

# Touch for Health Journal



1982/83

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Grace Halloran, Ph.D.

## REVERSING BLINDNESS WITH TOUCH FOR HEALTH!

In 1979, the National Eye Institute released some very alarming figures regarding visual loss and blindness in this country. It is estimated that over ten million Americans (as of 1979) had visual loss that could not be corrected by any conventional methods. At a cost of over eight billion dollars to the taxpayers, these figures are indeed alarming. However, the most startling fact was the prediction that the four leading causes of blindness--cataracts, glaucoma, senile macular degeneration and diabetic retinopathy would increase over 160% in the next fifty years!

These figures and predictions are totally un-acceptable to me personally, and as a vision specialist and Touch for Health Instructor, I am doing something about it.

My interest in this field came as a personal journey. In 1970, I was told that I would go blind from an inherited eye disease, Retinitis Pigmentosa--a disease that is progressive, starting with night blindness, tunnel vision, and eventual total loss of central vision.

My vision was very poor at that time, and I qualified as legally blind, having less than 20 degrees of peripheral (side) vision. All the doctors told me that there was nothing to be done, and that I would go blind, without hope of treatment or cure!

After learning to read braille and use a white cane, I became very impatient with being blind, and I decided that I would do something about it. I didn't know what, but I had made an important step in my personal journey towards getting my sight back.

After studying nutrition, color therapy, and working with a wonderful vision specialist, Dr. Larry Jebrock, O.D., of Novato, California, I started getting some improvement in my visual functioning.

Then I came across the Touch for Health book, and my vision literally doubled in its field after I had my roommate work on the kidney meridian (feeds the eyes). I was astounded, naturally, and knew that Touch for Health was going to be an important part of my visual program.

I took the Instructor Training with Gordon Stokes in Sonoma, and have used Touch for Health almost every day since! If I go on vacation, I at least balance my son, or whomever is travelling with me.

After finding that I have improved so much, I began working with other people, including my family, especially my mother. Her vision started to improve, and the other people I was working with claimed that they were able to see better, also. I was ecstatic, of course, and seriously began developing a complete visual improvement program for those people that usually have no alternative or treatment other than losing their vision.

Touch for Health is a cornerstone of my program, and all my clients that come (from all over the United States) stay for three weeks and are, of course, taught Touch for Health as well as other disciplines that I have found to be of great benefit to the visual process.

Some of the other problems that this program has benefited are: senile macular degeneration (the deterioration of the ability to see clearly centrally, therefore making it almost impossible to see in the center, drive a car, or read or watch television), glaucoma (pressure inside the eye that can lead to blindness) and amblyopia, or turned eyes, where one usually shuts off the pathway to the brain to avoid double imagery. Glaucoma is treatable by eye medication, and sometimes surgery is beneficial. However, there are a great many people who become intolerant of the medication, or immune to it, and they begin to lose their vision.

These are all some of the varied types of eye problems that have been

successfully regenerated with the vision program I have developed. And my latest client, a woman from Ohio, had a cataract that had been developing for over 18 months completely disappear in the three weeks she was here. I think that it was an unusual cause, however.

I have been having these clients independently monitored by an eye doctor, Dr. John Downing in Mill Valley, California. His before and after checkups have shown that the last five clients with varying types of vision problems, including the cataract clients, have all shown 'significant' improvement. Armed with those statistics, I am looking forward to setting up a larger work program and increasing our documentation base.

Some of the other disciplines that I teach to the vision clients range from nutrition to color therapy. A great deal of training time involves the power of the mind, and how positive attitudes and positive affirmations can help tremendously.

I have been fortunate to research over forty acupressure points that stimulate the visual system, and to train the people coming to work with me how to use the art of acupressure on themselves. Ninety-five percent of the techniques I use are taught to the clients. The only part at the present time that is not available for home usage is the use of the Electro-Acuscope instrument. I am involved in a research project using this instrument on vision problems. When the results are ready, I will be happy to make them available to you through this journal.

