

Layman's Explanation of FCT (Field Control Therapy®)

Field Control Therapy is a system of medicine created in the 1990s by Dr Yurkovsky, a cardiologist in New York. It is based partly on the concept of chronic disease developed by Dr. Reckeweg, a German doctor in the early 1950s, who evolved a healing system called homotoxicology.

A simple outline of this system is as follows.

One of the main functions of our body is to take in energy in the form of food, water and air and utilise the parts that we need and excrete what we don't.

Some of what we don't want are toxins such as heavy metals, toxic chemicals (insecticides, herbicides. etc), and drug and antibiotic residues.

The progression of a disease state is viewed in six phases, as summarized in the table below.

As toxins penetrate and build in the body over time, the related physical ailments worsen in their severity and complexity. When accumulation of toxins occurs, the individual phases of disease progress into one another. Homotoxicology works to reverse this process and restore health.

Summary of the Stages of Disease Progression

Some symptoms associated with each stage of disease progression are listed below each phase.

I. Excretion Phase = Expulsion of Toxic Products

Intense sweating, difficulty concentrating, tears, joint pains, myalgia, coughing, sneezing, heartburn, diarrhoea, lymphedema, electrolyte shift, susceptibility to infection

II. Inflammation = Turbo-Cleansing by the Activated Defence System

Acne, meningitis, conjunctivitis, sinusitis, pharyngitis, acute sprain, acute bronchitis, gastroenteritis, urinary tract infection, lipid metabolism disturbance, thyroiditis, acute infections, weak immune system

III. Deposition = Storage of Toxins in the Extracellular Space

Nevi, chalazion, exostosis, nasal polyps, silicosis, arteriosclerosis, intestinal polyps, gallbladder or kidney stones, lymph-node swelling, gout, obesity, goitre

IV. Impregnation = Invasion of Toxins into the Cell

Allergies, asthma, rosacea, migraines, rheumatoid arthritis, fibromyalgia, chronic fatigue syndrome, chronic bronchitis, hypertension, coronary heart disease, chronic gastritis, chronic urinary tract infection, insufficiency of the lymph system, metabolic syndrome, adrenal exhaustion, dyslipidemia, menopausal symptoms, recurrent vaginitis, hyperthyroidism, glucose intolerance, chronic infections, autoimmune disease

V. Degeneration = Destruction of the Cell by the Toxins

Scleroderma, alzheimer's disease, macular degeneration, spondylosis, osteoarthritis, bronchiectasis, chronic obstructive pulmonary disease, congestive heart failure, atrophic gastritis, renal atrophy, anemia, fibrosis, diabetes

VI. Dedifferentiation = Neoplastic Changes in the Cell

Tumours, cancer

The Excretion and Inflammation Phases (I & II) are part of the Humoral Phase. The defence system is intact during this phase and can excrete the toxins through various pathways. Intracellular systems are not disturbed.

The Deposition and Impregnation Phases (III & IV) occur in the Matrix Phase, which involves toxins in the extracellular matrix or connective tissue for the first time. The structural components of the connective tissue are altered.

In addition, during the Impregnation Phase (IV), the biology of cells in the body begins to change.

The Degeneration and Dedifferentiation Phases (V & VI) take place in the Cellular Phase when cell systems are increasingly destroyed and there is loss of function in the connective tissue. The defence system cannot excrete toxins from the body.

If we are unable to excrete all of these toxins they are stored in the body initially in the fat tissue and intracellular spaces. This may lead to mild diseases such as polyps, gallbladder and kidney stones, and swellings of lymph-nodes.

After a period of time and continued exposure to the toxins they will adhere to the cell membranes leading to disruption of the information being passed between cells. This will lead to non-specific diseases in which when you see the doctor and blood samples are taken they come back as normal as do the blood pressure and various other tests. At this point stress is blamed, or age, hormones, etc, etc.

