



# IMUNE Quantum Biofeedback Practitioner

## DRAFT

Issued 29<sup>th</sup> July 2006.

### Level 1 (basic-beginner) Syllabus

#### Contents

- Level 1 Preparation
- Level 1- (Basic/Beginners) Topics
- Class Observation Session- technical
- Class Observation Session- clinical
- Practitioner Case Study Submission Forms
- Worksheets
- Practice Education Handouts

#### Level 1 Preparation

The following is suggested.

If you have not completed the Unconscious Biofeedback the as a minimum review the documentation for this- [www.imune.net](http://www.imune.net) >> Documents >> IMUNE Biofeedback 101 Support Information

1. Read the material marked \* below
2. Gain basic computer skills if necessary.
3. Have solid navigational ability in the following screens-

Password	Causes & Aggravations	Test- treat/Zap	Alarms
Demographics	Test- facilities	Auto Therapies	Varhope Retest
Biorythms	Test- Individual Reaction	Timed Therapy	Current Rectification
Calibration	Test- Hold trays	Sarcodes Therapy	Reports

#### Level 1- (Basic/Beginners) Topics

IMUNE has set out the following topics to be included. There is too much to include in class room training and given the expense of this as much preparation as possible should be done by the student beforehand including:

- o Reading all areas marked \*
- o Computer skills
- o Navigation skills in listed screens.
- o Pre level 1 self assessment tests- beneficial in identifying questions for class.

IMUNE does not prescribe how or where the student learns the material or what order.



Experience indicates the benefits of:

1. 2-3 sessions using live clients with diversity and the working formats.
2. 1-2 sessions of student 1:1
3. Thorough student preparation- educators can set enforceable parameters if they wish and Imune supports this prequalification approach.

Note that virtually all the information generation in Level 1 is from the main test screen and the substantive use of sub-screens is left to level 2.

Terminology*			See glossary
Safe use*			Harness rules, electrical safety, client safety (skin issues, electrical implants, pregnancy,
	Day	Refs	
Legalities of use & terminology*			Country specific registration, use of medical words. Relationship with other regulated modalities. Waivers/disclaimers. Curing/diagnosing. Doctor only diseases.
Practice marketing	3		
IRB*			
Insurance*	3		Professional Indemnity, Device insurance- country specific.
Harness and subspace*			Subspace- how the device actualizes this, subspace as a background facility, theoretical accuracies, using subspace alone. Pacemaker button in calibration. Options for babies, animals
Power*			Guidelines for use, effect in subspace.
Alarm*			Origin, relating to client,
Working space*			Client energy clearance, practitioner energy clearance
How long- how often*			
<b>Concepts and Principles</b>			What is tested, reactivity, resonance, coherence, rectification, allergic reactance, origins of reactivity response, acute/ chronic issues and reactivity,
Device role*			Stress assist, hints and possibilities,
Client Interfacing			Need to understand “disease” labels related to symptoms and physiology process. Have you had success with “brand X disease”. Offering understanding stress in health and disease. Beauchamp and Pasteur. Dealing with client desire for all information- Client viewable screens, client report information, safe graph printouts, managing client perception of change, monitoring client change. Clients who want to test the system.
Health Models*			Reading + educator reinforcement of the Nature Cures rather than disease/ symptom approach.
Assessing client reactivity			RSI, Seyle, Varhope,
Program intensity			Matching client vitality, (stubborn level 2), old, young, v. ill, animals, babies.
Assessing progress			Delayed effects, sabotage, resistance to change.
<b>Operation Basics</b>			These should be covered during the initial start up and supplemented by user reading.
Opening/Closing program*			
Freezing*			Hidden screens/ Ctrl-Alt-Del/ Task manager.
Program loading/updating*			
Troubleshooting*			Resolution routes, information to note, Troubleshooting guide
<b>Process Overview*</b>	1		(1) EPFX Flowcharts as reference. (2) Nelson Medicine (3) Models for health.
Integrating the 3 facilities			Use (harness power/subspace) of Clasp, 3D Body viewer, Disease Lexicon, Irid, Biofeedback. Long undefined therapy.



