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# Quantum Techniques Teleseminar

**Autism and Quantum Techniques® Part 3**

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## Introduction

**Steve:** Yeah, this is Dr. Daniel, Beth will join us a little later and I think that the mother of the autistic child Kathy, the child is Erin, will join us later and again we want to thank them for volunteering and being a part of this. We're hopeful it's been helpful in teaching and we're going to put together 2 sessions later today that we've done subsequent since our last teleclinic. It kind of shows, how do we work with this? How do we empower people by teaching them how to self-test to find the things that knock the system offline? So, I think we are going to have 2 really good ah, sessions. I think they are both about 30 minutes long. They are longer than we typically do with clients because we wanted to take some time to teach. So, we're hoping that that's going to be helpful today, and ah, at the end of that then we'll take some live questions for Beth, myself, possibly Kathy. She has a commitment but if she can make it, she'll be on there as well, and so we're going to go ahead and ask our support person, Cheyene to go ahead and start the recording of the last 2 sessions now.

## Follow Up #1

**Steve:** Kathy, go ahead and kind of give me an update. I know that you said there were some things that feel like you lost ground a little bit and then also there's a respiratory infection.

**Kathy:** Right, I feel like I lost ground on seeing some behaviors, um, more anxiety, more um, hyperactivity, and just um, just general restlessness, and um, it could be that it was related to um, the virus that she ended up catching a cold. I think it was a cold. It's hard for me to tell exactly when it started because she doesn't really tell me but I'm pretty sure she got a sore throat and then she developed some congestion and it's not a really bad infection but it's just been kind of uncomfortable for her.

**Steve:** OK, so what I want to show you is before I find more, I want to show you what you could of done?

**Kathy:** OK.

**Steve:** OK, since you're muscle testing, because again, 95% of the time if you have a symptom increase you've lost a treatment being some, not the whole thing maybe, but part of it, because like you said, a lot of it held.

**Kathy:** Yes.

**Steve:** But some aspects may get disconnected from the healing intelligence.

**Kathy:** OK.

**Steve:** So, we're going to look at that first, because if that's the case and you can do the following easy things through muscle testing, 95% of the time you can put it back online without having to call me.

**Kathy:** OK.

**Steve:** And that's why anybody with a chronic health condition, especially a parent of a special needs child, I really push hard to get them to master self-testing. Why, because they'll save 95% of the cost.

**Kathy:** Right.

**Steve:** So, let's go back. Let's check Erin right now. OK, I want to be healthy, I want to be sick. She's not reversed. Um, I'm 100% clear of deception, interference, obstruction, attack, attachments. I'm 100% clear of all non-physical attached fields. I get a yes to all of that. Now, I have an open, I get a no. I have a blocked treatment? OK.

**Kathy:** OK.

**Steve:** And this is what I would want you to do anytime, wow, her behavior is not looking good today, with her I doubt you are going to get a spiritual attachment, you know we haven't even dealt with that, but you can say, you know, I want to be healthy, I want to be sick, and hold your belly spot, you know, if you're having a cold and she's having a cold, get the dog and put your toe on the dog's belly spot, or have your husband hold his belly spot, you know, just to make sure we're through the reversal.

**Kathy:** Mm hmm.

**Steve:** And then you muscle test, I have an open treatment? No. I have a blocked treatment? Yes. Once you have a blocked treatment then we switch our intention. What blocked this treatment, because let's say the treatment is blocked and it knocked off 17 treatments, or 17 fields. You don't have to know what the 17 fields are. You figure out what blocked it. You put it back online by asking the body, can I just include this in my current code, and 95% of the time the body will say yes. It puts everything back online by showing the body what knocked it off.

**Kathy:** OK.

**Steve:** So, we're back at I have a blocked treatment, OK, now we could also go back in time, one week ago today, I want to be healthy, I want to be sick. She was actually reversed a week ago today.

**Kathy:** Yeah, she was having symptoms a week ago too. I mean not cold symptoms but behavior symptoms.

**Steve:** Right, but see that's the nice thing about this; you can go back and forward in time. That's very valuable. OK, a week ago yesterday, I want to be healthy, I want to be sick, she was still reversed. OK, a week ago Sunday, this past Sunday, I want to be healthy, I want to be sick, she was OK.

**Kathy:** OK.

**Steve:** So, it hit her between Sunday and Monday, just trying to figure out like if it's a virus where do we go, or if it's a food that's very helpful, that ability to move forward and backward in time for your testing.

**Kathy:** OK.

**Steve:** OK, so we're back today because that's what we need to do. Let's ask this, I want to be healthy, I want to be sick, has the body with the broadcaster and reading the codes put the treatment back on multiple times since it lost it? Yes. Is it still having trouble staying connected? Yes. Now that would tell me, it's kind of an interesting, see we're detectives, it wasn't a food you ate one time because the broadcaster, you put it back on, it would be online.

**Kathy:** Right.

**Steve:** So, if it was a food or a toxin field, you're being exposed to repeatedly. If it's a virus the body isn't able to see the virus completely.

**Kathy:** OK.

**Steve:** So, the thing we always check for is our toxin fields and the order doesn't matter, and our pathogen fields. So, against this field, again of why we blocked it, or why it was blocked, ingestants, ingestants I want to be healthy, ingestants I want to be sick, is fine, inhalants tested the same way is fine, contactants is fine, injectants, anything that broke the skin is fine, and EMF is fine. I'm pretty sure it isn't a toxin issue but I was actually pretty sure before we started.

**Kathy:** OK.

**Steve:** So, fighting a virus? Yeah.

**Kathy:** Yes, mm hmm.

**Steve:** More than 1, and you can just muscle test along with me.

**Kathy:** Yeah.

**Steve:** More than 2, yes, more than 3, yes, more than 4, more than 5, more than 6, more than 7, nope, we got 7 viruses. OK, and if you, um, you could do this, are they in the brain? Yes, so I'm going to show you how you show the body where viruses are. You touch the area or the pulse points on the charts you have. You touch your hairline in front, now if you're a guy, your hairline in front when you're 18, hopefully that's not a problem for you, seeing your picture.

**Kathy:** No.

**Steve:** So you would just sweep your hands over the brain, touch your hairline, right on your forehead, and tap above both ears 5 times, because that's putting the virus into this code and showing it that it's in the brain. Now, ideally when you're scanning for pathogens, specifically virus, parasites and mycoplasma, we have that tiny blood sample next to the skin of the person you're scanning. You can miss things without that. So let's say you're fighting a virus and bacteria and everything looks clean but she, you know, has green snot. Get that tiny bit of blood, you know, pink anywhere, put a little Band-aid on her body, then you'll be able to see it.

**Kathy:** OK.

**Steve:** OK, but we know she's got a virus. Now, I'm just running my hand over all the pulse points on my right hand from that Chinese pulse point chart that people are welcome to email and ask for. Is there something here? Yes, is it pituitary, and I'm just muscle testing. No? Large intestine? No. Stomach? No. Thyroid? Yes, so you can touch the pulse point or over my thyroid, hairline in front and tap above both ears 5 times. OK, is it in the lungs, spleen, pancreas, adrenals? I get a no to all those. Thymus? Yes. So I can touch the thymus or again, you know, over the pulse point, hairline in front, and tap above the ears. Small intestine, gallbladder, bladder, heart, liver, kidney, thalamus, hypothalamus, uterus, ovaries, those are all clear. So, if I check, OK, I'm going to check here, OK, um, if she's having cold symptoms, you can ask, by touching over your sinuses, your throat, ears, is it here? Yes, so just touch those areas, hairline in front and tap above the ears. There are other things that are more complex that we teach in other things. I'm not going to take that time here.

**Kathy:** OK.

**Steve:** But you can then ask is this virus resonating somewhere else in her body challenging her? No, so let's go back. Fighting a bacteria? That's clear, OK, I'm not getting a parasite/protozoa or mycoplasma. Is that 100% of why she lost the treatment? Yes.

**Kathy:** Mm hmm.

**Steve:** Now, what you could of done is can I just add this into my present code? Yes. OK, would it be better to call Steve for a new code? No. Do you see what that saves you in terms of cost?

**Kathy:** Yes.

**Steve:** Is it, when there's something wrong and you go in, you make sure you're not reversed, and you do ah, what we teach in Truth Techniques I you scan for the virus, bacteria, fungal infections, parasites/protozoa, we're going to send out, we're going to film an extra disc in a couple months that shows the mycoplasma and then you check your toxin fields, 95% of the time why the lost treatment, is right there. Now if you know, let's say there was a huge emotional upset, a big family fight or, you know, a pet died, or a house fire, something, you can ask is the trauma field what knocked it off? If you get a yes, can I just add that to the code? Almost every time the body will say yes.

**Kathy:** OK.

**Steve:** OK, so if it's 95% of the time it's physical, 5% of the time it's nonphysical, but that 5% is pretty big, It's not like, OK, you know, she got mad at you, it's not usually the way it goes.