Given more time and more toxins the cells will be invaded by the toxins. The toxins will now interfere with the chemical reactions that are going on in the cell. This leads to diseases or conditions that now have names such as rheumatoid arthritis, fibromyalgia, coronary heart disease and glucose intolerance.

Physiologists have estimated that more than 10,000 chemical reactions are going on in each cell at any point in time to maintain life. These reactions are not arbitrary but are very accurately controlled by chemical catalysts and antagonists. These in turn are controlled by coherence fields.

The concept of morphogenetic fields comes from quantum physics. For matter to exist energy has to be condensed, as outlined in Einstein's equation, $E=mc^2$. For the energy to take on a unique form an energetic blueprint is required, each one being a unique frequency pattern. This leads to the fact that a healthy tissue has a different field than an unhealthy tissue, and this is the field referred to in FCT.

The tissues that are intoxicated will not function correctly and so produce patterns of change that the doctors are able to give names to – names such as diabetes, idiopathic peripheral neuropathy, M.E. or any name you like.

These names given to the patterns are not a diagnosis of the illness but just a name. The problem is that various organs and tissues are intoxicated by various toxins and true healing would involve the removal of the toxins and the establishment of health by the body's innate homeostasis. This is what is done in FCT.

Within 'allopathic' treatment (i.e. most forms of medicine) the changing of symptoms is the goal, not true healing.

A way to see this is as follows:

The red oil light on your car is a warning that something is not well with your car (in you this correlates with high blood pressure, M.E., diabetes, etc). So you go to the garage. They say, 'Don't worry, we'll fix it,' and place some black tape over the light. Now you can't see it, so all must be well. They again say, 'Don't worry,' and let you go. That is like your allopathic medicines – all the 'anti' drugs, like *antihypertensive*, *antidepressants*, *antibiotics*, i.e. hiding the symptom. You drive on not too happy. . . and with your car not fixed!

You arrive at the next garage and explain the problem to the mechanic. He picks up his screwdriver, removes the fascia, unscrews the bulb and gives it to you, saying, 'There you go, that's you sorted – the light's out.' That's what the surgeon does – 'You don't need this gall bladder,' etc.

Sure, the light isn't on any more. . . but the problem is not fixed.

You go to the FCT garage: they don't aim to suppress the symptom of the red oil light, but instead they look at the engine, seeking to find and address the actual cause of the problem. They find out what is going on by finding what is wrong with the engine, asking you how the car has been used and what you have been putting in the fuel tank.

The disease model in FCT is in essence derived from the homotoxicology one described above. Other sciences have also contributed extensively to further evolving and improving the FCT model since then, and, based on these, the FCT approach to treatment is unique.

The conclusions on which FCT bases its approach are derived from various disciplines, ranging from decision science, quantum physics and toxicology to naturopathic medicine, homeopathy and, in particular, systems theory. Some of the main ones are summarised in the following 'Seven Key Tenets' that differentiate FCT from other therapies (see table below).

The Seven Key Tenets of Medicine, As Defined in FCT

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(N.B. The text below isn't a complete version, but about half of the full text version, focusing on some key parts for the general public which for this article I have extracted with permission from the FCT Graduate Programme, www.fctworld.com).

1. **PERSPECTIVE** –

EXAMINE THE SYSTEM & LOOK AT THE WHOLE PICTURE:

a. Over-Specialisation Leads to Poor Medical Strategies: Through the process of over-specialization which is so prevalent in the medical (and other) sciences, we have reached a juncture where health, illness and the factors which sustain them are poorly understood and inadequately addressed. Therefore the first step towards progress in medicine is to take a step back in order to integrate different relevant disciplines and form an overview of the functioning of the human body in health and illness, in order to evaluate the key factors which lead to illness, and the key components of an effective treatment strategy. If the health of the human body is a lock we wish to open, then we are continually trying new keys (a strategy doomed to failure) instead of examining the lock.

