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# Quantum Techniques Teleseminar

**Autism and Quantum Techniques® Part 2**

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## Introduction

**Steve:** Yeah, this is Dr. Daniel and we're getting ready to start our teleclinic on Autism where we're kind of doing live work with an ongoing young autistic daughter using her mom as a surrogate and then at the end we're going to open up for questions. Is there anyone there that has a question now, you can ask me that now, we can write it down, or you can ask it at the end, or you can go to the [Stephen@quantumtechniques.com](mailto:Stephen@quantumtechniques.com) and email it, any questions coming up right now before we start? OK and I'm not sure, we got a new turbo bridge if people can hear me or if I can hear them or not, so there's some questions on there. Let me check this. OK, so we're going to go ahead and start this recording in just a minute, so I'm going to do this. OK, so I'm going to ask our technical person to start to record the call, it is not accepting what it says it should accept, which is \*3, so I'll let you do this to get this to record. Do we have our recording going?

**Tech:** Yes, we're good to go.

**Steve:** OK, why don't you go ahead and let's go ahead and play, and what we're doing is playing um, the last two short sessions, are both around 20 minutes, 25 minutes, ah, that are kind of an ongoing after the first major session. One was actually live on a radio show and then one was a short session and kind of hearing the typical kind of things that come up not only with general clients with chronic issues but specifically with autism and you're welcome to muscle test along with that field and use whatever codes you're given for yourself or your child if you're working as a surrogate at the end. So, let's go ahead and click on those recordings.

## Follow up #1

**Steve:** I worked with Kathy, she has a 10 year old daughter Erin who's been autistic, you know, like most autistic moms Kathy has been very involved in doing lots of things for her but again something that's very important that's a concept in QT, with **Quantum Techniques™** what causes a problem may be very different than what blocks it from healing and so um, there's been a number of vaccinations including a flu vaccination while she was pregnant and what was interesting, a lot of the things where I check for different parts of brain communicating, they were all online. Erin had her digestive valves out, which means the ileocecal and pyloric valves were not working properly. OK and every one of her major neurotransmitters tested as a toxin. Instead of your chemicals like serotonin, dopamine, being your friend, they were her enemy. Now I used that as my measuring stick at the beginning of the sessions, saying that if I find everything that's causing that at the end of the session after I treat her they should test fine. Well, in Erin's case we found she was toxic on wheat, corn, all dairy, nightshades, soy, gluten intolerance to the level that she could have rice but it had to be browned first, and we found 110 viruses all of them in the brain, all of them from vaccinations. This is very typical. We found a fungal infection, a mycoplasma infection; we reconnected a lot of things. We cleared the issues with why the major neurotransmitters were not being used as a friend, being used as an enemy, and then we found 13 things blocking her body's ability to use serotonin, GABA, and dopamine within the cells. So, we cleared all that and then we found a frozen emotional field,

which is very common with children or autism, where there is some kind of generational emotions that were being passed along. Now, it's going to take some time for Kathy to work with the diet changes and get the gut healed. In the meantime when I've tested remotely Erin has not showed reversal, meaning her meridians were not flowing backwards and the digestive valves treatment is holding. So, Kathy and I have not talked since then. Kathy what have you noticed so far?

**Kathy:** Well, so far I've noticed, um, a few subtle things but they're big for me. Um, I noticed like she's sleeping better which has been a big issue.

**Steve:** Good.

**Kathy:** Since she was born, um, I noticed that, um, she gives me more eye contact and is more here, like she's usually sort of in her own world and doing her own thing and it takes a lot to get her to pull her back into this work and I've noticed that she's kind of here more, which is a really good thing.

**Steve:** OK.

**Kathy:** And um, just in general, just sort of, um, better eye contact, and a better mood too. She has a lot of mood swings where she gets very angry really quickly and she hasn't had that since we did the treatment.

**Steve:** Well, think about that if your neurotransmitters are not working as your friend or working as your enemy, and I'm not saying we would do this but then let's say serotonin is not working so you do Prozac and you add more serotonin. Then you have twice the enemies versus correcting why your body can't use serotonin. So that's a great start. I mean that was less than a week ago, and what I want to do is just to kind of take it to the next level. If I check and this is something that I think is very unique to **Quantum Techniques™**, the first thing I always check for is there a non-physical thing like a spiritual attachment and I check are all your treatments online or has something blocked or knocked them offline and what's really nice and Kathy and I've had time to talk about this, but I had her buy our **Truth Techniques I™** which again at our website is 40% of in January. It teaches, it's 2 hours long, it teaches you 17 ways to self-muscle test. How to test for food toxins, dietary intolerance, pathogen fields, because once I give a code, which is a series of acupressure points at the end of the session then every time that Kathy reads that code she's retreating Erin as if I'm there. If you lose contact with your healing intelligence 95% of the time it's something physical like something you ate. It could be a spider bite. It could be a Glade plug-in and if you learn to muscle test using **Truth Technique I™** and you find out, OK, Erin's not doing well. Oh, she lost a treatment from a Glade plug-in or something she ate and just muscle test, can I add that information into the current treatment code, you're going to get a yes, which means 95% of the time you don't have to call me back and so especially with chronic issues we want to empower people to do most of the work on their own and this is very important with children with you know, chronic issues. So if I just check through Kathy's field, see I can, working with Kathy as if I'm working with Erin, so it doesn't matter if Erin is with her or if Erin was at school or someplace else, it wouldn't matter. So, I'm testing through Kathy's field for Erin, I want to be healthy, I want to be sick, so she's not reversed, and she was reversed the first time I talked to her. OK, if we say, I'm 100% clear of deception, interference, obstruction, attack, attachments. I'm 100% clear of all nonphysical attached fields, that's clear. I have an open, blocked, lost, incomplete treatment. All my

treatments are 100% online. Kathy, that actually surprises me, you must have gone out and made the dietary changes immediately.

**Kathy:** Yeah, I did, right away.

**Steve:** OK.

**Kathy:** And I've been reading the codes.

**Steve:** Yeah, see most people don't do that especially over the holidays. Now the second thing is we have something called a broadcaster and it's similar to what the *Church of MC Squared* sanctuary does. I took a picture, Kathy sent me a picture of her and Erin, so I loaded the treatment field into, that photograph, with some equipment we've developed which it's if I'm treating her through intention 24 hours a day, 7 days a week, and it makes it much less likely to lose a treatment and if you do, even if you don't know why, like let's say the bad food, the Glade plug-in, usually it will come back online fairly quickly and so that's something else that's helped people not need to call us as much. We have as much work as we want. We really want to teach people how to heal themselves. So, now that that's OK, we didn't lose a treatment, I have some other things I want to check on, and one of them which I didn't think about is when we found these viruses in the brain, they were in the association cortex, OK, the auditory cortex, the sensory cortex, the cerebellum, but there's a very small area of the brain, and I may not pronounce this right, called the Wernicke's area, which is the speech center of the brain. So if I just check that for a viral frequency, it does show a virus there which makes sense because part of Erin's problems is the auditory aspects, so we're just going to put that in our treatment field. OK, the other thing, that I didn't check specifically is most the autistic kids that I work with have problems with strep and/or clostridia and/or salmonella. OK, and so we want to clear those as curtains meaning, curtain is the sense of camouflage that the body actually can't see the problem. If it can't see the problem with the Divine healing intelligence it's created it would take care of it. So, there's a way that we've done this and I'm just going to clear salmonella frequencies with the brain, clostridia frequencies with the brain, and strep frequencies with the brain and a lock and key field, and that's a pretty advanced thing I don't want to get into right now. We are actually going to create a DVD that teaches that again probably in February/March. So, now if I check for Erin, OK, against anything that would reverse her or be a problem for autism, ingestants, ingestants I want to be healthy, ingestants I want to be sick, tests clear. I am going to go through the rest of them, inhalants, are clear. I test it the same way. Contactants are clear. Injectants are clear. Good, and one of the things that was interesting that in Erin's case is that she did not show a cortical split and what I mean by that is that there is multiple informational pathways, I said that earlier, one of them is are there different ah, cortices of the brain talking to each other right and left side of things. They were talking to each other, the neurotransmitter pathway was messed up, so we fixed that. But let's just check, OK, fighting a virus? Yes. Is this new to the body? No. Have I treated this before? No. OK and that doesn't surprise me because a lot of times the body unwraps in layers. More than 5, 10, 15, 20, 25, 30, 31, OK, more than 31. OK so we've got 31 viruses. OK, have we treated any of these before? No, and so again, the other thing that I wanted to say is when I first started with Erin, let me see my notes here, you want your inflammation on a scale of 1-10 to be a 1, and I'm trying to find my notes, excuse me, her inflammation was a 30 of 10. So if we check her inflammation right now is it more than a 10, more than a 15, is it more than 11, her

