

## EAV vs. Random Generator Devices:

I get asked questions about different devices and in many cases the questions are about “random generator devices” (RGD’s). Random, in this case, literally means the results are generated at random by the computer. When I say this I know that most people don’t understand what I am saying. I have a feeling they think that a random generator device is some sort of super-scientific, quantum technology that makes these devices special and very advanced. This is not the case at all.

Every Alternative, Complimentary Medical practitioner (CAM) out there is looking for the ultimate medical technology, a device that miraculously measures the meridians and tells us exactly what is going on. This super device must be simple (no learning curve), quick, accurate, reproducible and anyone can learn to use it.

If I were in the position where I was trying to understand different bio-energetic technologies, possibly trying to make a decision to buy a device, and if I did not have my experience in this field, I think it would be confusing and frustrating. One manufacturer says this, another says something completely different. Who do you believe? Which technology is the best? In the following conversation I’ll offer information that may offer some basic understanding about these different technologies: RGD and EAV.



Zyto System

Random generator devices including the Zyto, Assyra, SCIO, QXCI and the Life System definitely are quick, easy to learn and anyone can use them. So are they accurate? Do they produce reproducible results?

On the other hand EAV testing learning to use a device like the Avatar System is not easy and it takes time to work with a client. And then the questions: are the results reproducible... accurate?

I feel that to clearly answer these questions you must investigate what is really going on with the RGD’s: How do they really work? Do RGD’s produce accurate, reproducible results and if not, why? And to be fair and thorough it would make sense to determine why is EAV testing difficult to learn, why does it take time to test a client and can an EAV device produce accurate reproducible results?

Before I dig into these questions I am going to offer some general information, rules and facts. When I use the words rules and facts I am not referring to *my* rules or *my* facts. These are simply rules, as in rules of nature and scientific facts.

When you evaluate any medical device there are two absolute requirements:

1. Results must be reproducible, meaning if a patient is tested then retested - even by a different practitioner - the results must be reproduced.
2. The results must make sense and they must stand up against hardline scrutiny; i.e. they must be comparable to definitive scientific results. This applies to *all* of the results, not just 1% or 2% of the results.



Scio Device

These rules are not some oppressive law set down by the FDA and the AMA. Medical devices are used to ascertain what is going on with a client. It would make sense that if you measure a client and find out that the client presents with condition “X,” then an immediate follow-up measurement of that client should again result in condition X. Not Y or Z, and definitely not ABC. And if you tell the client that the condition they have is X, then it would probably be important to the client that they actually have X. If a device (or medical technology) does not *consistently* meet rules one and two above then it is not a medical device!

### About Frequencies:

The word “[frequency](#)” has many definitions. The definition that applies to this conversation is: The number of times that a periodic function or vibration repeats itself in a specified time; often one second. The frequency (vibration) is usually measured in hertz, i.e. the number of times that the vibration is repeated within a second.



Example of frequencies

The word frequency is one of the most misused terms in Alternative Medicine, particularly when it is applied to the frequency of remedies, micro-organisms, and organs and glands within the human body. I know that people will argue this point but the fact is we cannot measure the frequency of a remedy, a micro-organism or any part of the human body. If there is a frequency, something that repeats itself like a waveform or pattern for each remedy, pathogen, or gland, this frequency is unknown and not scientifically measureable. Many people think that there is an electro-magnetic frequency for all of the above. If there is such a thing it is beyond the understanding of mankind at this time. That is to say it’s beyond our understanding in analytical terms and scientific terms.

I hear people say that they have the frequencies *for* different pathogens. This is typically a reference to Dr. Rife’s work and this is a misunderstood use of the term frequency. Yes, I believe that it is possible that Dr. Rife discovered frequencies that could destroy specific pathogens. But this is not the same as a frequency *of* the pathogen. For example there are references on the Internet listing the Rife [frequency for the Tetanus virus is 244](#). So if you generate a frequency, for example a sound wave, at 244 hertz this is no different than Tetanus? Or is it saying that the Tetanus virus emanates a frequency of 244? Or is it saying that the frequency 244 generated in any way always kills Tetanus virus? What is going on here?