**Kathy:** So, it's usually a death or some kind of big stressful event.

**Steve:** It's big, right. If it's something that if I say, hey anything happened stressful or traumatic in the last 2 weeks? You go, oh, yeah. It's not like you have to search for it.

**Kathy:** Right.

**Steve:** But let me just kind of see where we are with her. So, we did, I'm just making some notes, we had a lost treatment, tx due to virus, OK, and again, the virus hits the brain, but, so I'm just going to go back and check something for her. OK, check here, cortical split still clear, something called sphenobasilar, the body's fuse boxes, clear, left brain automation, right brain automation, left cerebellum, OK, now interesting, digestive valves which I rarely see go out went out with limbic, which means with emotional stress, and so again that knocks out neurotransmitters. So let's go back, and you can begin to see the, one of the hardest things with any of us with chronic symptoms but if you take Erin, OK, she's detoxing, here's the same symptoms as if she's eaten something toxic, or she has a virus, so you never know what is causing it.

**Kathy:** Right.

**Steve:** The ability to diagnose with muscle testing and go back and forward in time is what keeps you on a healing field. OK, so I'm going to teach you how to since you have our charts, how to diagnose and correct digestive valves.

**Kathy:** OK.

**Steve:** When digestive valves are out the ileocecal-pyloric valve are not in sync, so, since we've had some additional behavior issues I want to see what the mechanism is, so I'm going to go back in time, I've already done a bunch of stuff until when we first got on the phone today. OK, if I check then cortical split was clear. OK, sphenobasilar was clear, right and left brain automation was clear, but listen to this, serotonin, serotonin I want to be healthy, tested bad. Now that's another thing you can do, if you're seeing behavioral things, test each of the major neurotransmitters as a toxin.

**Kathy:** Mm hmm.

**Steve:** And see what you get, so serotonin, serotonin I want to be healthy, tests as a reversal. That means the body is using serotonin as a poison not as a friend.



**Kathy:** OK.

**Steve:** And see GABA, GABA I want to be healthy, that's testing bad. Well, GABA and serotonin are your inhibitory neurotransmitters.

**Kathy:** Right.

**Steve:** They're the ones that help with aggression. They're the ones that help with relaxation. Let's just check the other majors, um, epinephrine is testing fine, norepinephrine is fine, dopamine is fine but again she's someone that's when something gets knocked off becomes hyper.

**Kathy:** Mm hmm.

**Steve:** So, checking GABA and serotonin are real helpful. Now, we already checked for the brain virus but I haven't corrected digestive valves yet. See, and I like to understand what's gotten knocked off. That's why when I checked, you know, um, the cortical split, all that was online. OK, but if I check right now, serotonin, serotonin I want to be healthy, it's still off. GABA, GABA I want to be healthy, it's still off. That's and I'm teaching you this and we're recording this for you. OK, that's a real clue that although it doesn't happen a lot, her digestive valves got knocked out.

**Kathy:** OK, because they were holding for awhile.

**Steve:** Right. Now, she may have, let's ask, has there been any significant additional emotional stress in the last 2 weeks?

**Kathy:** Are you asking me that?

**Steve:** Correct.

**Kathy:** Oh, none, I don't think so, not anymore than usual.

**Steve:** OK, so there's 2, um, I'll say aspects, pathways for digestive valves to be off. OK, that cerebellum point, OK, you run your finger up the back of your neck, that little indent about C1, you clench your teeth, say I want to be healthy. It tests strong. So that's not off for her.

**Kathy:** OK.

**Steve:** The other one is limbic which again, is your hairline in front at 18, clench your teeth, I want to be healthy, test weak.

**Kathy:** OK.

**Steve:** OK, so that means that her digestive valves are off with limbic.

**Kathy:** OK.

**Steve:** It is a 4-step correction and then again this is an adaptation of some older brilliant work, Dr. Allan Phillips of Neurolink, again [www.neurolinkglobal.com](http://www.neurolinkglobal.com). Great guy! So, if we touch the forehead in front, here's step 1, we touch our temples, we touch the middle of our butt cheeks in back, we tap above both ears 5 times.

**Kathy:** OK.

**Steve:** That's step 1. Step 2, forehead in front, fingertips around the eyes, we touch those little hipbones right about our beltline in front, tap above the ears 5 times. Step 3, forehead in front, forehead in front a second time, the pubic mound in front, tap above the ears 5 times, and the 4<sup>th</sup> step, forehead in front, crown of the head, the little triangle form just below your beltline in back where the butt cheeks are. Tap above the ears 5 times, and now if I check by going back to limbic, again, forehead, clench teeth, I want to be healthy. It's strong.

**Kathy:** OK.

**Steve:** OK, now, if the cerebellum point had tested weak, I would do the same thing starting with cerebellum and all 4 of those, meaning cerebellum, temples, butt cheeks, tap above the ears. Step 2, temples, excuse me, cerebellum, fingertips around the eyes, um, those little hipbones in front, tap above the ears. Step 3, cerebellum, limbic, hairline in front, pubic mound, tap above the ears. Step 4, cerebellum, crown of the head, the little triangle formed in the back by the belt, the bony spot, tap above the ears, OK, now let's just check now, if you check Kathy, and tell me what you get? Serotonin, serotonin I want to be healthy, serotonin I want to be sick. That test OK?

**Kathy:** That tests OK for me.

**Steve:** Yah, see, we're testing for her but you're doing the testing good.

**Kathy:** Right, I meant, I'm getting it for her.

**Steve:** Right so GABA tests the same way, so the issue even though we corrected the virus, and I think this is important, even though what knocked off the treatment is the virus it is important to go back sometimes and reset certain things and digestive valves is one of the things. So, I'm just curious, I want to check a couple of things. I'm going to check digestive valves; they are in what we call parasympathetic recovery. Digestive valves to here, 100% here, here, I'm just checking their connections.

**Kathy:** OK.

**Steve:** Good and they're connected to the Vagus nerve. Let's check this, if we check all of the brain, OK, connect it here, here, here, and what I'm doing is checking different informational pathways in the body to see if everything is online and all of the brain here is clear. OK, all of the gut, clear, OK, OK, all of the gut, Vagus nerve, all of the gut here, here. Let's try this, all of the gut, I am going to check all of the brain cortices, all of the gut clear, OK, OK, is there more in that field? No. Let's check this, inflammation, is it more than a 1, 2, 3, good, so the inflammation is a 3 of 10, again ...

**Kathy:** That's great!

**Steve:** Yeah, we're working it down. Um, what are some other concerns or questions or issues that you have where things are right now?

**Kathy:** Um, well really the viral thing was the big thing I was wondering about, um, because she has such a huge viral load, so I've been trying to decrease that, you know, not only with the codes, but with the supplements, different supplements, and um, so just wondering about that? You know, the behaviors that I have just been seeing mostly have been the anxiety and the restlessness. She hasn't been aggressive. She's been sleeping pretty nicely, except that she's sick and she doesn't sleep really well when she's sick, but um, mainly the hyperactivity, the restlessness and the anxiety.

**Steve:** OK, so I want to do a little bit more with that then. Let's ask something with this big viral load, so I want to ask the body, um, what I want to see if we ask about the bone marrow, thymus, and spleen are those staying connected well with the body's overall healing intelligence? OK, so I'm checking the physical field first, in other words why is she vulnerable to viruses? Now, we know when we first started that a lot of things were offline, but I'm checking today. So I'm going to check those together, thymus, spleen, bone marrow, is it connected here, yes, here, here, no, so it's not connected with the brain engines, and it's not connected with the cerebellum, so you could touch the spleen pulse points, thymus, stroke your upper

calves, like if I'm sitting down, from my pants pockets to my knees, that's for bone marrow, touch that cerebellum point at C1 and tap above the ears 5 times, and that's going to help keep those key immune issues on. Are 100% of these 7 immune pathways online? Yes. OK, so let's try something else and as we clear hidden fields or curtain fields it's important to realize that it's literally like, oh, walking through a room and finding a whole different person, a whole different field to scan.

**Kathy:** Mm hmm.

**Steve:** So, in some ways you start over at step 1 when you walk through a curtain or a new room, and so if we go back in and because we've done this, I want to just check for her and I know I've talked about this before in terms of our cell surface receptors scan and so we are going to do 2 training DVD's on a lock and key, and lock and key curtain scans and cell surface receptors the end of March. Probably have those out by mid-April but if we do this, this is an example for her, OK, anti-anxiety factors, anti-anxiety factors I want to be healthy, anti-anxiety factors I want to be sick, those are testing OK now. Now, if when we first got on the phone and if I would of said anti-anxiety factors, anti-anxiety factors would of tested bad. Why? Because GABA and Serotonin were toxic, so that means we don't need to add more, and I know you're not doing it, but whether that's Valerian or Valium or whatever, but I want to see are they getting through. Are they getting through the cell wall? Functional anti-anxiety factors, functional anti-anxiety factors I want to be healthy, is testing bad.

**Kathy:** OK, that makes sense.

**Steve:** How many, yeah, how many? More than 6, more than 7, I'm getting 7. OK and this is something we always check after an infection. I'll show why, so if I talk about anti-restless factors are fine, functional anti-restlessness factors, more than 7, 8, 9, 10, 11, 12, 13, 12, OK.