A lot of my clients are referrals from other Touch for Health Instructors, and I just want to thank you all for your support and interest.

The visual system is a complex part of our body, and although we are all taught how to brush our teeth at an early age, none of us have been really taught how to take care of our most precious gift, our sight!

I am including some of the acupressure points that I use--they are general and will help both in prevention of eye strain and helping some minor vision problems.

I welcome feedback, and if there is any interest in in-depth training, please notify me or the Touch for Health Foundation.

With the use of Touch for Health and some of the other techniques, I can say that we are surely going to be able to change the predicted statistics of 160% increase in blindness in this country. It will take time, perseverance and constant awareness to the problem. Thank you for your help.

P.S. For those who may or may not know, I am 80% back to normal vision, and feasting my eyes on the sunsets in the evenings, children's smiles and tears, and birds in the trees. With faith, and the work of John Thie, Mary Marks, Gordon Stokes, and all those dedicated and blessed people, I'm sure proud to be part of the Touch for Health family, and I know we will make a difference in people's lives by bring better quality, through better health, and in many cases, clearer vision!

BASIC VISION IMPROVEMENT TECHNIQUES  
GRACE HALLORAN, PH. D.  
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Novato, Ca. 94947  
415 897-2436

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### "HOOK" POSITION

PURPOSE: To relax visual cortex, release emotional stress, and to improve spinal alignment.

PROCEDURE: 1. Lay on flat surface  
2. Raise knees, so feet are flat on surface.  
3. Close eyes gently.  
4. Cover eyes with cupped palms.  
5. Rest fingertips on forehead, leave nose free.  
6. Take in ten to 15 deep breaths.

RECOMMENDATIONS:

This procedure can be done at any time during the day. Use 'palming' alone if unable to lie down briefly. Using palming and deep breathing frequently for short periods of time during the day is very effective in allowing the visual cortex to relax and improve the healing process.

### EYE SQUINCHING

PURPOSE: Aids in building eye muscle strength and co-ordination. Increases tear flow activity. Excellent for improving nearsighted conditions. However, this is a major, general purpose technique.

PROCEDURE: 1. DO NOT DO IF WEARING CONTACT LENS!  
2. Close eyes tightly, squinching as tightly as you can.  
3. Hold muscles tensely for 5 seconds.  
4. Try and relax other facial muscles, isolating eyelids for total muscle stimulation.  
5. Open eyes widely, as wide as you can.  
6. Take in deep breath.  
7. Repeat procedure five times.

RECOMMENDATION:

Begin slowly, and build up to a series of five times, at least five times daily. Like in body building, begin slowly to avoid muscle strain.

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#### ACU-EYE-POINTS

To increase circulation and relieve tension to eye area, apply firm finger pressure to the points in diagram.

Hold each point for seven seconds. Lift finger off face before moving to next point.

Repeat procedure three times.

If any area is tender or painful, that may indicate 'blocked' energy flow.

Stimulate these points daily for improved visual function.

If under stress or reading a lot, use them more frequently.