inflammation is down to a 12 of 10. You know, we still want it down, OK, but almost all illnesses aging, cancer, pain, even this, you've got an inflammation field that you got to get control over. OK, so let's go back inflammation is usually caused by toxic foods, the most common nightshades family, sugar, and the second most common field is pathogens that the body can't see. Now, we go back to Erin for a minute, when I found these things blocking those neurotransmitter fields going through, there were 13, 4 of those were medications, all vaccinations. OK, then we had metals, aluminum, copper, mercury, chlorine, fluoride, cadmium, and then we had some viral frequencies, and see but these are the things the body can't see or it would of already fixed the problem. So if we go back, if we check these viruses, they are brain viruses, OK, again, auditory cortex, OK, I'm looking where else it is, OK, um, OK, only auditory cortex and if I go back to that Wernicke's area, is it there? No, so, auditory cortex only, so another layer of viruses, OK, so if we check it's not showing in a major gland or organ. It's not showing in viral tissue or a cranial nerve, so again, all of this big load, um, is a brain virus. So, we're going to clear that. Now that I've cleared a curtain, so again the strep, the clostridia, the salmonella, those may have not showed before because I didn't clear those because you only want to do so much at one time. Fighting a bacteria, more than 1, more than 2, OK, are these new to the body? No, is either of these strep? No, clostridia? Yes. Salmonella? Yes, and again, you know, I'm always open to being ah, surprised, but so far I've not seen a case of autism that didn't have one of these fields. So we want to show the body where is this bacteria, so it can get rid of it, and see that's the thing, we don't heal anything, the client, their Divine healing intelligence heals it. We just show it information that it's missing. So if we check, can we do them both together? Yes, so if we check, here, so we have a large intestine field which is very common. OK, thyroid field, again these are the areas where the body's showing the bacteria, and I'm just doing this by muscle testing which we teach in that **Truth Techniques I™ DVD** set. OK, small intestine, OK, liver, OK, hypothalamus, there's your sleep field there. OK, there's still more, OK, um, is it here? No. Here, here, here, so we have a big bacteria field in the lymph system, there it is. Is there anything here? No, and if we check do we need to retreat the fungal field? No, so the body is still holding that and I talked to Kathy last time where the fungal field was. OK, the parasite/protozoa field is clear. The mycoplasma field is clear. Is there more we should do here? No. Now, anytime I find a pathogen field, because I've seen this so many times, I want to check and see is there some way in which this pathogen frequency is blocking key cell surface receptors. Something that people can relate to is post-viral syndrome. OK, you get a virus, you get over the virus, you're not, you know, obviously fighting the virus but yet you're fatigued, you're achy, you know, you have brain fog. Well, that's because the virus is gone but the frequency is stuck on certain key cell surface receptors. So whenever I treat a pathogen field I go back and look at the pathogens, are they blocking key cell surface receptors, and so I'm asking specifically, this viral field we found and these 2 bacteria's, and I get a yes. OK, how many different receptor sites are they blocking? More than 10, 11, 12, 13, let's try it again, more than 13, so they're blocking 13 cell surface receptor sites. Do, now, if we ask, other than just what we think about in terms of autism are they blocking other key cell surface receptors from being able to be utilized by the body? Yes, do I need to know more? No, so I'm just going to go through and clear those and say where these blocked cell surface receptors are in the body. The pituitary, again which is again the major part of the endocrine system, the thyroid,

OK, the adrenals, OK, small intestine, bladder, liver, OK, kidney, hypothalamus, OK, ovaries, OK, is it here, is it here, bone marrow, OK. OK, if we ask is there more? No. Should I do more now? No, so Kathy let me give you a new treatment to write down for Erin, and see our first session and I talked a little bit about explaining it is always my longest. Subsequent sessions get very short because I'm really quick. Did you have a question for me Kathy before I give you the next treatment?

**Kathy:** No, the only question I had: Do I need to change the treatment and now that's it.

**Steve:** Yeah, sometimes I can just wrap the new information in your current code and sometimes the body tests for a new code.

**Kathy:** OK.

**Steve:** So, let me give this for you to write down and you already know my voice patterns so I'll just move quickly. If I'm not clear just say Steve, stop. I'm really hard to offend. So let's write this down.

*It's sh g50 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 this one does not need a chakra treatment.*

Again, because we found another viral field and um, anytime you get viral or especially mycoplasma, you want to have a blood sample and you can change it out twice a week and you can just tape it anywhere on Erin's body when you read the code. It will help the body find those viral fields and get rid of them quicker.

**Kathy:** OK.

**Steve:** And then just email me next week.

## Follow up: # 2

**Steve:** Kathy, we just want to touch base and see how are things? And what do you noticing with Erin?

**Kathy:** I'm still noticing that she is sleeping much better. In fact that she is needing more and more sleep, which is great, maybe she is catching up on sleep.

**Steve:** Good.

**Kathy:** And that her language, both receptive and expressive language seem to be a lot better and I guess right now we're still struggling a lot with, a lot of hyperactivity, almost manic – hyper, and kind of OCD anxieties. So, those are the things that are really standing out for her right now. So let's test and kind of getting to the bottom of those.

**Steve:** Yeah, and you know, there is a lot of unwrapping and like you say it takes some time to heal the gut.

**Kathy:** Right.

**Steve:** But you're seeing a significant difference in a week or so just by putting the software back online and then guarding that field against losing treatments and you've done most of that by diet. I want to just ask, how are you doing on the self-testing?

**Kathy:** Oh, great. I've been using the DVD and it's great, so yeah, I've been doing great on that.

**Steve:** OK, because if I check right now for you, I want to be healthy, I want to be sick, you're not reversed, and I always do that, sometimes I do things I don't say I'm doing them but I'm trying to teach you and that's part of doing this whole recording is teaching people, so I always do that for myself. Then I hold the belly spot. I have you hold the belly spot and we just talking, you know, checking for Erin, I want to be healthy, I want to be sick. Not reversed. OK, I'm 100%

clear of deception, interference, obstruction, attack, attachments. I'm 100% clear of all nonphysical attached fields. I'm just going to try something; I'm going to clear that as a curtain. I'm 100% clear of spiritual deception interference, obstruction, attack, attachments. I'm 100% clear of all nonphysical attached fields. That's clear. OK, I have an open, blocked, lost, incomplete treatment. All my treatments are online 100%. Have all my treatments completed physically 100%. So I'm going to ask another question since you and I last talked has Erin lost a treatment? Yes, more than once, more than twice, more than three times, more than four times? Have you put it back on? Yes. So, I want to find out why, because obviously it's not every day.

**Kathy:** OK.

**Steve:** OK and so one of the things that we didn't do that I normally do in the first session is we really didn't check inhalants and personal care products.

**Kathy:** Right, right, um I think that's what Beth's suggested that we do that.

**Steve:** Yeah.

**Kathy:** OK.

**Steve:** OK, so let's just try that. I'm going to first of all, I'm going to ask, I'm asking the question, so I'm changing my intention why did she lose treatments? Ingestants, ingestants I want to be healthy, ingestants I want to be sick, is clear. So you've done a great job on that. Inhalants, inhalants I want to be healthy, test weak. More than 1, more than 2, more than 3, so 3 inhalants, and again I'll tell you something, if you think about what is going on for her, there is a real sense of anxiety or panic. OK, at times and people with true panic attacks their percentages to those people that I've talked to who had their first on in the laundry soap aisle of a supermarket is huge.