<b>Password</b>	1	All facilities. Add faculty.
<b>Demographics</b>	1	Purpose. Using as client education by altering scores. Loading a new patient. Relevance of birth time and place. Second visit. Modifying on second visit/ patient screen parameters. Patient data panel information as table. Entries effects on calibration data, scaling of test scores and bands.
<b>Biorythms*</b>	1	Relevance of daily biorhythm*. Medical astrology as intrinsic stress susceptible areas.* (Incorporation into client <i>worksheet</i> )
<b>Calibration</b>	1	Purpose. How it works. Step and fast track. Information-Difficult/dangerous messages. Using this information. Biofeedback>stress reduction to calm. Data as hints- Twelve ways to health (Ascii holo-linguistic), Relative accuracy (85% relevance/ origin). Origin and meaning of- Reactance Speed Index (use for assessing possible "truth" of high scores), Res. Freq., , VARHOPE origins and targets, combining information for themes. PP & EP- ranges, using ratios, possible real world associations. Use of VAR as indicator of intensity of therapy client can process. Ph markers in program. Origin/conventional meaning of Cellular Vitality/Phase angle/Phase response/Impedance. Client and room geopathic stress. Schuman wave. Reg. Dysfunction/Explore risk- origin & areas to monitor in test. Calibration as the start of the client picture (composite jigsaw) Seyle scale. ( <i>Worksheet</i> )
<b>Testing- display basics*</b>	1	Process. Dangerous to proceed message. Stop test facility. Navigation- scrolling, No./Value/ Name- Color code. Top right displays. Color code buttons. Search to find and construct filtered list/ subgroup. GoTo No (system auto entries) Expand name/ access to trivector picture. Value color coding & standard deviations. The "myth" of the > 85 score.
<b>Test- information origins</b>	1	Test matrix items as information carriers/ limited dialogue/ organism trying to give closest info. (e.g. beta blockers highest reactivity). Not per se an indication to give the item. Information as reactivities (reaction to activity, accuracy ref 1/100 <sup>th</sup> second answer time), jigsaw pieces. Using RSI and bottom empties to validate client reactivity. Possible origins of reactivity (e.g. prostate in female- refer Garnet Dupuis paper). Test as a natural world dialogue. Test process explanations for clients. Effect of client SOC/health on No. of reds/purples. Possibility no reds. Top scores as today's activity. Repeatability of reactivities & themes/patterns. Client dialogue effects pre test. Effect of room energies. Interaction with energy field of user.
<b>Causes &amp; aggravations</b>		Assessing client relevance. Relating to test information.
<b>Test- basic use of information</b>	1	(1) Client confidence- what is told that the user can't know? How to dialogue test information with client. (3) Symptoms as stress hints and reflection of deeper disturbances. (3) using Environmental/ physical/mental/social/spiritual as focus hint (4) Using just the top screen to identify focal stress areas by themes. (5) Integrating themes with client lifestyle/ heredity/ medical astrology/ calibration information. (6) Why has the client unconscious selected these items? (7) The relevance of understanding disease processes to relate high scores as leak thoughts from chronic issues. (8) benefit of client health information in building picture. <i>Worksheet</i>
<b>Test scores- chronic issues</b>		Why is the client not reacting to these items. Adaptation. Stimulation of reactivity. Introduction only- details in level 2.
<b>Test- deeper individual reaction*</b>	2	Mechanism- what it does. Interpretation. Examples of the full range of possibilities. Rectification different from therapy rectification. Use of resonance to track therapy progress. <i>Work sheet</i>
<b>Test- Risk Profile-1</b>		(1) origin of information. (2) relating to client. (3) being broad in risk group meaning (e.g. bone). Reason for common occurrence of food poisoning/ blood sugar. Graph as visible information- possible client viewing/printout. Treatment maps from risk areas.
<b>Test- Superconscious reduction panel</b>		(1) when to use.(2) How it works (3) Bifurcation (4) Fitting hints to client jigsaw.(5) using Ind Reaction to corroborate.
<b>Other test Screens</b>	3	Origin of information. (e.g. allergy- test screen, minerals as group- reference to table of information origins). Possibility of color bands being different. Importance of relating



