

# The Dream

## A Foundation for Neurologically Compromised Toxic Children

© By Timothy Ray, O.M.D., LAc, Switzerland

*The recent successful outcome in a case of JME (Juvenile Myoclonal Epilepsy) and mild ASD by this author using new discoveries in alternative medicine and biochemistry, and widespread improvements in many similar patients by different doctors using the same methods, leads to hope for other children with the same or similar afflictions, for whom there is currently no hope. The 'cure' was not achieved by addressing the illnesses directly or conventionally. It was achieved by carefully removing the underlying heavy metal and chemical toxicity causing the neurological and systemic damage that manifests as these and many other diseases, and then repairing the damage. How was the 'cure' achieved? With multi-modality teamwork bridging alternative and traditional care. What was the magic bullet?*

The positive answer to the question is the reason for seeking funding for a model facility to offer this hope to children and families who could not otherwise afford it. I am personally convinced that thousand and thousands of these suffering kids and their families, and the ones to come after them, can be helped beyond the scope of current accepted Alternative or Traditional practice. Given that most of them were spawned by a toxic Mother Nature, who is currently not receiving proper treatment, we must also prepare for a more serious future. The ultimately simple methods presented here are cost effective, clinically effective, easy to administer, easy to learn and safe.

### The Magic Bullet

*It is the method by which the team is coordinated, a new understanding of and way of dealing with the deepest cause of the problem, and a way of accessing and addressing the patients metabolic needs in real-time.*

These kids are extremely complex cases. They need many kinds of care from many different kinds of practitioners. If you take even the right step at the wrong time, they can go into a relapse, a seizure, or be 'lost'. Knowing what they need, how to give it to them, when to give it to them, how much to give to them, all in a timely way during the exam - is key. Because of their metabolic complexity, if you have to wait a week or two for a lab result before starting or changing treatment, the next time you see them, guaranteed, they will be in a different metabolic configuration and have different immediate, prioritized needs. And if you don't know what they are, that kid is in trouble.

### A Typically Complex Clinical Picture

Here is an example of the challenges faced during the case I am referring to, which is typical in cases of heavy metal and chemical toxicity. The damage caused by the toxins causes problems that cause other problems, all of which trigger each other given the proper stressor. The boy was age twelve at the time, the following problems haunting him on and off for six years prior. From age 1-6 he had 'febrile seizures' and some minor but gradually worsening myoclonal activity. In hindsight, it was a metal toxic focal lesion in the brain that was at the core of the problems – but this was not known until much later. The distinct turn for the worse, the onset of severe Grand Mal seizures and increased ASD signs, started the day after the combination of an overly intense EEG biofeedback session and an acute poisoning with mercury contaminated tuna.

### Predisposing and Aggravating Factors:

1. Fetal Metal Syndrome. Mother had amalgams removed during pregnancy.
2. Genetic: history of JME mother's side.
3. Closed head brain trauma from concussion.
4. Liver damage from IV antibiotics: focal lesion.
5. Metals plus antibiotics = super-toxin.
6. Dysbiosis from IV antibiotics.
7. Tetanus injection during leg surgery.
8. Fluorine exposure from water.
9. Horrors during general anesthesia for broken leg surgery when woke up to see drill going into his leg.
10. 2-year exposure to cordless phone and Airport EMR fields 24/7 in combination with increased sensitivity to EMR from metal toxicity.
11. Unrecognized food allergies.
12. Leg length difference impacting spinal alignment.
13. Malnutrition from chronic pinworm infestation.

### Seizure and Absence Triggers:

1. Acidity causing hypoxia = Lesion.
2. Electrical fields or therapy.
3. IV antibiotics: clostridium difficile.
4. Focal scar on Spleen/Liver meridians.
5. Nightshade allergy.
6. Wheat and Dairy intolerance.
7. Acid forming foods, citrus.
8. Hypoglycemia.
9. Ileocecal valve spasm.
10. Dysbiosis.

- 11. Constipation.
- 12. Detergent allergy.
- 13. Pinworm infestation.
- 14. Ascaris infestation.
- 15. Malnutrition resulting from parasites.
- 16. Candidiasis.
- 17. Massive acute metal poisoning from fish: Hg. Cd. pre first Grand Mal.
- 18. Premature metal detox in presence of ammonium.
- 19. Nitrate containing foods.
- 20. Granuloma in upper tooth.

- 21. Mal occlusion: pressure on foramen, no brain lymph drainage.
- 22. Stressed family dynamics.
- 23. If he had had inoculations, he would be full blown autistic and more severely epileptic.

Treatment Diary:

Here is a list of issues that was kept midway during his therapy. It does not include his daily, and changing daily, supplement regime.

	Managing	Done	Method, brief intervention
Clostridium difficile		×	Tinidazole
Focal scar on Spleen/Liver meridians		×	AutoB, tapping, then Neural Therapy
Bone infection from external abridgement (broken leg)		×	NDF Plus™ poultice 2x daily, 4 weeks
Nightshade allergy	×		Avoid
Wheat and grain allergy	×		Avoid
Dairy, egg allergy	×		Avoid
Acid forming foods	×		Avoid
Hypoglycemia	×		Frequent meals
Ileocecal valve spasm		×	Correct scar, valve, NT
Dysbiosis	×		Probiotics, Fortakehl
Constipation	×		Oxy, cascara, Fortakehl
Detergent allergy		×	Planet (coconut)
Pinworm infestation		×	Pin-X
Ascaris infestation		×	Plazipanquel
Ascaris ovum		×	"
Protozoan infection		×	Paralax, Silver & Clove
Malnutrition resulting from parasites		×	Aminos, vits, mins
Candidiasis	×		Fortakehl method
Massive acute metal poisoning from fish: Hg. Cd. pre first Grand Mal	×		Wait till saliva nh4 down: constipation critical
Premature metal detox in presence of ammonium		×	Stopped
Nitrate containing foods		×	Avoid
Granuloma in upper tooth		×	Extracted
Mal-occlusion: pressure on foramen, no brain lymph drainage		×	Bite plate then retainer
Stressed family dynamics	×		Regrouping, SA
Leaky Gut syndrome	×		Formula
Chronic sinus infection	×		Antibiotics
Brain lesion	Can't get at them (chronic) until the above (acute) resolved, direct approach causes aggravations.		
Liver damage			
Metal + antibiotic damage			

## Creating A Protocol

What are you going to do first? It's an impossible case. Pick any direction; it's going to make something else worse. There is too much going wrong, and none of it obvious according to symptoms or signs. The interactions of the disturbances will be influencing each other and changing the metabolic needs and picture throughout the day. You can see why putting a child like this on medication, and/or into a special school for disabled kids, are the predominant medical choices in these diseases. If you take the case, it's a dark labyrinth that's booby-trapped. You make a mistake, the child suffers. There is no grace period.

I had one main clinical tool that I trusted: BTM (Biological Terrain Management). I'd used it for 15 years in clinic, and I could count on it to give me immediate (7 minute lab test) objective in-vivo feedback as to whether a patient was improving or not. It guided my footsteps. It helped me antidote the side effects of the drugs he had to take, know what part of his system required attention at what time, what doctor to see next, what lab test to ask for, what foods were irritating him, what was making him feel better, how he was sleeping, on and on.

It's a simple method. You test urine and saliva values before and after any intervention, food, and change of state. The values are either better or worse, and in certain definable ways. BTM keeps it real. As to creating a protocol, when you have a tool like BTM, each case reveals it's own specific and biologically compatible and prioritized set of needs. Under general guidelines, you simply continue to satisfy the needs presented by the patient as they come up until you reach the goal.

## Reality Check

I do not propose that one use BTM as the only assessment tool. BTM cannot diagnose, detect lesions, identify pathogens or toxins, specific nutrient deficiencies, or immune reactions. BTM measures the impact of these problems on the Terrain. I use all of the standard lab tests for that information in addition to BTM or HERMES or R-Terrain (please see Definition of Terms below) – all 3 of which are exclusively tools for assessing the Terrain. The synergy happens when one can both go after the offending disturbance and support the individual Terrain at the same time.

Definitions of Biological Terrain Management Systems Terms:

System	Method	Based On	Use	Database Accessed
BTM	In-office urine and saliva lab test	Bioenergetics and physiology	General	Full BTM
HERMES	In-office urine and saliva lab test	Physiology	Specific to detox	Full BTM
R-Terrain	Resonance test	Bioenergetics (Test kit remedies proven with BTM pre and post lab values.)	General	Basic BTM

## Five Phase Heavy Metal & Chemical Detoxification and the *HERMES* Guidance System (Doctor's Brief)

© By Timothy Ray, O.M.D., LAc, Switzerland

### Abstract

*This paper presents: 1) a new method of mobilizing and eliminating heavy metals and chemicals from the entire body, including the gut, the organs, the circulatory and nervous systems, the brain, the marrow and – importantly – ischemic lesions, safely and effectively, based on 15 years of direct clinical experience, laboratory evidence, and research in the field; and 2) HERMES, an optional real-time system for managing Five Phase Detox with in-office urine and saliva chemistries, integrated questionnaire and software guidance. This paper is presented as an overview and invitation for doctors to participate in a Beta Site test of the information. Full clinical details are available through expanded documentation and seminars<sup>1</sup>. The Five Phase Method can also be managed with R-Terrain<sup>1a</sup>, EAV and other forms of resonance testing. This method specifically addresses patients with pathology who require supervision.*

### Introduction

In this age of pandemic pollution, you cannot know if the “traditional” diagnosis is correct or ensure the patient that your “anti-aging” program will work until after you have taken the metal and chemical toxicity out of the system and repaired the damage<sup>2</sup>. The World Health Organization noted as early as 1974 that heavy metal and chemical toxicity were at the cause of most chronic degenerative diseases. Yet here we are, in 2006 – thirty-two years later, and the evaluation of this toxicity is still not a part of the standard patient intake process.

I have seen patients who had been diagnosed with illnesses including MS, Crohn's disease, liver cancer, autism, hay fever, arthritis, gout, rheumatism, type 2 diabetes, Desert Storm syndrome, migraines, chronic candidiasis and parasite infections, psychotic “horrors” and a multitude of others end up hearing their doctors say, “It was a misdiagnosis,” after completing HM&C (Heavy Metal & Chemical) Detox successfully.

<sup>1</sup> Instruction in *HERMES* is for Professional Health Care Providers only. Please e-mail your name, contact information, license type, and specialty to us at [Viteras@gmail.com](mailto:Viteras@gmail.com). We will provide you with the pertinent seminar information and a password to the BTM demo website. Doctor Proficiency Certificate issued on completion. <sup>1a</sup> See R-Terrain article in this Issue <sup>2</sup>WHO 1974, Florence, Italy. Also see *Townsend Newsletter* list of heavy metal symptoms at [www.healthdetox.org/articles/other\\_articles/tdlp.html](http://www.healthdetox.org/articles/other_articles/tdlp.html).

**Heavy metals and chemicals interfere with cellular, enzyme, endocrine and neurological function.** I never “cured” any of those diseases, as the patients never had them to begin with. The HM&C toxicity manifested as those disease syndromes.

If a person is poisoned, common sense dictates that one has to deal with the poisoning first. What are we working towards? We are working towards removal of the obstacles that prevent the patient’s “Inner Healer” (the body’s innate inclination and ability to heal itself) from doing a job no medicine could hope to achieve, so that more patients might experience a “spontaneous remission” or an initial “misdiagnosis,” as well as removing an obstacle that could prevent the therapy that they do need from working.

How do we do this safely and effectively?<sup>3</sup> ***If more poison is mobilized than can be excreted or neutralized, the poisons redistribute into otherwise healthy tissue and continue to cause cell death, dysfunction or mutation***<sup>4</sup>. This produces the symptoms of a “healing crisis,” which is really a misnomer for either a crisis of poor case management, the disturbing chemical interaction of mercury with ammonia, acute infections due to the withdrawal of the antimicrobial effects of various heavy metals, or candida die-off symptoms (which are actually a sudden release of the heavy metals bound into the yeast cell wall as the yeast dies). These problems are solved with “Five Phase Detox” because it ensures that *one only mobilizes what can be thoroughly excreted*. The process works from the outside in, and in the following Five Phase sequence:

Phase 1 – *Stop exposure and prepare the organs of elimination*

Phase 2 – *Clean and restore the gut*

Phase 3 – *Clean the systemic intra- and extra-cellular areas*

Phase 4 – *Clean the central nervous system and the ischemic areas*

Phase 5 – *Repair any remaining damage*

## The Guidance System

**HERMES** is an in-office method of comparing specific urine and saliva values to “optimal” for the purpose of monitoring the efficiency, effectiveness and safety of Heavy Metal & Chemical Detox during the entire course of therapy. **HERMES** allows one to virtually immediately (7 minutes) see what the impact of any therapy or supplement is on a human being. This takes the guess work and waiting out of clinical case management.

**HERMES** is an easy to use system based on Biological Terrain Management (BTM)<sup>5</sup>, a complex lab work/software analysis system synthesizing the works of Vincent<sup>6</sup>, Reams<sup>7</sup>, Pisschinger<sup>8</sup>, Enderlien<sup>9</sup>, Popp<sup>10</sup>, Klinghardt<sup>11</sup>, Maslow<sup>12</sup> and Traditional Chinese Medicine<sup>13</sup>, which requires years of multi-disciplinary study to understand and use effectively. In spite of the complexity of cross modality interfaces, the core of the system is based on the observation of cause and effect:

Both Reams and Vincent determined what optimal human metabolic markers were during the 40’s and 50’s, prior to the advent of the pandemic pollution we live in today. They both saw that they could monitor the progress of any therapy by noting if those values moved towards or away from “optimal” during the course of therapy. Reams looked at metabolic efficiency through the digestion of fats, carbs and proteins. Vincent looked at the electrical state (oxidation/reduction, conductivity and pH) of the body fluids and correlated them to cause and effect. I noted many years ago that the Reams calculations could accurately predict the Vincent findings, but not visa versa, and thus the basis of BTM was born as a synthesis of the two.