b. Laws of living systems: The lock is a living system whose properties have already been defined outside the field of medicine, as they are properties common to all living systems. In FCT[®], Dr Yurkovsky has facilitated a great leap forward for humanity by applying systems theory to medicine, and then implementing this in practical terms by likewise applying other disciplines to everyday medical practice such as quantum physics and immuno-toxicology. This marks a landmark in the history of medicine: from here on the clinician of integrity is the one who bases his or her work on the fundamental soundness of this framework as a new basis for medical and healing practice. The human body obeys the laws of all living systems, conforming to their universal properties; namely those of being:

- (i) Complex, non-linear and dynamic – in other words, due to the body's intrinsic unfathomable complexity, caution and precision are necessary from clinicians, and in particular we need to go easy on throwing endless substances into this non-linear system hoping for a linear response; better to proceed minimally, but as precisely as possible)
- (ii) Open – in other words, through being an open system, the human body is susceptible both to beneficial and pernicious influences, and likewise open to quantum energetic diagnostic and therapeutic interventions. It exhibits varying degrees of openness to different influences and interventions, namely being more susceptible to some toxins [key toxins] than others, and being more responsive to some energetic domains and interventions [deepest quantum energy domains] than others
- (iii) Individual and diverse – in other words, although most people are exposed to the same key toxins, they manifest diversely as different disease entities/names on account of the individuality of organ weaknesses from person to person; hence the diagnostic and therapeutic interventions, correspondingly, need also to be individually tailored to target and protect the weak tissues

2. CAUTION –

(I) MINIMAL INTERVENTION – BETTER TO REMOVE THAN ADD:

a. Minimal Therapeutic Intervention: Proceed cautiously when choosing therapeutic interventions. Intervene as little as possible, for as short a time as possible, and in as minimal a dose as possible. A little therapeutic input goes a long way. Conversely, the majority of therapeutic inputs are excessive and potentially harmful. The motto to remember is that it is more important to *remove* blocks from the system rather than *adding* things to it; to take out toxins rather than bombard the body with substances. By working with what's there already, and making it better all the time, we can usually coax the door to open itself; the body has its own self-healing and self-regulating mechanisms, and our role is not to take over that process, but only to fine-tune it minimally. The time-worn principle '*First do no harm*' begins by undertaking interventions which are minimal, contrary to the prevailing iatrogenic medical practices of the majority of clinicians both conventional and alternative.

b. Minimal Diagnostic Intervention: Similarly, the principle of minimal intervention applies to diagnostic procedures. The FCT[®] test method is designed to be the most minimal intervention possible. Even compared to other forms of muscle-testing or bio-resonance testing via the use of probes, the FCT[®] muscle-testing procedure is

significantly less invasive (as well as less subjective, and as well as eliminating the fatigue factor) due to the elimination of force (through the non-force kinesiology method used), and even due to the position of the tester during testing (by sitting near the ankles, the practitioner is further outside of most parts of the patient's immediate body field than if positioned alongside the patient's arm as in most forms of applied kinesiology).

(II) PRECISION & CONTROL:

c. Precision and Control: Instead of bombarding the body with a large number of inputs of *blunt* (non-specific) nature, let us increase the *precision* (specificity) of the minimal inputs we do offer. The more difficult the case, the more precision and focus are needed in the therapeutic input. Difficult cases are the real test of a therapy: the more able a therapeutic system is to offer precision and thus help the difficult cases, the better a system it is. FCT[®] has specifically been formulated as a high-precision system of medicine which involves itself only in minimal interventions. The reason Field 'Control' Therapy places the emphasis on 'Control' is partly in order to achieve better therapeutic results through greater precision. This equates to greater focus, precision and control in both diagnostic and therapeutic strategies, as detailed below.