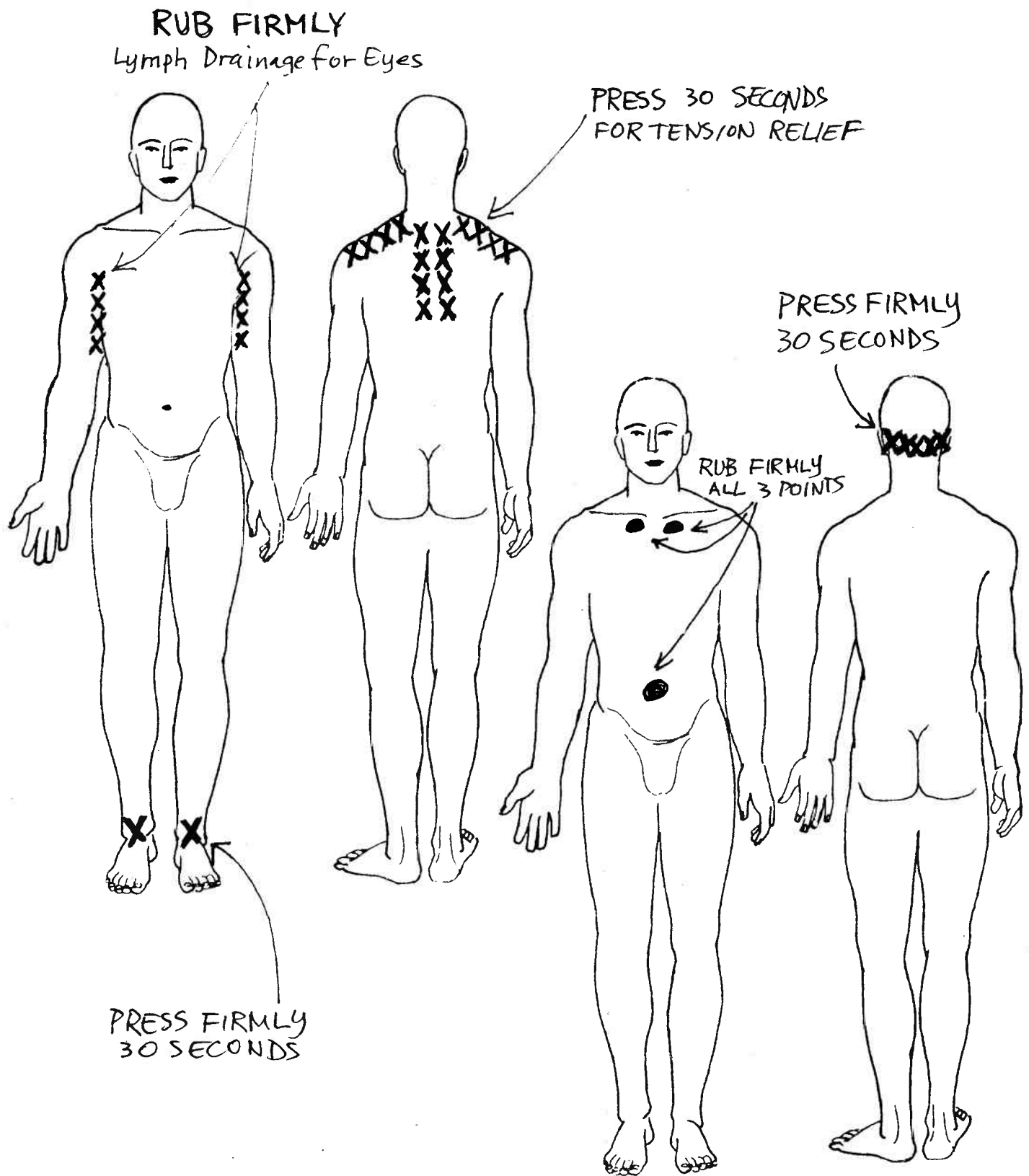
At points on either side of nose, use a pinching position with thumb and index finger.

Take deep breaths while pressing all eye-points.

THESE POINTS ARE BENEFICIAL IN PREVENTION OF MYOPIA, (NEARSIGHTED) ESPECIALLY WHEN TAUGHT AND USED BY EARLY GRADE SCHOOL CHILDREN.



# ACU-EYE-POINTS





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T H E   S O U N D   O F   H E A L T H  
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Everything that we experience affects the body's energy balance. In practicing Touch for Health, we try to maintain and restore this balance in a way that is most appropriate for the people that come under our care.....and

the more choice we each have in technique, the greater is the likelihood that we will have an appropriate technique for the individuals we work with.

The Sound of Health gives you one more way to approach the concept of balancing....it is easily learned and applied and can be used alone or in conjunction with other Touch for Health techniques.