**Kathy:** So I wasn't exaggerating.

**Steve:** Right, right.

**Kathy:** Some people are like oh, so she's a little restless, all kids are restless, and I said, no, you haven't seen anything until you've seen my daughter.

**Steve:** Yeah, it's kind of like when I had a migraine for 7 years and I said, yeah I get a headache once in a while. You have no idea. So, what we know, but see, a lot of people's thinking, anxiety and restlessness is the same thing. There not.

**Kathy:** Right, exactly.

**Steve:** So let's try this, anti-hyperactivity factors, functional anti-hyperactivity factors test bad. More than 1, 2, 3, 4, 5, more than 6, 7, 8, OK are all 17, are all 12 involved? Yes, more than 16, more than 17, clear that, more than 17, OK, so for hyperactivity there's 17.

**Kathy:** Yeah.

**Steve:** OK, if we clear that 17, do we clear the entire field? Yes. So let's try something OK, I got to go back. Anti-rage factors, functional anti-rage factors. Um, functional anti-anger, go back, anti-anger factors, functional anti-anger factors, yeah, you see my mouth does not catch up with my brain, so I got to go back and slow down.

**Kathy:** That's OK.

**Steve:** So, now we're saying, and this is what's really cool about this, what's blocking, there's 17 factors blocking cell surface receptors even though the body is producing these I'll say anti-

hyperactivity agents and you know like the GABA and the serotonin, and lots of things that traditional medicine doesn't know, they're not getting through.

**Kathy:** Right.

**Steve:** And you gave a big hint earlier, OK, big viral load. So let's ask of these 17, how many are physical? All 17, how many of them are manmade? 1, 2, 3, so we have 3 manmade. OK, are all 3 metals? Yes, are any of them medications? No. OK, aluminum, cadmium, mercury, OK, so 3 metals and even though, you know, we've done some of this before, this is a different field, so it's like I said, scanning a different body. OK, are the other 14 physical? Are they all pathogens? Are they all viral? No, 12 are viral. OK, so 12 viral. Are the other 2 fungal? Yes. OK, so now we've got the 17, now before I clear that, and that's something that's beyond what we're going to do in this teleclinic. That's going to be in what, the cell-surface receptor clinic. Are these key cell surface receptors blockages are they blocking other things other than what we just identified, like, you know, anti-anxiety, anti-restlessness, you know, anti-hyperactivity? Yes, can we clear all these at once? Yes, so I'll do that and like I said, we'll be teaching this in a teleclinic later on. It's just beyond the scope of this demonstration, so we find it in the thyroid and adrenals, and what's really interesting is every time we do this cell surface receptor, it's always a huge hit on the endocrine system or the brain and that makes sense if you understand, you know, body chemistry at all. OK, so liver, kidney, OK, hypothalamus, so there's her sleep field right there, OK, ovaries, OK, there's still more, OK, so bone marrow, actually in the brain itself. OK, now let's check, anti, this is a tongue twister, functional anti-anxiety factors, now tests as a toxin, clear anti-functional restlessness factors, hyperactivity factors is clear. So, see one of the things I call this the post-viral syndrome. You know how, um, you can have a virus, and you get over the virus, and you don't have the phlegm and all the exhaustion, but you got kind of brain fog and achiness.

**Kathy:** Mm hmm.

**Steve:** For 3 weeks, well that's a post-viral syndrome where the body in a sense doesn't show the virus but those viral frequencies are sitting on key cell surface receptors like for anti-inflammatory agents.

**Kathy:** Right.

**Steve:** Or key neurotransmitters and you're still having the after effects of the virus. This new treatment clears that.

**Kathy:** OK.

**Steve:** So, if we ask, do we have 100% of the information and 100% cooperation now? Yeah, for both the viral load, OK, this field here? Yeah, let me give you a new code.

**Kathy:** OK.

**Steve:** Let's ask, there's one other thing, let me bring this up, um how is she with her stimming right now?

**Kathy:** Terrible, her stimming is just, especially her visual stimming...

**Steve:** OK.

**Kathy:** Um, and um and that's the main one but the vocal and visual stimming, those 2.

**Steve:** See, a lot of people would think it's the same thing but if I say anti-stemming factors? It's fine, functional anti-stimming factors is not. So, that's a whole separate field, like we just walked in and here's a new body let's scan it.

**Kathy:** Mm hmm.

**Steve:** OK, 13, there's 13 anti-stimming...

**Kathy:** Not surprised.

**Steve:** Yeah, 13 functional anti-stimming factors, so that's one of the things in **Quantum Techniques**, we tell people, let me make a note here, is the client is always right, you just haven't figured out the right questions.

**Kathy:** Mm hmm.

**Steve:** And I know being a clinical psychologist for years, people would say, well, the client just doesn't want to get well. And I said, that's because you don't know how to help them.

**Kathy:** Right.

**Steve:** You know let's not blame the client because we haven't figured out the answers yet. So, if we ask those 13 anti-stimming factors, are any of those manmade? Yes. Wow, 10 of those are manmade.

**Kathy:** Wow, OK.

**Steve:** Yeah, that's pretty big considering, how many of those are medications? 1, 2, only 2 medications. Does that include any vaccinations? Yes, any vaccinations you had? Yes, OK, so 2, 10 are manmade, are the other 8 metals? OK, how many are metals? 5 metals. The 5 we found before. OK, so we have 5 metals. We have 3 non-metals? Yes. OK, did she get this before birth? No, after birth? Yes, OK, um, from an ingestant field, an inhalant field, I'm getting inhalants, contactants, injectants? OK, um, very sensitive, boy, pesticide residues, and if you go into any public school you're going to hit that.

**Kathy:** That's it. They spray all kinds of stuff all over that school.

**Steve:** Yeah, OK, are the other, are all 3 of those from the school? Yes, so plus 2 from school, so there's some things there like specific cleaners that they're using, uh, you know, in the school and pesticides and things like that. OK, what's been nice about this scan is you can clear it off cell surface receptors and get a dramatic difference even though the person is still exposed to them.

**Kathy:** Yeah, that's great because I've actually gotten her teacher to use non-toxic cleaners and stuff in the class but that doesn't prevent everyone else from using them everywhere else in the school.

**Steve:** Let me say one thing, and this is about being an advocate for your child. My wife was a school psychologist, I did some but that was a long time ago, there is a, and I'm blanking on the acronym but an individualized learning program for the child.

**Kathy:** Yeah, an IEP.

**Steve:** Right, there we go. My definition if they have a disability and that includes environmental sensitivities, the school by federal law must comply with that and that means changing pesticides, and changing herbicides, and changing cleaners.

**Kathy:** Really.

**Steve:** By federal law.

**Kathy:** OK.

**Steve:** So that's something to know. They don't want you to know that, but that's important to know. Now, I know, boy, you know, certain places like in Florida and in Southern California, and here is Hawaii, you know we do have a lot of insect problems because of the environment

we're in and I know we do some natural insecticides stuff on our house here because of ants and centipedes.

**Kathy:** Same thing here.

**Steve:** Right, that you know, in Arizona I didn't have to do that and I pay a lot more money because it's done a lot more often because it's not harsh chemicals.

**Kathy:** Right.

**Steve:** But just so to understand you do have that right for your daughter.

**Kathy:** OK.

**Steve:** So let's go back, we got 10 of the 13, are the other 3 viral? Yes, OK, so again before I treat that field and see once you get the field I can treat it very quickly, is this 13 blocking other key cell surface receptor fields? Yes. Do I need to know what those are? No, OK, so I'm going to clear that and let's see, and again, here is goes, here's the big hit on the endocrine system, pituitary, OK, thyroid, adrenals, see I think we get this where, this is eventually going to calm down those adrenals where we're not getting all this other behavior, liver, that's the methylation field, kidneys, hypothalamus, OK, ovaries, and it's one of the things I'm really glad that we're getting her to get this endocrine system clean up before she hits puberty because that's kind of like, you know, throwing a hand grenade on what you're doing, and you don't have any of that straightened out.

**Kathy:** I know, yeah!

**Steve:** Yeah, functional anti-stimulating factors, there we go, clear, good! Is there more? No, so let's do a treatment.

**Kathy:** OK.

**Steve:** And if I'm not clear, you know, just interrupt me, and say Steve, stop.

**Kathy:** I totally understand you.

**Steve:** OK it is sh, I just wish my wife would do that, can I get that notarized? No, let's do it, it's sh if g50 if g50 sh if eb if eb sh if g50 if g50 sh if eb if eb sh if g50 if g50 sh if eb if eb sh if oe a c 9g un sh un and that chakra pattern twice.

**Kathy:** OK, because for the last couple of codes we haven't needed that but I do this time, chakra...

**Steve:** I would, and see I always pull everything into this code, but I'll tell you a lot of our clients kind of write down that date and what it's for and they'll muscle test and say, is there something in this old code I did that would be helpful, repeat it how many times?