**HERMES** (The Messenger of the Gods) streamlines the BTM knowledge base into a system that specifically manages HM&C (Heavy Metal & Chemical) Detox according to easy to measure and understandable physiological markers<sup>14</sup>. A quick in-office lab test<sup>15</sup> is performed on patient urine and saliva samples, the

<sup>3</sup> Heavy Metal Detox Without A “Healing Crisis” T. Ray, Explore! For the Professional, Volume 10, Number 6, Page 9; The Happy Patient Checklist T. Ray, Explore! For the Professional, Volume 12, Number 6, Page 12. NOTE: All articles cited here by T. Ray can be found in their full text at [www.healthydetox.org](http://www.healthydetox.org). <sup>4</sup> <http://commonsucalgary.ca/mercury/>. Also see footnotes for Fetal Metal Syndrome (FMS) T. Ray, Explore! For the Professional <sup>5</sup> Real-Time Functional Medicine and The Terrain T. Ray, Explore! For the Professional, Volume 12, Number 3, Page 37 <sup>6</sup> Prof. C. Vincent. Oxidation-reduction potentials are seen thru triangulations of patient values on the BEV grid. ORP deviations have been found by me to be the result of metabolic deregulation, rather than a primary cause, and thus dealing with the expensive and difficult to calibrate ORP electrode is not required in BTM. <sup>7</sup> The difficult to understand but essential work of Carrey Reams is included in the analysis, with my addition of his same measured urine values in the saliva, which provides a systems flow perspective of the metabolic Terrain for the first time. <sup>8</sup> An evaluation of the ground substance is provided by ‘calculated tissue pH’, and used as a measure of general progress. <sup>9</sup> Disturbances in the endogenous bacterial cyclogeny can be predicted based on Terrain disturbances and correlated to darkfield microscope findings. Terrain stability, or the measured values returning to optimal, correlates to the reversal of the pathogenic forms. (Based on 7 years of personal darkfield/BTM observations.) <sup>10</sup> The practical application of biophoton theory, and therapy according to specific color frequency needs, are addressed and referenced to the correlation between spectrum analysis of patient urine and complexes of metabolic imbalances. Please see “The Terrain Complex Remedies”, available from [Viteras@gmail.com](mailto:Viteras@gmail.com). <sup>11</sup> Immediate placement of the patient in Dr. Klinghardt’s “Five Levels of Healing” is made, the specific next step in therapy identified, which drastically shortens the time required to arrive at the ART test results. Corroboration between ART and BTM was tested and concluded as true by myself and Dr. Klinghardt. This is a wonderful instance of biochemistry supporting the energy model of the human being, and energy medicine’s ability to see the biochemistry of the Terrain. Using Dr. Klinghardt’s biological medicine paradigm as a context for BTM Terrain evaluation brings the subject into the modern world. Doing justice to an explanation of Dr. Klinghardt’s work is beyond the scope of this paper and I heartily suggest that you visit [www.neuraltherapy.com](http://www.neuraltherapy.com). <sup>12</sup> BTM identifies whether the current issue is predominantly in the Cell or the Psyche, therefore which one needs to be addressed first in order to get at the other. The program further identifies where in Maslow’s hierarchy of the emotions the patient is stuck. (Based on 9 years of observing the correlations between Dr. M. MacKenzie’s “Self-Actualization” work and the participants’ BTM panels.) Further information on Maslow can be seen at <http://www.maslow.com/> and in an informative article posted at <http://chiron.valdosta.edu/whuitt/col/regsys/maslow.html> <sup>13</sup> A correct TCM diagnosis can be made from calculations done on the urine and saliva values, a phenomena observed countless times over the years. The deficient and excess Meridians (an ancient concept from Acupuncture denoting the pathways of the flow of Qi or energy throughout the body, proven to have physiological reality in Korea with isotope tagging a decade ago) are identified, corroborated with pulse and tongue diagnosis, and TCM syndrome differentiations. <sup>14</sup> Optimal value reference ranges were established with healthy people in the late 30’s and 40’s before our current massive exposure to pollution, pesticides, millions of new chemicals, amalgam fillings, vaccines, preservatives and the like. It would be difficult, probably impossible, to establish healthy normal values now. <sup>15</sup> The lab equipment required for this test costs about \$1,000 for the deluxe set-up. There is no need to spend thousands on the various devices offered today that measure other values that are not directly related to “cause.”



values (pH, mS, brix, NO<sub>3</sub><sup>-</sup>, NH<sub>4</sub><sup>+</sup>) are entered into the program, the findings are summarized in a status and progress graph, and biocompatible patient recommendations appropriate to each phase of detox are made. The software makes over 50 different assessments and calculations and the results are cross-referenced to a huge empirical database populated with the results of thousands of human pre- and post- BTM remedy, food and therapy trials. Biocompatible support during detox makes the process safer, more effective, and faster.

The physiological markers we are looking at are normally evaluated in the blood. The blood does anything it can to maintain homeostasis, and I believe this is why abnormal blood markers are generally too late to allow us to track patient responsiveness or deal with prevention in chronic situations. We are looking at what the body is holding onto in the saliva values versus what the body is capable of excreting in the urine values. Blood values tell us what the body was able to buffer or neutralize relative to the urine and saliva findings in its relentless quest for homeostasis. Here is a brief view of the traditional blood markers, which point to the physiological significance of the same values seen in urine and saliva:

Labs		
Blood Marker	Elevated	Below Normal
Ammonia (NH <sub>4</sub> <sup>+</sup> )	Toxemia, Inactivates cytochrome P450, increased beta-glucuronidase activity that uncouples conjugation by liver - increased estrogenic response, hepatic coma, poor kidney function.	Protein deficiency.
Nitrate (NO <sub>3</sub> <sup>-</sup> )	Increased NO, down regulates hormone sensitive lipase, elevated arachadonic acid, reactive hypoglycemia and adrenal stress syndrome, decreased breakdown of stored triglycerides, biliary cirrhosis, elevated CRP.	Biliary obstruction, lowered HDL, total cholesterol drop.
Glucose (Brix)	Diabetes.	Hypoglycemia.
Electrolytes (mS)	Dehydration, poor kidney function.	Water retention, abnormal heart rhythm, excessive vomiting or diarrhea.
pH (pH)	Metabolic alkalosis, buffer abnormality.	Metabolic acidosis, buffer abnormality.

In BTM we deal with the empirical electrical implications of these markers on the electro-chemical homeostasis of the body, or The Terrain. In *HERMES* we are guided by the known physiology. If you see that the course of therapy is not correcting these values in a timely way, you will know when to do further testing, in what area, and when to refer.

## Phase One

### a) Stop the Exposure

The basic pre-detox issues are assessed and addressed: acute infections or trauma, dental, stress<sup>16</sup>, diet, weight issues, water, lifestyle, structural stability, environment and history. Exposure during gestation must be addressed, as well<sup>17</sup>.

*HERMES*: A software-based interactive *HERMES* Questionnaire<sup>18</sup> is completed and assessed; this alerts the doctor to prioritized focal and lifestyle obstacles to progress and gives the patient instructions on how to resolve them. The approach is very specific in terms of diet, as it provides a list of beneficial and detrimental foods pertinent to optimizing the current metabolic state.

### b) Prepare the Organs of Elimination

The bowels, liver and kidneys must all be functional or supported before attempting the use of a chelator. Adrenal stress, general stress, allergies and dysbiosis are evaluated because they further hamper elimination.

### c) Clean Outbound Toxins in the Body Fluid

Using Vitae Nano-C it is possible to clean the blood without provoking systemic detox. This facilitates bringing the organs of elimination up to a more functional state.

*HERMES*: The program identifies which elimination pathways need correction, with what biocompatible supplements, diet or lifestyle changes, and what further testing is suggested. Some of the main markers during Phase One, and of continuing importance throughout detox are:

Marker	Significance	Note
Saliva NH <sub>4</sub> <sup>+</sup>	Ammonia backup in the system; bowel, liver and kidney function; yeast problems.	NH <sub>4</sub> <sup>+</sup> and Hg are incompatible lab chemicals (cause explosion), thus not a good idea to begin detox while NH <sub>4</sub> <sup>+</sup> is elevated.
Urine pH and mS	Phase 1 & 2 Liver Detox pathways.	Must be functional during detox.
Saliva pH	Calculated tissue pH.	A marker for systemic progress.
Saliva NO <sub>3</sub> <sup>-</sup>	Reactivity, allergy, inflammation, pain.	Useful for modulating the dose, correcting allergies and pain, paradoxical reactions to remedies.

<sup>16</sup> Peak Performance Training: Initial Observations of Data T. Ray, Explore! For the Professional, Volume 11, Number 2, Page 12 <sup>17</sup> A Child's Inheritance: The Modern Miasm T. Ray, Townsend Letter for Doctors and Patients, February/March 2002, #223/224, Fetal Metal Syndrome (FMS) T. Ray, Explore! For the Professional

<sup>18</sup> www.healthdetox.org/questionnaire.html.

The most frequently used main remedies to choose from during Phase One appear in the table below:

Phase One Main Remedies	
LiverLife™	Restores Phase 1 & 2 Liver Detox pathways, support and drainage for liver and kidneys, drains acids from the system, restores alkaline reserve. <sup>19</sup>
CytoFlor™	Powerful immune tonic, provides ‘competitive exclusion’ effect in gut without danger of live flora methylating Hg <sup>20</sup> , lowers NH4+. <sup>21</sup>
Vitae Nano-C	Nanonized chlorella enters the blood stream and binds to toxins without provoking detox.
OxcOxy or Epsom Salts (Mg. peroxide)	Flushes the gut without being absorbed.
TC	Terrain Complex Remedy. Individualized biocompatible Terrain support. There are 12 different TC Remedies. <sup>22</sup>

**Dosage Note:** All suggested remedies are introduced one at a time, and the dosage is ramped up towards the manufacturer’s suggested dose per patient tolerance.

HERMES lets you know when the patient is capable of beginning Phase Two Detox based on the follow-up HERMES Panel and Questionnaire.

Phase Two

People with a history of amalgam fillings will have accumulations of metals and the consequences of their damage in the gut. People who have acquired HM&C toxicity through other means will normally also have an accumulation in the gut as the body’s main route of excretion is via the liver and the bowels. ***If we attempt systemic detox while the gut is still polluted and damaged, the overflow of toxins into the gut and the backup into the blood and kidneys are too much for the organs of elimination to deal with.*** In Phase Two we specifically target the gut for this reason.

HERMES: Manages dosage, drainage, organ support, and diet. The main markers and additional remedies during Phase Two include:

Marker	Significance
Saliva NH4+	Adequate protein assimilation.
Urine/Saliva pH ratio	Digestive function.
Saliva and Urine NO3-	Food allergies and parasites.
FE% (Functional Efficiency)	Stress Index.

<sup>19</sup> Contact [www.bioray2000.com](http://www.bioray2000.com) <<http://www.bioray2000.com>> <<http://www.bioray2000.com>> and request a copy of the ‘new’ (2/06) version of “pH Management of Heavy Metal Detox.” It contains the most specific information on the use of LiverLife™. Product information can also be found in their Products section. <sup>20</sup> [www.healthydetox.org/tips/ndf\\_detox\\_issues\\_considerations/probiotics\\_hmd.html](http://www.healthydetox.org/tips/ndf_detox_issues_considerations/probiotics_hmd.html). <sup>21</sup> Please contact [Viteras@gmail.com](mailto:Viteras@gmail.com) and request a copy of the CytoFlor™ literature. <sup>22</sup> Please contact [Viteras@gmail.com](mailto:Viteras@gmail.com) and request a copy of the Terrain Complex™ Remedies literature. <sup>23</sup> On file: at least 40 pre and post therapy purged stool exams performed by Dowell Labs, US, showing that Silver & Clove alone killed all single celled parasites detected, including e. hystolitica, giardia lamblia, cryptosporidium, yeast, etc. Worms required the addition of K-Min (diatomaceous earth) or an OTC. <sup>24</sup> The Mitigation of Mercury Vapor Inhalation and Exhalation in People with Dental Amalgam Fillings T. Ray, Townsend Letter for Doctors and Patients, November 2002, #232. <sup>25</sup> The nanonization process used to make NDF’s releases the CGF within the chlorella cytoplasm into solution. Because it is cold processed, the delicate peptides are not altered by the current practice of extracting CGF by boiling the chlorella (heat).

Phase Two Main Remedies	
Green Light™ aka: GlowAgain	Absorbs and eliminates metals and chemicals in the gut without provoking systemic detox, provides assimilable nutrients and tissue repair factors.
Silver & Clove™	Kills all parasites <sup>23</sup> , buffered to not impact the Terrain.
TC	Terrain Complex Remedy.

Chelator: Green Light™. Ingredients: nanonized Yaeyama Chlorella, Vitae water, and alcohol as a preservative. Atomic Absorption Spectroscopy studies have shown that nanonized chlorella is at least 50 times more effective at binding mercury vapor than regular ‘cell wall broken’ chlorella<sup>24</sup>. The proportion of nano particles to split diatoms is adjusted so that maximum binding in the gut is achieved without stimulating systemic detox. Removing the metals and chemicals is the first step to correcting gut dysbiosis, candida, flora problems, and repairing the Peyer’s Patches, our first line of immune defense. Green Light™ further delivers the broad-spectrum super nutrients chlorella is famous for in a 100% bioavailable form, and proprietary cold-processed CGF<sup>25</sup> for tissue repair.

TC: The Terrain Complex remedies are changed according to needs, providing broad spectrum support. Silver & Clove™, and any other pertinent remedies, are only used as required. There is no ‘cook book’ approach to the Five Phases, only general guidelines, which become specific recommendations based on the HERMES findings. Each Phase, each problem, suggests the possibility of dozens of approaches, therapies and remedies. HERMES narrows it down to the single most relevant priority and suggests a solution that is known to bring that particular chemical imbalance towards optimal.

Progress is evaluated and specific markers let you know when to proceed to Phase Three based on the follow-up HERMES Panel and Questionnaire.

Phase Three

The liver and kidneys have been monitored and restored towards optimal function during Phases One and Two. The digestion has improved and the bowels are healthier. Now we can move ***into*** the body and begin to bind extra-cellular toxins, mobilize and bind the intra-cellular toxins, and bring them out primarily via the urine to avoid reabsorption in the gut.

**HERMES:** The main markers and additional remedies during Phase Three include:

Marker	Significance
Urine mS/brix ratio	Cell membrane permeability.
Saliva NO3-	Detox tolerance.
FE%	Stress Index.

Phase Three Main Remedies	
NDF Mobilizes and binds mostly extra cellular toxins NDF Plus™	Mobilizes and binds intra and extra cellular metals <sup>26</sup> and chemicals, allows for excretion via the urine, built in drainage to pull acids out of the system, fulvic acid nutrient catalysts, 100% bioavailable super nutrient and cold processed CGF.
Omega 3 or 6	Adjust cell membrane permeability to optimal.
Live Probiotics	Can be introduced towards the end of Phase Three to re establish the gut flora.
TC	Terrain Complex Remedy.

Chelators: **NDF** and **NDF Plus™**. The most important guideline for use is “ramping up the dose” per patient tolerance. The dose is sublingual. The route of excretion can be selected: 1. Via the urine = take 3 oz. of water every fifteen minutes following the dose for one hour. 2. Via the bowels = take 3 oz. of water immediately following the dose only and limit fluids until the second urination following the dose.

Lab proof of effectiveness and more detailed instructions for using NDF Plus™ can be found at [www.healthydetox.org](http://www.healthydetox.org) or [www.bioray2000.com](http://www.bioray2000.com). NDF Plus™ is currently a very popular chelator in the autism community in the US because many families say that they are “recovering” their children with it<sup>27</sup>. The length of this Phase depends on the patient response. Once patients hit a plateau in their improvement, it is time to do a re-assessment that includes another **HERMES** Panel.

Many people appear to be completely improved at the end of Phase Three. If there are no longer any neurological,

mental, emotional or unexplained organ dysfunction symptoms involved with the case, proceed to the Final Metals Challenge Test described in Phase Four.

## Phase Four

Heavy Metals, especially mercury, cause cell death, and therefore lesions that have no blood supply; **this means that no chelator can reach them**. The metals concentrate in the lesions, as the metals migrate to the weakest tissue before it becomes ischemic<sup>28</sup>. That lesion triggers electrical events and functional chaos wherever it is – in the brain or other organs. The body does not know it is there, because there is no nerve supply, and cannot attempt to self-heal. This is a probable reason why one person will get well with using a chelator and another will not. How might you get the chelator into the lesion? HBOT (hyperbaric oxygen therapy) forces circulation into ischemic areas. Case example: A 12-year old patient diagnosed with JME (juvenile myoclonic epilepsy) and ASD had completed systemic detox and had improved significantly<sup>29</sup>, but still had mild seizure activity and mild ASD. I gave him 56 drops of NDF Plus™ before the last 30 of 40 HBOT sessions (steel chamber, moderate pressure at 1.5 atm). He was 85% improved afterwards as evidenced by a marked increase in present time consciousness, less stimming, no sign of pre-seizure absence, no more grand mal seizures, normalized conversational ability, and improvements in school work. Inspiring. But not everyone can do 40 sessions of HBOT. (**HBOT is not recommended while a person is systemically metal toxic per Dr. David Steenblock DO.**<sup>30</sup>) The patient continued on to take a course of **NDF Plus Lipo™** during which time all seizure medication was stopped, and following which he was fully recovered.

**A liposome ensures delivery of the substance it carries across the cell membrane by diffusion in the absence of circulation.** NDF Plus Lipo™<sup>31</sup> is the combination of NDF Plus™ with 92% pure phosphatidyl choline as the main ingredients to create a liposomal delivery system for the chelator. Finally, we can target the end point of metal and chemical detox for many people who were previously without hope.