THE SOUND OF HEALTH emphasizes energy balance from within..... using an energy source supplied by the body....S O U N D....to release physical and emotional tension, remove blocks to energy flow, and facilitate the process of healing.

This is a SIMPLE yet   P O W E R F U L   technique!

We start with breath and voice.

AHHH-HAAAAAAAAAAAAA

The basic sound to be used with deep breathing.

You can do this for yourself or when working with a partner BEFORE BALANCING.

Use the following words as a guide. After you have done this for a while you can modify the words to suit your own style.

(1)   Standing or sitting with the spine straight or lying down on the back

I want you to take a long, slow deep breath starting now, bringing all the air you can into your stomach first and then up into your chest.....keep bringing in the air .....feel it entering your lungs and experience the tension as it builds up....see the air swirling around in your lungs as the tension builds..... building up ... gathering into the air... Continue to hold your breath...in just a few seconds I'm going to tell you to exhale and when I do I want you to make a sound... like this HAAAAAAAAAAA and let all the tension out with it... Ready....E X H A L E .....

(2)

the next step

- a. Sound can be more than just one voice and when two join together there is a synergistic effect.....soothing...powerful....balancing for both people involved. It can be a directed sound.....

AHHHHHHHH  
OHHHHHHHH  
OMMMMMMM  
HUMMMMMM

.....or it can be a naturally occurring sound that emerges from the person you are working with as a result of the following directions:

- b. Use a calm steady tone of voice and say:

"In just a minute, when I tell you to do so, I'd like you to take a long, slow deep breath and then I'd like you to hold it. While your holding your breath you'll notice that a sound is coming into your awareness, it most probably will be a deep sound at first or perhaps some other but when you get ready to exhale that sound WILL EMERGE almost of its own accord WITH HARDLY ANY EFFORT ON YOUR PART.... And then I'd like you to keep breathing regularly and continue to make this sound for a while."

"O.K....inhale...bring the air in..... hold that breath....and when it feels ready let your sound emerge...."

WHEN YOUR PARTNER BEGINS TO MAKE A SOUND START TO HUM ALONG WITH THAT SOUND. START SOFTLY AND CONTINUE AS LONG AS IT FEELS RIGHT....AT LEAST AS LONG AS YOUR PARTNER. THE OBJECT IS TO CREATE A HARMONIOUS JOINED ATMOSPHERE.

DON'T WORRY ABOUT MAKING ANYTHING HAPPEN ! HAVE PATIENCE ABOVE ALL AND A L L O W THE ENERGY TO TAKE EFFECT.

You can also start the process by asking your partner to join you in humming a particular sound for a minute or so before you start a balancing. A deep, soft humming of HUMMMMMM is powerful and relaxing. An alternative to try....AHHHHHHH. Let the sound rise and fall naturally with your breathing. Do not force anything. Allow the process of relaxation and balance to proceed and if IT FEELS RIGHT continue for a few minutes until you both feel that the sound has reached its NATURAL CONCLUSION.....for now.

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FOCUSING SOUND for Balancing and Pain Reduction.

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Up to this point we have used SOUND in a very general way to assist in tension release and to facilitate the balancing process. Most of the time you will find yourself using this technique PRIOR to a general balancing session.

## FOCUSING continued....

Now, rather than using the general effect, we are going to F O C U S our attention using INTENTION, VISUALIZATION, IMAGINATION and that continuing sense of FEELING RIGHT.....to effect specific changes in energy balance, both physical and emotional.

NOTE: While you are experimenting with this technique remember to verify the effect you are achieving by using indicator muscle tests to gauge the effect of SOUND on your partner and yourself.....PRACTICE.....PRACTICE.....PRACTICE!!!!!!

- (3) Locate a weak muscle and check the various systems for out of balance indications....neurolymphatic, neurovascular, meridian energy ...etc.

