

Healing

Author Bill Nelson

Access: DEMOGRAPHICS/Help/Healing

As we start to treat a patient, we need to have some key ideas in our minds. First do not hurt is a basic dictum of medicine. We should not propose to hurt patients in any fashion. Second it is key to not seek diagnosis above all else. We are incapable of always attaining a correct diagnosis. If we are 35 or 40% correct we are doing well. This means that always knowing is impossible.

If the patient just experiences honest caring there is healing even without talking. Talking and relating is even more beneficial. Psychologists found in the historic Westinghouse experiment, that doing any intervention was productive. Just attention is helpful. Even prayer is helpful and healing when the patient does not even know. Healing is done by many simple actions.

So it is important to have as our primary goal the precept of Healing, diagnosis must be secondary. The word for science comes from the Latin word SCIO which means to Know. Where doctor comes from the Latin word EDUCTOR which means teacher. Many frustrated scientists become doctors to make money and they see the medical art as a form of science. Then they seek to know and then most tragically they think they can and do know. The false arrogance builds and produces a conflict with healing. When healing takes a back seat to knowing, healing will be sacrificed.

To maximize healing in others, we also should try to produce a state of health in ourselves. When one woman came to Gandhi to ask for Gandhi to talk to her son about eating too much sugar, Gandhi excused himself and asked to see the boy in two weeks. He saw the boy and told him of the dangers of eating sugar. The woman asked why the two weeks? Gandhi replied that two weeks ago he ate sugar and he first needed to give it up himself. On airplanes the stewardess asks for us to put our own mask on before our child in the event of lack of oxygen. If we can't help ourselves we can't help others.

Our next step is to become doctors and try to teach our patients about the behaviours they may have that could create large health problems. Lack of exercise, lack of water, smoking, drinking alcohol, stress, etc can create large-scale health problems. The SOC Index (suppression and obstruction to cure index) makes this part of medicine easy. If the patients want to continue the bad behaviour then that is their choice. They must live with the consequences of their actions, as do we all. So this might be called responsibility medicine. And this might be our best example of the teaching capacity of medicine.

Next we will need to calibrate to the patients ability to react to compounds. The speed and sensitivity of reaction must be set without subtle muscle control interference of the therapist.

Next we want to interface with the patient's unconscious. When we use devices where either the patient or the therapist in any way know what is being tested in any fashion then the therapist can control the results. So we need to develop a more unconscious reaction system that is the QXCI. By testing the patient's unconscious reaction to thousands of items at biological speeds, we can get results in minutes.

Now we get our reaction matrix results. This at first seems complicated. The unconscious reactions are often not easily understood by the conscious. The lack of awareness of the unconscious can be a cause of disease. The unconscious might want to deal with a trivial concern first before dealing with a more serious concern. Sometimes the conscious and unconscious disagree. It is our job to listen to both equally. Do not treat the unconscious as superior. Rather try to deal with both.

Now we need to review the patients' conscious perspective of the medical history. We must put on our detective hat and look for signs, symptoms, and confirming data to reinforce our pursuit of a multiple level diagnosis. There is only a slight chance of a single cause of a disease pattern. More often there are multiple levels of causes that when combined will produce the picture.

Sometimes we must also look for the symptoms and signs that are not present. Sherlock Holmes said he would often look for the dog that should have barked. So don't just look for the symptoms but imagine other symptoms that should have appeared but didn't.

The more information we have, the more education, the more training, the more experience we have the better detective we can be. We are always improving and becoming better. This will produce depression in some because they will not feel adequate to deal with the patient. After twelve years of education, four degrees, and twenty years of teaching and seeing patients I still get depressed when I don't know something. I use this depression wisely as it drives me to go to the library, internet or read and learn more. This I have done for years, and will do till I lose my battle to room temperature. You the reader have the advantage of reading my collective work to help short circuit the time needed in learning. The QXCI program has much of my experience automatically installed in the software. So deal with the lack of confidence with positivity and humility. Let the device do the automatic therapies.

In dealing with the patient you should always address all of the other diagnoses given by any other practitioners. This can be insightful as to how the other doctors dealt with the disease. These diagnoses are sometimes right, sometimes wrong; but always stimulating for thought.

In dealing with the symptoms, we must review the following with our patient by asking these questions

1. Describe the first time the symptom appeared?
2. What is the duration of the symptom?
3. How often does the symptom present or repeat?
4. Is there a direction of the symptom?
5. What is the quantity of the symptom? Give a number between zero and ten with ten being intolerable, zero for the symptom absent.,

6. What is the Quality of the symptom?
7. What Time of day symptom is most intense?
8. How has the symptom changed over time?
9. Is there an unconscious message of this symptom or disease?
10. Which senses are involved and how?
11. Which areas of the body are most affected?
12. Which areas are least effected?
13. What are the strengths of the most health in the body?
14. What do you the patient think is the cause of the disease?

We must consider the holistic perspective. So we ask how the disease effects

1. the body
2. the mind
3. the spirit
4. the social network
5. the environment

(See the scores for these items at the top of the Info Table in the TEST screen)

We must consider the holistic perspective. So we ask how the cure will effect

1. the body
2. the mind
3. the spirit
4. the social network
5. the environment

The QXCI device will build a bridge between the unconscious and conscious. The system will treat diseases energetically automatically. These questions will also stimulate the inner awareness and then the living system will draw life energy to correct disease and restore health.

As we interact with the patient we need to observe several things about the patient. The color of the skin, face, eyes, sclera, tongue. The condition of the nails, the clothes, the shoes. All can be significant in understanding the patient.

We need to develop ways of understanding our patient. The main truth of medicine will be revealed from a simple understanding. The conscious mind has a perspective of time that is based in a flow of time from past to present and to future. This comes from the language which is the base of the verbal conscious mind. We must realize from this that the verbal conscious mind is driven by attempts to cover up indiscretions of the past, the guilt, the shame, the should -of –beens, the could -of –beens. These can occupy the mind. The mind tries to influence the future by enhancing the social opinion, dreaming of what could be. One of the major problems of medicine is that the conscious mind can and will lie. Often the lie is to itself and the repetition of the lie ingrains it till the conscious belief is so strong that when challenged by the unconscious the conscious reacts violently.

The unconscious is busy with internal regulation and stabilization of the exposure to the environment. Thus the unconscious is only capable of experiencing the now. It is drawn towards nutrition and repelled from toxins. The unconscious is more aware of internal processes and needs. It often sees small needs that could result in larger healing effects. This is called *Bifurcation*.

As we interact with the unconscious through the QXCI and we relate verbally to the conscious, our perception of subtle non verbal cues will add to our abilities as therapists to help our patient. We can use the computer to help us develop into super therapists.

There are many mnemonic memory tools we have developed in assisting you in basic patient care.