**Kathy:** Wow.

**Steve:** So, for panic issues and this is also chronic anxiety issues, ah, especially for like upper neck and back pain, inhalants are the #1 culprit and something can be a natural inhalant. It could be natural eucalyptus oil. It could be, you know, organic myrrh, it just depends what is it that you typically are reactive to, OK?

**Kathy:** OK.

**Steve:** So, we're just going to check her. There are 3, and I'm going to check, I've got the list from you that you sent.

**Kathy:** Yeah, and then there's also things at school. You know, they, she comes home smelling like all kinds of things at school and I don't know what they use there.

**Steve:** OK, so let's do this, inhalants at school, inhalants at school I want to be healthy, that tested bad. More than 1, more than 2, more than 3, OK, so we've got 3 things there but let's just check and clear that as a curtain, more than 1, more than 2, more than 3, so all inhalants at home, inhalants at home I want to be healthy, inhalants at home I want to be sick. OK, and is this a regular public school?

**Kathy:** Yeah.

**Steve:** OK, um, are all 3 of these manmade? Yes, let's try this; let's think about things she writes with, so usually markers, crayons, things like that. OK, um, writing things, writing things I want to be healthy, writing things I want to be sick, is fine. I don't know if they still do it in school,

chalk, is fine. All cleaners, there is a cleaner they're using that's an issue. All pesticide residues, that's an issue, OK.

**Kathy:** Yeah, they spray all kinds of stuff at that school, you know.

**Steve:** Yeah, OK, um, now one of the good things is that is as her gut heals and as the work we do, you know, heals the fungal issue the gut heals, but we do some gentle energetic heavy metal detox which we haven't started yet, OK, I wanted to get her doing better so we had a baseline, um, then her overall sensitivity to inhalants will change dramatically.

**Kathy:** Great, OK!

**Steve:** OK, but, um let's ask this question, um, just going to makes some notes here, at school, can we put in the code something to shield from those? Yes. So when something is and this is interesting and I'm going to do more, but if you had been noticing her behavior is not as good when she comes back from school and then see, most people don't understand this but think it is all the stimulation at school, or it's something the kids did. Maybe, but most the time when you lose a level of functioning, it's either a huge emotional trauma or it's one of these toxin fields. So to teach, if you had found that on your own this week and said, can you just add that into the current treatment? The body would of said yes.

**Kathy:** OK.

**Steve:** And so one thing you always do is you check for, you know, an open, lost, incomplete, blocked treatment? They're all basically the same things, saying is the body still hooked up with that code and that Divine healing field or is something knocking it off? OK, by reading the code every day and me putting it in the broadcaster it's going back on. But, that way if you have something, and I'll give you an example, let's say you notice her behavior went real bad after eating at a restaurant and you tested the food. Do you need to know what food it is? No, if you have leftovers you are going home with, the body will say yes, that you need to know what it is.

**Kathy:** OK.

**Steve:** OK, so if you ate it at home the body would pretty much want you to know what it is especially if you've got leftovers, or something like mustard in your refrigerator that you just use every so often. The body will not let you reuse that code until you find the answer. So, if you can't find the answer you'll probably call me and I'll help you find the answer.

**Kathy:** OK.

**Steve:** But I'm really glad you've got the testing because it's really about being a good detective.

**Kathy:** Um hmm.

**Steve:** OK, and the other thing I know I said this the first time is our biggest blocks to her next level of healing is our last solution because we think we know the answer. Well, we know part of the answer, and see what most of us do, all of us if what I'm doing is not working, I just do it harder and faster versus stepping back, observing myself scientifically and saying OK, obviously this didn't take care of the problem. How can I think outside of the box that this latest solution created for me and always going back to that. Um, I'm just going to double check, you know I did a general scan but sometimes this comes up, so I'm just going to check that soap and you've got the name, Aubrey Organics, OK, the lotion, face cream, that's fine. Um, the shampoo, OK, the conditioner, OK, the antiperspirant deodorant, is OK, the tooth soap, OK, the floss picks, the Trader Joe's hand soap, OK. Let me try this, all of those oils, all those oils healthy, all those oils I want to be sick, they all test good. Let me say something about essential oils, they can, you can

go bad on them because they're such a potent frequency. That all of a sudden if you're not doing well, what I would always tell people, is stop all of your supplements that aren't life requiring for a week and then start adding them back in. If you can't find it, test the issue. So she does really well those.

**Kathy:** Yeah, we use essential oil, I mean in a serious way, not just like oh, not just like we are going to put lavender on her pillow. We do a serious program with them so they do change depending on her needs and things.

**Steve:** Right, well, and also the other thing that's important to realize, um, a lot of my clients are very sensitive to essential oils and that may be because they cause too much of a healing crisis to their system, their system is not strong enough, and the thing to just be aware of is, let's say you're using essential oils for your husband, she's going to get dosed with it if he walks through the house. So it's got to test not only OK for him but also for Erin.

**Kathy:** Right.

**Steve:** Because with essential oils everybody in the environment gets it. Yeah, so if I just go back and check here, the Crayola markers you use test fine. The paints, it's not that. The Elmer's, that's not it. OK, so it is some kind of systemic thing they're using at the school that we will balance her against. Um, I want to do that, I also want to check a couple other things because we want to address kind of the manic hyperness. Um, is there any pattern day or night?

**Kathy:** No, she has been like this her whole life. It's always on. She's like the Energizer bunny. She's on and then she doesn't even wind down. She just collapses at the end of the day and that's it.

**Steve:** OK, so let's check something if you remember her inflammation was really high with 30 of 10. I want to be healthy, I want to be sick. Her inflammation is it more than a 10, more than a 11, good it's 11 so we're keeping it way down. I want to do more than that. Inflammation is 11 of 10, a lot better than 30, but when we have ongoing inflammation, you know, I look at high sugar things; I know she's not on that. I look at nightshades. I look at other hidden pathogens, EMF, things like that, so we know we still got that kind of a measuring stick and I'm going to try something. Um, and I talked before about this cell-surface receptor field. So if I just imagine, that most of us have some anti-manic behavior factors, circulating in her bloodstream or we'd all be manic.

**Kathy:** Um hmm.

**Steve:** So I'm going to see what that is. If that tests weak then we know there is something we need to supplement with, whatever SAM-e, whatever, but let's check that, if I just say functional, nope I don't want to say functional, that is checking inside the cell wall. So if I just say, anti-manic factors, anti-manic factors I want to be healthy, anti-manic factors I want to be sick, it tests fine, so it's not supplementing but let's see what's going on at that cell wall level. Functional anti-manic factors test weak; I didn't through all 3 tests.

**Kathy:** OK.

**Steve:** OK, so how many things are blocking this manic behavior from down-regulating? OK, more than 5, more than 10, more than 11, more than 12, clear that as a curtain, more than 12, OK, so for the functional anti-manic receptor sites we have 12 things blocking it. OK, let's do the same thing because I like to combine fields because it saves you time and treatment. I want to

see it if it the same or different on that OCD and a lot of OCD, and I'll say kids without their challenges comes after respiratory infection.

**Kathy:** OK.

**Steve:** And so I think a lot of times you then have a high viral load on certain cell surface receptors and I've seen where that's 2 years later you still got that same post viral syndrome that we can help with. So let's try this, if I say anti-OCD factors, tests OK, functional anti-OCD factors tests weak, OK?

**Kathy:** Um hmm.

**Steve:** More than 10, more than 15, more than 16; clear that as a curtain. More than 16, so there's 16, so let's ask are the 16 factors contained in the 12? No, OK, so how many total for these 2, OK, more than 20, more than 30, more than 31, I want to be healthy, I want to be sick, go back, more than 10, more than 20, OK I don't have more than 20, OK, more than 10, more than 15, 16, 17, 18, 19, 20, so it is 19. So, there's total of 19 between the 2.