I have heard it said so many times that, “My machine has the frequencies of all of the remedies stored in the computer”. Statements like this besmirch the validity of Alternative medicine in the eyes of the scientific community. The fact is we cannot measure the frequency of the simplest substance - Hydrogen. If science had the ability to measure the frequency of substances, think of what our world would be like. This level of technology would be world-altering. Scanners could be developed that could determine the frequencies of virtually anything. And scanners could then be created that could scan anything and determine what it is made of.

When you send a substance to a lab to determine what it is made of, do the lab-techs measure the frequencies of the substance? No, they heat the substance up until it turns to a gas and then they measure how the gas bends light through a prism (gas chromatography). And yes, the technician then measures the frequencies of the light spectrum for the gaseous form of the substance, and from this they can determine what it is made of. But they do not measure the frequency **of** the substance.

I realize that people want to believe that there are measureable frequencies for remedies, etc. because this makes things real, tangible, believable. And the truth of the matter is that there are many areas of what we do that are not understood, and for many of us this is not acceptable. Of course people have their opinions and their theories and I would guess that some of these opinions have been distorted into the stories and legends about frequencies. And then there are the people that have the “list of frequencies.” I have no doubt that these folks subjectively, intuitively feel that these are the frequencies. It’s kind of like “The great and powerful OZ,” the guy that stays behind the curtain, along with all of his super-duper technology, technology that you never ever see.

If the term frequency is used loosely to give you a general reference to something, that’s one thing. But that’s not what is going on here. We, meaning mankind, do not have the ability to analytically, scientifically, and objectively measure the frequency of a remedy or a pathogen or an organ or a gland. And that is a fact. The representatives of Zyto, the Asyra, the SCIO and all other devices of their kind make many claims - including references to having the frequencies of the remedies and substances in the software - but this is not the case, and this does not describe how these devices work.

#### EAV Testing - a general overview:

EAV testing has generated a mountain of controversy. EAV devices have been labeled as [radionics](#) devices. Many people say that EAV is not reproducible and not accurate, and functions by nothing more than ‘intentional testing.’ I have a long history of experience with EAV testing and I can understand where these opinions have come from. However, I know that these opinions are based on a lack of understanding about this technology. By the way, EAV stands for “Electro Acupuncture According to Voll,” Voll being Dr. Reinhold Voll, M.D. of Germany. Dr. Voll developed this technology in the early 1950’s in Germany.



Dr. Reinhold Voll

There is one common denominator that determines the validity of EAV testing - how the device is used. If the device is used properly then the results will be reproducible and accurate, and they will stand up to hardline medical scrutiny. [Clinical studies](#) substantiate this assertion.

EAV is a very interesting technology because it can walk many different sides of the road. It can be used in a very intuitive way or in a very objective way. However the device must be used in the proper objective way in order to produce objective, accurate, and reproducible results.

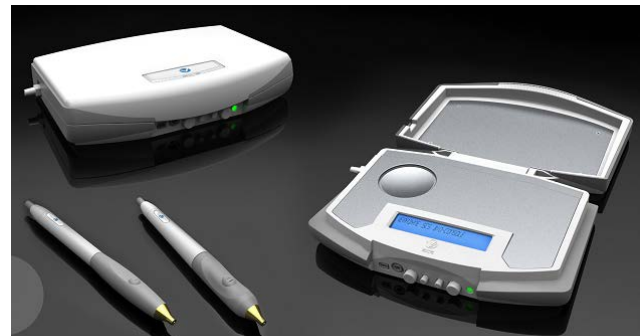
Though EAV refers to acupuncture, there is no puncture involved. This technology is completely non-invasive. I think that it would make sense to use a new acronym, maybe something like Electro-Energetic Meridian Assessment (EEMA), or at least something that does a better job of describing what this technology actually does. EDS (Electro Dermal Screening) is another name for this technology that doesn't work for me because we are not trying to measure the skin. We are interested in what lies *under* the skin - the energetic meridians lines.