A word of caution: **Do not attempt to detox lesions in any chronic or severe case before systemic detox is achieved! The release of toxins can prove too much for the eliminatory powers or binding capacity of the chelator and create a “healing crisis” (a misnomer for a mistake), which is another reason to use the Five Phase Detox system in its given sequence.**

<sup>26</sup> The director of a prominent US lab specializing in heavy metal challenge testing remarked that the reason more metals show up in the urine of metal toxic people who included NDF with DMPS as the provocative agent, as compared to that person's baseline challenge with DMPS only, must be that NDF pulls metals from the intra cellular areas, as DMPS exclusively pulls from the extra cellular areas. <sup>27</sup> You can read about this on the chat board: [BioRaynaturaldetox@yahoogroups.com](mailto:BioRaynaturaldetox@yahoogroups.com) <sup>28</sup> Per Dr. Dietrich Klinghardt MD. <sup>29</sup> This was an extremely complex case, diagnosed as JME and ASD, with absence disorder, learning difficulties and grand mal seizures. History and complications included: mother had amalgams removed incorrectly during gestation causing fetal Hg toxicity, undetected food allergies, round worm infestation, malabsorption and resulting malnutrition, infected root canals, motorcycle accident causing concussion and lesion with broken leg requiring IV antibiotics and anesthesia during surgery, a focal scar resulting from the external abridgement, TMJ disturbance, chronic sinus infection, and chronic constipation. Medicated with Depakote. Getting to the point of being able to safely treat the focal lesion took 3 years. Six months post NDF Plus™/HBOT therapy and Umbilical Stem Cells, a course of NDF Plus Liposome was used and the Depakote withdrawn. The patient is currently drug and symptom free, and fully functional. <sup>30</sup> I have never heard or seen of any evidence that “If the person is metals toxic it will distribute metals throughout the body.” if they are doing chelation along with HBOT. What I and other physicians have warned about is that certain forms of chelation allow for the production of hydroxyl radicals via Fenton reactions and these reactions may be detrimental. We see this especially with Parkinson's patients that get worse ONLY with hyperbaric oxygen's reaction with the metals that are contained in the person's brain. I have not seen a paper or evidence clinically that these concerns are true but are merely brought to your attention to be aware of the possibility. The following article sums up the current thinking on oxidative stress due to metals. Cordially, David Steenblock, MS, DO. [www.strokedoctor.com](http://www.strokedoctor.com) [www.stemcelltherapies.org](http://www.stemcelltherapies.org). <sup>31</sup> Available through [Viteras@gmail.com](mailto:Viteras@gmail.com).



**HERMES:** The main markers and additional remedies during Phase Four include:

Marker	Significance
Any marker spike or fall	Sudden release of toxins/specific organ stress.
Urine mS	Excessive excretion of metals.
Saliva NO3-	Detox tolerance.
FE%	Stress Index
Phase Four Main Remedies	
NDF Plus Lipo™	Liposomal chelator targets brain and lesions.
TC	Terrain Complex Remedy.

When the patient reaches a plateau in their progress it is time to reassess and run another **HERMES** Panel.

**Final Heavy Metal Provocative Challenge:** At this point, *only after completing the first 3 phases*, once the patient is asymptomatic, it is generally safe to run a Provocative Challenge<sup>32</sup> heavy metal test that combines (for an **ADULT** dose) NDF Plus Lipo™ at 2 teaspoons, either DMPS or DMSA at the challenge dose, and 3 droppers full of LiverLife. Collect first feces at least 5 hours after the dose and urine at 3 and 24 hours. Remember, you will not see chemicals, residual antibiotics, mycotoxins and other neurotoxins in this test. If the Provocative Challenge results show that there are still heavy metals being excreted, continue with Phase Four per patient tolerance, and make sure there is no ongoing exposure. Run another **HERMES** Panel on the morning after the Challenge if the patient requires support.

Phase Five

Once the challenge result is clear and the patient has experienced a major improvement, give them some time off to self-heal and adapt to their new situation.

If the Challenge report is clear, and they are still sick, now Traditional and Alternative Therapies will be at their most effective. Issues that could not be resolved while the metals and chemicals were present, such as chronic parasite and yeast infections, dysbiosis, neurological issues, enzyme function and Krebs cycle abnormalities can now be addressed.

**HERMES:** At this point one switches from the detox specific **HERMES** approach to the more general and inclusive BTM. BTM guides you to the optimal biocompatible therapy for that individual and monitors its effectiveness. One of the calculations it performs is assigning specific complexes of chemical imbalances into 12 metabolic Zones, and each Zone responds best to certain foods, remedies and therapies. BTM

can identify when the predominant issue is in the Psyche versus the Cell<sup>33</sup>, guide you through the complexities of fasting, and let you know when to stop a given intervention. BTM can identify and know when to switch between, for example:

Zones	Therapies
6	Gerson Therapy
9, 12	Hormone Replacement Therapy
5	EFA's
11	Parasite Cleanse
3	MAYR cure
1, 10	Sanum and Enzyme Therapy, Probiotics
1,2,7,12	HBOT
2	Laetrile, Liver Cleanse
7	Gall Bladder Flush, Ozone Therapy
4	Revicci Treatments
8	Anti microbials, immune support, adrenal insufficiency.
All Zones	Psychological versus medical modalities.

If the case is resolved, BTM will now tell you the patients' Constitutional Diet, support remedies and therapies, so that they can maintain their health in an optimal way. They are in a position to reap the benefits of an individualized and biocompatible "anti-ageing" program, as the Toxic Body Burden is no longer dragging them backwards.

Endnote

**Simplicity:** Yes, you can use the entire Five Phase HM&C Detox program without **HERMES**, if you are willing to use the combination of common sense with instinct, trust a subjective testing method, wait for lab work, make time for trial and error, hit some road bumps, and have access to the recommended products. The products I have recommended here are the ones that I know perform their required, stated functions without side effects according to BTM and **HERMES**. The more you know about detox in general, and other chelation choices, the better. There is a lot of useful preparatory and detox management information at [www.healthydetox.org](http://www.healthydetox.org), including the "Happy Patient Checklist," which can help you avoid some of the road bumps.

A poisoned patient cannot respond in the expected way. Knowing what you are up against in each Phase is the biggest part of the battle. With the combination of a detox method subjected to over 15 years of refinements in clinical practice, guided by the **HERMES** biocompatible supplement and early warning system, the patient is better served on their way to effective treatment and optimal improvement. ➡

<sup>32</sup> The Heavy Metal Challenge Issue T. Ray, *Dental Truth*, A Publication of DAMS, Intl., Dental Amalgam Mercury Syndrome - June 2002, Double Issue. <sup>33</sup> BTM can tell you if the predominant need is currently in the Psyche (mental emotional bodies) or the Cell (physical body). In clinical practice there is no real separation between the body and the mind, only the distinction as to the correct sequence in which to address each. **HERMES** does not address issues of the Psyche as 'causal' because heavy metal and chemical toxicity create physiologically based chaos in the CNS. To attempt to resolve psychological issues while a person is toxic is not as productive as addressing them after detox. To diagnose a person with a mental condition while they are still metal and chemical toxic is... unfair.



## R-Terrain

© By Timothy Ray, O.M.D., LAc, Switzerland & Fiona Dann MSc Chiropractic, BSc Hons, United Kingdom

### Abstract

*We know from doing multiple **ART**<sup>1</sup> (BioResonance) and **BTM**<sup>2</sup> (BioChemistry) exams on the same patients during the last three years that each system independently finds the same specific 'priority of treatment' results, and each system contributes tremendous clinical value in a way that the other system does not. We are enthused to see that there is finally a way for biochemistry to see the body electric, and that the **ART** method can see human biochemistry. Most importantly, we have seen that an **ART** test of the new Terrain Complex and Essence Remedies correctly and repeatedly identifies the **BTM Zone**<sup>3</sup>. Therefore we have effectively created a **TERRAIN RESONANCE TEST** method that replaces the lab work required to do **BTM**, accesses the essentials of the **BTM Database**, and synthesizes the two systems into a dynamic new system: **R-Terrain**. Having access to **R-Terrain** support and strategy during therapy creates a safer, faster, and more effective clinical outcome.*

### Terrain, BodyMind and the TCM Concept of Excess and Deficiency

We include the Cell and the Psyche in the concept of The Terrain, our inner electro-chemical environment. We are going to bridge the gap between traditional Terrain Theory ('the Terrain is everything, the microbe is nothing.') and the modern scientific view of microbial, genetic and toxin induced pathology with an Ancient concept of balance from Traditional Chinese Medicine. There is no chicken before the egg before the chicken: like Yin and Yang, and the Excess and Deficiency that reside within each, they are inseparable and mutually dependent until death do they part. We will identify the weakness or obstruction in the Terrain and resolve it, giving us a better defense against the exogenous pathogen or toxin; we will also identify the pathogen/toxin and resolve it, as it weakens and obstructs the Terrain. If there is a 'genetic' defect that remains, we will know it clearly, as otherwise we could not. It is a given in our polluted world that all patients require Heavy Metal and Chemical Detox and maintenance as pre-requisite to lasting, self-sustaining Terrain Regulation and Self-Discovery.

### The R-Terrain or "Matrix" Remedies

For the first time we have bioenergetic 'frequency' remedies that were created using provings with biochemistry (BTM). Each remedy has a known and measurable physiological impact. A colleague pointed out, after I had explained BTM to him, "So you could prove whether homeopathy works or not!" Yes. The Matrix Remedies are used both for the Test Kits and as the actual remedy. They are divided into 2 groups: Cell (called 'The Terrain Complexes') and Psyche (called 'The Essence Remedies'). They are both tonics and regulators, used to support specific aspects of the Terrain, and to help compensate for any stress caused by the use of other anti-pathogen/toxin interventions.

### The Terrain Complexes – The Cell. (Dr. Ray)

For years I had believed that the huge body burden modern man carries of heavy metals and chemicals (and their consequences: infections, mutations, dysfunction) electrically disrupts the subtle bioelectric circuits in the system and thus prevents the successful clinical application of homeopathic, isopathic, photonic and information based interventions and diagnosis. These methods certainly work as they are supposed to after detox and the damage has been repaired. I had thought that the Vital Force in our bioelectric circuits could not be sufficiently fortified to respond to subtle interventions because of the nutrient and oxygen depletion we all face unless thorough detoxification, dietary and digestive corrections were made. I had also thought that while people have focal issues and amalgam fillings they required physical correction before any subtle intervention could be effective. These considerations were bypassed when I first successfully managed a person's Terrain who had amalgams and infected root canals using the Terrain Complex (TC) remedies; proving it with pre and post BTM's. This allows for therapeutic progress and symptomatic support but does not replace the need for detox or foci correction.

<sup>1</sup> ART/RD, the brainchild of Dr. Dietrich Klinghardt MD, is Autonomic Resonance Testing. It is an ultra sophisticated and reproducible advancement on Applied Kinesiology. Information and instruction can be found through [www.neuraltherapy.com](http://www.neuraltherapy.com). <sup>2</sup> The BTM method is: one measures 10 chemistries in urine and saliva of the test person. One then gives the same person a physical dose of something. One measures the same values the next time the test person can urinate. One calculates the difference between the two measurements, interprets it as a vector in a grid, and stores it in a database. Once one has done enough tests on a single substance on different types of people the vector is averaged. The next time that particular imbalance in the chemistries is seen in a patient, the appropriate substance having the correct vector can be used to correct the values towards optimal. The BTM database is founded on the calculated biochemical impact of ingested substances and therapeutic interventions. The general idea has been around for decades, thanks to pioneers like Carey Reams, John Crofoot, the College of Nu-Health, and many others with no nonsense common sense. <sup>3</sup> BTM Zone: a specific pattern of deviations from normal in the values measured in urine and saliva by BTM. There are 12 basic Zones.

The deepest layer of the Terrain is technically described as the ‘Photon Grid’<sup>4</sup>, which creates beat frequencies that give functional instructions to our cells, organs and Psyche. The impact of frequencies is most easily seen on water as the ripples created by a stone thrown into a pond. (The frequency of the airborne stone is completely different from the frequency of its impact on the water; and we will discuss this later.) We are 70% water. Please think of this Terrain as water for a moment. It isn’t, our body fluids are a part of and at the effect of the Terrain, but water is very close and serves to illustrate a point.

Take a look at the micrographs of the crystalline structure of water by Emoto<sup>5</sup> and you can see that various psychological and environmental states impact the shapes of the water crystals. Water from a pure source high in the mountains, that has been talked to lovingly, or exposed to beautiful music, shows a coherent and beautiful crystalline structure. Water that emerges in a polluted big city, or that has been exposed to hatred or discordant noisy music, shows no coherence, no crystal at all. Without coherence, there is no resonance, and energy based remedies need resonance in order to work. When our bodies are polluted, just like the water, there is no crystal shape for the healing signal or note to resonate with. In order to get the message in, the crystals in our body water have to have coherence. Then we can hear the healing note in spite of the noise within us or that surrounds us.

One example of the power of crystal rich, coherent water comes from my days of inventing NDF, a natural heavy metal and chemical chelation remedy. A friend of mine, Dr. R Christman, with access to real time digital EEG equipment, asked to study the impact of NDF on the brain, and he also wanted to study the impact of each of the individual ingredients. He found that the synergy of the ingredients was much more powerful than the sum of each. He also found that the most powerful single ingredient for normalizing brain function was Vitae, the specially structured water I use to make NDF. That means the impact of the Vitae water alone was greater than the impact of chlorella, cilantro, probiotics and alcohol. Vitae is a living water concentrate of coherent, charged crystals.

How the TC Remedies Work:

Steps	Methods
1. Create temporary coherence in a noisy environment.	1. Vitae, when introduced to polluted water, shares its crystal coherence and converts the disharmony to harmony.
2. Deliver the information in a language the cells can understand.	2. Potentize with laser. <sup>6</sup>
3. Deliver the frequency required to achieve the result.	3. Imbed the hydration envelope of the water with the exact frequency information, align isopathics accordingly.
4. Deliver the combination to the required area, or weak meridian.	4. R-TERRAIN, BTM or ART selection of TC.

Therapeutic Principle

Each TC is associated with a TCM acupuncture Meridian and its BTM Zone. Each meridian in a weakened (Deficient) state is associated with a different meridian in a congested (Excess) state. The TC match identifies the weakest meridian and strengthens it, which in turn relieves the congested meridian. The cause is found in the weak meridian, the symptom is found in the congested meridian. The associated Excess meridian generally requires the additional anti-pathogen or drainage remedy. See the TC/Color Reference Chart below for paired meridians. Each TC is further embodied with a specific isopathic complex that guides the Zone metabolic imbalance towards homeostasis.

**Ingredients:** Vitae Crystals, CIC/X D6, Zone IsoPlex, and alcohol 20% as a preservative. (CIC = Color Impact Complex)

Understanding and Using the TC's by Their COLOR Aspect

What is ‘normal’ color health? An appreciation for all colors and their infinite interactions. In BTM, from which **R-TERRAIN** is derived, a person with a ‘favorite color’ (which is a desire for a color) is seen as expressing a specific need for metabolic or mental/emotional regulation.

It has been repeatedly noticed that a person’s favorite color corresponds to the color need of their BTM ‘baseline’<sup>7</sup> Zone. A Zone is a pattern of metabolic chemical imbalances. (*The Zone numbers are identical to the TC numbers; i.e. Zone 6 uses TC6.*) Zone color needs were determined using spectrum analysis of urine samples of people in those Zones and noting which color frequency was repeatedly missing in the urine<sup>8</sup>. Zones can be correctly identified by the missing color frequency in the urine. Therefore, a TC can be selected according to a person’s color preferences.

The favorite color can give you a general ‘baseline’ clue as to the Zone the person was stuck in as they developed their current problem, which is *very valuable* as it can be more relevant than what appears to be a baseline tested while they are in an acute or chronic stage of a chronic illness. For example, if they say that Red has been their favorite color for the last 7 years, since they got out of medical school, which was very stressful, you know that Kidney/Adrenal weakness (stress) has led to the problems and that Kidney support will be required during the course of therapy. Their current baseline might reveal Zone 2, liver weakness. That means long standing Kidney weakness has led to the current, and more pressing, problem with the Liver. You treat for Zone 2/Liver first.