3. PRIORITY –

ADDRESS TERRAIN AND KEY TOXINS FIRST:

a. The Terrain is More Important Than Opportunistic Infections or Other Secondary Factors: Not all pernicious influences are created equal. Toxins are the most pivotal influence, as they poison the terrain, making the human body more susceptible to other secondary pernicious influences (infectious, stress-related, diet-related, etc.) If functioning with a relatively non-toxic cellular terrain, the body can generally overcome or control most of the other pernicious influences which afflict humanity.

b. Treat Immuno-suppression First, Unless Another Factor Is In a Severe Acute Phase: In the majority of cases, the most effective, genuine and lasting solution is to address the immuno-suppression as the first priority. In particular, this involves identifying and removing key toxins from key immune tissues. Otherwise it is like taking a race-horse that is in chains and trying to get it to run by giving shots of adrenaline, without removing the chains. The only exceptions to this thumb-rule are when another factor is crying out for urgent management, e.g. a raging infection which is a severe endocrine drain, in which case this can be managed temporarily provided we subsequently return to address also the underlying terrain to ensure the desired long-term result.

c. Some Toxins Are Key Toxins – Especially Mercury and Lead: Not all toxins are equally debilitating to the cellular terrain. Not all toxins are created equal. In a hierarchy of toxins some cause deeper and more severe harm to human cells than others, and in particular some are more potent immuno-toxins. Some are Godfathers of crime; most others are subordinate henchmen in the criminal network, and hence subordinate factors in disease states.

Heavy metals – especially mercury and lead – are the greatest offenders due both to being key immuno-toxins of the highest order, each with a long list of catalogued harmful cellular effects, and also due to the prevalence of their use for so long in amalgam fillings as well as many other areas of human society.

INDIVIDUALITY –

(I) INDIVIDUALISED ORGAN ILLNESS & ASSESSMENT – BUT ALL ONE DISEASE:

a. Individuality of Weak Tissues: Each person presents with a different set of organs/tissues which are relatively stronger or weaker. This varies not only from person to person but also to some extent from week to week. These tissue weaknesses are the main factor determining where the key toxins will do the most harm in a given individual. They may be inherent constitutionally weak/toxic tissues since birth, and/or tissues which have acquired weakness/toxicity over time through toxicity exposures and/or over-use and/or injury.

b. Non-Disease Treatment of Diseases: There is only one disease; all diseases have the same root cause – key toxins. Without key toxins, we would have ailments, but hardly any diseases; key toxins are the factor which perpetuate and deepen ailments into diseases. The *location* is the factor which varies, and what determines the name and manifestation of the disease, on the basis of symptoms which develop at the *target organ(s)*. So two individuals with two apparently completely different diseases usually have in reality the same disease with the same cause – the only difference is the location (target organ) of the key toxins in the two cases.

(II) INDIVIDUALISED TREATMENT & SUPPORT OF WEAK & ELIMINATORY ORGANS:

c. Precise Organ Protection & Prevention of Redistribution of Toxicity: *Mobilization* of toxins is not equal to *elimination* of toxins. Redistribution of toxins is one of the greatest potential problems facing anyone who tries to undertake a detoxification regimen of any kind. Substances alleged to mobilize/bind to toxins are common; means to assess and protect the individually weak organs are *not* common. The latter have formed the principal focus of FCT[®] therapeutic interventions. Weak and burdened tissues need to be identified and treated/protected on an individual basis, and with regular re-tests due to the situation changing from week to week. Likewise, particular attention needs to be given in every case to the key organs of elimination, especially the kidneys, lymph and colon.

4. MEANING –

MENTAL SOFTWARE IS WHAT MATTERS MOST:

a. Clinical Priorities – Mental Software First, Hardware Second: The microphone is not as important as what is being said through it. The questions asked are more important than the physical method employed to obtain answers. The physical techniques, machines or test methods pale into insignificance compared with the parameters determined by the clinician's interpretation, understanding, medical concepts and sense of medical and clinical priorities. Meaning, priority and mental software are far more important than hardware.

b. Endless Variables and Parameters vs. Entities of High Clinical Meaning: There are practically endless variables and parameters that exist in the human body which are open to measurement, scrutiny and interpretation – literally millions. The vast majority, however, are clinically meaningless. In other words they will contribute little or nothing to the genuine and lasting recovery from illness in a particular case. In a given case, there will be only a tiny amount of information which constitutes entities of *high clinical meaning*. The factor which directs the clinician to this tiny proportion of the available information that is most pertinent is *not* the question of which hardware or test method is used – it is the question of the mental software of the practitioner. This holds equally true in all forms of medicine.