As you stand/sit next to your partner start to hum the following sound ...HUMMMM...softly and deeply. As you do this imagine that you can see/sense/feel I N Y O U R M I N D S E Y E that particular point or meridian on your partner's body that is out of balance.

As this becomes clearer to you imagine a sense of pleasant warmth entering this area or energy channel.....and then see/sense an increasingly bright, but pleasant white light in that area.

Continue to HUM and visualize for about TWO MINUTES or so.....

-----  
T R U S T   Y O U R   I N T U I T I O N  
-----

Check with your partner....How do you feel? Do you notice any changes? and.....re-check the effected muscle systems.

Working this way often will effect MORE than the system you FOCUSED on ....take some time to check effects on related energy systems..... for both over energy and under energy imbalances.

## WHEN DO I USE SOUND TECHNIQUES

Sound can be used as a healing process alone or in conjunction with other techniques. The important thing to keep in mind is..... is this APPROPRIATE for this person, at this time, in this place. Sometimes ....the sound of S I L E N C E can be the most powerful sound of all.

Sound also takes the form of MUSIC....and can balance many body systems, relieve pain, promote healing and be generally beneficial to the entire organism.

Music easily fosters the development of an altered state of consciousness....which in itself is an aid to reduced tension and is very effective in allievating the effects of chronic over-stressed conditions.

What music? Music without words would be the first choice.. and some particularly effective selections are listed below.

Try playing them for yourself and evaluate how YOU feel afterwards. Try this for a friend or client BEFORE a balancing session and notice if many of the usual stress imbalances are corrected before you start your usual balancing procedure.

#### Selections

Vangelis - Chariots of Fire  
Vangelis - Opera Sauvage  
Mike Oldfield - Ommadawn  
Music for Zen Meditation

Julian Bream - Romantic Guitar  
Enviornments Two - Tintinabulation  
Tibetan Bells I & II  
Ananda Shankar - Metamorphasis

For more information about the Sound of Health® contact:

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# TOUCH FOR HEALTH

## SUCCESS STORIES

Submitted by TFH Instructors in Australia.

Type of injury - soreness in shoulder area, possible result of weight resistance training. The injury has been with me until April 1982 (approximate time of injury 1970). I have lived with a shoulder problem for almost 12 years, compensating for the injury in all activities that I do. I had 10 minutes TFH (reactive muscles) and the injury had disappeared after only one balance using reactive muscle testing.

I would like to tell you how TFH has helped my asthma to improve greatly in just one week. During the Instructor Training Workshop held in Perth in April 1982, my diaphragm showed consistently weak and I could hold my breath for only 18 seconds. By the end of the week I could hold my breath for 55 seconds and I did not need to use my Ventolin Inhaler. My health remains improved as I am still working on my problem. "Wow" - another win for TFH.

A patient had a liver biopsy done under local anesthetic without any prior analgesic or tranquilizers. She felt the whole procedure, which was not successful - muscle tissue was obtained, not liver. She came back to the ward almost hysterical, in pain and hyperventilating. While other staff members took her pulse and blood pressure readings, etc. I held her frontal eminences. She was then given Panadeine tablets for pain and everyone then left her alone except for me, holding her frontal eminences. Within minutes her breathing rate slowed, lengthened, and she became quite calm even though she was still in pain. She definitely equated the calming down effect with the holding of the frontal eminences and not with the Panadeine, as (at that point) she had not had any relief of pain.

I found that a patient who could not approximate her thumb and little finger (from a stroke) and therefore could not hold things, was strengthened by working the appropriate points.

A patient who was diagnosed as having tendosynovitis of the shoulder, had a weak supraspinatus, for which he was having physiotherapy treatment using ultrasound, without much noticeable effect. As he was about to be discharged I tested his supraspinatus, strengthened it, and he felt better immediately. When he came back to the clinic and called in to the ward, he stated that the physiotherapist hadn't helped much, but what I did (or rather TFH did) had helped immediately and he was still pain free!