<sup>4</sup> Described by Dr. F. Popp PhD, a physicist, and others. <sup>5</sup> An Internet Goggle search on ‘emoto water crystals’ will take you there. <sup>6</sup> Proven by Dr. F. Popp PhD, that cellular communication is achieved with photons. Method pioneered by Dr. Langreder. <sup>7</sup> “Baseline” here means the evaluation of a person while they are not using remedies, treatments, or supplements. A 24-hour period of abstinence is usually sufficient. <sup>8</sup> Research performed by the College of Nu Health and others privately.

When they do eventually test in Zone 10 (red, kidney) you will then be working on the underlying cause of the problem. **Note:** a symptomatic person with no color preference is a forewarning that they will ‘bounce’ Zones, or needs, during the healing process.

To find out if the person has a favorite color to begin with do not show them a color chart and ask them to pick a color, rather let them access it from memory. If they do have a clear favorite color, you have a match. The length of time that it has been their favorite color tells you how long that has been their baseline Zone. You could also think of this as their ‘causal’ Zone, or, that part of them that has not been regulated yet.

If a person is aware of their color preferences, you can use their instinctual sensitivity to allow them to determine TC dosage and frequency by color appeal. Determining the Zone or TC exclusively by color preference is appropriate for general constitutional maintenance, support, and management through ‘mild’ situations. It is not, however, adequate for managing a complex and severe case, during which the needs will change quickly and sometimes radically, for which one needs to do the BTM chemistries or ART testing.

Exposing a person to a color does not necessarily create the lasting frequency of that color in their system, but correcting the weak meridian of the Zone with the frequency of the impact of the color with a TC or ER does as it then enables the person to again utilize that color and allow it into their system. The Color Impact Frequency (CIF) is the main key.

TC/Color Reference Chart			
TC	Color	Weak Meridian	Congested Meridian
1	Lime	Small Intestine	Urinary Bladder
2	Blue	Liver	Lung
3	Magenta	Urinary Bladder	Small Intestine
4	Orange	Lung	Liver
5	Turquoise	Gall Bladder	Spleen
6	Yellow	Stomach	Large Intestine
7	Violet	Spleen	Gall Bladder
8	Scarlet	Large Intestine	Stomach
9	Indigo	Triple Warmer	Pericardium
10	Red	Kidney	Heart
11	Green	Heart	Kidney
12	Gold	Pericardium	Triple Warmer

## Independent Clinical Verification of the Photonic Emission of the R-Terrain Matrix Remedies, and Their Relation to Global Coherence of the Human Biophoton Grid

“I reviewed the R Terrain documents for the third time, and began a series of Biophoton resonance tests<sup>9</sup> on the Terrain Complex remedy ampules. First, I measured the water signal, (yin xu) from all the amps, and compared them to tap water and filtered Sparkletts water. This confirms the more powerful effect of Vitae water on DNA biophoton resonance and energetics.

*Tap water yin xu 90+*

*Sparkletts yin xu 120+*

*CM, CELL, PSYCHE, TC, ER amps yin xu 180+*

Then I measured color emissions from the ampules. I was surprised to find a very close match to the colors described in the paper. The colors were tested by shixuan point resonance test and confirmed with Ghadiali/Nogier color filters, all digital quantization values in DNA units (90+ = 3 amps DNA D30).

*CM - Yellow, Turquoise, Blue 90+*

*CELL - Orange, Lime, Indigo 90+*

*PSYCHE - Red, Green, Violet 90+*

*TC 1 - Lime 90+*

*TC 2 - Blue 90+*

*TC 3 - Magenta 20+, Scarlet 20+*

*TC 4 - Orange+Green+Indigo+Purple 20+*

*TC 5 - Turquoise 90+*

*TC 6 - Yellow 90+*

*TC 7 - Indigo 90+, Violet 90+*

*TC 8 - Scarlet 90+*

*TC 9 - Magenta 90+*

*TC 10 - Purple 20+*

*TC 11 - Green 90+*

*TC 12 - Violet+Purple 90+*

I must admit to having doubts about the color resonance component, but the test results speak for themselves. Thanks for a very interesting project that has stretched my brain in new directions.”

## The Essence Remedies – The Psyche. (Dr. Dann)

It is said that Dr. Freud’s last remarks included the idea that the psychiatrist of the future would regulate neurochemistry with drugs, not talk. Yet Dr. C. Simon-ton has proven that a positive attitude can mobilize white blood cells. Once again, there is no chicken before the egg before the chicken. In the realm of the Psyche, being “right” is a non-productive space as it precludes curiosity, and only curiosity leads to the revelation and expansion of human potential. To diagnose a person, if they believe the diagnosis, is to doom them to entrainment to that diagnosis. Psychological states, just like

<sup>9</sup> The test method used in this instance is described in *Acupoint Diagnostics: Yin Yang Biophoton Test of Pathogenic Energies and Functional Disturbance* American Journal of Acupuncture; vol 21 no 4 1993.



physical ones, are transitions until they are not. To yield to rigidity is to die. While there still exists the option to assist a person to change for the better, there is no need for the excuse provided by a 'diagnosis'.

The Essence Remedies speed up and ease the transition period through negative emotional and mental states by giving a dose of the opposite positive and thus reduce the negative impact on the cellular level. Once we can deal with regulating the cellular level we can reduce the chaos wrought by imbalanced neurochemistry on the mind and emotions. Which in turn further supports the Cell. Which in turn further supports the Psyche. With R-Terrain we can detect if a person is 'stuck' in a negative psychological state to the degree that physical interventions will have no effect, and visa versa. The key is knowing where and when to intervene. We are always addressing both the Body and the Mind, there is no real separation, however being able to detect when the issue is predominantly in one or the other gives a distinct clinical advantage as we can adjust our interventions to match the natural flux of 'needs' in the patient.

Essence Remedies address the needs of the patient on many different levels. They fulfill the color needs of the patient, assist in the balancing of the meridian system and address the needs of the person's psyche. This releases the pressure on the patient's terrain and enables them to use remedies more effectively, and to drain toxins at an increased rate.

This point is well illustrated by the case that first proved the functional value of the Essence Remedies to us. A man, 40, presented with chronic laryngitis and a history of throat cancer in the family. His BTM chemistries showed that the most difficult value to correct (low urine nitrates) was in a danger zone and that his issue was exclusively in the Psyche, which no physical intervention would assist. His ART exam showed him in Blocked Regulation. Dr. Dann tested the Essence Remedy suggested by his BTM results and he corrected. He took the remedy for 2 days and his urine and saliva were then retested with BTM. The critical value (low urine nitrates) was up into normal range, he was no longer in Blocked Regulation, his throat felt much better, he was now reachable through the cellular level, and we could proceed to put him through heavy metal detox, which was the root of his problem. Had we proceeded directly to metal detox, the mobilized metal would have most likely become 'stuck' where he was 'stuck', in the throat, and that would not have been a productive outcome. On follow-up 1 year later the throat problem had not recurred.

When a person is heavy metal and or chemical toxic, when the Terrain is in disarray, the impact on neurochemistry is so disruptive that attempting to 'talk' sense

to the patient can be very difficult. The beauty of the Essence Remedies is that 'sense' or coherence can be infused into their system without words, but with 'frequency'. This gives us a way to address their needs without words until the toxins and imbalance are resolved and the person can once again be reached directly. The Essence Remedies are formulated and made by Dr. Dann with the same technology as the Terrain Complexes, and proven to achieve their stated impact with pre and post BTM testing. We don't know of any other vibrational or essence remedies in existence that have been proven physically with biochemistry.

**Ingredients:** Flower, gem and color essences, Vitae and organic alcohol to preserve.

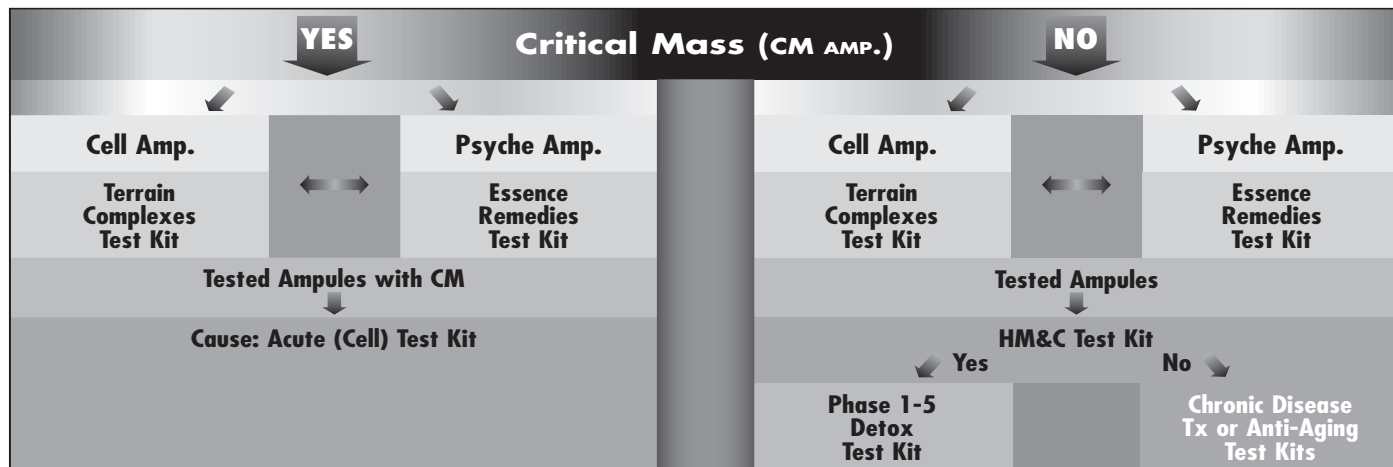
**Dosage:** 4 drops, 4x a day for a week, or as indicated by testing. Patients often will report feeling like they need to take the Essences at different frequencies and times over the days they use them. When the remedy becomes unattractive or gets forgotten or lost, it is often an indicator of a shift in their healthcare picture and Terrain. The remedies can be taken under the tongue or in water (good quality spring/mineral water). These remedies can be used in conjunction with the Terrain Complexes and are very compatible.

## R-Terrain Strategy Overview

How does one treat a patient with Chronic Degenerative Disease or help them to achieve Longevity Enhancement in the most strategic manner? You have to be able to know who they are, what they need right now, how to give it to them in a way that they can use it, continue to do so until they have reached their goal, and then verify that the result is self-sustaining.

1. **Acute/Chronic:** (test amp: CM (critical mass)). If a person is in an acute state, one cannot treat a chronic condition. Mitigate any acute condition first, including Terrain support. (kit: Acute)
2. **Terrain:** (test amps: Cell (summation of the Terrain Complexes)/Psyche (summation of the Essence Remedies) Deal with the lifestyle, mental, focal and metabolic Obstacles that prevent Self-Healing. Lifestyle issues are identified by Questionnaire<sup>10</sup>.
3. **Toxicity:** (kit: HM&C). If a person is Heavy Metal & Chemical Toxic, you cannot know whether their 'disease' is genetic or an expression of the toxicity. Clear the poisons. You cannot find the 'constitutional' baseline Terrain until after the toxins are cleared.
4. **Diagnosis:** If the person is still suffering after "Five Phase"<sup>11</sup> detox, you can now clearly see the disease or disturbance and find out which modality will be of benefit. If they are well, you can approach anti-aging and longevity protocols. (retest: Kit: Terrain Complexes.)

<sup>10</sup> The Ladder to Freedom interactive Questionnaire, specifically designed to identify and prioritize focal and obstacle issues, is available online, or can be customized to your office needs. Contact [Viteras@gmail.com](mailto:Viteras@gmail.com). <sup>11</sup> Please read "Five Phase Heavy Metal & Chemical Detox" by T. Ray, a new, comprehensive, thorough and biochemistry mediated method of detox. Available from [Viteras@gmail.com](mailto:Viteras@gmail.com).



### TEST METHOD FLOW CHART

The goal is to support the Terrain of both the Cell (Body) and the Psyche (Mind), and safely remove the pathogen, during healing. TC's and ER's (and all Viteras remedies) have been tested with pre and post BTM to verify their stated significance, impact and effectiveness<sup>12</sup>. Test to blocked regulation, Mudra, EAV indicator drop, lowest 2001 reading, or AK primary weakness:

AMPULE	TEST	If	CONCLUSION
STEP ONE: Terrain			
Cell amp.	Test each at start.	Yes	Can treat both body and mind at this time. Test TC's and ER's. Then go to Step 3.
Psyche amp.		Yes	
Cell amp.		Yes	If mental/emotional sx, must treat body 1 <sup>st</sup> to access mind. Go to Step 2a.
Psyche amp.		No	
Cell amp.		No	If physical sx, must treat mind 1 <sup>st</sup> to access body. Go to Step 2b.
Psyche amp.		Yes	
Cell amp.		No	Look for focal or obstacle problems: acute pain, scar, dental, adhesions, diet, acute emotional stress, constipation, switching. Correct and retest. (Patient self corrects with same tx pre dose <sup>13</sup> .)
Psyche amp.		No	
Critical Mass	IF CM yes, C&P both no		Acute. Give dose of CM, retest Cell & Psyche ampules.
Cell	Corrects mental reflex	Yes	Physical cause of metal/emotional problem.
Psyche	Corrects physical reflex	Yes	Mental/emotional cause of physical problem.
STEP TWO: Terrain			
	<b>a. Cell = Yes/Psy = No</b>		Take Cell amp. out of test loop.
TC 1-12	Find TC(s)	Yes	Take TC out of loop.
	Dose Test <sup>14</sup>		Give dose of each TC.
	Retest to ensure correction is made.	Yes	Retest Psyche
Psyche		Yes	If Psyche now Yes, test ER's.
		No	Let patient take Cell Rx's for a while or do therapy, then retest Psyche.
	<b>b. Psy = Yes/Cell = No</b>		Take Psyche ampule out of test loop.
ER 1-12	Find ER	Yes	Take ER out of loop
	Dose Test		Give dose of ER.
	Retest to ensure correction is made.	Yes	Retest Cell.
Cell		Yes	If Cell now Yes, test TC's.
Cell		No	Use MFT tapping or let patient take Psyche Rx's for a while or a few days then retest Cell.
To ensure full Terrain support during therapy, do not move on to pathology tests until Terrain support is established and working. Perfect Terrain support may clear system by itself.			

<sup>7</sup> "Baseline" here means the evaluation of a person while they are not using remedies, treatments, or supplements. A 24-hour period of abstinence is usually sufficient.

<sup>8</sup> Research performed by the College of Nu Health and others privately.

STEP THREE: (Yellow) Pathology			
Tested TC's/ER's	Put into loop and keep during pathology testing.		Shows effect of Terrain Support on pathological issues
Causal Kit	Find Causal Ampule(s)	Yes	Take Causal(s) out of loop and move to specific Test Kit and Reflex(es) for the pathology(s).
Pathology Kits	Find Remedies (per method)	Yes	Test all, prioritize cumulative effect.
	Dose Test		Give small dose of each. Clear the loop.
	Retest to ensure correction is made.	Yes	Done. Give Rx's to patient. Come back when progress stops for re-test.
(Make your practice very successful: catch 'no results' before they happen. Only takes an extra minute.)		No	Patient can't use what they need. Check Low Battery Focus <sup>15</sup> , Deductive Therapy <sup>16</sup> , Hidden Focus (biocomputer out of loop) <sup>17</sup> , Ischemic Lesion(s) <sup>18</sup> .

R-TERRAIN Test Set<sup>19</sup> and Remedy System

Each TC and each ER are correlated to one of the 12 Zones in the R-Terrain (BTM based) database. Each Zone is associated with: the excess (congested) and deficient (weak) meridian, color need, location of primary adhesions, a medicinal diet comprised of beneficial and detrimental foods, disturbances in the Psyche, primary remedy, therapy and nutrients. The R-Terrain database and diet handouts are available through seminars, personal instruction, and eventually as downloads from [www.viteras.com](http://www.viteras.com).