**Kathy:** OK.

**Steve:** So let's ask are any of those manmade? Yes, OK, more than 5, there's 5 manmade. Are any of those medication residues or anesthesia residues? More than 1, 1, OK, so we only have 1 medication. Would it help us in any way to know what that is? No, OK and that's nice because that saves you time.

**Kathy:** Mm Hmm.

**Steve:** OK, do we have metals? Yes, more than 1, 2, 3, 4, we have 4 metals. Do we need to know what those are? No, but since we're probably going to do some heavy metals let's just check. Is it aluminum? No, copper? No. Mercury? Yes, and again, almost everybody born today even if they didn't have filling themselves or even have vaccination residues are going to carry a mercury miasm because you, your husband, you know, your parents had mercury.

**Kathy:** Right.

**Steve:** So for people to just understand that. OK, so one was mercury. Is lead one of them? No, cadmium? Cadmium, yes. OK, chlorine? Yes, fluoride? Yes, OK, so we've got those, so cadmium, chlorine, fluoride, OK, so, that leaves us 14 more, are those 14 all pathogens, no. How many of those are pathogens, 10, 11, so 10 are pathogens. How many are viral, OK, so we have 10 viral frequencies, and let's ask this question, how many of those viral frequencies did she get through vaccinations? Zero, OK, so again, once you have a I'll say a weak organ or gland, if that's for me with my migraines, the brain, or somebody else, it might be their lungs, then a lot of times these old pathogen frequencies that's the weakest link and that's where they go. So, that leaves us, that's 15 total. So we have another 4, are the other 4 nonphysical attachments? Yes, OK, are they ah, I'll say spiritual attachments? No, are these emotional fields? Yes, more than 1, more than 2, more than 3, more than 4? OK, so, and you think about that, it kind of makes sense because we know that autistic kids there is like a disconnect you know from the environment, and usually because they have so much stuff that they can't keep out.

**Kathy:** Right.

**Steve:** So, somehow they're filters are impaired. Is there a fear one here? No, an anxiety one? No, a terror, OK, so we have the frequency of terror that's blocking this healing. How about anger? OK, we have rage. OK, OK, is there another emotion? OK, is it fear, anxiety, terror, anger, rage, sadness, OK, depression? OK, so there's a depression field there. Is there another

emotion? Yes, I'm getting sadness, it's kind of interesting, it's a little bit different flavor. OK, sadness. OK, now, these 19 factors are they blocking other key cell surface receptor fields besides the anti-manic behavior and the anti-OCD? Yes, OK, would it help us to know what that is? No, now see that's the nice thing when I find something, we find a quicker way to do it and we generalize to get the most bang for our buck so to speak.

**Kathy:** OK.

**Steve:** So let's go back, um, one other thing, contactants, injectants, yeah we don't have any of those. We don't have any EMF field. Um, I was just checking because another thing that sometimes tests a little differently is sensitivity to wireless and that's really hard because if you live in a neighborhood you're getting hit by somebody's router, somewhere. Um, but she's not showing a sensitivity to that. So should I do this now? OK, so I'm going to go ahead and do the treatment to show the body where these are to pull it out and we'll just see where it goes. So if we check, it shows up in the thyroid, OK, the adrenals, the thyroid and the adrenals ought to keep you driving.

**Kathy:** Mm hmmm.

**Steve:** OK, the liver, kidney, hypothalamus, OK, ovaries, is there more? Yes, is it here? No. Here? The limbic system, bone marrow, in the brain itself, OK, is there more in that field? No, is there something else I should do here now? No, OK, would it help to do any kind of energetic like liver flush? No, is her body ready to spend the energy to detox one of these heavy metals? No, OK, and that's kind of what we do is find that balance and that's part of why I don't do everything in the first session then you can't tell, is the client better, or they have the same symptoms is that just a healing crisis?

**Kathy:** Right.

**Steve:** So I like to get that toxin load off, reconnect a lot of things, not start a lot of detox and get them doing better and then you can do detox energetically very slowly one organ or gland at a time. You can put a filter on it, and all those things allow you to pretty well manage any healing crises and that's kind of what we're always looking for is how to manage that.

**Kathy:** Mm hmmm.

**Steve:** Anything else you can think of that you want me to check on her um, other information? Is she sleeping better?

**Kathy:** She is sleeping very well, very well.

**Steve:** Good.

**Kathy:** Did you check like her endocrine system because I always have a feeling that her hormones have been sort of out of whack for a long time.

**Steve:** OK, um, you're right, there's a new scan for that that's actually quicker, so let me go to that, it's called a Free Hormone Scan, and again this was something we adapted remotely out of the kind of the brilliant work of Dr. Alan Phillips of Neurolink. So if I check that, OK, there is a hormone issue. OK, so if I check here and I'm going to see which glands or organs are involved, clear, OK, clear, OK, so it's involving, this would make sense too with her presenting symptoms, the amygdala.

**Kathy:** Mm hmmm.

**Steve:** OK and the amygdala is tied into the anterior pituitary so that's the FSH, LH, GH, prolactin, ACTH, so your stress hormone and your precursor to your sex hormones coming out

of the anterior pituitary, so we're going to fix that. OK, reset that is what I really mean. OK, but if I check there's still more out. OK, so if we go here, OK, it's also post pituitary, so let's just do this, let me just make a note, so anterior pituitary, posterior pituitary, and then in our system that's oxytocin and vasopressin. So we are going to reset, let me see how, let's reset it this way. OK, let's check again, OK, even more out, and that's unusual to have this many but then again, you know she's got unusual presentation.

**Kathy:** Yeah, I've always suspected there was a lot of problems there, so.

**Steve:** The ovaries are out, so the sex hormones so let's do that. OK, now that's testing clear. OK, one of the things that I would, well, let me just do 2 other things, clear, clear, yeah, OK, just wanted to double check. So, um, just make a note here what I found. So, yeah, 3 big ones were out.

**Kathy:** Mm hmmm.

**Steve:** So, it will be interesting to see and obviously see even though we corrected a bunch of stuff with cell surface receptors and that gets back to there is a lot of ways the body communicates.

**Kathy:** Mm hmmm.

**Steve:** You know, it communicates through cell surface receptors. It communicates with all these, you know, hormones, through the endocrine system, you know, neurological connections, and energetic connections, and so as we put more and more systems back on they typically start calming down and functioning at a higher and higher level.

**Kathy:** Right.

**Steve:** Yeah, anything else and one of the things that I always tell clients when I'm working with them is if we're talking about something and I'm doing a code on you and something comes to mind, write it down and tell me right then, because we're in a healing matrix here, that's the whole thing about having a quantum field and it came into your awareness because it's important for us to do something with it.

**Kathy:** Yeah, um, the other sort of chronic issue that she's had and no one has been able to figure out what it is, is it doesn't seem like it's an allergy but it's acting like an allergy she has sort of chronic nasal like, almost like postnasal drip kind of a thing where she's always, her nose isn't running but there's always some sort of congestion where she has to wipe her nose but it's not like gushing out or anything like that.

**Steve:** OK, and again what I'm doing, and I've done some of this before, is obviously if no one could figure this out and it's a chronic issue the information is hidden from the body.

**Kathy:** Mm hmmm.

**Steve:** So there's something call a lock and key curtain where you identify certain, usually it's tissue as the lock and pathogen frequencies or pernicious agents as the key, and the body just not seeing it. So, I'm touching sinuses, and I'm also thinking about the cranial nerves, especially um 5, and 7, OK, so I'm going to clear those with lock and key with viral frequencies, with bacterial frequencies, with fungal frequencies, with parasite/protozoa frequencies, and with mycoplasma frequencies then I want to clear that field with pollens, with all inhalants, and all ingestants. Now go back and scan, but see I've done general scans, so if I didn't clear some kind of hidden field we wouldn't have found anything. So now if we go back into the sinuses, fighting a virus, and it didn't not show before, more than 5, more than 6, clear that as a curtain, more

than 6, so that's chronic sinus, OK, and I almost always find this, um we have 6 viral frequencies. So let's see where else those viral frequencies are. OK, so they are just showing up in that whole sinus field, OK, cranial nerve 1 is clear, 2 is, 3, 4, 6, 5 is not, 7 is not, 8 is clear, 8B is not, and that's involving the auditory nerve, OK, 9 is clear, 10 is not, there's the Vagus nerve, and if that's off that can also keep that hyper-excitability, 11 is clear, 12 is clear. OK, this viral frequency is resonating somewhere else in Erin's body challenging her? No, OK, fighting an bacteria? Clear, in that field the fungal is clear. Parasite/protozoa is clear. Mycoplasma is clear. Now I'm checking against that field inhalants, inhalants I want to be healthy, inhalants I want to be sick. Contactants, and the reason I'm doing that is sometimes you think of the body would register a pollen as an inhalant, that's sometimes, sometimes it registers it as a contactant like it touches the nose, and sometimes it registers as an ingestant.