Kindling EAV Device

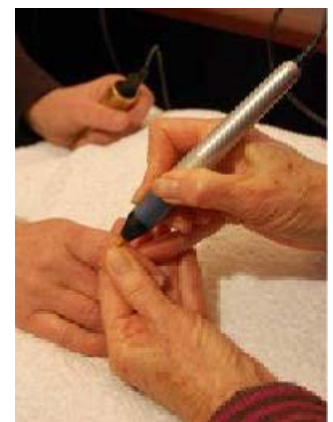
Earlier in this conversation I mentioned that some aspects of Alternative Medicine are not really understood. Meridians are not understood. People say that meridians are electromagnetic. And maybe they are, but if they are electromagnetic then we should be able to measure them. There are definitely technologies that can measure electromagnetics on a very subtle level. An MRI system should be able to see the meridians but this is not the case. Nobody has ever directly measured the meridians. There is [scientific evidence](#) that supports the idea that meridians exist but there is no technology that has clearly, visibly measured the meridians. In spite of the fact that we don't really know what meridians are there is more than enough clinical evidence - centuries of consistent evidence - to support the fact that the meridians are there.

One interesting aspect of meridians is that they seem to be able to conduct electrical current almost as if they are a network of copper wires. Electrical conductivity measured at meridian measurement points (MP's) is noticeably higher than electrical conductivity levels measured on skin not associated with an MP. Nobody knows why this is true. This is just a consistently observable fact. And this is the basis of EAV. An EAV device measures electrical conductivity of meridian measurements points (MP's).



Avatar SC-5 EAV Testing System

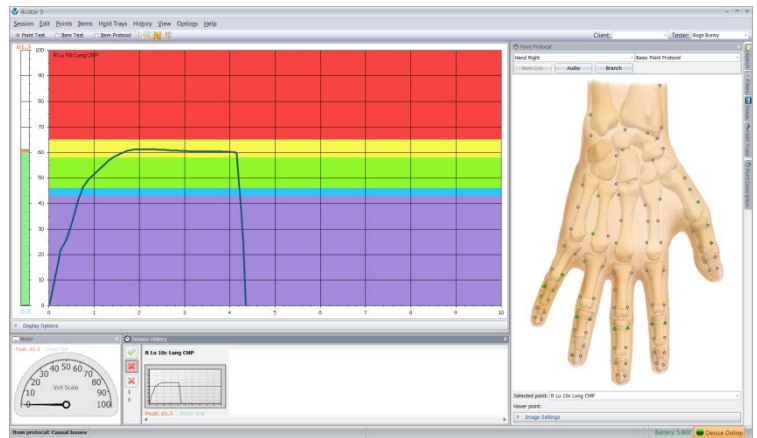
MP's typically correspond to acupuncture treatment points, the points where practitioners of acupuncture insert needles for therapy. The EAV practitioner tests multiple meridian measurement points, typically located on the fingers, toes and head. The various MP's correspond to different meridians and to specific functional aspects of each meridian. I am sure that you already understand this, but the meridians correspond to the organs, glands and systems in the human body. Also, for the record, the meridians are often referred to as the "energetic system" of the body.



EAV Testing

An EAV-type device uses a brass tipped electrode called a Point-Probe. While the EAV practitioner measures MP's the patient/client holds a brass cylinder Hand-Electrode to complete the electrical circuit. When an EAV practitioner takes a reading on a MP, the electrical current flows from the Hand-Electrode to the tip of the Point-Probe. The device measures changes in voltage and current, i.e. electrical conductivity. This conductivity is the basis of EAV testing. The level of electrical conductivity measured at a MP is indicative of the functional balance of the meridian.

Dr. Voll found that there are consistencies from one person to another regarding this and he developed the Voll testing method and device based on this finding. A Voll device has a measurement scale from 0 to 100. A measurement level of 50 typically indicates a balanced meridian. Readings above 65 indicated an inflammatory condition and readings below 42 indicate a decline or degeneration in the function of the meridian.



EAV is all about measuring what is going on electrically with the meridians. The focal measurement points of the meridians lie under the skin just above the bone. We take readings on the skin, but we are not interested in measuring changes in the electrical conductivity of the skin. To effectively measure a meridian measurement point the electricity must pass through the skin down into the tissue under the skin so that we are measuring the conductivity of the meridian. And this is where everything becomes difficult. The problem is that the skin makes it very difficult to measure what is going on with the meridians because it considers electricity a threat. Skin actively resists or blocks electrical current because skin considers current a threat to the tissue under it. Remember, the number one job or purpose of skin is to protect the tissue under the skin.