5. DEPTH QUANTUM ENERGY DOMAINS RULE:

a. Direction of Control – Information & Energy Rule Matter: There are various levels/domains of cellular energetic depth in the human body, and the majority of the control of biochemical and electromagnetic activity in the body is governed by the quantum energy fields at the core of every human cell. The direction of control is largely from the quantum domains towards the more superficial energetic domains, rather than vice versa. *Information and energy first; matter second*. So for a deep, significant and lasting biochemical change to take place, first the information and energy need to change.

b. Aim Tests and Treatments at Quantum Level: This principle has many implications for medicine in general, and particularly for diagnostic and therapeutic strategies, as laid out below. Attempts to alter the biochemistry, while ignoring the body's native quantum cellular domains, are doomed to fail, especially when it comes to the longer term health or sickness of an individual. This is because over time, the after-effects of employing treatment approaches which are too superficial will rebound with further, deeper and more extensive illness, as the deeper roots of illness will have been left unaddressed. Unfortunately, the majority of both conventional and alternative medical practitioners have yet to assimilate this principle.

QUANTUM DIAGNOSIS:

c. Quantum Energetic Diagnosis: It is possible – and necessary – for the clinician to communicate digitally with these quantum energy fields to assess the state of health.

The cornerstones of this diagnostic process should include:

- (a) Aiming this assessment primarily at the deepest quantum energy fields, not basing it primarily on more superficial assessments such as biochemical or structural evaluations;
- (b) Carrying out the assessment on an individualized and regular basis;
- (c) Establishing the presence and identity of a very small number of the most harmful (key) pernicious agents;
- (d) Establishing their locations in a prioritized hierarchy of currently debilitated/poisoned/infected tissues, taking special account of the following four areas, which often overlap: (i) the weakest tissues in the individual case, (ii) the key immune tissues, (iii) the key organs of elimination, and (iv) the organs of energy distribution;

(e) Establishing corresponding diagnostic criteria and therapeutic strategies based on the above.

d. All Information is Non-Localized – And We Focus It: Diagnostically, we ‘Control’ the information ‘Fields’ (hence ‘Field Control’ diagnosis) by digitally forcing them into a focused context of clinical usefulness. The method employed can best be explained and understood by applying some of the discoveries of quantum physics to medicine.

According to ongoing scientific research investigating the laws of physics and nature of the universe, particles do not behave as the finite, clearly-defined and isolated entities which we might imagine them to be, but instead display certain apparently peculiar characteristics such as those exemplified by the wave-particle duality phenomenon (where particles can sometimes behave like particles yet sometimes like waves instead), the Heisenberg uncertainty principle (the intrinsic uncertainty of pinpointing linear information about a particle, a principle of which wave-particle duality is one manifestation), the observer effect (where the act of observing will itself affect the outcome of any measurement made), the inter-connectedness and non-locality of particles (where particles can have effects on each other non-locally despite there being no possible physical connection between them, and particularly if they have previously been in contact with each other), mind over matter (the documented effects on physical particles or objects of subliminal messages and/or mental intentions), and so on.

Applying these discoveries from the field of physics to medicine has great implications. In particular, all information is non-localized, i.e. inter-connected across all apparent spatial (and even, in theory, time-related) boundaries, in a web or field or universal bank of information. The job of the clinician of integrity, therefore, is to tap into this information bank and localise the most pertinent information through the diagnostic procedure. We create a specific point in the space-time continuum in which to extract and actualize key digital responses to a focused set of clinical questions. In this way, we pass our nets through the ocean (of quantum information) and sift out certain large fish that have particular relevance to the patient’s state of disease and for the prospects of restoration of health.

