

THE 'LOW BATTERY' FOCUS

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Theme: Identification and treatment of a focal disturbance, the 'low battery' focus, that *blocks correct assessment* of patient status and protocols using ART, CRT, Voll, Vega, Performance 2001¹ and any other means of direct or resonance testing. A low battery focus (LBF) means that the patient cannot utilize the remedy that they test for and need, which becomes toxic to their system when ingested.

Summary: According to Dr. H. Schimmel, when the nanoamperage of the body measured at all of the end points of the acupuncture meridians (with a Performance 2001) is below 400 nA (normal is 400-800 nA) there is a focal disturbance. In most of these focal patients it can also be seen with Darkfield microscopy that the zeta potential of the RBC membrane has lost its negative charge as evidenced by the appearance of rouleaux and or aggregation (diminished oxygen, nutrient and waste exchange).

"We also know from Fritche's law of electronics that as reactance in a circuit increases, the power in that circuit decreases. If a circuit goes to total reactance then power drops down to zero. In simple terms, the more an organism reacts to its environment, the more power it takes from itself. This is a simple law of electronics, that can now be understood in biology."²

This situation further means that the body's lowered electrical potential compromises enzyme function and general biological ionization processes. This situation is different from blocked regulation, switching, allergies, toxins, scars, adhesions, infections, specific organ dysfunctions, enzyme or mineral nutrient deficiencies, dental foci, tumors, iatrogenic damage, psychological, geopathic, EMR and radiation disturbances but can be the result or the cause of most of the above and is a primary focal problem in and of itself. (If the car battery is dead, fixing the rest of the engine won't start the car). *The result of this LBF is that any remedy or food, even if it tests beneficially, will become a poison to the patient once it is placed in the mouth if it does not contribute an electro negative charge or if the*

body's nanoamperage has not been restored to normal range prior to dosage. The body simply cannot process, digest, understand, or utilize it and it therefore rots, putrefies, and confuses the system even if it is the tested perfect and only remedy. In this case, therapeutic procedures can only have temporarily beneficial effects, if any.

Correcting all of the other focal problems will not necessarily correct the LBF, especially in the chronically ill and radiation toxic patient. Once the remedy is placed into the patient's system, the mouth as an indicator, it provokes chemical reactions that are synergistic and different from its 'photon emission frequency'³ effect. In other words, it becomes a completely different 'formula' that includes its interaction with the person's individual biochemistry and their ability to utilize it in that new and altered chemical state.

Testing Options:

1. Complete the thorough ART⁴ testing procedure, correct all causes of blocked regulation and switching with appropriate therapy, then determine priority and remedies. Take a little bit of each remedy tested, mix, put a few drops or granules (no gel caps) into the patient's mouth and have them chew or hold it there for a few moments. In 20 minutes⁵, retest for blocked regulation, switching, and TL (therapy localize) to brain, thyroid, liver and kidney. (This is assuming that enzyme, probiotic, and nutritional support have been included in the protocol, if necessary.). If the patient no longer tests as corrected, they have a LBF. (Tip off: if at the beginning of testing you have to correct for switching to get any strong muscle, suspect a low battery.)

2. If the nanoamperage readings with the Performance 2001 on most or all of the end points are below 400 nA, there is a focal disturbance (accelerated photon bleeding⁶) but not necessarily a LBF. Check with Darkfield for rouleaux. If you find it there is a high probability they have a LBF. Identify and correct focal disturbances with EAV, ART, CRT, laser or other methods. Retest the points with the Performance 2001. If none have come into normal range, there is a low battery focus. If some have come into normal range, complete testing for remedies. Verify that the remedies that correct the lowest reading also correct the highest reading (if any). Take a little bit of each remedy tested, mix it, put a few drops or granules (no gel caps) into the patients mouth and have them chew or hold it in there for a few

moments. In 20 minutes, retest the lowest and highest points. If those points fall out of normal range, higher (creating a focus) or lower (draining the energy), there is a LBF.

The bottom line is if the patient tests worse after consuming a remedy to which they are not allergic and that remedy tests as beneficial before consumption, they have a LBF.

Solution Possibilities:

1. Check for **fulvic acid**⁷ deficiency. In addition to its other remarkable health restoring capabilities, it restores electrolyte potential thus indirectly contributing an electro negative charge. Supplements rich in fulvic acid, like BioRay's NDF-Plus and Sunrise⁸, are of great benefit to these people. Testing points with the Performance 2001 on patients with LBF showed improvement (100-300%) 20 minutes post dosage on all points, indicating that they had been able to utilize the remedy without detriment. BioRay's fulvic acid is made with organic, pollutant free ingredients and PolyFlor, a beneficial flora complex—the agricultural variety as well as the 'research grade' pharmaceutical versions are made in the wild in soil with bacteria, fungi, nematodes, amoebas, worms and whatever else is living in the soil and is not filtered by living plant systems prior to ingestion by humans as food (which would be the natural way to get fulvic acid).
2. Give the patient a treatment with the **BEFE**⁹ footbath (contributes absorbable minus 1000mV into the water) every other day, retest every three sessions, until the LBF is artificially stabilized, then retest for and give supplements or remedies, and maintain regular treatment until the patient shows sustained improvement. Nanoamperage readings consistently increase to normal range for up to two days following treatment. You can also detect the point at which the person begins to accept the charge by placing an ORP electrode into the water: it usually starts at about minus 150 mV, and when it begins to drop towards lower readings the charge is no longer going into the person but into the water and they are basically done for that session. If the reading doesn't drop they need to be charged again the next day. This method of monitoring progress is consistent with readings in nanoamperage from the