			scores within a topic screen to main test scores for significance in clients total health picture. Looking for balance within select screens (e.g. sarcodes>chakras). Referring to main test screen/ Individual Reaction for clarification. The “myth” of the > 85 score.
Organ Sarcodes			(1) Viewing for balance within groups (2) relating to main test significant scores (3) High as over stressed, low as not responding to stress from possible prolonged over stress (ref. seyle) (4) Graphicon as organism regulation. Possible information for client printout.
Test- serious issue.			How to act when a serious issue shows- corroboration, energetic tendency v. clinical, when/how to refer.
Test- Allergy			A basic protocol for allergy testing. Inhalant/ contact as acute, food as most often chronic- =use of Ind Reaction.
Test- deeper facilities	2		Illustration only- detail in level 2- of hold trays, superconscious reduction panel, virtual doctor.
Test- test Tray			(1) mechanism (2) Information form compared to the trivector. (3) avoiding clients testing a bag of supplements/foods.
Emotions Stage 1			FE’s/ Emotions in test matrix, garnet stage 1 assessment, Therapy>mental NLP, NLP Phase Stabilisation. Spinal –NEC.
Therapy Philosophies		1	No need to nail the detail to be effective- the value of systemic therapies. (1) Importance of auto therapies- what each does. (2) layer 2 therapies- systems and organs. (3) Using the themes from test to select therapies (4) Respecting and addressing client discomfort whilst placing in health context.(5) Catalyzing process v. solving stress issue. (6) Reinforcing effect of lifestyle. (7) Respecting system choices and continually integrating with practitioners thoughts on client health process.  (1) More can be much worse. (2) Simple can be most effective. (3) Danger of treating specifics on the limited dialogue. (4) Treating from different angles- respecting the multiple components of an issue. (5) Alarms as information- adopting a different angle for the same issue.
Protocols- role and reference protocol for beginners.		3	(1) Nelson nodel (2) Colin Paddon default approach (3) Current rectification as feedback (4) VARHOPE changes as feedback (5) Importance of system organ support to process debris.
Treating acute issues			(1) Pain (2) Power and frequency guidelines for acute (3) Assessing acute as a chronic leak through. (4) Zaps as load reduction (5) Importance of supportive treatment for the
Integrating Biofeedback into health			Balancing biofeedback and lifestyle aspects,

- 1 EPFX Flowcharts.
- 2 Reactivity and resonance.
- 3 Health models

**Class Observation Session- technical**

This is to ensure that the student applies the structural (not assessment and therapy) aspects appropriately:

- o Intake process (including explanation (device intent), checking contraindications, reason for client presence, waiver)
- o The session structure and what the client will go away with, their role in the process.
- o Energetic separation and avoiding subtle interference
- o Running the process.
- o Time management
- o Alarms

**Class Observation Session- clinical**



The benefit of using real subjects can not be underestimated- this also enables the QX/Eclosion requirement that harness is used to be fulfilled. It does mean bringing in some subjects.

### Trainer illustration-

It is suggested that the differences between an acute ( prominent current issue) and chronic are presented as teacher presentations. For the chronic to illustrate that students can be effective provided that they are gentle and system rather than specific item focused. (i.e. they do not need to be experts in all aspects to move the client forward). To include identifying stress markers (program & real world) for next visit. Use of 1-10 scale for client issues. Use of Ind React>resonance as tracker for resolution.

### Student

These can be integrated with the case study submission requirements below. The focus is on simplicity- identifying systemic stressed areas/organs, general device and lifestyle stress reduction areas.