When an EAV practitioner takes a reading on a MP the EAV device applies a small amount of voltage - 1.5 volts being optimal - through the circuit between the Point-Probe and the Hand-Electrode. Voltage is electrical potential or pressure. Voltage pushes the electrical current (amperage) into the skin. 1.5 volts is considered very low voltage, and is typically insufficient to push the current through the skin effectively. Skin by its nature is very electrically resistant. Furthermore when the skin senses electrical current it increases electrical resistance. To compensate for the increase in resistance the EAV practitioner pushes the point-probe into the skin. This pressure stretches the skin under the tip of the point-probe allowing the electrical current to pass through significantly less skin.

A couple of other things about electrical voltage:

- You can increase voltage and in doing so you can apply less physical pressure to the skin and get a reading. But there are noticeable negative side effects.
- When you increase voltage the electrical current flows through the skin but it also flows down the skin of the finger and over to the other side of the finger. This involves other meridians and other MP's in the reading resulting in biased readings.
- When you apply more voltage and take multiple readings on an MP (remedy testing), you saturate the meridian with current causing a temporary therapeutic effect.

Acupuncturists use this technique for therapy and it is called acupuncture electro stimulation. The resulting problem in EAV testing is that when you over stimulate a meridian you cannot effectively remedy test because this balances the meridian for several hours. Once a meridian is balanced it will no longer respond properly to remedy testing.

- 1.5 volts is enough voltage to get the job done with a minimal amount of unwanted reading bias and therapeutic effect.

When you push into the skin with the point-probe, skin feels the pressure and it considers this to be another threat to the tissue under the skin. The skin reacts by becoming denser, thicker. Denser, thicker skin is more electrically resistant. There's more to this issue of pressure. If you apply pressure abruptly or too forcefully the skin becomes traumatized and this produces false elevated readings. Then there is issue of the relative angle of the point-probe in respect to the shape of the bone under the skin. The angle of the probe should be aligned perpendicularly to the curvature of the bone where the MP is located. If the probe is pushed into the skin at an incorrect angle this tends to be painful and again it causes a slight trauma to the skin. In general the skin does everything it can to prevent you from obtaining a proper EAV point measurement. And this is the area of EAV testing that is grossly misunderstood.

There is a way around these issues of pressure and angles. The key is learning proper point-probe technique. It's not easy to learn this skill. EAV point-probe technique is an acquired tactile sensitivity. It requires proper instruction and training and *lots* of practice. Anyone dedicated to mastering EAV technique can learn this, and anyone properly using a legitimate EAV device can get consistently reproducible, accurate readings.

### **EAV – Obstacles vs. Capabilities:**

In spite of the obstacles acquiring proper point readings, EAV testing offers several remarkable capabilities. The first of these described above is the ability of an EAV device to electrically measure the actual meridians. This offers a powerful understanding of the functional status of the meridians and the corresponding organs glands and systems of the body. EAV testing also offers "Remedy Testing." What this means is that you can test the meridians to see how they respond to different remedies and substances. For example let's say that an EAV practitioner tests the Liver meridian and gets a quick-rising, high reading above 75 indicating an inflammatory situation in the liver. The practitioner can introduce a natural liver remedy, for example an herbal drainage remedy, into the bio-energetic field of the patient/client. With the remedy "in circuit" with the patient's field the practitioner takes another reading on the Liver meridian. If the reading does not change from the prior baseline reading then this remedy is not a positive match, meaning it will have no effect on the Liver situation. If the practitioner tries a different remedy, takes another reading and in this case the reading is close to 50 then this is a positive response and this remedy is a favorable match and should be very effective if used in therapy for this patient's Liver situation.

There are a couple of rules regarding remedy testing. The first is that the practitioner must break electrical and physical contact with the skin after taking each reading. When you have completed taking a reading on an MP you take the point-probe off the skin for moment. If you want to test a remedy you introduce the remedy into the bio-energetic field of the patient, then you take another reading on the MP and then you take the point-probe off the skin. And you must repeat this process each and every time that you test a different remedy. This part of the

process where you break contact with the skin is critical. This allows the meridian to reset itself before you “challenge” the meridian’s response to another remedy.