**Kathy:** Yeah, well she does eat, I give her a B pollen supplement because it is suppose to help with all of this, so maybe...

**Steve:** So we just check against this field, so not testing, see we're testing against the congestion field, for example I know that she's not doing it, but a lot of people will get congestion with dairy and with wheat, even though they are not toxin for them.

**Kathy:** Mm hmmm.

**Steve:** So were testing against the chronic congestion, now, all ingestants, ingestants I want to be healthy, ingestants I want to be sick, that's fine. But it's always better to be more specific like OK, that B pollen, OK that's fine. That way we, you know, you know you're not missing something by saying all ingestants. OK, all inhalants, are testing fine. All contactants are testing fine. All injectants are testing fine. EMF is clear, this is a viral field. Now does she have the blood sample on her?

**Kathy:** Yes.

**Steve:** OK, good, and with a viral field especially when we find viruses, mycoplasma, DNA damage, we want to have that little tiny bit on a Band-aid on her body somewhere when your reading the code and just change it out twice a week.

**Kathy:** OK.

**Steve:** Anything else that comes to mind.

**Kathy:** Well, let's back up for a second, you said something about the auditory nerve and I want to ask you a question about that because I know for a fact her hearing is fine but when she has a hearing test at school, they say, and I can't remember which ear it is, maybe her left ear, that she can't hear out of that ear and I know she can, so I'm wondering if it could be that auditory nerve thing that you mentioned?

**Steve:** Absolutely.

**Kathy:** OK.

**Steve:** Let me just check, the inner ear, there is not a reversal, middle ear, there is not a reversal, ear drum, there is not a reversal, auditory cortex, there is not a reversal. OK, when we got on the phone, auditory nerve has a problem. So clearing the virus from that, so example I've had people who thought they had Sjögren's Illness or they had visual problems, you clear the viruses out of the cranial nerves 2, 4, and 6 to the eyes. Their vision changes instantly.

**Kathy:** Really, so I could see an improvement in her nose.

**Steve:** You could see, yeah, because once the body, in other words, if there's a virus in there and the body hasn't gotten the virus out then that information along that nerve pathway may be very compromised. Another example of that is an anesthesia curtain, where you know, somebody has a dental anesthesia is common, and you know this if you've been around for awhile. A lot of times you get a root canal and they go in and then in the next 2 years you've got to get 3 more. Well, obviously the infection was never cleared. The infection was still in the mouth and now you've turned off the body's, if the dental anesthesia did not clear as a curtain which is easy to do if you know how to do it, but if you don't clear it then now with the anesthesia, now the body can't see the bacteria in the mouth. So now it goes from tooth to tooth to tooth.

**Kathy:** Mm hmmm.

**Steve:** So, that's why learning to you know, clear these curtains, and like I said we're going to do a couple DVD's teaching that, trying to get that scheduled in March because that's been a pretty big breakthrough that anybody can learn to do as another form of therapy. It's a very easy scan. It's simple. Cell surface receptors are the same one. You don't have to know that much. We've got it to a point where you don't have to know that much. The body will tell you what to do.

**Kathy:** OK.

**Steve:** But yeah, I would be looking for, you know, another level of change. Let's check now, with everything in the treatment is her inflammation below a 10, 9, 8, 7, OK, so after the treatment the inflammation is checking a 7 of 10. Can we do more with that today? OK, the body doesn't want to do more than that today.

**Kathy:** OK.

**Steve:** So, let me give you a new code.

**Kathy:** OK.

**Steve:** And it is: 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. OK, she doesn't need a chakra pattern on that. Let me check one other thing for her. I just thought about something. OK, that's actually clear. OK, um, clear, clear, clear, clear, clear, OK, just checking a different field. Well, good, let's see how we're doing and um, you know, we'll find a time to connect to the next week and just do a little bit more.

**Kathy:** OK, great!

**Steve:** OK.

**Kathy:** Yeah!

**Steve:** Blessings you guys!

**Kathy:** Have a great day!

**Steve:** You too Kathy, bye bye!

**Kathy:** Bye!

## Questions and Answers

**Stephen:** Well this is Stephen and Beth and we do want to thank you for being here, we want to go into questions and especially Kathy and Erin for being willing to I'll say be public and go through this healing with us, so and you can see Kathy's got a great energy. She's mastering self-testing. She's got, you know, good detective to work with us and brings up things and feels confident and for some reason this is coming up and that's always good. Um, we do have a

couple of questions on the webinar and Beth do you want read those first and then we do have a way to I guess raise hands if the 2 of us and Cheyene can figure that out on our other bridge line and we'll see if somebody on the phone has live questions.

**Beth:** OK.

**Steve:** But let's do these on the webinar first. Why don't you read those?

**Beth:** The first question is from Roxanna in Romania and she is wondering if she can get the recorded web conference so she doesn't have to stay awake at this hour that it is in Romania. So what I would recommend Roxanna if you're still there, is to email [support@quantumtechniques.com](mailto:support@quantumtechniques.com) and Cheyene can get you this recording so you don't have to stay up really late or get up super early.

**Steve:** Yeah and our intention is to, is for the live presentation until we finish which I think we'll finish the next series the next week, to make it free and after that it will go in the shopping cart. So, I would just again email [support@quantumtechniques.com](mailto:support@quantumtechniques.com) and they'll be some kind of connection or link she can send you.

**Beth:** And then we have another question coming from Houston and this is from Gwen: Why do you think boys are more affected by autism? That's really the ongoing question or one of the ongoing questions in autism research and a couple of years ago a gene was discovered on chromosome 17 that is more common in boys than girls and the researchers were theorizing at that time that that was a possible link to autism to why boys are more susceptible to it and they're really 4 times more susceptible. So, the belief is that that gene on chromosome 17 has something to do with it. It's just one of the recent theories. Um, they really don't know and I really don't know but if I do test that issue, it does test true, that chromosome 17 is involved and that particular gene on that chromosome is involved with calcium in the body. So one thing I think Steve will check probably next time with Erin and that we want to start checking is calcium because we're looking for, you know, is the calcium out of balance and if it is which I believe it is on Erin, if I just test her remotely right now. Then that would be something that could possibly be, make a big shift for her, um, and for boys as well.

**Steve:** Well, and again we cleared a lot of things on the cell surface receptor field. We've only done about 3 treatments but if you were to check even in what we have done for Erin, if we step into that field, calcium factors, calcium factors I want to be healthy, calcium factors I want to be sick, but functional calcium tests bad. So you're right, there's something blocking that going to the cell wall that even with her other things it's not clear. So you're absolutely right I need to address that with her.

**Beth:** And from that research and I've got some of that in front of me here, what their belief is, is that imbalances in calcium can result in overstimulation of neuro-connections and create developmental problems such as autism and sometimes even epilepsy. So that's something that we'll look at further, but that's the theory right now is to why boys are affected more.

**Steve:** Well, you know, on a different level this doesn't have to do with autism, just kind of have to do with some of the genetic studies, they kind of say that the prototype really is female of any species and so if there's any interruption, it's kind of like, you know, females are really important. Males are nice but they can get by without them so to speak, you know, genetically, so it's almost like the prototype is females and once that works and then we can try with the guys. I know the Adam and Eve story is a little different but I know what happened there but

I'm just saying they've shown that with genetic studies, if the prototype if it starts as females, if something disrupts that process, I'll say moving toward a male, it reverts back to a female genome. That's some other research that's older. It's not necessarily autism but just kind of a general.