**Kathy:** OK.

**Steve:** And let me say this, Kathy and I know you'll resonate with this but one of the beauties about what we do is your muscle testing can tell you what the issue is.

**Kathy:** Mm hmm.

**Steve:** And I'll just give an example of the value of that. I would say 90% of the people I have worked with, with atrial fib, so their heart goes into arrhythmia; they run to the emergency room. They're told they don't know what it is. They run up a \$5000 set and nobody knows what caused it.

**Kathy:** Mm hmm.

**Steve:** Well, if you know how to muscle test, is it my heart? Is it my Vagus nerve? Is it my adrenals? Well, about 90% of the time, it's the adrenals, or the Vagus nerve. They're reversed.



OK, what's causing it? You find a food you ate and you put it back online and the atrial fib goes away.

**Kathy:** Wow.

**Steve:** OK, that's very common, so like in your case, all of a sudden she starts stimming like crazy, OK, did we have a fight in the family? Did something happen at school? Does she have a virus? Is she detoxing too much metals? You can muscle test and find out.

**Kathy:** Right, so I can say is it an emotional thing? Is it a food?

Steve: Right.

**Kathy:** Mm hmm.

**Steve:** Right, yeah, is this physical or nonphysical, and that's really easy.

**Kathy:** Mm hmm.

**Steve:** Do I have an open, blocked, lost, incomplete treatment? OK, what caused you to knock it off? And then once you put that back online all those healing pathways that I'm reconnecting here on the phone go back online.

**Kathy:** OK.

**Steve:** See, that's the value of you learning that self-testing and then you're really empowered. So, let's say you know she's doing better, we cleaned up her diet and you guys are out traveling which you can't do if you can't test your diet, you know, and you can talk to a waitress and say, well tell me about the fish special, and she's saying, well this is what it is and you're muscle testing under the table for Erin, OK, and now, when she serves it, what you tested was the last plate she served, not the one you got.

**Kathy:** Mm hmm.

**Steve:** So you retest it in case of, you know, there was some contamination on the grill, or you know they put some other stuff in it, and you send it back and say you've got some sensitivities and this will make me go into anaphylactic shock, let's try another one. I've never had anybody refuse that at a restaurant when I say that, when I call it anaphylactic shock, I want a different plate. OK, but think of the freedom that gives you.

**Kathy:** Yeah.

**Steve:** You know, I'm not big on I'll say smorgasbords but you can go through and test different things and build a plate that you can eat and that she can eat. You know, you can go through the store and pick, you know, like um, if you can see through a clear container you can pick supplements. If not, you know, by the smallest bottle, test them, if they don't work then try a different brand. But like shampoo's and cleaners and other things, just open the tops, smell them, test for yourself, make sure you're not reversed, test for her. Then you don't bring toxic foods into that home anymore.

**Kathy:** Mm hmm.

**Steve:** So, in the same way, I'll just give you one other hint, this is really big, um, you know you go to a motel and you're going to try to stay there, you are going to try to travel, you know, and so you test the sheets by smelling them. They test OK. That's not a good test. Wet the sheet with a little tap water and then smell it because that simulates your sweat during the night.

**Kathy:** Right.

**Steve:** If they test bad then strip the bed and put your own sheets and pillowcase on that you brought with you and that will block a reversal for somebody who's real sensitive.

**Kathy:** So it could be like a fabric softener or something they put in there.

**Steve:** That's right.

**Kathy:** Or the detergent.

**Steve:** Our sensitive clients, they'll say I'm going to whatever, I'll just heed the end, and so I'll say don't spray the stuff in the room, and I'll say I'm chemically sensitive, can I talk to someone who has actually been in that room? OK.

**Kathy:** Mm hmm.

**Steve:** Well, you can test through their field, testing through, you know, testing through Juanita's field that room, that room I want to be healthy, that room I want to be sick. It is going to test good or bad.

**Kathy:** Mm hmm.

**Steve:** Now, when you get there, if somebody's spilled their perfume all over the floor, then that's a different field.

**Kathy:** Right.

**Steve:** But there's a lot of things that as you start to understand how to work this, you can prevent these decompensations or relapses in Erin, see?

**Kathy:** Mm hmm.

**Steve:** You can even, just to give you one example, let's say you push this IP program, and the school says OK, we're going to change. We got to find a pesticide that works. OK, let's talk to Joe the pesticide guy. Joe's actually handled them, so through Joe's field, testing for Erin, and he gives you pesticide 1, 2, 3, 4, and you test each one as a toxin. 4 works, OK, you didn't have to get exposed. Erin didn't have to get exposed. Let's say the doctor wants to give her medication and the doctor's never even handled the medication. You call the pharmacist and you say tell me about, I'm just going to make this up, Inderal, a beta blocker for Erin. OK, through his field for Erin, you know, Inderal, Inderal I want to be healthy, Inderal I want to be sick. If you talk to anyone who has held or actually seen, or touched a product, you can test through their field. That saves you the reaction of getting it and the money of getting it, if it's not going to test good.

**Kathy:** Mm hmm.

**Steve:** So, that's what I'm saying, for you to take this on really and master it like you have, really has opened up a lot of freedom for you and your family.

**Kathy:** Yeah, and then I can, in the aisle of the health food store, test these bottle, people who are looking at me, but I don't care.

**Steve:** Right, the way I test, people are used to, thought I had Tourette's or a twitch. I'm OK with that.

**Kathy:** Yeah I'm fine with it.

**Steve:** Well, good. Well, let's just stay in touch and see how it goes, OK?

**Kathy:** That sounds great. Thank you so much!

**Steve:** Blessings, bye bye!

## Follow up #2

**Steve:** Kathy, let's just give me an update and how's Erin doing and what kind of things are you noticing?



**Kathy:** Well, she's doing better as far as she had that virus last week, that respiratory virus and we added that into the code and things and she's definitely doing tons better with that.

**Steve:** Good.

**Kathy:** Um, I've been practicing um, you know testing, and still sort of getting the hang of it and perfecting that. I tried it out a little bit this week, um, I don't know how accurate I was but I noticed some behaviors, um on a couple of different days last week that, um, I sort of tied to, like when she came out of school I could see she was kind of agitated and um, she had a smell on her like um, like a fragrance and it wasn't anything I put on her at all and so I tested 2 contactants and one of the was a hand soap that they use on her and the other one was the lotion that her aid was using and then touched her with her hands, so I don't know if that was accurate but that's what I got and it seemed logical considering she had some weird behaviors on those days where she had those fragrance on her. So...

**Steve:** Right, so if we go back in time, and we just check her when she came out of school, OK, if I check her right now, Erin, I want to be healthy, I want to be sick. She's not reversed. But when you got her out of school, if we would of checked, I want to be healthy, I want to be sick, good she wasn't reversed, but let's check something, like right now, serotonin, serotonin I want to be healthy, serotonin I want to be sick. That's OK. GABA, tested the same way, adrenaline at this moment, noradrenaline, OK, dopamine, so her major neurotransmitters are OK, but when, and let me check this, she's not showing a cortical split, which I wouldn't expect. The body's fuse box we call it sphenobasilar is online. Left/right brain automation, digestive valves that we set, all that's holding, but let's go back and just check, right when you got her from school and you're noticing the agitation, when again, I want to be healthy, I want to be sick, she wasn't reversed. So if she was reversed losing treatments every time she got hit you would see a lot more ah, degrading of the behavior.

**Kathy:** OK.

**Steve:** Let's see what went off. OK, at that moment in time, still no cortical split, OK sphenobasilar is good. Right/left brain automation, if we check, good digestive valves, all that's holding, but serotonin, serotonin I want to be healthy was reversed.

**Kathy:** OK.

**Steve:** GABA, GABA I want to be healthy was reversed and those are the 2 neurotransmitters that calm us down.

**Kathy:** Mm hmm.

**Steve:** OK, epinephrine, OK, norepinephrine, dopamine, those were on, but so, it did reverse her serotonin and um, if we check, again when got her that day, inhalants, inhalants I want to be healthy, inhalants I want to be sick.

**Kathy:** Mm hmm.

**Steve:** Contactants, contactants I want to be healthy, and see her body registered that as a contactant not as an inhalant.

**Kathy:** Yeah, because it was like lotion and soap, so it was touching her.

**Steve:** Right, but see um, what you need to understand is that sometimes, pollen, or fragrance, the body, um registers it as a contactant or even an ingestant.

**Kathy:** OK.

**Steve:** So, that's why, oh, I think I smell something, you test inhalants, you don't get anything, you did right, you go ahead and test all the toxin fields.

**Kathy:** Right, right.

**Steve:** Did her body register it as an ingestant because, you know, it hits the mouth when she was breathing in, did it in this case, you know, it hit the skin or even an injectant when somebody has like cracked lips, you know what I'm saying. You know, when you get a little crack there and it can register any of them, so anytime we always test all 4 toxin fields.