If you have an EAV device you can try something that will prove this point very dramatically. This experiment will require three people: a client/patient, an assistant and you the tester. Here’s how it works:

1. Take readings on the meridian control-points
2. Choose a meridian that is clearly demonstrates an out of balance condition (probably the highest MP reading)
3. Do your remedy testing until you find at least one remedy that clearly produces a positive response (balances the meridian close to or at 50)
4. Take the remedy(s) out of the equation, out of the field of the client (off the computer’s display and off the test-plate)
5. Go back to the disturbed meridian and take a reading and this time hold steady, don’t break contact, don’t let off on pressure on the point.
6. While you are taking the reading have your assistant place the “positive remedy”, the one that balanced the meridian on the device’s test-plate, back into the field of the patient.
7. Notice that the reading does not change, at all! I repeat - the reading will not change. Keep in mind that this remedy clearly, balanced the meridian a few moments ago.

So why did this occur? Why did the remedy that worked earlier make no difference in the reading this time? Because you did not break contact with the point (physical contact and electrical contact), you never gave the meridian a chance to reset itself so that it could respond effectively.

The idea that meridians respond to remedies brought into the field of the patient is a stretch. Nobody really understands how this works. It just works. I don’t understand how the meridian can display a reading of 75 and then when you introduce a remedy the reading is clearly, reproducibly a 50. This is a 33% decrease in electrical conductivity, based solely on the introduction of the remedy. I also don’t understand why breaking contact is required, it just is required and there is no way around this rule.

This has been a verbose explanation of EAV and I apologize but I just had to make sure that we are on the same page up to this point. And to reiterate the rules:

1. If you want to take an electrical conductivity reading on a meridian point you absolutely must apply voltage through a small diameter electrode (point-probe) directly to the measurement point
2. You must use a low voltage level or it will over stimulate the meridian and cause readings biased by other meridian points
3. You must use proper technique including proper pressure, proper angle...
4. If you are remedy testing on an MP you must break physical and electrical contact after testing the response to each remedy.

Now let’s go back to the RGD’s. These devices claim the following:

1. They test the actual meridians using large surface area electrodes.
2. The devices require no point probe and no pressure.
3. These devices can test 1000’s of remedies on the meridians in matter of seconds.

Looking at the explanation above on how EAV works, and also at the rules and limitations of testing meridians you may want to ask these questions:

- How can these RGD's take readings on the individual meridians in spite of the fact that they are using large surface area electrodes, electrodes that make contact with multiple meridians and multiple measurement points simultaneously?
- How do these electrodes conduct electricity through the skin without the pressure required to stretch the skin allowing for the electrical current to pass through the skin into the underlying tissue?
- How can these devices test 1000's of remedies/substances within a few seconds, never breaking contact with the skin?

Clearly the RGD's do not follow any of the rules for measuring meridians. And about these rules it needs to be understood that they are non-negotiable.

In looking at everything described so far it would appear that the RGD's don't actually measure the meridians. They certainly do not follow any of the rules for testing remedies/substances.

### **So... How do RGD's work?**

Random Generator Devices produce results at random. What does this actually mean?

Imagine that thousands of different causal factors (heavy metals, pathogens, toxins, etc.) are individually printed on small pieces of paper, and all of these are thrown into a big tub. A client comes in and you reach into the tub and stir all of the pieces of paper around so that they are really mixed. Then you reach in, grab a single piece of paper and take it out and read it. On that little sheet of paper is a specific causal factor. Let's say that you picked "Hepatitis C." So you tell your patient, "You have Hepatitis C." That would not go over really well with your client/patient.

The computer of Random Generator Devices uses a software program to generate something called a *random event occurrence*. This Hepatitis C example above is an example of a random selection, a random event occurrence not entirely unlike what is going on with the RGD's. However, the guys that build RGD systems go a little further with the random generating process to make it more believable:

1. The devices don't generate just one result - they generate and display (or print) *hundreds* of results. Imagine that instead of picking just one piece of paper out of the tub you pick hundreds, and you print a list of the names of the first 300 pieces that you pick. What are the chances that out of 300 picks something might be relevant? You have to be very careful with this. One or maybe two picks might have relevance, but how do you know which one or two? The more results generated the higher the probability that something is relevant. But how do you determine which cause is the one that really is relevant to this specific client? The client certainly doesn't have 300 different conditions and issues.