- Performance 2001. If you are going to use this, ask my office for a copy of the research I did on the BEFE “BEFE and NDF”.
3. “In classical homeopathy, and prescribing of the one single remedy, all of the **acid remedies** present with slightly different pictures of debility, fatigue, burn-out, fragility, trepidation and exhaustion. In the context of natures’ law of similars, the acid remedies will act over time as some of the greatest restoratives, for these patients whose batteries have gone flat. When the Vital Force needs careful support and a spark. The acid remedies have particular and specific effects on the central nervous system, the bodies electrical circuit.”¹⁰
 4. **Deep belly laughs** and having fun, of the intensity that allows one to forget their problems and go for the joy, will raise the energy, similar to a tired person who is willing to stay up all night without thought of their tiredness because the adventure is so exciting to them. I think of this as ‘kick starting’ the engine. Dr. Mick MacKenzie, of MacKenzie International Consulting, presents a dynamic seminar called “**Self-Actualization – The Experience**” that would definitely give these patients the needed jolt and gentle recharge. If you ask a patient, on a scale of 1 – 10, how much fun they are having in their life, and the answer is less than 9 with a grin, this is the seminar for them (LBF or not).¹¹ My most stubbornly ill patients have all had a lack of fun / joy in their lives, without exception. If you’re curious, I can tell you a lot more about this.
 5. Put the patient on an organic, full spectrum, local grown (in rich humic topsoil) **raw food diet** based on their blood type. Have them chew each bite at least 50 times, and work up to 200 times. Make sure they are drinking good water, like Trinity or Vitae. Pines low temp. Barley Grass is an excellent source of raw, assimilable food for those who can’t chew. Correct all lifestyle mediated or dental focal problems. Retest after 2 weeks of completion. Do not give supplements or remedies or therapies if at all possible. The dental (surgical, chemo, or radiation) patient in this situation is a different and difficult conundrum and will require support that will both help and hurt them.
 6. If there is an apparent bulging abdomen in a person who is not ‘fat’, **Mayr Cure** may be effective if used with raw food and according to the blood type.

7. **Microhydrin** contributes a minus 800 mV charge into water or food. I don't have extensive experience with this, and know that several years ago it could be very stressful on the nervous system, kidneys and blood requiring NADH, B complex with phos-serine and proteolytic enzymes to balance it. They say the new, pure powder version has overcome these problems. It is a powerful electron donor and free radical scavenger, but may be more stressful on the system than the first six mentioned options. It can be added in very small amounts to food (sprinkled on), the remedies, or water immediately prior to consumption.
8. Use Vincent's '**negativeur**' (brass electrode with full range diode in circuit hooked up to a cold water pipe) based on the possibility that an excess of positive ions (lack of grounding) is disturbing their ability to hold an electro negative charge. They can also stand barefoot under a tree on wet grass or walk at the shoreline at morning or dusk, daily, and stay out of the sun. I've noticed that people with excesses of positive ions have trouble getting sleep that is deep and refreshing, which is generally where we recharge our batteries.
9. All of the above.
10. **Proteolytic enzymes** are known too resolve rouleaux almost immediately after ingestion, thus probably contributing an electro negative charge, however they **also kill the beneficial bowel flora** and should be used with the same precautions as taken with antibiotics.

There must be other ways to deal with LBF that I am not familiar with using or have not yet tested, probably Inhaled Ionized Oxygen Therapy, possibly Lahovsky's multiple wave oscillator, certain Rife frequencies, Mora Therapy; basically anything that provides a measurable, appropriate, bioavailable and sustainable electro negative charge.

Other Implications

It occurs to me, after having seen many people who test well for a substance who do not benefit from ingesting it (during a decade of previous testing during which I did not think about the LBF), that resonance testing may be most appropriate for the administration of 'frequency' or 'transfer' remedies made from the substance tested, administered by a cold laser carrier beam or potentized into water, and not the actual substance, unless a final test confirms patient

acceptance of the substance 20 minutes following ingestion. LBF or not, the photon emission frequency effect and the systemic chemical interaction effect of a substance are different and should probably be evaluated as such.

Case History

Female, age 50, severe, debilitating diarrhea for eight weeks. Fatigue, dehydrated, previously diagnosed with parasites. She is a doctor, has been to see many holistic and medical practitioners in the area. All medications have made her worse. Very clean diet, even food makes her worse.

Performance 2001 test results: 4/27/01: all points at 100 – 150 nA.

Primary finding: Low Battery Focus.

The only remedy that corrected the points was Flora-Gest™ SN-C, a probiotic processed chlorella supernatant, high in fulvic acid. Dosage was tested as 12 drops twice a day, sublingual. She was only willing to take her first dose at home.