## **Practitioner Case Study Submission Forms**

The 3 case study forms can be completed:

1. In class
  - a. Using a live class common subject
  - b. 1:1 working sessions in class
2. External client sessions

Two may be done in class and at least one should be external and cover a minimum of initial and follow up session.

These should include a one (1) page client summary sheet using high/medium/low significance codes.

## **Worksheets**

The following are available for either students own use or in class use. They are designed to explore various ways of reviewing the wealth of information that is available from the system, to corroborate the relevance to the client (both in current presentation (symptoms etc) and possible tendencies whose possibility to manifest clinically can be reduced.

They are specifically designed to enable the student to complete the preformatted Practitioner client session case studies. These may form part of classroom instruction or be separately used by the student outside class. At least 3 sets should be done as part of learning. They are too long to use in clinical practise and are intended solely as a learning tool.

1. Client intake form
2. Completed waiver- practitioner to customise.
3. Demographics- incorporating causes and aggravations, medical astrology, focal area possibilities (from info grid) with therapy routes and lifestyle suggestions as if this was the only information available.
4. Calibration and Seyle scale- general body electric vitality, SOC factors that are influential, areas to keep in mind for test corroboration, corroboration with lifestyle, with therapy routes and lifestyle suggestions as if demographics and calibration was the only information available.
5. Test: there are a multitude of ways in exploring the information and:



- a. Not all work all of the time
- b. Practitioners may develop their favourites.

These are designed to elicit patterns, themes and focal areas rather than identify specific issues.

This is on the basis that 90% of clients have sufficient resource that:

- if a dysfunctional system is identified and supported,
- obvious lifestyle stressors identified and reduced

then the organism will move toward health and in the majority of cases will deal with the biochemical detail.

Addressing the 10% of situations where more detail is required is covered fully in intermediate/advanced training (virtual doctor, super-conscious reduction panel, hold trays etc.) This approach is deliberate so that the student moves away from the “disease/symptom/single causal focus to a Nature Cure approach and does not get stuck in detail at an early stage: so they find the ball parks before identifying individual players.

- Test results validity (client reactivity and influences on working with the test data- RSI, bottom empties)
- Red and purple banding as indicator of client health
- General system regulation (Seyle Scale, graphs in Risk profile, NLP Emotional Growth, Sarcodes)
- Client resonance (often a client will want confidence by items that are significant that they have not told you of)
- Possible significant items for client
- Themes/ patterns of stressed areas (e.g. emotions, digestion)
- Using colour code buttons as a way to identify focal areas.
- Group search- using the top 3 items from the various homeopathic ranges to identify a theme.
- Risk Profile
- Nelson Report.

Using a grid to view and assess all information sources (this grid forms the basis for one of the class external case study submissions).

6. Therapy selections- from basic list.
7. Recommendations- lifestyle, further sessions.

## Practice Education Handouts

As a Quantum Biofeedback Practitioner you have a toolkit of which important aspects are:

1. The device as a stressor hint generator and stress reduction assistor
2. The opportunity to offer clients information about lifestyle.

It will support your practise and credibility if you are informed and you have educational handouts available for clients. A suggestion is a summary of max. 2 pages with deeper handouts available for specific areas, if possible containing pictures/diagrams/flowcharts/cartoons etc. The following are required as part of the submission for practitioner:

- What is health?- defining the stress process and its effects, long term effects stress and deeper body effects, the restoration process. Health process ownership
- Allergies- as a stressor that impacts due to stress having disturbed the system.



- Nutrition deficiency and excess- the prime benefits of food
- Dietary fats- beneficial and harmful types, good sources.
- Stress origins and effects
- Exercise- cardiovascular, metabolic, lymphatic effects. Yoga, Tai Chi, Chi Kung as alternatives.
- Caffeine containing products- including drinks, decaff, natural processing etc.
- Alcohol- effects and quantity relationships.
- Fluid intake- hydratants and dehydrants, excess fluid intake>waterlogging, water types.

Others are listed for Therapist level.