**Beth:** So you mean that males might be more susceptible to various issues because of that?

**Steve:** I could say, because it's a higher level and they are so much more brilliant than females but nobody is going to buy that. There is no research behind it so we got to let that one go. I would just say that um, it's almost like, think about this for a minute, think about that you have a car and the basic car has an automatic transmission and roll down windows. Now, you decide to add something new. It's got an automatic transmission and power windows. Which one is more likely to have a malfunction? Well, all the extra stuff, guys got extra stuff, what can I say? So when there's a problem with the extra stuff in terms of developmentally in the uterus it goes back to that basic prototype. So, I don't know, it's just something else I've seen in terms of some genetic studies. You don't buy it's some brilliant guys, I can tell that already, so I think we need to let that one go.

**Beth:** Well, I'm just keeping quiet, um...

**Steve:** Wow, I'll tell you'll tear a ligament or tendon in your jaw by just trying, but I appreciate that though.

**Beth:** We have another question.

**Steve:** OK.

**Beth:** From Melissa and she is saying even listening to this without knowing anyone with autism is very helpful for many conditions, very educational. Thanks guys! Thank you for listening, Melissa. We always appreciate your feedback!

**Steve:** Melissa, one of the things that I want to say is if you notice what we do in terms of finding if there's a reversal, if there's a major informational pathway offline, testing for all the toxins and all the major pathogens, it doesn't matter what you call me about, I'm going to do that because what causes an issue is very different than what blocks it from healing. So let's just say for example with Erin, let's say what caused it was a vaccination reaction. OK, if you don't deal with the TC, and her lactose, and her milk intolerance, and gluten intolerance, and the fungal infection, it doesn't matter whether you take care of the original problem. It can't heal, so, you're going to see us no matter what you listen to, go through a very similar process depending on the issue. I'll say we're going to spotlight or put the microscope on specific informational fields that we've learned about, but the overall pathways is the same thing. The Divine made the system. If something's not online what do we have to do to get out of the way and be back online?

**Beth:** Those are all the webinar question right now.

**Steve:** Do you think you can figure out how to do it the other way?

**Beth:** Um, I think that the moderator can do that for us because she's a technical wizard.

**Steve:** Good because I didn't have a chance to re-rehearse it. So let me get my, I can show you how to get another website. That I can do.

**Cheyene:** Please press \*5 to raise your hand and ask a question.

**Steve:** OK, try this one, there we go. OK so is anybody doing this \*5, if they are can you point me in that direction. OK, any other questions and again if you're raising your hand on the phone line.

**Cheyene:** There's one raised hand.

**Steve:** OK there it is, I got it, OK, so 509 area code, OK can you hear me? I don't know how to do that, so oops,

**Cheyene:** (inaudible)

**Steve:** Is there a question there?

**Audience:** Hello?

**Steve:** Yes.

**Audience:** Hi Dr. Daniel?

**Steve:** Yes!

**Audience:** Hi, I had a question on something that um you talked about with the person you were just working with.

**Steve:** Uh huh.

**Audience:** Um, you had mentioned how, you know someone has a virus and then all of a sudden they deal with the virus, that frequency attaches to cell receptors.

**Steve:** Right.

**Audience:** So I just had a question in terms of you know if someone has an illness and one of their symptoms is something like low back pain or frozen shoulder, something like that.

**Steve:** Sure.

**Audience:** Getting rid of the illness and they still have that pain, does your testing show that the cell receptors that that virus that was attached to was in the location?

**Steve:** Let me say this, so let's say for an example that you get rid of a virus but then afterwards we check and we say, um, functional anti-inflammation factors, or functional anti-endorphin factors and we can be even more specific, functional anti-frozen shoulder factors, in other words, the body know, let's say, let's say 28 factors that are involved in getting that shoulder to heal. Traditional medicine knows 12. We can go in and find out what's blocking that from getting to the cell wall and maybe most of them are viral. Maybe there's a chemical in your toothpaste and something else. We can clear those and then it kind of goes through the cell wall and allows that inflammation to drop down, so yes, a lot of times somebody will have the flu. They get over the flu but they're exhausted. They have brain fog, you know, they have achiness for the next, you know, 7 weeks. What is that? Often that flu virus is sitting on an anti-inflammation field, I'll say an anti-brain fog field, and anti-energy field and there's a way to clear that and that's the project we're going to film at the end of March and get that out there so people can learn how to do that on their own if they know how to self-test. And that's the thing that's good, in other words, if you know how to ask the questions you don't have to have this huge informational knowledge from Western medicine because the body is smarter than you are. But absolutely, let me say this, a lot of times, I don't know what you're thinking about, but a lot of times a frozen shoulder is actually a spider bite residue that goes into that tissue and shoulder. I would say at least 70% of the time that's what's going on. You know if you think about this, spiders they paralyze their prey and then they eat them when they can. So all spider venom are paralytic so somebody especially like brown recluse they get a spider bite and they

don't even know it. All of a sudden they get a frozen shoulder, they don't know why. You go in and you find out it's a spider venom. If you know how to release that they start getting full mobility back in that shoulder without surgery.

**Audience:** And um, I had another question, on, have you guy's found anything in terms of why for certain people, I know everyone is different but why for certain people, um things are hidden from the body and if it's not something that's inherited or something like a miasm, do you feel like most of that stuff is somehow emotional or emotional trauma causing the body to not heal itself?

**Steve:** I'll give you my theory of today, now that may be different a month from now. OK, so, my theory of today is that depending upon the amount of experienced trauma early in life before the age of 5, the body creates as much separation as necessary to survive according to the trauma experiences in its life, whether that's physical, emotional, chemical, or something else. So I've got some people, are you familiar with EFT.

**Audience:** Yeah.

**Steve:** OK, so I've got some people that can do one treatment of EFT with all these problems and say, you know, I deeply and profoundly accept myself even though all these jerks have hurt me and I still have these problems and everything clears in one treatment. Now you got other people that if I use EFT model, say I deeply and profoundly accept myself even through everything in my life is contained in my right little toenail and that takes care of one part and they go to the next thing. What do I think the difference is and I'm not saying I'm right, I'm just saying my understanding at this level is the body's creates separation according to the ego perception of what's necessary to survive and ultimately that's always the false self. The false self believes by separation I survive and the reality is we are one with the Divine and we survive and continue through connection but darkness, evil, pain, trauma, false selves, always try to perpetuate separation as a means of survival.

**Beth:** And then that manifests as lack of communication in the body.

**Steve:** Right.

**Beth:** Between organs and glands, body systems, between the brain and the rest of the body.

**Steve:** Yeah.

**Audience:** OK, that makes sense. Thank you!

**Steve:** Yeah, any other questions for you?

**Audience:** Um, I think just one other thing I was thinking about was um, you know how you say that certain foods or certain toothpaste or something like that might reverse a treatment. I just had a question in terms of like let's say you're taking a medicine or supplement and there's something in that supplement um, that maybe isn't reversing a treatment but is causing um, sometimes side effect. Is there a way to help deal with side effect or stop the side effect?

**Steve:** Well, first of all I would test: Is this significantly helpful? I would say this, if the body says you really need a supplement or a medication then most of the time it will balance it and allow you to use it.

**Audience:** Mm Hmm.

**Steve:** So let's say that you have severe hypertension. You've got a beta blocker that is a toxin, and we talk to your doctor and we tried 3 or 4 other beta blockers, they're all toxins but the body says you need it, will it try to balance and minimize the side effects? 99% of the time, yes.

OK, not always, but 99% of the time. I would ask you one thing, tell me your area code, we're working on this new system so that I don't click on you to ask another question, what's your area code?

**Audience:** 973.

**Steve:** And what's your first name?

**Audience:** (?) Amet.

**Steve:** Thank you for being with us tonight.

**Audience:** Thank you so much!

**Steve:** You bet!

**Audience:** For answering my questions.

**Steve:** You bet. And I'm going to let Cheyene see if there is somebody else. Does somebody else have a question for us tonight? We got a couple, a few more minutes.