**Kathy:** OK, and then I don't know, this behavior was um, well, it's common for her to have a lot of anxiety; this was kind of over the top. I don't know if this was related to those things but um, like she was eating something and it spilled on the floor, a little bit of it spilled on the floor, and she reacted like it was the end of the world. Like it was the most horrible thing that ever happened to her in her life, it was just so over the top, you know. I didn't know where that was coming from.

**Steve:** OK, so again, see the nice thing about being able to move in time, it can allow you diagnose things which you go to the doctor and say if I can't see it I can't help you with it. Well, we can, so let's go back, right before she spilled something, because one of the things that's often the case is when you're reversed you often are clumsy.

**Kathy:** Mm hmm.

**Steve:** So before she spilled that I want to be healthy, I want to be sick, she was reversed already.

**Kathy:** Mm hmm.

**Steve:** OK, so we're back in that time frame and if we clear the reversal, I'm just tapping the side of the hand under the nose for clearing that reversal in time, just for testing purposes.

**Kathy:** OK.

**Steve:** And I want to say, OK, again, no cortical split, OK, so she's not losing the things that we put online, in terms of a different communications in the brain.

**Kathy:** Mm hmm.

**Steve:** Before again, let's just check, serotonin, was OK, GABA, was, epinephrine was off, interesting, norepinephrine, was off, dopamine was off, adrenaline was off, so of course if something happens and her adrenaline and the excitory neurotransmitters are already reversed because she was reversed then the body putting out more of that adrenaline is going to magnify in a negative way those behaviors, makes sense.

**Kathy:** Mm hmm.

**Steve:** In other words it's like putting gas on a fire. So now we're asking a different question and you begin to see how this muscle testing, moving back and forward in time as a parent puts you in charge of what's going on and knowing what to do, see, versus, well, we get to the same behavior. No, look at this, this is interesting, so when she's stressed and not reversed, OK, we found out the inhibitory neurotransmitters we off. When she really reacts with this kind of anxiety it's the excitory neurotransmitters that are off, and that may be a pretty consistent pattern, but when these are off, she also reverses.

**Kathy:** Right.

**Steve:** So the other thing I want to do is I want to find out why was she reversed to start with? OK, and if we check that, inhalants, inhalants I want to be healthy, inhalants I want to be sick, is

clear. Contactants, if I test it the same way, that's clear. Ingestants, ingestants I want to be healthy, there's something there. If we say more than 1, so there's one ingestant, we'll just check injectants are OK. EMF is OK. People's energy is OK. Now, I want to find out did she eat a food that she's bad on or did she eat a food that was contaminated, meaning, you know, some mold ...

**Kathy:** Mm hmm.

**Steve:** or you know, dish soap or something. So if we check that food, that food, excuse me, that food, that food I want to be healthy, tests bad. You test that by saying, food by itself, food by itself I want to be healthy, food by itself I want to be sick, tests OK.

**Kathy:** OK.

**Steve:** And as hard as you guys work on the diet, I mean something can happen at school but that doesn't surprise me.

**Kathy:** So that means it's a contaminant?

**Steve:** That's right.

**Kathy:** OK, I remember in the DVD you and Beth was talking about how she lost it every day and she tested it by itself and it was OK, but that something had gotten into it and made her react, so I remember that.

**Steve:** Right, so that's what we're dealing with. So let's ask this, was it manmade? No, OK, manmade I would be looking at you know soap residues or whatever, maybe something on her hands, you know from playing in the garage and ate an apple. But if we check, it was not manmade, is it mold? Yes, so there's some kind of mold or Candida, and um when she's got, you know, an internal mold issue, she's pretty sensitive to that, so that could have been, grapes, or something. Do you remember what she was eating that day?

**Kathy:** Which day was it? Was it the day that she was reversed and the spilling happened?

**Steve:** Correct, yeah that day.

**Kathy:** Yeah, I remember what she was eating, um, she had a smoothie, so it could have been maybe there was mold on the berries.

**Steve:** Let's check that, that smoothie, that smoothie I want to be healthy, OK, that tested bad. Smoothie by itself, and if I erase, and I just run my hand down the front of my body, I'm going to erase the mold field, that smoothie, that smoothie I want to be healthy, smoothie I want to be sick tested OK.

**Kathy:** OK.

**Steve:** Is that 100% of what reversed her? Yeah, now let me ask what kind of fruit was in the smoothie?

**Kathy:** Um, blueberries, um, bananas, avocado.

**Steve:** The blueberries were OK. The banana was OK. The avocado was what got her. So it was a little ripe, OK.

**Kathy:** Yeah, maybe too ripe, yeah, OK.

**Steve:** But see you look at the value of this. If you didn't know then I guess I won't give her smoothies anymore. No, and it's not avocados. Avocados by themselves tested OK, so it's not like she lost a food.

**Kathy:** Right.

**Steve:** And I'll tell you when we buy things we test it in the store and I'm pretty good about testing everything. I do the cooking in our home, so I usually test things as I'm checking them out. Once in a while I forget.

**Kathy:** Mm hmm.

**Steve:** But that's also, I mean it's a nice thing, you bring you have some leftovers in the refrigerator. You test them, are they too old or not, you know, that food, that food I want to be healthy, food I want to be sick, tested OK, great.

**Kathy:** Yeah, I mean sometimes it's overnight. I bought some lemons the other day that looked great and then the next day they had mold on them. So they looked fine when bought them, you know.

**Steve:** Right, but see again there's a really nice skill and then if you guys and I know it's hard but as we get some of this gut healed up and she'll be less mold sensitive then eating at restaurants where you ask the waiter what's there and you test through their field, well that really opens things up, you know.

**Kathy:** Mm hmm.

**Steve:** Or smorgasbords, walking by and just testing what you're seeing; if it tests OK or not.

**Kathy:** Mm hmm, mm hmm.

**Steve:** So, that's going to give you a lot more freedom. Um, what about some of her other behavior in terms of the stimming, um the OCD-kind of things.

**Kathy:** Yeah, those are still really bad.

**Steve:** OK, any pattern to those in terms of better-worse times of day? Anything you notice?

**Kathy:** Um, no it's pretty consistent, almost any time of the day.

**Steve:** OK.

**Kathy:** Except if she's really tired, that's almost never.

**Steve:** OK, so let me just ask something, um, and I know we've done some things on this but let's just check for Erin, I want to be healthy, I want to be sick. I'm 100% clear of deception, interference, obstruction, attack, attachments. I'm 100% clear of all nonphysical attached fields. OK, just want to make sure. I'm 100% clear of spiritual deception, interference, obstruction, attack, attachments. I'm 100% clear of all nonphysical attached fields. OK, I have an open, blocked, lost, incomplete treatment. All of her treatments are online 100%. So, between you reading the code and having her in the broadcaster she came back online even though she got reversed.

**Kathy:** Mm hmm.

**Steve:** OK, and let me ask how long did that intense upset episode last?

**Kathy:** Only maybe 5 minutes.

**Steve:** Is that different than in the past?

**Kathy:** Yeah, definitely, her recovery time has been much better.

**Steve:** Right, that's where reading the code or being in the broadcaster, pulls it back into that field of health, and I'll say this if you didn't have her code but you have our trauma code...

**Kathy:** Mm hmm.

**Steve:** Anytime there's an emotional upset, you can run your hand over the trauma code.

**Kathy:** Oh, that's great. I keep it with me all the time just in case.

**Steve:** Right, right and it's a really nice tool because we've never had a negative reaction and I've been doing this, probably treated 30, 000 people, and it's almost always going collapse that emotional upset field.

**Kathy:** Yeah, that happened actually in the car the other day, she was really upset about something, I couldn't figure it out but it didn't matter, so I just did the, pulled over, and did the trauma code and she was definitely feeling much better, so it worked.

**Steve:** If we were to do this right now and muscle test, have you done that code enough where you can just think of Erin and mentally release it to her without even running your hand over it? Yes.

**Kathy:** OK.

**Steve:** See you can actually tell your body to release that code to Erin 3 times, because you're driving, there's no place to pull over.

**Kathy:** Right, right, so I don't even need to get out and run my finger over it, OK.

**Steve:** Not anymore you've done it enough. See, that's the cool thing about this, is that you put this field in there and then you have the ability, you could be talking with girlfriend who's going through a divorce and you don't have the card, but just be releasing it to her while she's talking about some pain in her marriage or something.

**Kathy:** So it's about intention.

**Steve:** It's about intention,

**Kathy:** Mm hmm, OK.

**Steve:** And that really does show how connected we all are. That we truly are you know, everything in your awareness is one spiritual being and once you begin to I'll say, work with that belief, then you see how much healing can happen remotely. You know I had, this happened to me 2 or 3 times, I had somebody yesterday and they wanted me to work with their wife who has severe Rosacea on her face and it's gone into her eyes and they've been to the best clinics in the world and nobody could help them, and I tested and I said it's not Rosacea. How did you know? Because I've done this before, she has an atypical form of shingle. That is something we can take care of very quickly, but it appeared like it was Rosacea, and they said the doctor said it was Rosacea. I said, well you went to the best ones in the world, did they help her? No. Then they're wrong.