The test ampules, the Dose Set and the remedies are a linked system, all made with a new energy medicine paradigm and manufacturing process. This is described in detail in 'The Terrain Complex Remedies'. *In order for your testing to be consistent with your prescription, the carrier base has to be the same throughout. If you attempt to transfer or potentize the test ampoule into a standard*

*water and alcohol remedy blank, the remedy will test (the frequencies are the same), but not work (Dose Test negative, the crystalline structure of the preparatory carrier is not the same).*

The **R-TERRAIN Basic Test Kit** contains the following 44 ampules:

- Cell amp. ....(1)
- Psyche amp. ....(1)
- TC's 1-12 ....(12)
- ER's 1-12 ....(12)
- Critical Mass ....(1)
- Causal: Acute-Cell ....(11)
- (This is not a complete 'acute' test kit, but ampules of remedies made by Viteras that can be used for acute situations, which you can add to your own collection of 'acute' solutions:)*
- Five Phase Detox: .....(5)

Code	Casual ACUTE (Cell)	Name
A-1	Infection: vir/bac (follow with A-5)	VB
A-2	Infection: intracellular vir/bac/par	VB-SL
A-3	Infection: par/can	Silver&Clove
A-4	Infection: dental	VB-SLD
Follow A-1 thru A-4 with A-5 to clean up the debris.		
A-5	Allergy/Toxicity-Systemic	Nano-C
A-6	Constipation	Epsom Salts
A-7	Liver/Kidney (drain acids)	LiverLife
A-8	To lower blood sugar/Alkalize	Barley Grass
A-9	To raise blood sugar	Raw Honey
A-10	Adrenal stress	Loving Energy
A-11	Physical trauma	Traumax
Five Phase Heavy Metal & Chemical Detox - KEYS		
	Immune Support (High NH4+)	Cytoflor
	Phase 1 — clean debris in blood	Nano-C
	Phase 2 — clean the gut	Green Light
	Phase 3a - systemic cleansing	NDF
	Phase 3b — systemic cleansing	NDF Plus
	Phase 4 — clean lesions, CNS	NDF Liposome
	Phase 5 — post detox maintenance	Green Light
Please see the support literature for these products.		



**Vitae Nano-C** is specifically for nosode and drainage support, as it contains a fraction of ultra nanonized chlorella cell wall in Vitae Crystals to readily absorb the toxins dislodged by the frequency of the remedy and does not provoke systemic detox. Give a few drops of Vitae Nano-C at the same time as the drainage or nosode remedy. Be sure to follow A-1 thru A-4 with Vitae Nano-C.

**Dose Test Set:** Because you can now use the Dose Test, or Ingestion Test, to verify the effectiveness and utilization of the remedy by the patient, a Dose Test Set is available.

### Information, Remedy and Test Kit Availability

Currently, all remedies, information and the Test

Kit are available through [Viteras@gmail.com](mailto:Viteras@gmail.com). By the time this is published, you should be able to get them directly from Biopure Inc. in the USA, [www.alfine.ch](http://www.alfine.ch) in Europe, or through [www.viteras.com](http://www.viteras.com).

We also have a Beta Site test program going on regarding this work, which requires that a participating doctor contribute one case history or feedback comment per month in order to receive a 20% discount on bulk products. The Viteras website will be posting these papers and hosting a forum for the exchange of ideas. We currently have 20 seasoned biological doctors participating. You are welcome to apply for this program at [viteras@gmail.com](mailto:viteras@gmail.com).

## Multiple Sclerosis (BTM/NDF related Case History)

© By Byron S. Braid, M.D., Paracelsus Klinik, Switzerland

### History

*C.B., a 32 year-old woman was diagnosed with Multiple Sclerosis in January, 2004, initially presenting with optical manifestations. Her symptoms began as a central smudging effect, which evolved into complete loss of vision in the right eye and severely compromised vision in the left. Consultation with a neurologist resulted in treatment with steroids and Interferon, resulting in her vision "clearing a bit." Following this episode her sight remained cloudy. In the autumn of 2005 she experienced several acute attacks manifesting as visual symptoms as well as tingling in the legs, which later led to difficulty with walking. She also developed abdominal spasms. She was treated with a 12-day course of steroids, which brought a slight improvement followed by worsening after Christmas. During December she also developed spasm in her hands with a sensation of sandpaper. Treatment with intravenous steroids brought about a minimal improvement.*

### Initial Presentation

At the time of initial presentation at Paracelsus Klinik in January, 2006 her vision remained compromised enough to prevent reading. Right eye vision was restricted to the perception of dim light and in the left eye; vision was restricted to extremely large objects. She also complained of pain in the left arm and shoulder accompanied by paresthesias following an ulnar nerve distribution.

In addition to the visual findings, physical examination revealed acute tenderness in the left stellate ganglion, left submandibular gland, left vagus and mastoid area, as well as left optic ganglion.

Examination of the shoulder was consistent with a brachial plexus syndrome instigated by weakness in the shoulder musculature and pressure on the ulnar branch of the brachial nerve.

### Lab Findings

Pertinent laboratory findings include a DMPS provocation test for heavy metals that revealed a mercury level of 106.98 mcg/g (asymptomatic less than 20 mcg/g typically), tin 58.1 mcg/g (Normal < 15) and Palladium 186.1 mcg/g (normal < 5). This patient had only a few small fillings and no easily identifiable origin for the massive Palladium level. She lived for several years in the vicinity of a mine and metal smelting plant in Canada, and thus far this remains the most logical origin of the Palladium burden.

Bacterial antibody testing revealed abnormally elevated IgM levels of *Hafnia alvei*, *Pseudomonas aeruginosa*, *Morganella morganii*, *Pseudomonas putida* and *Citrobacter koseri*. *Pseudomonas putida* also had an elevated IgA. The IgM for *Klebsiella pneumoniae* was borderline elevated.

Stool analysis revealed deficient flora and diminished digestive capacity. Fatty acid metabolism was slightly deficient for Omega 6 EFA's and Omega 3 EFA's were within the normal range.

The Darkfield Blood Examination showed moderate rouleaux formation, endobiont infestation of the erythrocytes, and significant filit formation. There were no high valence symbionts seen. The Dried Layer Test emphasized digestive system problems, confirming dysbiosis, heavy metal burdens and hyperacidity.

## Treatment

Treatment was conducted at Paracelsus Klinik Lustmühle over a four week period in January, 2006 and consisted of milieu regulation with alkaline infusions, local hyperthermia using the Indiba device, Matrix regeneration therapy, Colon hydrotherapy and Neural therapy, among the various treatment modalities.

Terrain management was guided with the use of the BTM system. The initial test of urine and saliva revealed a deficiency of urine NO<sub>3</sub>, indicative of a bacterial/parasitic burden. She was in Zone 9, indicating a triple warmer meridian theme. This was specifically treated with Pefrakehl, Fortakehl, Probiotics and Ornithine given as oral supplementation, as well as neural therapy with Berberis/Urtica urens and Glandula suprarenalis Injeel on the kidney and adrenals segmentally. Retesting indicated normalization within 3 days. BTM was used several times in order to fine tune terrain metabolism, as well as to localize the dynamic issues of the meridian themes. These results were utilized to develop a variety of neural therapy strategies leading to a restoration of alkaline reserves and improving tissue drainage.

Neural therapy was performed on the eye segment repeatedly with restoration of vision on the left side beginning almost immediately after the first treatment. An interesting pattern emerged. Rather than experiencing the “lightning effect”, the vision improved every night in the early evening, and worsened in the morning. This pattern gradually improved with repeated neural therapy as well as supplementing the infusions with a lipid exchange program utilizing intravenous Phosphatidyl choline and Glutathione.

Vision subjectively improved from the beginning of treatment. Following the very first neural therapy her vision improved dramatically in the left eye and by the next day it remained 15-20% better. This pattern repeated itself throughout the clinic stay, i.e., there was a step-wise gradual improvement with smaller and smaller regressive incidents during the daytime. By the end of the clinic visit vision was improved to the point of being able to read typical printed text as in books and newsprint. Changes in the right eye were minimal until this point in time. She was discharged with an outpatient regimen of oral medications, neural therapy and infusions.

Heavy metal detoxification was treated with NDF, starting with 10 drops twice daily and increasing as per tolerance to 2 pipettes daily. Sanum remedies including Mucokehl eye drops, Pefrakehl, Recarcin and Utilin were administered, as well as Conjunctisan A eye drops. I have also prescribed Regeneresen RN13, Regeneresen Linse and Regeneresen Bindegewebe (Dyckerhoff Pharma) on a rotating basis. Neural therapy was performed on a weekly basis, as were the alkaline infusions. Gradually vision in the right eye began to return. Plans were made for a return visit to the clinic.

## Second Visit

The patient returned in June, 2006 with vastly improved vision in the left eye, with only brief periods of “cloudy” vision. Sight in the right eye had improved enough that she was able to read large print formats. Almost all of the sensation of paresthesia in the arms was gone, accompanied by an increase in strength and endurance. There were no complaints of spasm, fasciculations, weakness or pain in the legs.

Once again a DMPS heavy metal challenge test was performed with a rather dramatic outcome. The patient had only utilized NDF as the detoxification agent. The test revealed a Mercury level of 26.32 mcg/g, Tin at less than 1.0 mcg/g, and Palladium at less than 2.0 mcg/g. The elapsed period of time between the two tests is slightly less than 6 months.

DMPS Challenge Results Pre and Post NDF Chelation Therapy:	January, 2006	June, 2006
Mercury	106.98 mcg/g	26.32 mcg/g
Tin	58.1 mcg/g	< 1.0 mcg/g
Palladium	186.1 mcg/g	< 2.0 mcg/g

At this point in time there continues to be gradual improvement in muscle strength, endurance and visual acuity. The left eye has only short periods of diminished visual acuity that have continued to resolve. The right eye remains more compromised, but is clearly recovering visual capacity.

## Summation

This case of Multiple Sclerosis appears to have surfaced from a multi-causal milieu disturbance with both elevated heavy metal findings as well as an ongoing bacterial disturbance supported by the finding of elevated IgM levels. It is our clinical experience to find that these results are often seen together and represent an overburdened and decompensated immune system. NDF was utilized exclusively as an agent for heavy metal detoxification. It not only provoked no side effects, but also provoked a rapid detoxification effect documented by follow-up laboratory testing. BTM testing was used throughout to efficiently guide terrain management on a corrective course. It is the author's experience that the BTM test was of inestimable assistance in defining the meridian theme in a dynamic and immediate manner, repeatedly guiding the therapy on a corrective course. The BTM can be used in an extremely flexible manner, adaptable to the therapy style of the practitioner. We have been able, as a consequence, to understand intriguing and highly individualized treatment models that are easily re-directed with the use of the BTM as a guiding force. This case illustrates a particularly rapid capacity to re-compensate from a catastrophic symptom pattern, guided by this unique terrain-based metabolic approach.

# CAM/BTM Management of a Juvenile Heart Transplant

© By Dr. Christos Balis, D.C., F.A.S.A., cBTM, ???

## Abstract

Discussion follows of a case history co-managed with CAM methods, emphasizing saliva and urine analysis, Biologic Terrain Management (BTM), to determine: a) metabolic zone (or type), b) metabolic total efficiency, c) toxic burden, d) calculated therapeutic 'opening' vs. predisposition to healing crisis ('locked'), and further treatment indicators towards a correlated database. The case that follows is a juvenile heart transplant recipient who has benefited from life long CAM care. We will review the CAM methods involved in his case, as well as the successful navigation of a near crisis using Biologic Terrain Management (BTM)<sup>1</sup>.

BTM™ optimal values: Metabolic Zone, Total efficiency, Toxic burden, Open vs. Locked	pH: Acid/ Base Metal	mS: Salts Wood	Brix: Sugar Earth	NO <sub>3</sub> Nitrate Fire	NH <sub>4</sub> Ammonia Water
Saliva	7	2.6	0.6-1.2	1-3	1-3
Urine	5.8	16	4	10	6.5

**Figure 1** – Optimal values for the five parameters of urine and saliva (with Five Elements associations) used in Biological Terrain Methods (BTM)<sup>2</sup>. We use these optimal values of first morning bodily fluids to model and mark the progress of our cases.

## Introduction

In this paper we will describe a young boy who, at the time of the writing of this paper, is age 12. This young boy has been co-managed with CAM methods for most of his life, and is considered by his medical team to be the 'star' of his heart transplant program. You will see how a three week experiment, by his mother, that moderately increased protein intake created a problem that may have required a cascade of medical interventions. We will briefly review the values, analysis and methods that brought our friend and patient out of this danger.

## The Young Boy J

J's heart was born damaged, and was replaced in his 2<sup>nd</sup> month of life. J's mother dutifully attends to all of her medical team's instructions, dispensing daily regimens of anti-rejection drugs and necessary pharmaceuticals, as well as researching and seeking complementary and alternative care for J despite her medical teams' reservations.

Two things stand out in J's case. One is that this child is considered medically a notable success, as verified by

ongoing medical management (unofficially described by one transplant specialist as the 'star of the program'). Another is that J is under life long, multiple modalities of CAM, emphasizing specialized kinesiology, homeotoxicology, orthomolecular support, and tonal chiropractic, among many.

I have been privileged to work with J and his mother in some form since 1997. From this time I have observed J to be active and bright, yet accordingly not without impairments from his transplant and medical management. The most fundamental impairment is a mild overall 'stunting' of growth and physical stature. For much of his life, J has indeed looked younger than his age, tended to be thin, pale, and often lacked age appropriate social skills. Regardless, J is in excellent physical health, and has made good use of his boundless energy to easily outrun and often outwit his parents.

As just a kid, J looked well enough, but clinically J presented less well by BTM panels. As in figure 2, J tends to low but passing scores of metabolic 'Total needs/efficiency' as a BTM panel of early April, 2004, scoring **63.5%** in this typical example. A child this age in good health should score well above **80%**.

In the early fall of 2004 J's mother began a general strategy of increasing dietary nutrients through increased good fat and protein intake. This strategy is consistent with a nutrient dense, 'Paleolithic' or 'tra-

J Values (4/3/03) Zone 2, support liver Total Efficiency: 63.5% Toxic burden 64.7% Open: 96.1% (No Locked Alert)	pH: Acid/ Base Metal	mS: Salts Wood	Brix: Sugar 8 Earth	NO <sub>3</sub> Nitrate 8 Fire	NH <sub>4</sub> Ammonia ia Water
Saliva	7.3	4.3	0.3	6.5	8.5
Urine	6.2	13.6	3.3	4.0	8.0

**Figure 2** – J's typical BTM panel as of April 3, 2004 shows a 'zone 2' metabolic pattern (or type) that suggests primary liver needs. Note the urinary salt as fairly good (-15.0%) and that the urine pH shows acidic enough to demonstrate at least some liver strength reserve. Also note that J's saliva measurements show the greatest deviations from optimal values [ex: saliva sugars (-75.0), saliva ammonia (+78.6)]. This trend for the saliva value deviations to exceed the urine value deviations suggests that the toxic burden is a greater priority at this point than the metabolic total need.

ditional' diet as described by Weston A. Price and the Price-Pottinger Foundation, as J's mother was looking to this dietary approach as another tool in her relentless efforts to help her son.

<sup>1</sup> Real-Time Functional Medicine and The Terrain, © 2003 Timothy Ray OMD LAC, Published in *Explore! for the Professional*, Volume 12, Number 3, Page 37, [http://healthydetox.org/articles/published\\_articles/rt\\_functional\\_medicine\\_terrain.html](http://healthydetox.org/articles/published_articles/rt_functional_medicine_terrain.html) <sup>2</sup> 'the Cell-Tools', © 2003 Timothy Ray OMD Lac, available through [www.BTMHOME.com](http://www.BTMHOME.com), Dr. Christos Balis, DC, FASA cBTM



After about only three to four weeks of significantly increased protein, fat and overall nutrient intake, J's medical team discovered abnormally increased blood creatine levels during a routine exam, as well as general shifts in his blood chemistry consistent with other juvenile transplant downturns. This of course implied that J's protein intake had exceeded his ability to metabolize and clear it. [It is important to note that in most transplant cases, the anti-rejection medication puts a severe load on the kidneys, and that many organ transplant cases often need a secondary transplant of the kidneys because of the damage done by the original transplant's anti-rejection medications. Elevated blood creatine levels were considered a red flag for this.] Our goal became to bring all blood values to within normal limits before his next exam in about 6 weeks.