Another patient had had an abdominal operation and a couple of days later was mobile but bent over became of weak abdominals. I grabbed a surrogate, tested the abdominals, strengthened them and the patient immediately stood up straight comfortably.

A 70 year old woman with recurrent pains in her right shoulder and neck had them completely relieved by holding the frontal eminences for 15 minutes. That was followed by a basic balance, and she bounded up with a rosy glow afterwards, no pains in the areas and a reminder of how powerful the ESR work can be.

A middle-aged lady found difficulty in walking up stairs to her flat. Some reactive muscle work in the thigh area enabled her to take the steps in her stride.

A woman who had broken both her ankles, regained more strength in the muscles of the foot that previously had been unable to test strong.

A 26 year old school teacher was found to be suffering from a thyroid disturbance and amenorrhea (cessation of menstruation). After successive TFH balancing, the following reactive muscle patterns were found: Gluteus medius was reactive to teres minor. Also - an interesting one - the whole of the digestive tract-related muscles were switching off gluteus medius. So gluteus medius was reactive to pectoralis major clavicular, the abdominals, quadriceps and fascia lata. The symptoms became clear one this aberrated energy pattern was discovered (tiredness after exercise, loss of sex urge). The thyroid is now healing and sexual function is balanced.

Female in late 30's, unable to do any situps, and loss of sex urge since having children 3 years ago: Abdominals were weak as if muscles were still in shock from labor trauma. They strengthened with standard balancing techniques but became weak whenever she thought of childbirth. ESR on childbirth and labor immediately recrified the weakness, permanently it seems, as situps no longer a problem. Circulation-sex related muscles were all reactive to abdominals, and the sex drive problem corrected dramatically (almost dangerously) after balancing.

Most <sup>ck</sup> hypoglycaemia - I call it "mock" because five people who were diagnosed as hypoglycaemic with GTT's, all classic examples of aberrated blood sugar levels, were found to have no success at all with standard treatment for hypoglycaemia, i.e. vitamins, injections, high protein diet, low protein diet, etc. TFH showed that several things were occurring. Consider the following reactivity patterns. Supraspinatus (central) reactive to pectoralis major clavicular (stomach), abdominals and quadriceps (small intestine) and fascia lata (large intestine). So whenever any food, no matter what type, entered the systems related to stomach, the small and/or large intestine, central were effected. When central became weak, the rest of the system became weak. The person then craved for glucose as an instinctive energy requirement for brain function and general survival needs. The person eats and the cycle begins again with its corresponding weakness. The use of those muscles also in exercise created the same weakness and internal imbalance. After TFH balancing, all hypoglycaemia symptoms disappeared.

general survival needs. The person eats and the cycle begins again with its corresponding weakness. The use of those muscles also in exercise created the same weakness and internal imbalance. After TFH balancing, all hypoglycaemia symptoms disappeared.

Golf injury - Piriformis muscle left side in a middle-aged woman who was injured in golf game resulting in sore hip. I.M. cortisone injected straight in piriformis handled the pain but left the lady with a numb, dragging left leg. Muscle test showed the piriformis absolutely weak and would not strengthen. The Iliacus was also weak, but strengthened. Using the reactive muscle principle, energy from the iliacus was sent to the piriformis with about 25% gain in strength. No improvement other than that mentioned was gained until ESR was done on cortisone itself, the injection and the injury and associated pain. During ESR the lady noticed feeling returning to her previously numb foot and stiffness leaving hip area. Upon standing there was no longer any dragging or numbness, and the piriformis strengthened to 100%.

Woman with constipation, edema and poor circulation could have bowel movement only once per fortnight. All muscles went weak every time she sat down, due to an auto accident. After ESR on the accident, sitting, plus daily balance the constipation changed to 3 BM's per day with the help of a feeding program based on food testing. As for the Edema in ankles, tight adductors stopping lymph drainage from legs, psoas (kidney) reactive to adductors (circulation-sex). Psoas, subscapularis (heart) and circulation-sex related muscles all switch off the supraspinatus (central). Also psoas, subscapularis, and the circulation-sex related muscles were reactive to the diaphragm! Aerobic exercise had made her worse until this was found out. Reactivity was handled immediately with TFH techniques with great improvement. Diaphragm was apparently causing the problems with other muscles due to anear drowning incident many years ago. ESR fixed that one.