**Kathy:** Mm hmm.

**Steve:** It's just that simple.

**Kathy:** Makes sense, yeah.

**Steve:** Yeah, even though it appears as one thing it must really be something else, see.

**Kathy:** Yup.

**Steve:** And so as we begin to, how can you do that long distance, because your reading the field and your muscle testing.

**Kathy:** Mm hmm

**Steve:** And see I've worked with Rosacea and I've worked with atypical Rosacea that was actually Shingles so then I can muscle test and say does it fit pattern A or pattern B. Well, now that you've felt the energy of, and you want to go, let's say you want to take your testing a little further and you try to just put it back online and it doesn't. Well, go in and do what I've done, test the neurotransmitters and see which ones are reversed.

**Kathy:** Mm hmm.

**Steve:** Is it the serotonin, GABA, the inhibitory, is it the adrenaline, dopamine, epinephrine, and then ask if you can just put correcting those in the code? 95% of the time the body is going to say yes.

**Kathy:** OK.

**Steve:** And I just want to do this for teaching, if I could of asked before we even found out, obviously the body cleared it on the avocado but I could of said, do I need to know more just to put this and clear it in the code? The body would of said, no, because you didn't have half the avocado still in the refrigerator.

**Kathy:** I see, so it wouldn't matter.

**Steve:** Right, a lot of times you don't have to know. I like to know.

**Kathy:** Yeah, knowing is good because then you can take precautions.

**Steve:** Right it teaches you something.

**Kathy:** It's like the restaurant thing where you said if you're not taking home leftovers it doesn't matter what triggered you.

**Steve:** Right, mm hmm.

**Kathy:** But it's good to know anyway.

**Steve:** Unless, it happens to be your favorite restaurant and you eat the same thing and they change the recipe, which I've seen happen.

**Kathy:** Right.

**Steve:** So, yeah. So let's try something. I want to see if I can, because sometimes the body unwraps in layers. So let's think about anti-stimming factors, anti-stimming factors I want to be healthy, anti-stimming factors I want to be sick, that's clear. Functional anti-stimming factors, is not. OK, we did some of this last time but I don't know if we went into anti yeah we did. I just see the notes but there's something there, so anti-stimming, more than 1, more than 2, OK, so we only have 2. Let's go, if we say, anti-OCD factors and I test it that way. It's OK, functional OCD factors, more than 1, more than 2. OK, so the same thing with anti-OCD. Is it the same 2? Yes, OK, let's try this functional anti-anxiety factors, that's actually OK.

**Kathy:** Hmm.

**Steve:** And if you would think it's the same thing but it's not always.

**Kathy:** Mm hmm.

**Steve:** Functional anti-obsessive thought factors, there's 6 so even though we think of that as OCD, for her field, it is not.

**Kathy:** OK.

**Steve:** So let me write that and we have 6 factors there. OK, um, let's think of some other ways to do this, functional anti-repetitive behavior factors, OK, we've already got that. Um, let's try this, um, let's think about communication factors, OK, functional communication factors, I'm not getting something there. Any other ideas that come to you about these specific behaviors that maybe we can go in this way and get some more information.

**Kathy:** Would it be helpful to know what the exact Stims are that are being...

**Steve:** You know what, that's a good question. If you're not getting as much of a therapeutic response as you would expect then always ask more specific questions with your muscle testing.



**Kathy:** OK.

**Steve:** OK, so what are the specific Stims?

**Kathy:** Well, the one that she does most of the time is a visual stim, she will, whatever she's looking at, reading, watching on the computer, or doing, she takes strings of beads or other dangly things, rubber band, and dangles them and waves them in front of her eyes while she's looking at something. It's like she can't focus on it unless she does that.

**Steve:** OK, OK, now one of the things that would be interesting and this is another way of looking at is seeing is there a specific eye position that is weak that we need to do something with. So I'm just starting, um like I'm facing straight ahead, and I know she normally looking straight ahead, so I am going to check that too. So if we look straight ahead, I want to be healthy, and I'm just muscle testing that, now if I start looking to the left as far as I can and I'm going to make a big eye circle, so if I'm going 9:00, 10:00, I'm just muscle testing, 11:00, 12:00, 1:00, 2:00, 3:00, OK, so 3:00 tests weak, so looking straight up at the right. OK, 4:00, 5:00, 6:00, 7:00, OK, so this is a 3:00 field.

**Kathy:** Wow, that's really specific.

**Steve:** It's very specific. OK, and what's interesting is I want to see, let's go back to this stuff, when I find a field like that, um I want to, let's do this, I want to go back, I want to clear going through the entire clock as a curtain and that is beyond the scope of what I have time to teach right now. So, let's go back and try it again, 9:00, 10:00, 11:00, 12:00, 1:00, 2:00, 3:00, still weak, 4:00, 5:00, 6:00, 7:00, 8:00, so it is a 3:00. There's not more than that, so let's just check, and this will be easier if you'll do it for me. Put your eye's in a 3:00 position, because if I'm looking at charts I don't want to have to turn my head and try to glance to the side, so, if we do that and I check, first of all, if I check is it connected with all the glands and organs on our Chinese pulse point charts? Yes, is it connected to OK, there we go, with the eyes at 3:00 we have a disconnect with the amygdala.

**Kathy:** Mm.

**Steve:** OK, so that's that search engine. So, with your eyes at 3:00 we put the fingertips around the ears and tap above the ears 5 times. OK, now keep the eyes at 3:00 the medulla is connected. The limbic is also out which is also an emotional factor, so eyes at 3:00, touch the hairline in front, tap above the ears. OK, we check motor, pons, cerebellum, is out. OK, so then eyes at 3:00, touch the cerebellum point, tap above the ears. Hippocampus is online, um, and so is cell memory. So we had a lot out with that eye to the 3:00 position with just the brain engines, so I'm going to check, excuse me, keep the eyes at 3:00, we do not show a cortical split there, sphenobasilar, digestive valves, left/right brain automation. OK, is this 100% online? Yes. So, none of the cortical contacts, so that shows the head, the places on the brain are out. OK, so anything else here? No, but let's do 2 other things, with the eyes in that position, I want to check against cranial nerves. OK, so 1, is clear, 2 is clear, 3, 4, and 6, those are the cranial nerves to the eyes, 5 is clear, 7 is, 8, 8B, 9, 10, 11, and 12, and I'm just going to check there is 8 cranial sutures, and I'm just checking those. OK, those are online. Interesting, um, so keeping eyes in that position for a minute, OK, serotonin, OK, GABA, OK, Epinephrine, Norepinephrine, OK, Adrenaline, Dopamine, OK, is there more in that field? No, but now let's go back, is there more than these 6? OK, so we've got these 6 areas that are blocking cell surface receptors that

involve the I'll say anti-stimming factors, you know, anti-OCD, anti-obsessive thought factors, and again the nice thing about this is I don't know what they are.

**Kathy:** Mm hmm.

**Steve:** Um, in traditional medicine we'd have some ideas but there's so much that we don't, we know a lot less than we think we do. So, if I just ask, what are the 6 things that are blocking that? Are any of them manmade? No, are they all viral? Yes.

**Kathy:** Mm.

**Steve:** OK, did this big load, you know this 6, were those from viruses that she caught from the environment versus vaccination? No, is this left over vaccination residue? Yes, and it's interesting because, you know, there's a lot of research that shows children that are I'll say, normal children that develop OCD in childhood often develop it after a respiratory infection.

**Kathy:** Mm hmm.

**Steve:** That then somehow that...

**Kathy:** Or Strep, is very common too.

**Steve:** Yeah, Strep too, um yeah, so it then goes in that, so let's ask this, let's take it further, functional anti-strep factor's, functional anti-strep factors I want to be healthy, more than 1, 2, 3, 4, more than 5, more than 5, OK so if we go, let's do that, anti-strep, OK, there's actually 10. OK, and let's, anti and these are tongue twisters.

**Kathy:** Mm hmm.

**Steve:** Functional anti-clostridia factors, that's OK. Functional anti-salmonella factors, that's out. OK, more than 10, more than 11, more than 12, so salmonella, these are other ones that I've seen. OK, OK, and there's more than 12, more than 13, OK, so 13. So is this 13 the biggest field? Yes, are there any manmade components? No, are they all viral? All 13 are viral. OK, so, you know, that is something else that in our work, the body's amazingly adept at getting rid of bacteria, unless it is really hidden, like behind an anesthesia curtain. So if you're not clearing something like strep or clostridia, um, just like a sinus infection, there's almost always a viral component underneath it.

**Kathy:** Mm hmm.

**Steve:** So, we're going to clear all 13 viruses? Yes, so let me clear those for her. OK, we're clearing them off the cell surface receptors and I'll check and see but probably, well, let's try this. Let's remove the curtain on those, fighting a virus? No, so her body is not even aware of it. So, these are viruses that kind of move through the system but there's some I'll say energetic tag from those setting on key cell surface receptors and keeping some of this behavior going. So this is where we find it, OK, shows up in cell surface receptors in the pituitary, OK, the thyroid, the adrenals, small intestine, OK, the bladder, liver, OK, kidney, hypothalamus, OK, ovaries, is it here, is it here, is it here, OK, bone marrow, and then the brain. OK, let's try that, OK is there more? No, OK, would it be better to write a new code? Yes. Could you have just done this and wrapped it in the same code? Yes, so even this advanced stuff as people learn it, they can often use the same code, which is an advantage, to me giving you a new one. So let's just write down a new one.