The most effective way to do this is by focusing the diagnostic procedure on the patient’s own body, establishing a process of quantum dialogue with its cells. This immediately establishes a specific focus for the retrieval of pertinent information, Likewise, through the use of the FCT[®] test filters and the algorithm, we gain clinically useful information in the most accurate way possible.

QUANTUM TREATMENT – AND CLEAR CHANNELS:

h. Quantum Energetic Therapy: It is possible – and necessary – for the clinician to communicate digitally with these quantum energy fields to modify the nature of the fields with potentised remedies. It is a dialogue – a feedback communication. Health and healing depend primarily on the free flow of information in the body. Information is mediated by energy, and potentised remedies (FCT[®] energized water remedies or homeopathic remedies) have the property of carrying the information field of a substance without its biochemical component, and moreover amplified in strength.

The cornerstones of this therapeutic process should include:

- (a) Basing the therapeutic inputs on priorities and strategies as revealed during the quantum diagnosis, particularly (although not exclusively) through the use of carefully selected specific potencies and sequences of sarcodes and isodes, as these constitute the most precise and 'close-to-home' information fields of clinical relevance to the state of disease and process of healing. Tissue terrain (i.e. sarcodes) should generally take precedence;
- (b) Ensuring the therapeutic inputs are minimal, precise, effectively prioritized, individualized, meaningful, deep and carried out not long after testing.

Health and healing (which are mediated in the quantum cellular domains) depend on two factors: information and energy – both the free flow of information and sufficient energy. The most powerful of the two – the one which has the most leverage – is information. This is why most of the work of an FCT[®] practitioner is devoted to establishing effective priorities for the input of clinically useful information into the patient's system via the treatment protocols.

However, the available energy reserves must also be sufficient to respond and carry out the work. Each FCT[®] potentised remedy we prescribe contains information which has potentially tremendous leverage to influence the state of illness in the patient's body, but what inevitably follows from this is work: we are exacting work on the part of the tissue's cells. Hence even if the requisite information is made available via careful FCT[®] bio-resonance testing and tailored treatments, there may be insufficient energy reserves for the necessary healing and regeneration to be carried out in response to the therapeutic input. However, no matter how ill the patient, the adage applies that 'Where there is life there is energy' – and therefore the main (albeit not only) drain on a treatment's viability and success is not intrinsic to the patient, but dependent to a greater or lesser extent on the environment. In addition, there may be (usually secondary) physical medical needs, such as nutritional or glandular ones, or such as the possible need for an organ/glandular 'substrate' (extract) to support and help carry the information inputs.

As a consequence, it is essential to control the patient's immediate external and internal environment, on a continual basis but particularly during treatment protocols. This is to keep the channels open to respond to the treatment effectively. And the more blocked the channels, and the lower the energy reserves, the greater the need to control and reduce pernicious environmental influences in an individual case.

Of particular importance are diet (candida-feeding foods) and electromagnetic fields (EMFs), either or both of which may deplete energy/endocrine reserves and immune capability via various mechanisms, including disruption of the elimination process, particularly through promoting excitation/retention of toxins (in the case of EMFs) and/or transport/release of toxins (in the case of candida), as well as through direct immuno-stress (in the case of both EMFs and candida). In addition, there are many other possible (but less common) potential obstacles to be aware of.

For the same reasons, each individual patient will present with their channels blocked to a greater or lesser degree, which will have a major influence on the pace of improvement during the course of treatment. Key factors include age (the older the person, the more blocked the channels have generally become), constitutional type and extent of toxicity exposure (particularly to amalgam fillings and antibiotics).