J Values (10/21/04) Zone 2 — Alert Total Efficiency: 16.9% Toxic burden 69.3% Open: 93.6% (Locked Alert)	pH: Acid/ Base Metal	mS: Salts Wood	Brix: Sugars Earth	NO <sub>3</sub> Nitrate Fire	NH <sub>4</sub> Ammonia a Water
Saliva	8.0	3.6	0.2	4.5	10.0
Urine	5.0	7.9	2.3	0.5	11.0

Figure 3— Record of data for J's saliva and urine after abnormal creatine levels were found. Note the collapse of metabolic total efficiency (16.9%). Also note the minimal urine Nitrate value (.5) and inflated saliva pH and both urine and saliva Ammonia values. Also the otherwise good Open score (93.6%) is negated by a 'locked' alert.

Upon urine and saliva analysis, indeed, J's overall metabolic picture had degenerated to a severe state. Also, J presented a **'Zone 2 locked' alert** which describes J's consistent weak liver pattern but a new development of a calculated inability to benefit from additional liver therapies. [In any 'locked' zone alert BTM suggests *deducting* strong therapies, especially foods, supplements and/or therapies before *adding* anything.]

Specifically for a 'locked' Zone 2 alert, BTM suggests deducting protein, especially red meat and similar hard to digest animal proteins and fats. This deductive therapy was the primary strategy until the next urine and saliva analysis, along with minimal digestive enzymes once per day.

J Values (10/21/04) Zone 2 — Alert Total Efficiency: 16.9% Toxic burden 69.3% Open: 93.6% (Locked Alert)	pH: Acid/ Base Metal	mS: Salts Wood	Brix: Sugars Earth	NO <sub>3</sub> Nitrate Fire	NH <sub>4</sub> Ammonia a Water
Saliva	8.0	3.6	0.2	4.5	10.0
Urine	5.0	7.9	2.3	0.5	11.0

Figure 4 J's mS levels (wood/liver function) improve, his metabolic total efficiency also improves, but the inability to clear Nitrates in the urine elevates toxic Nitrates in the saliva.

We see that in the Figure 4 panel an emerging pattern of increasing salivary toxic burdens of Nitrates at from 4.5 to 10 (ideal range 1-3), while salivary Ammonia decreases a bit from 10 to 8.0 (ideal range 1-3), it remains very high, while evidence of production and clearing of Nitrates in the urine remains very low with compensatory elevation of urinary Ammonia output. These metabolic values are consistent with a hyper-sympathetic physiology, usually adrenal hyper function.. Kinesiology practitioners know that hyper sympathetic patient presentations can set up 'switching', i.e. false negative/positives to muscle testing. It is this tendency to 'switching' that we believe that crept into J's case that then made much of his kinesiology assessments by other practitioners unreliable during the initial increase in dietary proteins and fats.

As noted on the previous two panels, J's Ammonia salivary and urinary levels had to be reduced. For this we looked to appropriate remedies, but first we sought body balancing, specifically to soothe J's hyper sympathetic state, utilizing primarily Network chiropractic and Craniosacral therapy. Then, consistent with a hyper sympathetic state, the need for additional kidney support soon became reproducibly testable, and an appropriate remedy was determined (Bucco #25 by Nestmann).

Thereafter, J was reexamined and treated about every week in my office, along with additional acupuncture and reflexology treatments made at home by his mother. J's diet was modified to include the ideal 'Zone 2' foods and calmative supplementation (esp. minerals, additional enzymes, prebiotics and probiotics), with reduced overall caloric intake from the previously high protein/high fat 'paleolithic' dietary model, further emphasizing fiber rich foods to move any undigested bowel matter left behind (as evidenced in the high salivary Nitrate and Ammonia levels). Because our BTM evaluations showed some success, we relaxed the treatment regimen slightly to once per week.

J Values (11/02/04) Zone 9 — Low Urine Nitrates Total Efficiency: 39.2% Toxic burden 57.5% Open: 93.6% (Locked Alert)	pH: Acid/ Base Metal	mS: Salts Wood	Brix: Sugar 8 Earth	NO <sub>3</sub> Nitrate 8 Fire	NH <sub>4</sub> Ammonia a Water
Saliva	6.9	5.4	0.5	6.0	8.0
Urine	5.5	7.1	1.7	2.0	8.0

Figure 5 J's Values 11/02/04. Note the near optimal salivary pH, a very good sign. Also though still low, urinary Nitrate excretion has also improved from 1 to 2 (10 is optimal). Overall toxic burdens have eased about 16%. Total efficiency has improved only slightly, but it has shifted into a 'Zone 9' pattern that prioritizes easing the emergent hyper sympathetic (fight or flight) physiology, representing a simplification of primary strategies, another good sign. To better deal with a Zone 9 metabolic pattern, outdoor exercise was increased.

<b>J Values (11/11/04)</b> Zone 9 – Low Urine Nitrates Total Efficiency: 48.22% Toxic burden 55.8% Open: 89.4% (No Locked Alert)	<b>pH:</b> <i>Acid/ Base Metal</i>	<b>mS:</b> <i>Salts Wood</i>	<b>Brix:</b> <i>Sugars 8 Earth</i>	<b>NO<sub>3</sub></b> <i>Nitrate Fire</i>	<b>NH<sub>4</sub></b> <i>Ammonia a Water</i>
<b>Saliva</b>	6.8	4.7	0.4	4.5	8.0
<b>Urine</b>	5.7	11.6	2.5	1.0	8.5

**Figure 6 J's Values 11/11/04.** Note the improving mS levels (wood/liver function) and the near optimal pH values. Though the urine Nitrate has dipped, the other improvements helped improve metabolic total efficiency. Consistent with the primary need to boost low urine Nitrates in the context of a Zone 9 metabolic pattern, we increased digestive enzymes with meals.

<b>J Values (11/19/04)</b> Zone 9 – Low Urine Nitrates Total Efficiency: 45.4% Toxic burden 51.3% Open: 99.2% (No Locked Alert)	<b>pH:</b> <i>Acid/ Base Metal</i>	<b>mS:</b> <i>Salts Wood</i>	<b>Brix:</b> <i>Sugars 8 Earth</i>	<b>NO<sub>3</sub></b> <i>Nitrate Fire</i>	<b>NH<sub>4</sub></b> <i>Ammonia a Water</i>
<b>Saliva</b>	6.8	4.8	0.6	4.5	8.0
<b>Urine</b>	5.5	8.9	2.2	3.0	8.5

**Figure 7 J's values 11/19/04.** The urinary Nitrate excretion has significantly improved, though it remains the primary need. The metabolic total efficiency dropped slightly, yet the solid improvement in Nitrate excretion still marks this panel a victory.

<b>J Values (12/02/04)</b> Zone 9 – Low Urine Nitrates Total Efficiency: 54.2% Toxic burden 62.2% Open: 89.8% (No Locked Alert)	<b>pH:</b> <i>Acid/ Base Metal</i>	<b>mS:</b> <i>Salts Wood</i>	<b>Brix:</b> <i>Sugars 8 Earth</i>	<b>NO<sub>3</sub></b> <i>Nitrate Fire</i>	<b>NH<sub>4</sub></b> <i>Ammonia a Water</i>
<b>Saliva</b>	6.8	5.2	0.8	8.0	9.0
<b>Urine</b>	5.5	10.2	2.3	4.5	8.0

**Figure 8 J's values 12/02/04.** The continued rise in urinary Nitrate excretion, and rise in urinary mS helped bring the metabolic total efficiency out of the severe range (above 50%). As the rises in salivary values indicate, we still have a significant toxic burden to drain.

Upon the medical examination of J's transplant team kidney specialists (6 weeks after J's elevated blood creatine levels and poor blood work), J's blood creatine and other blood values returned to normal limits and the need for further evaluation by specialists on the nephrology team was eliminated. This medical 'pass' is consistent with J's improvements in metabolic total efficiency and reduction of toxic burdens as modeled and marked on saliva and urine BTM and subsequent CAM care and diet modification.

## Conclusion

In J's case, we have an example of person who needs significant medical attention for life, without reservation. We truly complemented this necessary medical care, especially when this medical care offered few support tools. BTM made available a huge database of possible treatment and dietary strategies that were custom fit to J's unique metabolic state and needs. By bringing simple saliva and urinary markers to more optimal levels, we avoided a cascade of medical interventions.

BTM, Biological Terrain Management, helps direct the CAM care, diet and lifestyle strategies that keep this child a medical success. Hopefully, J's medical team will embrace this work, to bring it forward for further study and consideration for use in so many other serious cases that could benefit from this simple to use and yet profound set of tools.

For BTM trainings contact: *IntegrativeCAM@yahoo.co*. We also have a Beta Site test program going on regarding this work, which requires that a participating doctor contribute on case history of feedback comment per month in order to receive a 20% discount on bulk products. The Viteras website will be posting these papers and hosting a forum for the exchange of ideas. We currently have 20 seasoned biological doctors participating. You are welcome to apply for this program at *viteras@gmail.com*

# ONDAMED and Biologic Terrain Management (BTM): Developing Synergy With Safety Using Two Powerful Tools

© By Christos Balis, D.C., F.A.S.A., cBTM, ???

## Abstract

ONDAMED delivers electromagnetic frequency treatments, and is well known as powerful and positive. From a practice using both ONDAMED and BTM, we will review a brief synopsis of observations and hypothesis of ONDAMED's actions on the biologic terrain. From this modeling we describe practical, supportive strategies that extend ONDAMED's best use.

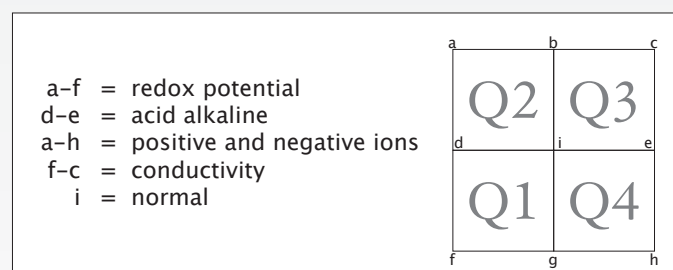


Fig. 1 an overview of the 4 quadrant mapping of the biologic terrain developed Prof. Vincent for BTA. Note the 'f-c' axis is 'conductivity', which measures the ionic salts to evaluate electrical transmission.

In practice, ONDAMED works well in cases of chronic disease especially when other modes of treatment do not work. Often, the sicker a patient is there is an inverse ability of that sick patient to utilize and benefit from treatment. Most notably in neurodegenerative cases (esp. Lyme's Disease) a patient often does not experience profound benefits from otherwise effective treatments like homeopathy, acupuncture or craniosacral therapy, despite their profound need. ONDAMED treatments often break through this therapeutic barrier, and deliver beneficial therapy. Still, the challenges chronically ill patients present often exceed any one tool or modality in practice. Moreover, the chronically ill patient is often at risk of a healing crisis, complicating the use of multiple therapies. ONDAMED treatments, though exceedingly safe and effective, are not immune from setting off Herxheimer reactions or healing crises, like any other modalities.

As with all cases, BTM is our tool to map the biologic terrain of the patient, yielding measurements of health and dysfunction, as well as offering calculations of therapeutic openness and a potential for healing crisis and/or Herxheimer reaction. With BTM we get objective parameters that warn us of possible therapeutic crisis, as well as metabolic or detoxification needs that may be otherwise masked. Using BTM before and after ONDAMED treatments was natural extension of clinical protocols, and has shown interesting results.

To summarize the context of the first half of our ONDAMED – BTM study, ONDAMED treatments give direct interventions to the very electromagnetic energies of the body electric itself. ONDAMED treatments actually share characteristics with the body's own organic bioelectricity, which makes ONDAMED not only highly effective, but also offers a significant advancement in the technology of bioenergetic 'frequency interventions'.

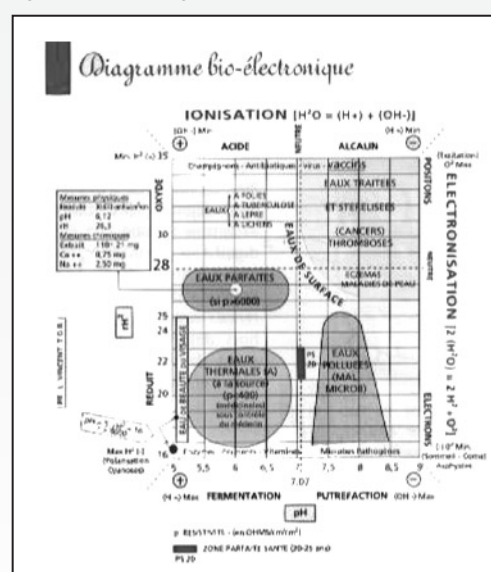


Fig.2 a 4 quadrant BTA/BEV map in French. Note the title: 'Diagramme bio-electronique'.

To summarize the context of the second half of our ONDAMED – BTM study, we remind the reader of the relation of BTM to BTA (or BEV). BTA/BEV as developed by Prof. Vincent originally used the phrase 'bio-electronique' instead of 'biologic terrain' [as renamed by Greenberg]. From this full context then we can easily describe our objective as seeking evidence of ONDAMED's direct impact on the biologic, 'bio-electronique' terrain for further study.

## Synopsis of Findings

BTM measures and analyzes five key physiologic factors: pH (acid/base), mS (salts), brix (sugar), nitrates and ammonia (urea) in both urine and saliva<sup>1</sup>. mS, or microSiemens, is a direct measurement of total ionic salts in body fluid, and correlates to bioelectrical conductivity and resistance. In measuring BTM values in a pilot test population

<sup>1</sup> Real-Time Functional Medicine and The Terrain, Timothy Ray OMD L.Ac, Explore! for the Professional, Vol. 12, No. 3, Pp. 37, © 2003



before ONDAMED therapy, we found people had a range of baseline urine mS (salt) levels. In this test population, we found that after ONDAMED therapy, and immediate retest of the urine, we always found elevated salt levels (elevated mS) in urine, on average an increase of 5 to 7 percent. In control groups, after no therapy and immediate retest of urine after a similar time (10 minutes) the control group always had less or equal salts, but never more. Our hypothesis to account for this is that ONDAMED electromagnetic treatments move electrons through the body in a way that shifts the ionic structure of dissolved and/or oxidized toxins, probably reducing free radical damage, and further bringing newly ionized salts out of cellular solutions to be excreted from the body.

Now, this ionization and increase in salt excretion may not always be easy for a chronically ill person to deal with, as such release of salts may exceed an already impaired person's ability to deal with the added metabolic or toxic load. So in our clinic we set out to compensate for this. By anticipating ONDAMED's salt provocation and using the BTM therapeutic database, we were able to supplement key nutrients, appropriate homotoxicologic drainage, microbial balancing and/or oral chelation, such that we were able to see a consistent drop in salts immediately after ONDAMED

therapy. We believe that by preparing the patient for the release of these ionized salts that ONDAMED therapy has set in motion, we have reduced (and so far eliminated) the probability of healing crisis from this work in our clinic.

### Conclusion

The benefits of ONDAMED treatments are obvious—especially in the sickest and hardest to treat patients. For this sickest patient group, in our clinic we have developed 'pre' and 'post' BTM evaluation to manage the pitfalls that even the best therapies may bring when applied to the sickest people, as well benchmarks of improvements that justify further care when hard won progress is slow.