**Kathy:** OK.

**Steve:** It is: sh if g50 if g50 sh if eb if eb sh if g50 if g50 sh if eb if eb sh if g50 if g50 sh if oe a c 9g un sh un and that first chakra pattern twice.



**Kathy:** OK.

**Steve:** And let's do it, you know, twice morning and evening, OK?

**Kathy:** OK.

**Steve:** And I'll go ahead and let me know how things go. Shoot me an email. We will be wrapping kind of this series up tonight.

**Kathy:** OK.

**Steve:** And it's up to you and I'm just going to pause, you can be on that call with us to answer questions if you want.

**Kathy:** OK.

**Steve:** If you would like to I'll just say, you know, I'll try to figure out how to do that on the phone. I think Cheyene will be there where she can just unmute you.

**Kathy:** OK, yeah, um, I may be a little late but I think you're probably going to run the calls first and then do Q and A later, right?

**Steve:** Correct, and if something comes up, that's OK...

**Kathy:** No, I just have another call but it will be over probably by 6:15 so I should be able to get on by 6:15.

**Steve:** Yeah, and you know, like I say, yeah, because we don't even start until 6.

**Kathy:** Right, exactly.

**Steve:** So I'm sure the first 50-60 minutes and then Cheyene can cut this part off but that way if you want to be there and I'll just say, you know, Kathy is kind enough to you know, where people can ask questions about how did you learn this, I mean you picked up the testing pretty clearly and ah, how has that made a difference. Because you can see how much that saves you, that and putting it in the broadcaster versus calling me every day, what's going on, my child did this? Well you test it yourself.

**Kathy:** Right, right. It helps because, and the going back in time part too because her teacher will say, this happened and this happened at school, and then I can go back and see what happened.

**Steve:** Right, you see and the value of that, you know, um, there's just of any other way to get that kind of information.

**Kathy:** Mm hmm.

**Steve:** You know, and it's such a difference when you can do that, and accurately figure out, OK, was this a detox reaction, or as in this case was it moldy food? Was this an emotional trauma? Because it lets you manage things.

**Kathy:** Mm hmm.

**Steve:** So, well listen, thanks for doing this.

**Kathy:** Thanks so much.

**Steve:** And you know we wish a blessing for your family!

**Kathy:** Thank you very much! Have a great day!

**Steve:** You too, take care!

**Kathy:** Bye! You too! Bye.

## Questions and Answers

**Steve:** Well, this is Stephen and Beth Daniel and we really thank Kathy for sharing and you

know, I would say this is what we see with the parents of autistic kids who jump in there. They do everything possible and that's why we want to do things like this to empower them because there's no one that goes to bat more for their kid than these parents and unless you've lived it, you don't have any idea what it's really about. So, we are going to open up for questions and I'm going to ask Cheyene to see if she's there and can unmute Kathy and we'll check that.

Kathy, are you there?

Kathy: I think I'm unmuted. Can you hear me?

**Steve:** Your unmuted, I can hear you!

**Kathy:** OK, good!

**Steve:** Good, the techno-god has come through for us.

**Kathy:** Well, it told me I was muted and then I was unmuted, and it told me 3 times, and I think I'm finally on here.

**Steve:** OK, so we're going to just kind of open this up for questions and Beth's on the computer. I'm having a little ah, phone technology where I can't actually reach it with my, I had a little disconnect in one of my phone cords, so Beth, um, are you there?

**Beth:** I'm here.

**Steve:** Well, we can hear you, OK, you have a question there for us?

**Beth:** Yeah, there's a couple. OK, um, first one is coming from Venice: How do you test all of these without a blood test? I love it but want to know how do you do this? Are you sensing this? Is it visual? Is it remote muscle testing? Thank-you!

**Steve:** This is remote muscle testing. We teach it in Truth Techniques I. OK, it's very important to understand that. A lot of people have said are you a physic? Well, people think I'm psychotic, but that's a little different issue but it's a teachable skill and it's like here is, go ahead Beth you have a statement.

**Beth:** Kathy's learning it.

**Steve:** Kathy was able to go back in time. Her daughter came home agitated, tested, figured out, OK, what it was. It is a teachable skill otherwise it's not all that valuable if it was some kind of psychic ability that was born with. So you can absolutely learn to do this.

**Beth:** And I would say, gosh I bet 80-90% of our clients do a fair amount of their own muscle testing and have learned that through **Truth Techniques I** and that's a DVD set on our website that I believe, yeah it's still on special for the rest of January like 40% off.

**Steve:** Right.

**Beth:** So, yeah, that is available and it is a teachable skill and one of our goals with **Quantum Techniques** is to teach people how to heal themselves and the first really major step towards that is learning to muscle test or teaching someone that's important in your life, a partner, or spouse how to muscle test to be able to help you.

**Steve:** Well, you buy the **Truth Techniques I** DVD, you've got 60 days if you don't master it, send it back, you lose your shipping fee. If you are able to use it that fee gives you 30 minutes free with a practitioner which the normal price is \$200 which basically makes that DVD free. That's how important we think it is for people to learn to self-test. So, like Kathy they can start to take off on their own and become more and more empowered and more independent of needing to call us.

**Beth:** Kathy, there's a question for you that just came in.

**Kathy:** OK.

**Beth:** How long did it take you to catch on to the muscle testing?

**Kathy:** Um, it took a while, I mean I've been practicing. Some people I sure it comes naturally to you, but I'm the kind of person that says, my, you know, I second guess myself a lot. Was that a yes? Was that really a yes? Did I want that to be a yes? You know, so, um, I watched Truth Techniques like 5 times and um, I just practiced. I practiced constantly and um, so it wasn't like overnight, but it's definitely doable.

**Steve:** It was within a month.

**Kathy:** Yes.

**Steve:** Our entire time been within a month and what's important is it's not like you did 50-60 sessions with me to kind of be conditioned by my field. You took a DVD, you practiced on your own, and you nailed it.

**Kathy:** Mm hmm.

**Steve:** And then you learned how to go forwards and backwards in time. Is this a toxin issue? Is it a virus? Is this an emotional field? And that allows you to know what to do and so many times and I know I gave the example of atrial fib, of I have a symptom so I'll go to the emergency room. Well, that's \$5000 and you don't feel any better and they don't give any answers. You know especially with autistic kids, nobody knows.

**Kathy:** Yeah, she can't tell me. She doesn't tell me. I can muscle test all kinds of things. I used to be, does she have this? Does she feel pain? Does she; you know, now I feel some much more empowered that way.

**Steve:** That's right. Otherwise, let's take her to the hospital. Let's do an MRI, and let's do a blood test. That's \$7000 and did it teach us anything? No, because this falls within this area of functional medicine, meaning there's a viral field, there's a fungal field, there's an emotional field, there's some disconnect with body's healing intelligence and all of that you can muscle test.

**Kathy:** Mm hmm.

**Steve:** And one of the things I'm going to turn this over to Beth because as we were listening to what we did today, once you clear something like we did with the anti-stimming field. It opens up something else, the visual field as another curtain and I didn't go back and check that, so I'm going to hand that to Beth.

**Beth:** One thing I want to say before that just to answer the question that came in on the webinar about, you know, self-muscle testing. It's also much easier for people to pick up the skill if they have a fairly healthy lifestyle themselves and you know, they don't use air fresheners in their house and they don't smoke and you know they eat healthy. Then they're much easier for them to pick up the testing more quickly. So that's just another addendum to that question and most of the people who listen to our calls I think are fairly health conscious or they wouldn't be listening.

**Kathy:** Yeah, and it wasn't really a new concept to me. We had been seeing a homeopath for several years. She's an intuitive homeopath and she does a lot of her stuff through muscle testing and other things. So, I've been exposed to muscle testing for a long time so it wasn't like I was going, what kind of crazy stuff is this, you know, I mean, I was like there with it. I just haven't done it myself,

**Beth:** Yeah you had the paradigm to fit it into already.

**Steve:** Yeah, and one of the things I want to add for Kathy for those who don't know, is Kathy is very advanced in using essential oils and very appropriately and a lot of times essential oils becomes so intense that they block somebody even though they may be tested good but after awhile the body says I can't handle anymore of that, but again the ability to muscle test that gives you the freedom to continue doing that and in your case they all tested good.

**Kathy:** Yeah and I'm testing like what's optimal for her every day now and you know, it changes and not only in terms of what toxic but what's more therapeutic for her on a certain day.

**Steve:** Right, that's the value, see if you were coming to see me once a week face to face or every two weeks and I muscle test what's good for today, that's very different 3 days from now.