**Cheyene:** So can, Washington you're live, and everyone else if you have a question for Dr. Daniel or Beth Daniel please click \*5 on your telephone and webcast questions are coming in now as well. We have those, a new question there.

**Steve:** You want to answer that? Probably, we have somebody in Spokane. Oh, no, Beth got to the computer and killed it. No, oh, she got it. Do we have a question on the phone from somebody in Spokane?

**Audience:** Dr. Daniel can you hear me?

**Steve:** Yes? Yes, can you hear me? Well, we started the communication.

**Cheyene:** Hi there, OK, I understand why I couldn't, just disregard Spokane, Washington; I'll just email Cheryl or the support and figure out this problem.

**Steve:** OK.

**Cheyene:** OK?

**Steve:** No problem. OK, anybody else that's live on the phone before we go to some of the webinar questions? Beth has a number of webinar questions.

**Beth:** We have another question coming from Houston: Are you familiar with Abrahams and Cyron's Channeled entities belief about why there are more autistic children being born. If you are what are your thoughts?

**Beth:** I am not familiar with that.

**Steve:** I'm assuming the Abraham Hicks channeling information. I'm not real familiar with their information so I couldn't really respond to that intelligently.

**Beth:** But if you want to email us more on that then when we can, certainly take a look at it.

**Steve:** Yeah, there's more questions there. What the next one?

**Beth:** I believe we've got them all. There were 4 questions, oh, here comes another one. OK, this is from Kathy. Since the ileocecal valve seems so connected and important with neurological issues. What things may cause the digestive valves to go offline? The #1 thing that causes digestive valves to reverse is stress and emotional stress. That's also the #1 thing that reverses hydrochloric acid production in the stomach and limits it. So that is really #1 and then the other things that contribute highly to digestive valves reversing are foods. That's major as well. That's a major contributor to digestive valves being reversed and pathogens. Um, the first place that I typically look for a fungal infection is the ileocecal valve because that is so common. The ileocecal valve and the liver are the 2 most common places I have found fungal infections.

So again, if there's a fungal infection in the ileocecal valve it's going to be reversed. Virus, bacteria, parasites of course, mycoplasma, any of the pathogens fields would reverse digestive valves, any toxic foods, and sometimes if the digestive fluids in the body are reversed you're also going to find the digestive valves to be reversed as well. Steve, anything else you can think of that you are aware of that would reverse that field? Yeah those are the main ones, so stress, or emotional stress and trauma, foods that are toxic to the person and ah, pathogens.

**Steve:** So aren't the originally, um, considered congenital in most cases, but then if it doesn't hold it is these other issues?

**Beth:** I'm not sure.

**Steve:** OK, those are old notes I had from a lot of research a few years ago. It may not be accurate anymore as we learn more, yeah.

**Beth:** Well, and what's interesting is you know food sensitivities are often hereditary as well, so that fits in with what you're saying, but that's a good question. Kathy, thank you!

**Steve:** Anything else on the webinar and then we can kind of check if anybody else got their hand raised on the phone lines.

**Beth:** Yeah I have another one here.

**Steve:** Another one, OK.

**Beth:** OK: I asked support if there was a link last week because I couldn't listen at the time and tonight you said they could give a link. Which is it? I would really like to listen in but the time is not convenient. Um, please email [www.support@quantumtechniques](mailto:www.support@quantumtechniques) and you will be able to get this call if this time isn't convenient for you.

**Steve:** We, Beth and I don't really handle that. That's our support from [www.support@quantumtechniques](mailto:www.support@quantumtechniques).

**Beth:** Yeah, we don't have the link, but they have it. Why don't you switch to the other website, we'll just check for any hands are raised and anybody live on the phone that has a question before we sign off tonight.

**Beth:** OK, anything? I'm getting there. I have 2 raised hands.

**Steve:** OK, do you know how to get to those or do you want me to do it?

**Beth:** I think Cheyene may have already done it.

**Steve:** While are you doing that, let me say this. I did work with Kathy today, working with Erin and we'll do that next week and it was a good, it was really good, ah, example of her getting a virus and knocking certain fields offline and how does somebody that knows how to test put them back online without having to call for a session which again saves them a lot of the cost of treatment.

**Beth:** It looks like we have 2 raised hands.

**Steve:** Do you want me to show you how to do that?

**Beth:** 3 raised hands now.

**Steve:** If you're having trouble I know how to do that.

**Beth:** You click on this? OK, OK.

**Audience:** This is the Twin cities live.

**Steve:** There we go.

**Beth:** Yeah.

**Steve:** Twin Cities, you have a question for us?

**Audience:** Yeah, Hi, um, just a quick question about um, can you hear me OK?

**Steve:** Yeah, I think I recognize this voice, somebody a boat, a boat.

**Audience:** Yeah, you got it.

**Steve:** Is this Tom?

**Tom:** It's Tom, yes.

**Steve:** You bet! Yeah, what's the question Tom?

**Tom:** When we're clearing cell receptors, um, the critical thing that we need to know would be what the things that are blocking the receptors, the organs involved, and what else?

**Steve:** First of all I would find out what are the things, the critical things blocking cell surface receptors. OK, so, in order that I find, manmade, you know are they medications? You don't usually know what they are but let's say 7 medications including vaccinations. Are there any metals?

**Tom:** OK.

**Steve:** Are they pathogens, like you know viral frequencies, mycoplasma, fungal? Are there nonphysical fields? That could be a spiritual attachment. That could be a rage field, something else? It's usually that's going to take care of it and then if you find that, so let's say we found, um, Beth has a question, a statement, go ahead.

**Beth:** I would add into that, I would also test for the toxin categories there because oftentimes you might find injectants or you may find you know an ongoing inhalant like if someone is in the construction business. You know you may find an ongoing kind of petroleum based something that is blocking a cell surface receptor, so I would go through and check the toxin category on that as well. I've seen that often.

**Tom:** Ok, got it!

**Steve:** And for those listening Tom is a very advanced practitioner probably moving into our practitioner status so he is asking a pretty advanced question. OK, and that's OK, I just want to explain that. So what's really neat about this you don't have to know what are all the cell surface receptor's being blocked because guess what Western medicine doesn't have that intelligence but we can find what's blocking it, physical and nonphysical and that's what Tom's asking about. But what I want to add another step is, let's say that I find that this is a, which I actually did today with Kathy and Erin, which will be on next week, so you know, here's some an autistic child that has some OCD, obsessive compulsive behavior, some stemming behavior, some anxiety behavior, well we went back and said functional anti-stemming behavior. We found out what that is, when we went to functional anti-obsessional behavior that was a different field. We got the whole thing. Now once we found it, you know we found pathogens, and manmade things and we said, OK, let's say I'm just making this up because I don't remember the session earlier today, let's say there's 21 things that are blocking these key cell surface receptors. Are they also blocking other key cell surface receptors fields? We get a yes. Do we need to know what it is? No, because we know what those pathogens are and then Tom's already been walked through, and that's the DVD that we'll do at the end of March, how to clear that, and he clears it and then that's the same thing as the post-viral syndrome we talked about earlier and then the things clear. And Tom, you're doing a lot of that work with some I'll say hands on cases. What are you noticing with that?

**Tom:** Um, it's very powerful.

**Steve:** Yeah.

**Tom:** It's very powerful. It seems like it's a bottom line for a lot of people.

**Steve:** Yeah, I would say this, I mean I've been doing this for 10 years now and of all the scans that the Divine has ever given us in the last year we've been given more powerful scans than I've ever seen, the cell surface receptor scan and the curtain scan are absolutely the most powerful in terms of immediate tissue change, physiological changes than I ever seen so, yeah it's just good to see somebody who's doing some hands on work confirm that.

**Tom:** And then I have a question, now the more precise we get the better, I mean it's best to go through and identify the organs involved as best we can is that right.