Lady in mid-thirties - pyorrhea (advanced), very poor circulation, poor sleep, high blood pressure, menstrual pain. Her hands turned blue on exposure to room temperature air, so she always wore gloves. The dentist told her that the abcessed gums and decayed bone meant all teeth would be lost. She had a sugar craving and bad pain with anxiety during menstruation, BP 160/90. On testing, all circulation-sex related muscles were weak plus subscapularis and supraspinatus and central. Gluteus medius was reactive to pectoralis major clavicular, abdominals, quadriceps, fascia lata and subscapularis. Also supraspinatus was reactive to subscapularis and diaphragm, and the subscapularis and circulation-sex related muscles were reactive to the diaphragm. A 42 muscle balance plus half of the reactives were done, and cross-crawl, saunas, rebounding and strict vegetarian diet were followed for 2 weeks. Upon rechecking, all muscles were strong. Circulation 100% improvement (feels warm, needs less blankets), her period occurred without pain, she sleeps through night lost 6 lbs and BP dropped to 120/70. Awaiting dentist's report in one month, she has no pain from teeth and the abcess is disappearing.

## STRESS PERSONALITIES

by Rene' Tishista and Mary Dempcy  
Presented by Patricia Gayle Bianconi, R.D.H.  
Gary Wayne Bianconi, L.M.T. & Wayne Topping, PhD

Stress--arch criminal of the 20th century, has caused an overwhelming rise in depression, anxiety and boredom on the job scene. It has been named as an accessory to job deaths by cardiovascular disease, ulcers, and cancer. Public enemy #1 for kidnapping over national well being and torturing us with mental and physical deterioration.

No one is safe from this criminal. It stress strikes all age groups and occupations. The National Institute for Occupational Safety and Health tells us it's not the heart attack-prone power house executives or power brokers who suffer most, it's the laborers and secretaries who encounter the most stress. Those with the least opportunity for advancement and most repetition in their work.

Stress is inherent in our 20th century environment. Han Selye says that you can't eliminate stress but you can learn how to cope with it. Mary Dempcy tells us that we can't control the external events, but we can learn to control our attitude toward them. Thank heavens! Because according to recent statistics there has been a 400% increase in teenage suicides.

We all need to be aware of stress and how to work with it.

In our presentation at the annual meeting we spoke about and demonstrated, in skit form, various Stress Personalities. These Stress Personalities were "discovered" by Rene' Tishista and Mary Dempcy. This husband and wife team has traveled all over the country holding workshops for such groups as IBM, Wells Fargo Bank, Standard Oil, Western Airlines, various school districts, colleges, and universities as well as appearing on television numerous times. Their presentations are informative, fun and enlightening.

Our main purpose at the presentation and in this article, is to introduce you to this new and exciting approach to stress related problems.

We have listed the cast of characters and a brief description about how each stress personality takes over in a given situation. Some of the possible health robbing side affects are also mentioned. Keep in mind that these personalities are not always present in most people. You are not a Critical Judge you have a critical part of you that sometimes takes control of your responses in a given situation.