**Kathy:** Mm hmm, exactly.

**Steve:** You now, and you know I do that every day with Beth and my supplements, we test every day, which supplements do we need and what dose. It varies depending on your stress levels and other things, so you're right. That way you can adjust exactly what you need, or your daughter needs every day. You don't have to call and get an expert on the phone and pay money and do that once a week. You can do it every day.

**Kathy:** Yeah, it's great.

**Steve:** That's great! Beth has some other things she wants to share.

**Beth:** Well, it was interesting Steve when you were working on Erin and were clearing the visual stimulating field, all a sudden a cortical split showed up, which is basically where the right and left hemisphere's are not communicating with one another, so in that field of visual stimulating she has a cortical split.

**Steve:** Good, I knew we'd find something like that I just didn't think to check that. Thank you!

**Beth:** So, what we want to do is clear that, so we can just do that right now, thinking of Erin. So, Kathy, if you just think of her, and I'm just doing some silent testing, she's not testing reversed. She doesn't have and open, blocked, lost, treatment, so I'm just going to reset the cortical split. So if we look at the right hemisphere of the brain, we're going to clear the right side of the sensory cortex with the left motor cortex. OK, there's more, then we're going to clear right side color in the visual field with left side motor. OK, there's more, then we're going to clear right side eye tracking with left side frontal. OK, her body says there's more, so we're thinking in this visual stimulating field, right sensory cortex with left limbic. OK, there's more, we're clearing the cerebellum to left premotor cortex. OK, that typically corresponds to a thyroid field. Now, if I check that as curtain I want to be healthy, and look again. Kathy, say there's more.

**Kathy:** Mm hmm.

**Beth:** No, that's clear. OK, so now that's testing clear and what will be interesting to see how that shifts the visual stimulating and then if something else comes up.

**Kathy:** Great, yeah, because it stops her. Most prominent one for sure, it's like, it just overpowering all day long.

**Beth:** OK, so if you say that, we're going to add to the field, visual memory on the right with the left association cortex. OK, that just showed up with your talking. So, then we like to let the body or the energy field reset itself and sometimes that takes 5-10 seconds and if the person is there if you have them walk in place or just kind of walk around a room or move their body that helps to reset and then reshow us if there's more.

**Kathy:** OK.

**Beth:** So it's actually testing clear now.

**Kathy:** OK, OK, I got that too finally.

**Beth:** Good, you got it! OK, great! I just want to add that in.

**Kathy:** Great.

**Steve:** Well and let me say this, Kathy, that means, let's say we get a lot of things to clear but this doesn't clear. That's about being good detectives. We just haven't figured out a specific enough question or there's some hidden field and we need to, I'll say, put our heads together and ask like, you know looking to the right at 3:00 things went weak then we found the cortical split. We didn't find it any other way so if it clears partially but not completely. OK, how do we figure out a way to ask the right question? And it may take us a little while but that's part of you being a good detective. When did this symptom happen? When does it not happen? And then, you know, we begin to set down and look at those patterns and work as a team and that's where we find the answers with the touch cases.

**Kathy:** Mm hmm.

**Steve:** Yeah.

**Kathy:** Yeah, it's one thing, a lot of parents of children with autism are amazing detectives even if they haven't done this kind of work, it's like, the journals that I've kept, and everything, you wouldn't believe it.

**Steve:** Right.

**Beth:** You're on top of it.

**Steve:** Right, and that's absolutely critical because you know, if the doctor had the answer, you wouldn't have a problem. So the answers that people have presented to you are not complete or it would be gone. So, we don't, it's like accepting that I don't know anything without a judgment against that and that kind of frees us up to be creative and find the answers.

**Kathy:** Mm hmm.

**Steve:** Yeah.

**Beth:** There's another question that came in from someone named Kathy: Stephen, can you please elaborate on your statement in the first session tonight? You said "When we clear cell surface receptors it's a huge hit to the brain. Is that hit a positive?"

**Stephen:** Yes, so if we get back to that, let's say that um, and I'll just say an easy example, if I were to say serotonin, serotonin I want to be healthy, serotonin I want to be sick and it tests fine then I don't need to add like Prozac or Zoloft or 5HTP or Tryptophan to add more serotonin to the body. That's not the problem. If I say, functional serotonin, functional serotonin I want to be healthy and it tests weak, OK, then the serotonin cannot get through the cell wall to do its job. So once you clear what's blocking those neurotransmitters or any other, well they're all cell surface receptors, from getting through and doing its job, it's like you're dealing with a new person and a new brain, and I've seen that clear brain fog, depression, anxiety, just from that one treatment. So it's like a huge boost because now the brain can work the way it is supposed to.

**Beth:** That was a good question. Yeah, that was an excellent question. Um, we have another comment coming in from Venice, the person that asked about how do you do this? OK, muscle test, then why not muscle test everything and go through the child's whole life, clean the child

out, so to speak, and maintain afterwards. Yeah, that's what we do and that's how the child or adult or whoever we are working with holds their treatment by, you know, reducing and clearing out toxicity in their life and then you can start to rewire the system and build those connections in the body that hold.

**Steve:** Well, and clearing off what's disconnecting the body from its healing intelligence? In this case like the inhalant or lotions that we talked about. Was it a viral infection a couple weeks ago? Was it an emotional trauma? Is it generational? You know you muscle test, find that, clear it, and move on, so the body stays connected with its Divinely created healing intelligence.

**Beth:** That's it for the webinar questions. I'm not sure about the turbo-bridge. I can check that out real quick.

**Steve:** See if you can figure that one out, I can't get over there with my phone line.

**Beth:** We have raised hands, yes, we have a raised hand. OK, let's see if I can figure this out. OK, Spokane, Washington are you there?

**Cynthia:** Yes, hello Stephen and Beth! This is Cynthia and I had a question, is it alright to ask a question that is not about autism?

**Steve:** You can ask it and we'll see if it will fit with what we are doing tonight but we're kind of running short on time, but it's OK to ask it.

**Cynthia:** Um, I've done the DVD, *Truth Techniques* and I thought I was really good at it and then I'm wondering, um, bottom line, can a person with multiple personalities trust the answers? I reversed the questions and where I got a positive response, I expect when I reversed it I should get a weak response but I don't. I realize that is happening with all my testing.

**Steve:** What I would do is because of our time why don't you ask that on <http://quantumtechniques.com/ask/> and we'll spend some time on that at a future time on a free teleclinic.

**Beth:** Now, that's a good question, Cynthia, and we've actually had that question before, so we...

**Cynthia:** How do I ask it? Do I ask it of the support team or...

**Steve:** If you go to the website <http://quantumtechniques.com/ask/>, type in the question and then when we're, we do about once a month a free teleclinic, just answering those questions in depth and we send out a notice ahead of that and then you just type in what your question is.

**Cynthia:** Alright, thank-you!

**Steve:** You bet!

**Beth:** You're welcome!

**Steve:** Anything else on autism tonight as we're kind of wrapping this up.

**Beth:** Let me look here. OK, looks like we have another raised hand, OK, let's see.

**Steve:** We do want to keep these with autism tonight just because we're running long, it's been an hour and a half we have just a couple of minutes.

**Beth:** OK, I believe this is a question coming in from New Jersey, are you there?

**New Jersey:** Hello?

**Beth:** Hi.

**New Jersey:** Hi, um, I just had a question on ah, the testing that you do in terms of, when you do the testing, you find like a virus or something, um, or bacteria is there a time lag between when you say you clear it and when it's actually um, physically cleared from the body?

**Steve:** Yes, I would say we show the body the field, so we connect it and show it to the body, then it will clear it. That can usually be a day, ah, usually less than 2 days, but so sometimes you could test, is this treatment 100% completely, I'll say complete energetically meaning does the body have all the information. You can also ask, is this treatment 100% complete physically? Meaning has it gotten rid of that viral or bacterial frequency completely? So there is a time line on that.

**Beth:** Yeah, once the body can see it then it can go to work on it immediately.

**Steve:** Correct.

**New Jersey:** OK, thank you!

**Steve:** You bet!

**Beth:** Good question!

**Steve:** While Beth's looking that up, there isn't a timeline on I'll say hooking up I'll say a disconnect like for cortical split or digestive valves but for knocking out pathogens fields or let's say detox and mercury there is a timeline on those, varies depending on the issue and the person.

**Beth:** Yeah, and I think it varies depending on the strength of the person's detoxification pathways.

**Steve:** Correct. Was there another question?

**Beth:** No, I think we're done. We got some thank-you's coming in, which is nice! Thank all of you.

**Steve:** I want to thank all of you and Kathy and Erin. I'm hoping we blessed the family with a lot of good information and some treatments and we just want to send that blessing out to anyone who deals with this. It's a very challenging issue. We do have a lot of tools that kind of help move that forward for people and that's what's really all about is trying to bring that skill and that blessing to other people. Thank you again for joining with us tonight, Mahalo!

**Kathy:** Thanks so much.

**Steve and Beth:** Thank you Kathy!

**Kathy:** Bye.

**Steve:** Blessings!

**Beth:** Aloha!