**Steve:** Yes, and especially in a difficult chronic case. Kind of going back to what I said a little earlier in our conversation, Tom. You know some people doing EFT can come in and say, I deeply and profoundly love and accept myself even though my mother was mean to me and everybody hurt me and everything in their life clears. Then somebody else that has come in and says I deeply and profoundly love and accept myself even though toenail fungus on my left little toe. They have to be that specific, well, we do it a little different way than the affirmation by scanning specific organs, glands, tissue, if that doesn't clear it, you know, you got a chronic pain issue and you find it's not in organs and glands. It's in the tendons. So it's a different kind of specificity but if you don't get it by doing the general things always be more specific. You're right.

**Tom:** And the, do we have to clear, I shouldn't say do we have to, um, is it best to clear the organs individually or is there a way we can clear that just kind of globally?

**Steve:** What do you think Beth?

**Beth:** I would test, yeah, when in doubt, test. I think some people's fields are more specific than others and some people's you know, need more of a specific going through specific organs and glands, whereas others I think you can just clear it as a group. So, I would just simply test that.

**Tom:** OK, good, great, totally makes sense, OK. Very good, thank you!

**Steve:** Tom, were sending you love from Maui as you enjoy your shoveling snow while were over here in our tank top and shorts. I'm sure you'll receive that blessing.

**Tom:** Thanks so much!

**Steve:** OK, guy, you bet! Bye!

**Beth:** We have another question from Wisconsin. Let's see, I'm going to...

**Steve:** We have time for 1 or 2 more, at most.

**Beth:** Yeah, yup!

**Steve:** That's good.

**Beth:** OK, Baraboo, Wisconsin you're on.

**Audience:** Hi!

**Beth:** Hi.

**Audience:** Is this information in this, um, and this testing is so amazing. I worked with you, Steve, about 10 years ago. My name is Peg Sullivan.

**Steve:** Ah, I remember you Peg!

**Peg:** Oh, and you have just come...

**Steve:** Yeah, we are light years ahead where we were 10 years ago.

**Peg:** Yeah, light years ahead!

**Steve:** Yeah!

**Peg:** So, I have a question about I don't know if you recall but I have a son who had a mental ah, breakdown.

**Steve:** OK.

**Peg:** And you determined that he had personality disorder and at the time he was not willing to do any of the codes, um, and probably is still not willing. He's 38 now. Is there any way to um, turn a person around so that they're willing to heal? You know what I mean?

**Steve:** Yeah, I'm going to be sarcastic and say probably with a female and not much with a male but we're going to see what we do with this. OK, yeah, so let me say this, it really depends, OK, so let's do this, and you don't even have to tell me the accurate first name. I want a first name that you make up, or represents your son.

**Peg:** I can tell you the real name.

**Steve:** OK.

**Peg:** Aaron.

**Steve:** Aaron, OK, so if we check through your field, I want to be healthy, I want to be sick, checking for Aaron, OK, I want to be healthy, I want to be sick. At this moment he's not reversed. I have and we're just checking, I'm 100% clear of spiritual deception, interference, obstruction, attack, attachments. I'm 100 clear of all nonphysical attached fields. I have permission for this work. I get a yes. OK, if I would of got a no and I would of said we would stop here, and I would say this, with adult children that are challenged or adolescents it's been extremely rare to get a no. OK, so now that we're in his Aaron's field through you if I check right now, we have a lot of new advancements. He shows a cortical split.

**Peg:** I don't know what that means.

**Beth:** What that means is the right and left hemispheres of the brain are not communicating well with one another. Oftentimes it's caused by a brain virus which he is showing as well, so I would actually you know, do some, recommend doing some clearing on that and going from there, because that really affects the person's clarity of thinking, can affect brain fog. It can affect motivation, um all kinds of issues, depending on where the virus is, in what part of the brain.

**Peg:** This is a person with very bizarre behavioral patterns.

**Steve:** Yeah.

**Peg:** And worse as he has gotten older and he seems to adapt to his um, you know, his personality is formed around his malfunctioning brain.

**Steve:** Right.

**Peg:** His behavior...

**Steve:** Let me say this, go ahead...

**Peg:** Where would we start?

**Steve:** What I would do is um, how old is he now.

**Peg:** He's 38.

**Steve:** OK, I would, let's do a session; we are literally about 25 light years ahead of where we were last time I talked to you.

**Peg:** Yeah.

**Steve:** And there's a lot of things that we can do remotely through your field to put key, critical informational pathways back online for him.

**Peg:** Even with his diet being all over the place and...

**Steve:** Yes.

**Peg:** We could.

**Steve:** Yeah, cortical split doesn't typically get knocked out by diet. It can but not typically. He's also showing a specific digestive valve field. There's some neurological things that we can try to put online. The nice thing is it's going to take, you know, one time. One, two times, it's kind of like, if you listen to this sequence with Kathy and Erin. Um, Kathy did get right on top of it, even during the holidays, which was amazing and changed their diet but within a week with an autistic child she had phenomenal shifts in sleep, you know, anxiety, a lot of behaviors that had been there a long term. So let's, I would say look at that. It's interesting I worked with somebody, last week, or this week with an adult child in their 30's that had a significant, you know, and they had been I'll say developmentally disabled but then 4 years before he had gone downhill. Well, they moved into a specific home and there was an energetic spiritual attachment. Once we cleared that within 24 hours they had the person back that had been there before. So there can be all kinds of issues that we didn't know how to do 10 years ago, and one of the things, and I would just say this in general is like, if we worked with you 6 months ago, or a year ago and we didn't have a breakthrough, you know send me an email, remind me, let's check it again because the Divine is giving us new things, 2 or 3 times a year that are phenomenal that can break something loose with some people that we couldn't help a year ago.

**Beth:** I just want to give a quick example. I treated a young man in the Netherlands, I believe it was last year or two years ago, with a similar issues that your describing, Peg, and he was unwilling to make any dietary changes and we made huge shifts in his depression and his brain function because he had an underlying brain issue that was not clearing but he held it at least at that point when I talked to his mom last, he was still holding that brain treatment.

**Steve:** Yeah.

**Peg:** OK, well, this is very encouraging and would I just telephone you then?

**Steve:** Yeah, just, you know, it would be helpful to go to our website [www.quantumtechniques.com](http://www.quantumtechniques.com) fill out a new history. I get that ahead of time, it saves you time and money on the phone. I go through that, I kind of pray about a process that there's more on the phone, I'm really ready to go and I'm really able to zero in. You don't have to do that but it does save you time and money.

**Peg:** Right, I've downloaded some of your materials, um, and then the other question is; are you training people now to do this work?

**Steve:** Yes, we are. Yes, we are. I know we talked a long time ago about that. We've been finding out all the ways not to do it successfully. We continue to improve on that model. So, send me an email. I'll send you our criteria and what we're working on.

**Peg:** Excellent.

**Steve:** Let me say this, it's a mentoring program. I can't train people in a couple of weekends because it really is growing you into a place and then training over time but we absolutely do

that. So, send me an email [stephen@quantumtechniques.com](mailto:stephen@quantumtechniques.com) . I'll send you our criteria and we'll dialogue about that for you.

**Peg:** Great! Is it p h e n, Stephen.

**Steve:** It doesn't matter, either way will get to me but yes, [stephen@quantumtechniques.com](mailto:stephen@quantumtechniques.com).

**Peg:** Thank you so much! I'm looking forward to this.

**Steve:** You bet Peg! Thanks for sharing!

**Peg:** Take care!

**Steve:** Bye bye! And I think we are out of time for tonight. We will do our last uh, on our 3<sup>rd</sup> section of the teleclinic series on autism. Again, it will be a non-fee teleclinic next week. I do have one session with Kathy through Erin and found out, again I want to state, it talks about why you lose treatment and how do you put it back on yourself and we go into another level of things. I'll probably do another session with her later this week to make sure and we do encourage people to email or ah, yeah, email questions about that ahead of time or be on the live teleclinic or webinar and send us questions at that time.

**Beth:** Thank you everyone for your participation! That really enriches the process. Thank you!

**Steve:** Absolutely! Blessings! Mahalo!

**Beth:** Aloha!

**Steve:** Bye bye!