So, by anticipating the ionic shift in these patients, from their 'pre' biologic (bio-electronique) measurements we can specify key mineral buffers, specific drainage aids, microbial support and appropriate oral chelation. In this way we not only better support the patient's healing, we maintain a objective measurement of progress that can help educate the patient as well as develop the best overall diet, supplements, lifestyle changes for that patient's full and best recovery. In this way, we believe we have made all our available modalities, even the best ones like ONDAMED, even more safe, effective and reliable. ➔

## General Protocol for the Multi-Modality Treatment and Management of Toxin Induced Childhood Neurological Diseases and Proposal for a Prototype Teaching Clinic.

© By Timothy Ray, O.M.D., LAc, Switzerland

### Abstract

*Specific diagnostic, therapeutic, management and social tools are required for both heavy metal and chemical detoxification and rejuvenation interventions in these metabolically complex cases<sup>1</sup>. These tools bridge several specialties in the fields of Alternative and Traditional medical care. They are best used by a cohesive Medical Team, guided by standard laboratory testing, and an in-vivo, objective method of real time metabolic evaluation, HERMES<sup>2</sup>. It is of further benefit if the patients and their primary care givers both receive care; so that diet, medication, reactions to both by the patient, and social interactions with the caregiver, can all be fine-tuned to the particular needs of the patient. HERMES will be discussed as the method of assessing the patient's general metabolic health during the course of therapy and as a way of assessing patient priorities, thus coordinating the team. Five Phase Heavy Metal and Chemical Detox<sup>3</sup> will be discussed as the method of detox. Though the discussion here targets toxin induced childhood neurological diseases, it must be remembered that neither HERMES nor Five Phase Detox are disease specific, but that both are applicable to case management and toxicity during any state of health.*

### The Role of Control

It is certainly a primary frustration for most physicians that they have no control over the patient during outpatient care, and thus inpatient care came into being for acute and life threatening diseases. In this way any job that could be done to assist the patient, would. Whereas epilepsy and autism are not necessarily life threatening, they are surely quality of life destroying for both the patient and their family. You will not find much argument among physicians against the observation that they could get more done for a patient in 30 days of inpatient care than in years of outpatient care. Given the complexity and fast changing nature of the metabolic needs in children with epilepsy and autism caused by heavy metal and chemical poisoning, the word 'years' used above translates in many or most cases into 'never'. A major premise here is the necessity for inpatient status, or total control and post impact measurement of all dietary and therapeutic measures during outpatient care, for the evaluation phases during the treatment of toxin induced childhood neurological diseases.

<sup>1</sup> See "The Dream", this issue. <sup>2</sup> See "Five Phase Heavy Metal & Chemical Detox and the HERMES Guidance System", this issue. <sup>3</sup> See 2.

The Inpatient Model – Social Standards

There are certain therapeutic gains that are more possible in the inpatient model. The first issue is arranging the relationships between the child, primary care giver (a parent most likely) and staff according to the principles presented in Nicole MacKenzie’s book “Rule #1, Mom Has Fun”. The kids need to get the idea, and experience the fact, that they are part of the team as well, and they need to know that those adults around them are there because they really want to be there. The atmosphere, and there should probably be a sign over the entrance door that says so, is that within these walls: “Anything Is Possible”.

If and when the child is functional, part of the day’s activities is ‘Clean Up’, and they need to find out how to make it ‘fun’. They work in the kitchen, with housekeeping, gardening, and all aspects of maintaining the facility. It’s their ‘house’ for a while, and they take care of it. The entire Medical Team also assists in these activities, and the children

will find themselves occasionally cleaning a toilet (or playing basketball) with their MD or Teacher. It’s not “Us” and “Them”, it’s simply us. Everybody works, plays, sings, plays music, does projects, and eats together. The primary care givers are put to work in some capacity in the Clinic, Kitchen, Housekeeping or School.

In this model, a child would optimally stay with us for at least 2 weeks and up to 2 months for the first visit; and may need to return for another visit. They may also *like* to return for another visit and assist in the School with the kids that are just starting the program, for which they would be most welcome.

The Team

Each of the following diagnostic and therapeutic modalities needs to be available, as do each of the various types of physicians. Some overlap in skills and modalities used is expected.

Type of Physician	Modalities
MD or DO	Pathology assessment, specialty understanding of neurology (autism and epilepsy), hospital privileges. Pharmaceutical, HBOT <sup>4</sup> , Umbilical Cord Stem Cell administration.
MD / DO / DC or OMD	HERMES master practitioner. ART testing methods. Alternative therapies.
DDS	Dental surgery, TMJ corrections
DC	ART testing methods, cranial sacral, non-force spinal alignment manipulations.
ND	Access to Naturopathic solutions to Medical diagnosis.
Nutritionist	Working in tandem with in house cook, providing specific HERMES recommended foods.
Physical Therapy	Aston Patterning, Brain Gym, Exercise (yoga).
Social Consciousness Therapist	Family and caregiver dynamics, medical team dynamics.
School Teachers	Inpatient model.
RN or Laboratory Technician	Running HERMES panels, drawing blood for other lab tests.

The Protocol

There are 3 overlapping steps: 1. Assessment. 2. Five Phase Heavy Metal & Chemical Detox with ongoing assessments. 3. Repairing the Damage.

**1. Initial Assessment:** Labs include standard CBC/ Chem. panel, liver enzymes, GI function, food allergy, yeast and parasites, viral load, and non-provoked EEG tests. First and second urination of the day, unmedicated, HERMES panels are run to assess self-regulatory capacity. If an inpatient, during the first week urine and saliva tests are taken throughout the day, whenever the child urinates. A careful log is made to evaluate exactly how they respond or do not respond to the various interventions. Thereafter HERMES testing is continued at least once every morning and following the addition of any new intervention.

History includes diet, heavy metal and chemicals exposure, inoculation damage, obstacles, head trauma, and focal issues. Physical exam includes subluxations, adhesions, TMJ, and dental. BioResonance examinations are used for specific pathogen identification, in corroboration with lab tests when possible. Questionnaire identifies

lifestyle obstacles and other issues. A provocative heavy metal challenge is not recommended at this time as it can be far too dangerous for the child, but is used at the final stage of detox.

The Team then evaluates the results in a Round Table discussion and decides on a course of action. The HERMES panel greatly assists in determining the priorities as it shows where the body is suffering the most acute stress.

The Logistics of a HERMES Assessment

The length of a visit is determined by how long it takes to discover the exact nature of the protocol required by the patient at the time of the visit. This is achieved by general assessment, a first morning HERMES panel, the administration of an intervention, and a follow up HERMES panel. The protocol is fine tuned until it can be seen that metabolic support is correct for whichever of the Five Phases of Detox they are currently going through. This can take from 1/2 - 10 days. If the patient is on drugs one can see how to buffer them while retaining their therapeutic value.

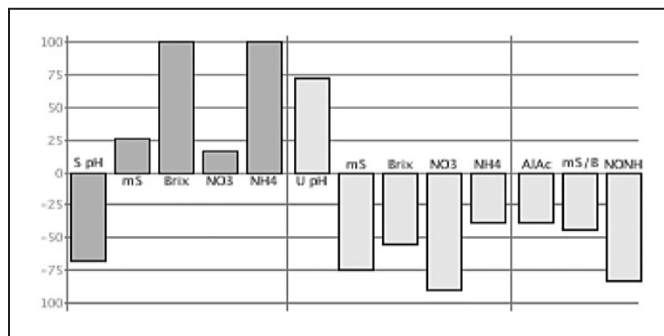
<sup>4</sup> See 2.

**2. Five Phase Heavy Metal & Chemical Detox:** Once the child stabilizes into a distinct pattern of metabolic improvement, Five Phase Heavy Metal & Chemical Detox is instituted, as previously explained. It is highly recommended that HERMES be primarily used in this clinical application in combination with ART<sup>5</sup>, R-Terrain<sup>6</sup> and

other bioresonance methods. They serve the purpose of 'tuning in' very specifically to the anti-pathogen remedies that are used in combination with the Terrain support remedies (TC's, ER<sup>7</sup>), and are very valuable as a 'second opinion'. The three main tools used by HERMES are the Bar Graph, and Biograms 1 & 2, pictured below.

### The HERMES Bar Graph Baseline Values - Assessment Points

The Bar Graph gives an immediate assessment of all measured values and their deviation from optimal. Any deviation beyond 25-50% is a cause for concern during detox, and is addressed before detox continues. Flat line represents optimal values. The HERMES database gives suggestions for correcting each value, specific pointers as to the causes of each deviation, and the relationship of each value to its corresponding organ or system.



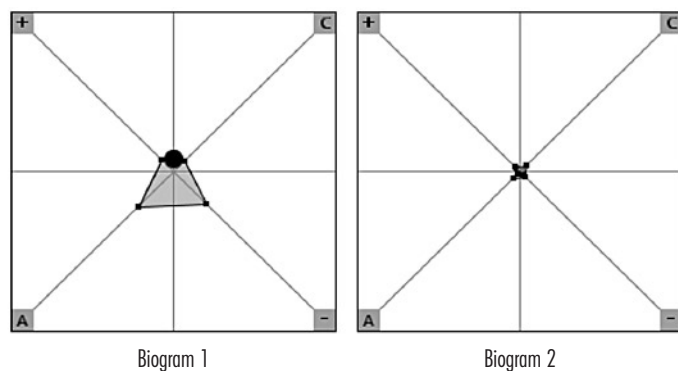
Value	Physiology
<b>SALIVA</b> values	<i>Structure. The Metabolic Body Burden. Biogram 1.</i>
<b>URINE</b> values	<i>Function. Metabolic Efficiency. Biogram 2.</i>
Saliva pH above 7.4	Buffer reaction to tissue acidity. Fatigue, irritability. Poor assimilation
Saliva pH below 6.4	Lack of buffer reaction (worse) to tissue acidity. Fatigue, irritability. Poor assimilation.
Saliva mS a (a=above)	Mineral retention
Saliva mS b (b=below)	Mineral depletion
Saliva Brix a	Check high blood sugar, pancreas, insulin resistance
Saliva Brix b	Check low blood sugar, adrenals
Saliva NO3 a	Check parasites, allergies, inflammation
Saliva NO3 b or low	Protein deficiency
Saliva NH4 a	Ammonia toxicity: constipation, urea cycle disturbance, fungal, putrefaction.
Saliva NH4 b or low	Protein deficiency
Urine pH a	Acids not getting out of system. Check Liver Phase 1 & 2 detox pathways esp. of Urine mS b.
Urine pH b	Acid dump if temporary, excess acidity if saliva also acidic.
Urine mS a	Heart stress if urine NO3 and NH4 also high. Need exercise. Water.
Urine mS b	Retaining minerals (pain, rigidity) or mineral deficient, see Saliva mS. EFA's.
Urine Brix a	Tired, need naps. Infections.
Urine Brix b	Retaining sugars (fermentative) or low blood sugar. Hypoxic. Infections.
Urine NO3 a	Check Parasites. Inflammation. CRP.
Urine NO3 b	If very low, danger sign re lack of response.
Urine NH4 a	Need naps. Kidney stress. Ammonia dump or excess. See Saliva NH4.
Urine NH4 b	Check folic acid, protein deficiency
Sa/Ur pH ratio a	Fast digestion and transit time
Sa/Ur pH ratio b	Slow digestion and transit time
Ur mS/Brix ratio a	High cell membrane permeability: give Omega 6
Ur mS/Brix ratio b	Low cell membrane permeability: give Omega 3
Ur NO3/NH4 ratio a	Check parasites, inflammation
Ur NO3/NH4 ratio b	Lack of responsiveness and confusion, toxic overload
Any saliva value above	<b>Excess</b>
Any saliva value below	<b>Deficiency</b>
Any urine value above	Predominant related issue in 'Cell'.
Any urine value below	Predominant related issue in 'Psyche'.
All or most urine values a	Either has too much of that substance being generated in system, or excreting it, or both. See same saliva value to make distinction.
All or most urine values b	Either retaining that substance or deficient in it. If same saliva value low = deficient, if high = retention.

<sup>5</sup> Autonomic Response Testing pioneered and taught by Dr. Dietrich Klinghardt MD. See [www.neuraltherapy.com](http://www.neuraltherapy.com). <sup>6</sup> See "R-Terrain", this issue. <sup>7</sup> See 5.

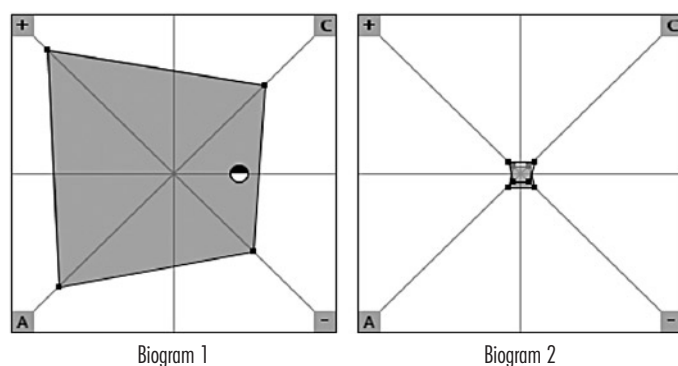


## The HERMES Biograms

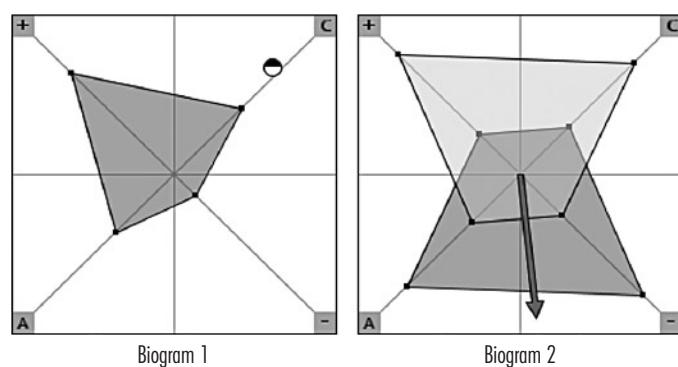
The Biograms serve as a visual representation of the severity of the overall deviation of the values from optimal, and are of valuable assistance in showing the patient and caregiver what is going on. The Zero or center point on the Biograms represents the values in an optimal state, therefore the larger the shape depicted by graphing the values onto the Biograms, the more severe the condition, and the greater their deviation from optimal. Biogram 1 (Structure), which represents the saliva values and the metabolic body burden, is looked at in



The following are the Biograms and Bar Graph of a person who is in the process of Five Phase Detox, who is not experiencing a Healing Crisis. Biogram 1 shows that the metabolic toxins have been mobilized, as detected in

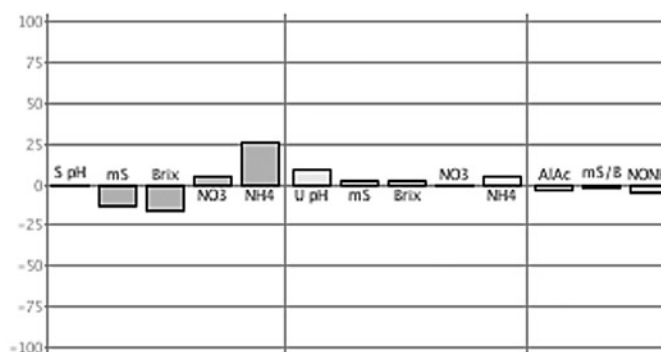


The following are the Biograms and Bar Graph of a person who has taken an overdose of a chelator and drainage remedy, whose system is attempting to eliminate more than the organs of elimination can handle

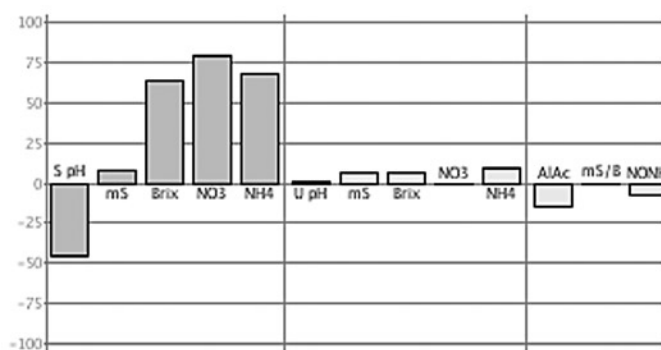


reference to Biogram 2 (Function), the urine values representing the efficiency of metabolic function. During detox, the goal is to mobilize the systemic toxins, seen as a large shape on Biogram 1, and then to eliminate them efficiently, seen as a very small shape on Biogram 2. Keep this ratio in place, while maintaining the Bar Graph values at less than a 30% deviation, and detox proceeds without a worsening of the patient, sometimes referred to as a "Healing Crisis".

