extend with Virtual Doctor.
- Low values tend to degeneration

As a patient sits and breathes there is variation in amperage, and this increases or decreases according to the difference in heavy or light breathing. It is reflective of oxygen transfer in the lung system itself. This, as well as the oxygenation (O value) itself is also influenced by the SOC values.

As in other areas look for several clues. Markers on oxygenation are generally reflective of how much oxygen crosses into the bloodstream. It is reflective of all of the lung transfer mechanism.

Hydration

This is a softer measurement than the oxygenation. It is an electrical measure of proton (positive/hydrogen ion exchange). It is basically reflective of an imbalance in the whole hydration mechanism. This reflects the total process and looking at each process step will identify the intervention points.

- Quantity of water.
- Quality of water
- Quantity of dehydrants (coffee, coke, fizzy drinks etc.)
- The way in which water is drunk. Gandhi made a very good statement concerning this “Drink your foods and chew your drinks”
- Risk Profile>Hydration. Virtual Doctor for more hints.
- Water regulation enzymes(hydrolyses). Nutrition> Internal enzymes.

There are many other aspects involved in the water cycle, including absorption, kidney function, lymphatics, sweat, lungs etc.

Proton Pressure/ Electron Pressure

- NOT the body fluid pH
- Represents the electrical balance of protons and electrons
- Acidity (PP<65) is most likely from:
 - acid residue diet (inc. sugar, caffeine, alcohol etc)
 - emotions
- Alkalinity (PP>75) is most likely from
 - alkalosis/ insufficient/excess carbon dioxide (carried in blood as carbonate) from holding breath or poor de-carboxylase enzyme activity.
- VARHOPE/ Auto Freq/ Trivector will correct
- Harness mode best as can give real electrons
- A ratio of EP: PP of two or more is a serious imbalance.

Resonant frequency

This is an indicator of neural activity: as with everything it can have different origins and can vary considerably over a day even, especially if there has been a release. Nominal ranges (which like everything will be different for different individuals)

<i>Low</i>	<i>Normal</i>	<i>High</i>
<1000	1000-10,000	>10,000

- *Extremely High* 1 to 40 Million
 - Radiation exposure (X-ray)
 - Holding tightly an emotion.
- *Very High* 100,000's
 - High brain neural activity (epilepsy etc.)
 - Holding self together
- *A high* resonant frequency: 15-30,000
 - significant neural energy presence
 - spiritual people
 - may indicate an entity presence
 - Practices Yoga, tai Chi etc.
 - Inflammation : body is responding
 - Electrical sensitivity
- *Low* <1,000
 - Fatigue
 - Tendency to degeneration

Essentially:

- ❑ Each patient is different
- ❑ The RF is a guide, a hint amongst other possibilities
- ❑ Is not static

My fairy of a 7 year old daughter will vary from a few hundred to several thousand: low when she is tired. The key is whether the client stays at this low value consistently. My Naturopath mentor had 500 one week and was back up to 7,000 two weeks later.

Notes on the RF (resonant frequency) derivation.

This is a calculation derived from effectively voltage and amperage. Both will influence the RF value. The calculation is something like $10^{**6}/\text{SQRT}(\text{capacitance} - \text{inductance})$.

Regulatory Dysfunction

This is a set of hints only: look for corroboration

- *Organ System* Scalar Tx, Auto Freq.
- *Energy management* Probably sympathetic on: check ANS (PNS/SNS).
Treat in EEG ECG FREQ. Potentially failure of some of the endocrine glands. Check in particular adrenals (adrenalin + cortisol = glucose) and pancreas (insulin production). If the pH is acidic then at least part of the problem may be potassium and magnesium deficiency.
- *Spinal Energy Flow* Spinal trivector
- *EEG* Brain wave Pattern Therapy (EEG ECG Freq)
- *ECG* This is an early hint that there may be a dysfunction (or tendency to one) in the heart's electrical activity. ECG Tx.