She reports:

4/27/01: PM, took 12 drops. Got a small instant headache. Mild.

Drank a lot of water.

4/28/01: Woke up feeling light as a feather, with energy, more myself.

Took 12 drops. Still a slight headache before and after taking the drops. 12 drops late afternoon, no physical reaction. Became extremely tired; rested and relaxed, watched a movie. Diarrhea slowed down considerably.

4/29/01: 12 drops AM. No real reaction. Bowels better but not right.

Diarrhea stopped. Gas. 12 drops PM. Slightly constipated. Gas.

4/30/01: 12 drops AM. Normal bowel movement. Feel much better.

Performance 2001 test results: 4/30/01: one point (toxicity/allergy) went to normal at 450nA, 7 points 200-300% better, 2 points the same. No longer focal, still needs restoration, but out of trouble. She is very happy because she gets to go on her vacation tomorrow instead of to the hospital.

Rx: continue drops, add Loving Energy (yin tonic) 15 drops twice a day in water.

Purpose

It is the goal of this paper to suggest that the patient be retested, by whatever means, after they have consumed a small amount of their remedies before letting them go home to continue therapy. I realize this could create enormous logistics problems if your testing methods are as involved as mine are. However, using A.R.T., which I learned in an excellent and highly recommended seminar presented by Dr. Fred Ulan, DC,¹² the final test can be performed in less than 10 seconds. If, during those 10 seconds, you discover and apply the corrections for the LBF, it might mean the difference between a failed and a successful case outcome.

About The Author

Timothy Ray, OMD, L.Ac. has practiced Traditional Chinese and German Biological Medicine in the Los Angeles, California area for 19 years. He is currently in charge of Research and Development for BioRay, LLC (www.bioray2000.com). He welcomes your professional feedback and questions at 310-473-1813 or at bioray@earthlink.net.

References

¹ *The Performance 2001 is a little known point measurement device and system developed by MedTronics, Quadromed and Dr. H. Schimmel in Germany. They incorporated a chip that can measure billionths of an ampere into an EAV type point measurement device. It provides objective measurement of the nanoamperage of the meridians, similar to an EEG. More information can be found at www.bioray2000.com or at www.oirf.com.*

² *Contribution made by Jarek Truszkowski Ph.D., H.D.*

³ *All substances have an objectively measurable, different, and specific photon emission frequency. The instrument used for proving the existence of and measuring the frequencies was developed in Germany. This is why tested substances are put into clear glass, and not opaque, test ampoules, so that the 'light' can get out and impact the 'energy' of the patient being tested.*

⁴ *Autonomic Response Testing as taught by Dr. Klinghart and Dr. Ulan.*

⁵ *It can take up to 20 minutes for a remedy to register a change in theta waves with real time EEG (i.e. to cross the blood brain barrier, if at all). It can happen sooner.*

⁶ *A dying or inflamed cell will share its photons with the surrounding cellular community (F. Popp, Ph.D.) and exhibit increased electrical activity (for example, the gum above a normal tooth in a healthy young man measures 1200 nA, whereas a focal tooth with granuloma (infection) measures 10,000 nA). I think TL (therapy localization) or laser therapy will temporarily dissolve a focus, long enough for testing purposes, because the therapists touch or the laser (at 660 nM) contribute photons to the local disturbance, normalizing the tissue,*

temporarily stopping the photon bleeding. The focus is drawing 'current' from the other meridians as it discharges photons, thus rendering them unable to convey correct information because they do not have the energy to respond to testing.

⁷ Fulvic acid is one of the end products of the humification (composting) of healthy topsoil (including humic acid and humin). Fulvic acid is nature's method of making foods and herbs reactive, bioactive and assimilable by restoring electrolyte potential. Because pesticides and fertilizers have killed most of the beneficial soil bacteria in our topsoil, this essential nutrient is nowhere near as plentiful in our food chain as it once was. Many think its absence is a primary cause of chronic degenerative diseases. For more information on fulvic acid, visit www.fulvic.com.

⁸ 'NDF-Plus' and 'SunRise' are products being specifically developed for people with LBF, containing substantial amounts of fulvic acid, but are not yet abundantly available from BioRay. You can call to inquire about their status at 310-473-1813. Test ampoules are available. NDF does contain fulvic acid but not enough to correct an extreme situation like the LBF.

⁹ The BEFE (BioElectric Field Enhancement) device can be read about at www.q2.com.au. If you would like a copy of the research data I've compiled on the unit, email me at [bioray@earthlink.net](mailto: bioray@earthlink.net) and ask for a copy of the paper. You can obtain a unit from the U.S. importer, Michael Stern, at 480-391-8422. The cost is \$1995.00.

¹⁰ contributed by Dr. Murray Clarke LAc DH. The complete paper this is quoted from will be found at www.bioray2000.com in early July in the Low Battery Focus Forum.

¹¹ Dr. MacKenzie can be reached at 1-800-760-9425, www.micpeakperformance.com, or at machumor@aol.com.

¹² Dr. Ulan can be reached at 518-792-5772.



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