Unfortunately, the majority of both conventional and alternative therapeutic modalities not only fail to apply treatments primarily at a quantum energetic level, but in addition pay inadequate attention to the channels in each individual case, as regards their state of being relatively clearer or more blocked. They therefore proceed on the assumption that the channels are already sufficiently able to respond, which in many cases is not true. This in itself accounts for the limitations and failures of – and also iatrogenic damage caused by – most prevailing treatment methodologies currently being applied by both conventional and alternative practitioners. In particular, most practitioners are unaware of the significance of ambient EMFs on the process of healing and detoxification, and likewise many are unaware of some of the other key influences such as amalgam fillings, antibiotics, Candida-feeding foods, etc.

6. HEALTH –

(I) IMMUNE-ENDOCRINE RESTORATION & MAINTENANCE

& (II) THE NEED TO CONTAIN CANDIDA, TOXINS AND EMFs:

Health, happiness, longevity and a smooth course of treatment progress all depend on maintaining the immune and endocrine systems (as well as the rest of the body's organs and tissues) in a healthy non-toxic state. Achieving this involves:

(a) Carrying out a full course of FCT[®] treatment until a relative plateau of optimal health has been achieved
(what is optimal in terms of achievable will vary for each individual);

(b) Controlling and minimizing stresses on the body both during this course of treatment and on an ongoing basis afterwards, particularly those stresses which deplete the immune and endocrine reserves, as these systems are in charge of maintaining or restoring systemic health. Key depleting factors to be aware of are key toxins such as ongoing heavy metal or radiation exposures, plus candida (and other organisms) and EMFs.

EMFs need to be controlled particularly during treatment protocols, but are also a general contributory stress factor at other times. Both candida and EMFs tend to exacerbate health problems in people with heavy metal toxicity (i.e. most of the population), but are also draining factors for non-toxic individuals.

In addition, the avoidance of other pernicious influences, and nourishment from positive influences, are likewise important for the maintenance of health. Human beings universally rely on nourishing influences emotionally, psychologically, physically, energetically and spiritually, or conversely can be drained by influences in all these areas.

(c) Continuing with regular FCT[®] re-tests and treatment protocols as a maintenance regime, e.g. at least three to four times a year, to help maintain the state of good health.

The test is carried out with the patient lying down on the couch and the tester monitoring the patient's response to the various test vials (isodes and sarcodes), that are offered to their system via a test plate and hand held rod. This is done in a sophisticated series of moves (the FCT 'test algorithm')

The response is monitored by assessing changes in the level of stress in the autonomic nervous system as shown by changes in the position of the patient's ankles in relation to each other.

The consultation and test take approximately 1½ hours and at the end of the test or over the next few days, the practitioner will produce the protocol sheet with a list of the remedies the patient needs, the time between taking each remedy and the frequency of repeats. This process is usually repeated once every few weeks, as layers shift over time, making it necessary to re-test. Therapeutic progress in FCT is cumulative over any time period, with best results coming from a medium- to long-term cycle of treatment.

An example of an instruction sheet is shown below.

None of the listed remedies contain the actual items specified in each name – only their corresponding energetic signature fields in a medium of energized water. These mostly relate to the energy fields of the most affected bodily organs and/or pernicious factors that need removing from them. The active ingredients of each remedy are not pharmacological but informational, delivering quantum energetic information of potent therapeutic value to the cells' governing energy domains (or what we could call 'information receptor sites'), resulting in a deep restoration of cellular health and powerfully increased efficiency of detoxification and repair. Remedies, potencies and intervals are listed in an individualized sequence according to priority at the time of testing.