Explore Risk Of

This is a set of hints only: look for corroboration

- *Metabolic Error* Acidity (PP), Timed Therapies>Metabolic. This is usually pH/terrain related. Cross check the proton pressure. The standard approach for this is to correct the pH with sodium bicarbonate and then diet, to balance the autonomic nervous system with potassium/magnesium etc. See the protocols appendix for further information.
- *Oxygenation* Breathing/lungs Timed>Oxygenation stim
Nutrition>Internal enzymes
- *Hydration* See above
- *Degeneration*

This is derived from a low resistance and low resonant frequency pattern, together with reactivity to some of the stored cancer patterns. As well as indicating the potential for cancer, it can also relate to fatigue, auto immune diseases such as rheumatoid arthritis, warts etc. A menstruating woman may show degeneration. It is a general hint that there is either present or possible a degenerative process. As with other markers look for more than one. In particular note that degeneration does not

mean cancer, but is a hint that when you look in risk profile you should see if cancer lies in the red band scores. If so, you can then pursue this via virtual doctor. In terms of a general treatment facility for degeneration refer to the button in time therapies for degeneration.

Reactivity Dysfunction

This could be either hypo or hyper reactivity. See notes below and correlate with client presentation.

Hypo-reactivity

During the calibration procedure the patient is exposed to the energetic pattern of some toxic items including sugar, mosquito venom etc. The hypo-reactivity marker will display if the patient is not adequately reacting to these i.e. weakly reacting. There is a facility for stimulating the patient's reactivity. (Test screen/treatments/stimulate reactivity)

Always look at the other end of the test matrix when hypo reactivity hint shows.

Hyper-Reactivity

Hyper reactivity indicates the patient is reacting too quickly and this maybe the reason for there being so many reds present. A prime candidate is emotional issues. Any of the auto therapies will stabilise this. Hyper reactivity is accounted for in the calibration. Hyper-hyper reactivity has some relevance and is being considered for correction. There may be a correction facility similar to hypo reactivity.

ALWAYS

Look for corroborative markers after test etc. The calibration information is just one hint.

Reactance Speed Index

- No. of attempts to calibrate
- 50-100 normal
- >200 hyporeactive (auto correct option shows)
- >450-500 can't calibrate

The reactance speed index reflects the number of attempts to calibrate. A value of 116 indicates there have been 116 attempts to effect calibration. Normal range is 50-100 and a slow value 200. During calibration the patients reactivity to 25 substances is checked. The result should be a clean spike i.e. like a clean sound or a clear picture

If the interface value and calibration is below 85, the test results will be askew i.e. not as accurate.

The test processes starts using a $1/100^{\text{th}}$ of a second operating time. If a good spike is not achieved then this progressively reduces to $1/99^{\text{th}}$, $1/98^{\text{th}}$ etc all the way down to $1/80^{\text{th}}$ second at which point the system gives up and will display the appropriate fault message. Values above $1/80^{\text{th}}$ of a second but close to it may bring up the message “extreme difficulty in calibrating”.

Intrinsic in this process is the adjustment of sensitivity: each time there is a failure in sensitivity there is an addition to the patient reactivity score. At 4-500 a failure flag is raised.

Phase Angle

Phase angle is based on total body resistance and reactance and is independent of height, weight and fat. It represents the separation between the voltage-amperage-resistance, all of which are co-companions,

- Lower phase angles appear to be consistent with cell death.
- Highest phase angles are consistent with large quantities of intact cell membranes and body cell mass.
- Phase angle is a predictor of outcome and the course of disease

The Interface Value

The extent of calibration is set at 85% deliberately in order to ensure that the majority of patients can be tested.

The effect of various other degree of interface value would be as follows:-

- At 98%, one patient in 50 could be tested
- At 95%, one patient in 20 could be tested
- At 90%, one patient in 100 could be tested
- At 85%, 49 out of fifty patients could be tested

In cases of difficulty in testing i.e. if the difficult to calibrate/extreme difficulty in calibrating messages appear then the process can be repeated or alternatively a therapy undertaken from the automatic therapies and then calibration undertaken afterwards.