2. Another trick that increases the believability of these devices is that the designers increase the chances of common items being picked. What I mean by common items is simply causes/issues/conditions that occur commonly in a normal population. For example, Candida Albicans is a common causal issue, Mercury toxicity is a relatively common issue, but Giardia is less common. Bozo Virus - which is an actual virus - on the other hand occurs very, very rarely. Imagine that you have the scenario above with 1000's of causes in a big tub, however in this scenario you increase the odds of common items being picked. You can "up" the odds for Mercury or Candida to be picked out of the bowl by increasing the number of pieces of paper that have Mercury and Candida Albicans printed on them. You can add a lot of little pieces of paper with Mercury and Candida to the bowl and when you reach in and pick hundreds of pieces of paper the chance of picking Candida or Mercury becomes far more likely.

There are other tricks used to manipulate the result outcomes but, no matter how you look at it, the results are nothing more than the computer software spitting out random results. And these results are not in any way specific to the patient. It really doesn't matter who is sitting in the chair being tested by a random generator type device. The device is going to generate the next set of random results regardless.



Bill Nelson, Inventor of the Eclasion System, the QXCI and the SCIO systems

Maybe this sounds a little disturbing to you. Maybe there's a good chance that you think I am really out to lunch. And that may be true. Maybe you think that I am unequivocally wrong about all of this while the people that build these RGD's are really [geniuses](#) and they have found the answer and developed the ultimate medical technology.

Here's the bottom line about the ultimate medical technologies:

1. The results of all of the RGD's are not in any way reproducible.
2. The results of all of the RGDs will not stand up against scientific scrutiny. Granted, occasionally the results might include something of relevance, but this is entirely by chance.
3. These devices do not actually measure meridians - not directly and not indirectly in any way.
4. These devices do not test substances and remedies in any way.
5. These devices do nothing more than pull results "out of a hat."

## Priorities

The last part of this conversation is about priorities - what is important to you. Undeniably the RGD's are easy to use, they are fast and they are simple and they are flashy. Clients/patients like these gadgets.

EAV testing is difficult to learn and it takes time to test a client. This type of testing may not be perfect, but if a practitioner learns to operate an EAV device properly the results are real. The results are reproducible, they make sense and they are pertinent to the patient's condition. With an EAV device you are measuring the actual meridians, so be it in an indirect way, but this is

the only known way that you can test the meridians and do remedy testing on the actual meridians to see how they respond.

When considering priorities, there are a couple of other aspects of the RGD's that need acknowledgement.

1. There are some simple truths about human nature: people see what they want to see; they will believe what they want to believe; and they will defend their beliefs and what they see to be their version of the truth. Also people will often shun taking responsibility. The RGD's do it all, they give you the answer. With an RGB you don't have to think, you don't have to decide and you don't have to stand by your decisions. EAV is the opposite of this and I think that this is often the real issue with EAV devices. EAV may not be a perfect solution for everyone. I understand this and in some ways I can understand why people like the RGD's.
2. People say they get great results with their RGD. I don't doubt that some clients get better and this would seem completely contradictory to everything that I have described so far. Healing is a mysterious thing. Good doctors often acknowledge the fact that their patients get better in spite of the prescribed therapies. They get better because they start to believe and because when you walk into the office of a healer it can set things in motion in a powerful way. This has nothing really to do with a random generator device or with EAV devices for that matter. This is just part of the nature of healing.

It boils down to what you are willing to live with. Are you okay handing a client a piece of paper with 100's of issues on it knowing that there is a very high the chance that the real issue is probably not on the list, also knowing that there is a high likelihood that everything on the list is completely irrelevant to the client's condition. I know that this sounds pretty harsh but this is the end result, the bottom line. What are you willing to live with? What are your priorities?

If you are reading this at some point you probably asked a question about one of the various Random Generator Devices. Maybe at this point you have more ammunition to help you evaluate device technologies. That is really my intention with this conversation, to give you information that may help you make a better informed decision.

Thanks for making to the end and good luck with your technology evaluations.

*Bob Eanes*  
January 2015