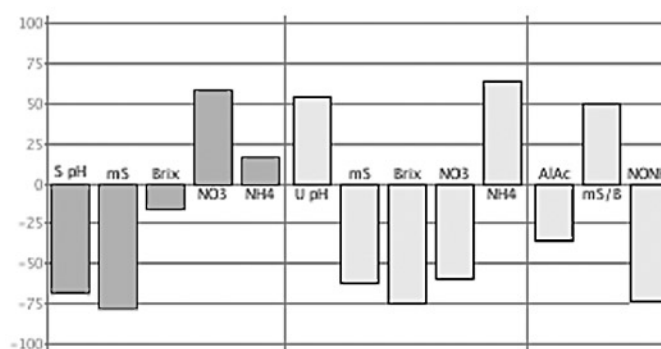
The following are the Biograms and Bar Graph of a person who wakes up in the morning feeling fantastic:



the saliva. Biogram 2 shows that these toxins are being eliminated efficiently, as detected in the urine. The Bar Graph shows that no urine value is more than 30% away from optimal:



efficiently, who is having an allergic reaction to those toxins - which will eventually back up into the system, and thus the picture of a 'healing crisis' and a seriously stressed patient:



## What about the Psyche?

Though HERMES is physiology based, the BTM brain underneath it still differentiates whether the predominant issue is in the Cell or the Psyche. When in the Psyche the Essence Remedies<sup>8</sup> are used as these can make the correction without the use of words, which are problematic to the comprehension skills of children, people who are severely metal and chemical toxic, and or neurologically compromised.

**3. Repairing the Damage:** Once detox is complete it is time to leave the body alone to readjust and repair itself as best it can. Then a reassessment is done. It all depends on the case. Neurological damage can take 7 years to repair; therefore ongoing assessments as to diet and supplements may be required. Of great promise is Umbilical Stem Cell Therapy<sup>9</sup>, which speeds up this process.

### Ongoing At Home Support

Classes are given to the primary care givers in HERMES or R-Terrain testing so that basic care can continue when they return home.

### The Location

High altitude, beautiful surroundings, clean air, good water and access to high quality, organic foods are the hallmarks of the best, most effective sanatoriums and retreats.

### The Foundation Approach

The ideal exploration and use of this method is in the context of a Foundation funded Teaching Sanatorium and extensive Clinical Trial. Experts in the various modalities, all of whom are currently known to me and willing to contribute to this work, form and or teach the active Medical Team that cares for the patients. The patients and their primary caregiver stay in the Sanatorium or a dormitory, so that inpatient care can be provided as needed, and at no charge. Clinical observers study the methods, collect the data on each case, and with the Medical Team, fine tune and then create a reproducible model. Visiting doctors come to be trained in that model while also observing clinical application. The model can then be sold or given to appropriate institutions throughout the world.

## The Immediate Practical Approach

The medical technology is ready, practiced, and available now. It could be instituted and put to use in an appropriate clinic or hospital today if the medical staff were already familiar with or willing to be trained in these methods.

## Summation

Described above is the Clinical model that I would refer one of these patients to without hesitation, with enthusiasm, and the knowledge they would get the best care possible at this time. To my knowledge, no clinic exists in the world today that offers all of the above coordinated services. Some come close, but none are all inclusive, yet all of the modalities mentioned are crucial to the care of this type of case.

By addressing the needs of the most complex and recalcitrant cases of heavy metal and chemical toxicity, the outcome clinic will be more than capable of dealing with toxicity cases of lesser magnitude. This Detox Clinic would be of great value to all who suffer with heavy metal and chemical toxicity.

The patients I have managed in this way have had to travel half way across the world to get the assessment, then to some other distant location to get the correct therapy, then to another location to get the appropriate dental work, on and on, waiting weeks and months to get what they needed immediately, spending all resources, and devastated by the stress of it. But they did get the result: A 'spontaneous remission'. So my curiosity is to find a philanthropist, a hospital, a businessperson, a multi-modality clinic, who can see the wisdom of putting these particular modalities and branches of medicine together under a single roof, under the guidance of a well trained and coordinated team, and then assisting them in doing so. Thousands of these kids and their families are still out there suffering without hope, and most of them needlessly. A difference can clearly be made. →

<sup>8</sup> See "R-Terrain", this issue. <sup>9</sup> See the work of Dr. David Steenblock DO, a pioneer and expert in this field, as well as in HBOT.

## Auto-Sprouts

© By Timothy Ray, O.M.D., LAc, Switzerland

### Abstract

*This information is basically a gift. There is no way to make money from it, yet it is as valuable as another non-profit health secret freebie: chew your food. Auto-Sprouts is a new and easily affordable way to get the benefits of Color Therapy, Mora Super Inversion Therapy, and Auto Urine Therapy (without the smell), all enhanced by the life giving*

*energy of fresh sprouts! Auto-Sprouts is one of the most powerful ways this author has found for regulating the Terrain, and it can be done by anyone, at home!*

The value of Urine Therapy<sup>1</sup> has been known for centuries and its' use has spread from India throughout the world. There are problems with it, in that many people cannot face the thought or smell, and it is certainly dangerous to use in

<sup>1</sup> For a very good collection of writings on Urine Therapy, please visit [www.shirleys-wellness-cafe.com/urine.htm](http://www.shirleys-wellness-cafe.com/urine.htm).

its traditional form while a person is heavy metal & chemical toxic and excreting those poisons through the urine (as they will re-concentrate in the liver). With Auto-Sprouts, the dangers and inconveniences are bypassed, and great possibilities unfold. Urine Therapy is one of the only 'normalizers' (meaning it corrects all metabolic values) measured by BTM<sup>2</sup>.

Two stories inspired the invention of Auto-Sprouts. I heard of a community of people who would urinate on the soil around their personal vegetables for fertilizer and be healed by consuming them. That takes a long time. I heard of the young man who had some 'downer' pot seeds, planted them and asked them each time he gave them water to produce a 'happy and laughing' effect. They did. We've all heard of the research showing that plants will resonate with our intentions and safety<sup>3</sup>, and if you recall for a moment that our mitochondria secrete plant enzymes (observed by Prof. Enderlien, proven at Sloane Kettering Hospital NY in the 50's), the idea becomes particularly interesting.

Hold that thought for a moment and now think about Auto-Sanguis therapy, or any of the clinical forms of auto therapy. They produce tremendous results in allergies, autoimmune diseases and many other diseases. Now go one step further, as the Medtronics firm did with their Mora Therapy Unit (costs \$24,000), and created the Inversion filter, which takes a persons body fluid sample, inverts the negative frequencies into positives and gives the result back to the patient amplified. This therapy has proven its (regulatory) usefulness for decades.

Now think about the little sprout seed. It has the power to turn death (dirt, humus, excrement, the nitrogen cycle) into bright green vibrant life. That sprout has the power to break through a concrete road in its search for the sun. It adapts to almost any environment and food source and performs its miracle, with the help of a little water and light. It is Nature's Inversion Filter. It turns the negative into a positive.

I think you've got the idea. Fertilize your sprouts with your urine. Urine is the 'ultra filtrate of the plasma' and contains the already bioavailable nutrients that sustain your body. Quickly you have a living, auto urine, Inversion filtered source of medicine and nutrients, the enzymes and life processes of which have learned to specifically adapt to your internal environment or milieu or Terrain. It's your own, perfect, biocompatible, always adapting, balanced, fresh, raw, living, nutritious medicine. And, just like the vegetables you buy in the store, you cannot smell or taste the fertilizer they were grown in. All that remains is the fragrance of fresh sprouts.

Next we tune the choice of sprout type to the metabolic state a person is in through color preference<sup>4</sup>. If you have a favorite color, it has been determined that the color reflects a specific metabolic imbalance which that color

will help to correct. Select the sprouts you use according to the **Auto-Sprout Color Chart** below. If you do not have a favorite color, simply select any sprout that sounds or tastes good to you. If your color preference changes, change the associated sprouts.

Dosage: If a person is extremely ill, pure undiluted first morning urine will usually kill the sprouts. So start, worst case, with about 1% urine 99% pure spring water and gradually increase the concentration over time. Once the sprouts can grow in the undiluted, first morning urine, you know the person's Terrain is very healthy. If a person is metal or chemical toxic, the benefits can be had without the dangers by using a 'homeopathic' dose of the urine mixed with water: one drop to begin with, working up to 10 drops. The 'energy signature' of the urine is the same in one drop as it is in a quart, and there is not enough metal or chemical in a single drop to harm anyone or outweigh the benefits of the Auto-Sprouts, and they will also help you detox safely. How often and how much? Just like food, when and as it appeals. Chew thoroughly, as any food that is not chewed isn't good for you. (If you still have amalgam fillings in your teeth you can't chew safely<sup>5</sup> so put them in a blender and include with your favorite smoothie.) If you are allergic to any of the foods that grow from the sprouts, do not use them. If you are pregnant or lactating, consult with you professional health care provider first.

Method: Water the sprouts with the water and urine mixture in the morning (anabolic cycle). Use that day's fresh urine only. Water the sprouts with only water at midday and at night (catabolic cycle). Expose to indirect sunlight. Treat them with respect. Put your name on the unit so others don't eat your sprouts; you'll want them all for yourself!

**Auto-Sprout Color Chart™**

Lime	Garlic, cauliflower, pumpkin
Blue	Radish, dill, caraway, anise, mustard greens
Magenta	Cabbage, onion
Orange	Cauliflower, pumpkin, alfalfa, garlic
Turquoise	Cabbage, flax, pea
Yellow	Broccoli, onion, alfalfa, wheat, almond, cauliflower
Violet	Radish, garlic, sunflower
Scarlet	Garlic, adzuki, radish
Indigo	Onion, caraway
Red	Broccoli, onion, cauliflower, wheat, red clover
Green	Adzuki, radish, alfalfa, barley, sunflower, anise
Gold	Alfalfa, pea, almonds, anise, onion

<sup>2</sup> BTM (Biological Terrain Management) is a synthesis of the works of Reams, Vincent, Klinghardt, Enderlien, Pissinger and Maslow wherein pre and post ingestion or treatment urine and saliva values are measured and compared to determine the impact of a nutrient, remedy or therapy on a particular person. Information is available from Viteras@gmail.com. <sup>3</sup> The Secret Life of Plants. <sup>4</sup> This research was done using BTM. <sup>5</sup> See [www.healthydetox.org](http://www.healthydetox.org) (in the articles section: **The Mitigation of Mercury Vapor Inhalation and Exhalation in People with Dental Amalgam Fillings** T. Ray, Townsend Letter for Doctors and Patients, November 2002, #232.) or [www.bioray2000.com](http://www.bioray2000.com) for information about the dangers of amalgam fillings and some solutions to the problem.



**Harvest Time:** Notice each sprout manifests various colors during its growth cycle. When it's color most closely matches or shows a trace of your favorite color, it is best to eat. This won't always happen, and the sprouts are always good to eat, just better when they contain the pigment of your favorite color. Rinse thoroughly before eating.

People who have used Auto-Sprouts comment that they feel better, brighter, and stronger in general. They also mention it's not like eating normal sprouts, there's something about Auto-Sprouts that feels better, that makes you want to go back and eat some more. Enjoy!

## Generosity In Medicine

© By Timothy Ray, O.M.D., LAc, Switzerland

Chrystyne Jackson, the editor of Explore! and my patron Saint, asked me to write one more paper for this issue regarding plans for the future. I had the choice to either answer her 'yes', or 'yes, m'am'...

Here I sit with methods of detoxification and case management whose combined applications have successfully led people out of the thickets of MS, ASD, epilepsy and many other 'diseases'. Yet the 'disease' was never approached directly. We took the poison out of the body according to the persons individual biological needs in real time. We continued to provide their body and mind with what was required until they reached proximity to optimal values, and then kept them in that state for a while. The Inner Healer appears to approve of this approach. These people had 'spontaneous remissions'.

Well, what would you do with this? Running out into the park with a soapbox and a megaphone comes to mind. More productive is to teach these methods to as many doctors as will listen, and then train them to train others. The Dream is to find a Philanthropist who could ensure that these services were made available for free to the children whom we have crippled by our abuse of the Elements.

What if? I don't know the future, other than through dreams. Since I have been asked to dream a little here, I will do so. I imagine that I am sitting face to face with a Philanthropist who has just given me the right to bring this work to the world, and they ask me "So, what do you want?"

1. A Teaching Clinic with residential capacity, or local residential housing for 7 doctors and their families, and 30 in inpatient quarters. In the Swiss Alps with access to local, organic raw foods and fresh mountain water. With a full laboratory including HPLC and whatever other methods the various doctors on the team require. There are many old hotels, spas in existence that could be quickly converted to this purpose.

- I would then offer positions to the following people, all of whom are already known to me and have previously expressed a keen interest to participate in this kind of a preject:
2. Dietrich Klinghardt MD as full time Medical Director to both treat the children and teach his methods to the visiting student doctors. To give him an independent budget that allows him to purchase any equipment or assistance he requires.
3. David Steenblock DO to supervise the purchase and installation of 3 HBOT units, and teach the other doctors how and when to use them; and to teach the use of Umbilical Stem Cell Therapy. I would certainly offer him the choice to work in the clinic as well.
4. I'd like to be hired as a consultant to teach the BTM, HERMES, R-Terrain, and Five Phase Detox work.
5. Harvey Ruderian to teach the Upledger cranial-sacral and Aston Patterning work, and if possible, also treat in the clinic.
6. Nicole MacKenzie to teach her parenting method "Rule #1 Mom Has Fun" to all of the doctors and support staff that have contact with the children, including their primary care givers.
7. Our computer programmers full time jobs to work on developing and refining HERMES and BTM.
8. An assistant for me who deals with all of the legal and beaurocratic issues that come up with this project.
9. Whatever other support staff is required: RNs, lab techs, reception, etc.
10. A supervisor/organizer to maintain a seminar series for continuing education for the doctors who are trained at the Clinic; and to expose the doctors teaching at the clinic to new ideas, methods, and protocols.

11. A Triage expert to organize the methods into a teachable system that creates and tunes teams of doctors to continue the work elsewhere. They would use this initial prototype clinic as a model, and then prepare an easy to use operations manual.
12. To open satellite clinics worldwide and make their services available to afflicted children at little or no cost. The student doctors would then have the choice to work in the satellite clinics. Though the services of these clinics would be free to children who could not otherwise afford it, normal adult patients would be charged. I would institute profit sharing amongst the inventors of the Model from the satellite clinics.
13. A budget of about 30,000 US\$ to develop an oral chelation 'chewable' for kids that will be given free of charge; with a continuing unknown budget to ensure adequate and continued supply.

14. A budget of about 100,000 US\$ to hire a microscope engineer at the Zeiss firm to build a specialized "Terrain" microscope, my design for which is at this point proprietary.
15. To either purchase Explore magazine, or contract with them to largely dedicate the magazine to, publishing a continuous stream of case histories and findings from the Clinic(s) and it's associated doctors worldwide.

Well, that would get us started. We'd probably also need someone to supervise us all with a tender touch, who was good at 'herding cats', as the maverick nature of the people who make these kinds of discoveries must be nourished, protected, and managed at the same time. Chrystyne Jackson comes to mind; she's had at least 50 years experience doing just that with the many authors who have appeared in Explore and earlier Raum & Zeit.

*It's a beautiful dream. Sometimes they come true. 🌸*