

# Zapping

## Introduction

The origin of the term zapping is from Hulda Clarke, based upon the findings that certain frequencies would resonate with and thus disrupt the cell membranes of various organisms. This resonant frequency behaviour is believed the same as soldiers breaking step over a bridge not to set it into resonance and a soprano hitting the frequency of a glass prompting it to shatter. This earlier definition has now come into somewhat more common usage and is used more generally to reflect treatments designed at disturbing pathogenic activity. It may be interesting to note in this context that viruses do not have a cell wall and nor do certain other elements or morphed species of pathogens (such as form part of a pleomorphic view of shape-shifter pathogens).

In terms of addressing pathogenic activity there is likely validity in both:

1. The resonant frequency (original zapping term) approach.
2. The homeopathic approach.

The latter is generally viewed as more catalytic in either creating an absent organism response to a pathogen (immune system non-recognition etc.) or in enhancing immune system activity.

When Dr Nelson was asked by the writer what the patterns were in terms of pathogens he clearly stated that these were based on frequencies: indeed Clarke's material is extensively marked in his library. Personally this is surprising as my concept would be the combination of both approaches would be beneficial, following the basic premise of:

1. Identify and reduce stressor activity.
2. Support the organs and systems affected.

## Application of Zapping

There are as many approaches to this as there are practitioners. However some approach classifications broadly are:

1. *The shotgun approach*: zap everything that shows a significant reactivity is beaten into submission.
2. *The acute corroboration approach*: identify reactive pathogens, corroborate their significance by an individual reaction test and/or client symptoms.
3. *Chronic issues*: a healthy system will attempt to deal with pathogens. This typically represents the reactive (reaction to active) alarm and reaction phase. This phase is only sustained by the organism for some 24-48 hours after which it adopts a less resource demanding strategy based on the stressor being likely to maintain a presence over the foreseeable future. In doing this the central control downgrades the alert status and implements instead adaptation measures to co-exist with minimal disruption with the stressor. This progressively enters the chronic phase of an issue and is the stage that many,

many clients present in. Under these circumstances identifying, corroborating and addressing acute (purple and red) pathogenic issues may be relevant but may also be significantly missing the primary stressors. Addressing chronic issues requires a combination of skills as the issues become masked and thus of lower reactivity. Practitioner skill in both understanding the possible causal factors from both general findings and the clients specific health history are relevant. Additionally at the deeper (exhaustive?) levels of chronic conditions the ability of pathogens to morph can create complications.

The following may help to illustrate this:

The client presented with vomiting following a group camping weekend. The scan indicated a high possibility of E Coli originated disturbance, displayed as a high reactivity response. Since this reactivity test is the order of  $1/100^{\text{th}}$  of a second it represents possibility only. A resonance test, whereby the same signal was input to the client non-intrusively for 1 second and a response measured converted this from possibility to probability. Since the probability analysis corroborated with clients presentation the digitised homeopathic pattern was applied for a period of minutes with subsequent resonance test indicating a substantial diminishment in value. The significance of co-existing functional disturbances was examined both using the system and client real world information. Following several minutes of subsequent supportive treatment to peripheral aspects the process, occupying a total of 15 minutes, was concluded. Within an hour the client had sufficiently recovered to return to normal activities with a good, but not completely restored, functionality. Within a day all digestive processes were functionally normal. If the client had suffered with the body would have adapted and the issue become less reactive, probably requiring resonance tests on several possibilities.

In terms of chronic issues CFS/ME and MS often have a viral association: chicken and egg is interesting but in terms of health restoration possibly somewhat irrelevant. In tracking one MS client whose onset was preceded by right hip shingles (her dysfunction is on the right side) and which event only came to light (despite an extensive questionnaire) 3 sessions in, herpes was investigated and 2 independent sessions a week apart showed a high resonance in the individual reaction test. Subsequent treatment involved not only zapping but also the use of real homeopathic and immune system restorative activity. Similar processes have applied to certain but not all CFS clients.

### **EPFX-SCIO Treatment Options**

It is recommended before any item is zapped that it's relevance to the client is assessed and corroborated. It is also recommended, from experience, that the resonance value is employed rather than the rectified. The latter has been found to be the best measure of the fact that pathogenic activity is reducing. Essentially if a resonance of 96 applied on testing, then a shift to nominally 90 or below indicates that the issue is moving. Whether you continue to zap to very low resonance is at the discretion of the practitioner. Certain practitioners perspective is that to get something moving will awaken and re-implement the organism's intrinsic health restoration system. This is of course is our nature care practitioner perspective rather than blasting items into oblivion which would be the equivalent of a magic bullet.

Re-education both on the lifestyle awareness and in terms of the internal mechanisms is more beneficial to the client long term.

It is possible that for obstinate issues the resonance may show as still significantly high on the next visit. This will set the scene for maybe trying to reduce the resonance to a lower level of possibly 80 on the second visit.

In zapping it is also crucial to bear in mind the client's vitality and ability to deal with the debris created by such activity. An extremely competent English naturopath was pushed by a client to zap her exhaustively in one visit: the results were an almost intolerably uncomfortable detoxification reaction with the client threatening to sue for the discomfort caused. Balance in all things is appropriate and not only the Varhope values but also your own sensing of the client lifestyle and vitality should be incorporated in this evaluation.

### ***Zapping Power***

In terms of zapping power the QXCI may be considered as somewhat lightweight (this is not meant to be derogatory but reflects the subtlety and homeopathic catalytic nature of its approach), whilst the SCIO with a more exact waveform will be more penetrating with increased effectiveness. Users of first and second generation bioresonance equipment have noticed a difference in zapping between these systems and the QXCI, and also operate similarly to my own personal approach on dense physical (pathogenic) items in:

1. Using double power.
2. Removing the head harness.
3. Placing either the head harness or a pad accessory on the body area to be treated.

It is appreciated that this is not possible with systemic type issues but is quite applicable where there is for example a digestive pathogen.

The head harness is restored to an individual reaction after treatment, returning power to normal. It should be noted in SCIO releases currently undergoing audit that there is facility to adjust the power on a sliding scale.

### ***Multiple Item Zapping***

It is possible via the mechanism below to treat multiple items concurrently. I have no firm views on this but do not use it myself, my personal view falling between two camps:

1. That clearing active issues reduces the stressor load on the body and clears them out of the way.
2. That it is lazy of me and the internal body wisdom may resent this shotgun approach.

### ***The Autozap Lists***

These effectively take the top 5 items from a category and treat them for 1 minute each. Some automatically zap the top pathogen. My personal comments on this are as above. In some cases e.g. viruses the same lists can be generated using the search facility. However some other lists such as CFS employ a variety of patterns appropriate to that condition.

### ***Summary***

The nature of the QX-SCIO is that the user has choices. There is no one way to use it except that it should be used with integrity, intent and awareness of the considerations laid out above.

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