INSTRUCTIONS FOR TAKING FCT® REMEDIES

- Each FCT® remedy is to be taken as one single drop under the tongue. Use a mirror if it helps. Avoid touching pipette against tongue/lip. Regimes apply once only – do not repeat.
- During regimes, to assist detoxification and healing: allow yourself time to rest (e.g. spend the weekend at home); drink plenty of water; always rinse cups before re-using; flush toilet immediately after use and avoid using a potty. Strict anti-candida diet is ongoing.
- **EMFs:** While on protocol, for 2 days – starting from remedy #3, **STRICTLY NO:** TV, computer, fluorescent lights, jewellery, driving, electrical tools, electric shower, phone use (if absolutely necessary then use a **speakerphone only**, and momentarily), or any other electrical devices/sources near to the body, or near to the bed at night.
- Unless stated otherwise, take each listed remedy **ONCE ONLY** and take **ONLY ONE DROP**. The FCT® motto is: "LESS IS MORE"!
- **DO NOT** store remedies near an outlet, or anything electrical (any appliance plugged into an outlet, e.g., fridge, lamp, radio, PC, etc.)
- **DO** store remedies in dresser drawer, pantry or linen closet (these are usually away from electrical sources).

As a thumb-rule, completely avoid all electrical items within 2-3 feet of the body, but in the case of strong electrical sources such as TVs, computers and fluorescent lights, keep a far greater distance, e.g. never enter inside, above, below, or close beside any room where a TV or computer is in use. Also physically unplug everything in the bedroom, such as any lamps/radios near to the bed.

Stewart Wright.
07831108990

This system of treatment is new to many of you. Please make sure you have read "[Patients' Most Frequently Asked Questions.](#)"

TIME GAPS: If no time gap in hours is stated prior to a remedy, then take it in the morning unless otherwise stated. If time gaps are stated, follow them carefully, except for during your normal sleeping hours, e.g. if the next remedy is due at 4am, you don't need to set your alarm for 4am – just take it later on when you wake up naturally, and then resume with the subsequent gaps re-calculated from that time.

Time remedy taken:

1. AB 500M _____

Interval Before Taking Next Remedy: Next day

2. X-Ray 400M _____

Interval Before Taking Next Remedy: Next day

3. H-Zone + RDH 4MM _____

Interval Before Taking Next Remedy: 90 mins

4. Emotional Centre + RD 4MM _____

Interval Before Taking Next Remedy: 90 mins

5. Kidney 3MM _____

Interval Before Taking Next Remedy: 90 mins

6. Brain 5MM _____

Interval Before Taking Next Remedy: 90 mins

7. Supportive Apparatus + NT 4MM _____

Interval Before Taking Next Remedy: 90 mins

8. LI Mucosa 3MM _____

Interval Before Taking Next Remedy: 90 mins

9. Lymph 1MM _____

Interval Before Taking Next Remedy: 1 hour

10. Ovary 5MM _____

Interval Before Taking Next Remedy: 90 mins

11. Frontal Lobe 5MM _____

Interval Before Taking Next Remedy: 1 hour

12. Tendon 2MM _____

Interval Before Taking Next Remedy: 90 mins

13. Pituitary A 4MM _____

Interval Before Taking Next Remedy: 90 mins

14. Thymus 4MM _____

Interval Before Taking Next Remedy: 90 mins

15. Liver 5MM _____

Interval Before Taking Next Remedy: 90 mins

16. Eye 1MM _____

Interval Before Taking Next Remedy: **5 Clear Days**

17. H-Zone + RDH 4MM _____

Interval Before Taking Next Remedy: ___ 1 hour _____

18. Emotional Centre + RD 4MM _____

Interval Before Taking Next Remedy: ___ 1 hour _____

19. Kidney 3MM _____

Interval Before Taking Next Remedy: ___ 1 hour _____

20. Brain 5MM _____

Interval Before Taking Next Remedy: ___ 1 hour _____

21. Supportive Apparatus + NT 4MM _____

Interval Before Taking Next Remedy: ___ 1 hour _____

22. Lymph 1MM _____

Interval Before Next Scheduled Test: ___ Up to 3 weeks _____

Should you have any queries?

Please email stewartj.wright@virgin.net or visit www.stewartjwright.co.uk