## CAST OF CHARACTERS

- INTERNAL TIMEKEEPER - This is the person who rarely sits still, the one who is writing notes, talking on the phone and trying to talk or listen to you, all at once. A Timekeeper is constantly concerned with "time" but usually runs late. Timekeeper's efficiency is limited due to overloading - headaches and high blood pressure are often the side effects suffered.
- THE PLEASER - This person can never say no and wears an ever-present smile. Pleaser can't say no because then she/he "won't be loved", She/he puts others' needs before their own and cannot express anger. This often causes digestive problems and ulcers.
- SABER TOOTH - She/he can't stand to wait in lines or for the light to change to green. Sabertooth often gives underhanded compliments and lets anger show with sarcastic comments. Cardio-vascular problems and ulcers often appear.
- CRITICAL JUDGE - "The Perfectionist," the "controller" - How many times have you heard someone say, "This may sound dumb, but . . ." Your Critical Judge decided you are stupid, you didn't. One often suffers from depression & despair when hounded by a strong C.J.
- STRIVER - This is the part of you that helps you attain goals. One who is constantly climbing the success ladder - scarcely taking time to enjoy immediate achievements, has an over-bearing striver, which can cause cardio-vascular problems, chronic fatigue and high b.p.
- INTERNAL CON ARTIST - The one who talks you into putting off until tomorrow what you could do today. Or, talks you into "one more drink" because you've had a rough day. Con Artist can lead you down the path of obesity, drug addiction and alcoholism.
- WORRIER - If you can't go to sleep at night, or wake up at 2 a.m. and can't get back to sleep because you don't know if the nearest volcano will erupt, or if the cats have worms, or . . ., then you're a Worrier. The Worrier is always prepared for the worst, which leads to insomnia, stomach problems and/or high blood pressure.

Rene' Tihista and Mary Dempcy have developed seven Stress Personalities which represent a range of responses most people use to handle a wide variety of stressful situations. What they all have in common, however is a distorted perception of the world, and they create stress as a result of the faulty perceptions.

## MINI STRESS TEST

Scoring - (almost always -6) (Frequently -4) (Occasionally -2) (Seldom -1)

- \_\_\_\_\_ 1. Do you have difficulty seeing work through to completion?
- \_\_\_\_\_ 2. Do you say "uh huh" or finish people's sentences for them?  
Or know someone who does?
- \_\_\_\_\_ 3. Do you feel fearful when talking to people in authority?
- \_\_\_\_\_ 4. Do you feel guilty after you've said no?
- \_\_\_\_\_ 5. Do you fly off the handle when you goof at sports or games?
- \_\_\_\_\_ 6. Does jealousy interfere with your relationships?
- \_\_\_\_\_ 7. Do you feel that you must strive constantly toward perfection?
- \_\_\_\_\_ 8. Do you think critical thoughts about yourself and others?
- \_\_\_\_\_ 9. Do you have difficulty accepting compliments?
- \_\_\_\_\_ 10. Do you have difficulty enjoying your achievements once attained?
- \_\_\_\_\_ 11. Are most of your friends your co-workers?
- \_\_\_\_\_ 12. Do you have difficulty taking time off?
- \_\_\_\_\_ 13. Do you eat, drink or smoke when anxious or depressed?
- \_\_\_\_\_ 14. Does your fear of "what could happen" prevent you from par-  
taking in activities you might otherwise try?
- \_\_\_\_\_ 15. Do you believe worrying about someone means you love them?
- \_\_\_\_\_ Total

If you score 30 or more, you may want to discover which stress personality (ies) is interfering with your ability to reach your full potential mentally, physically and spiritually.

If you recognize one or more of these stress personalities within yourself or someone else, it would benefit everyone involved to have the tools to deal effectively with the situation in a loving way. Dealing with your stress personalities is a safe, fun and clear way of answering some seemingly complex but yet common problems.

The book is available for \$8.95 + tax and postage. Call or write:

Focul Point  
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Bolinás, CA 94924  
(415) 868-1786

Wholistic Health Center  
1111 High Street  
Bellingham, WA 98225  
(206) 671-3194 or 3199

## NEW DIMENSIONS: PULSE - MERIDIAN CORRELATIONS;

### AURICULAR EXERCISE AND THE NERVE PLEXUSES

Wayne W. Topping, PhD, LMT

Wayne Topping, born in New Zealand, received his doctorate in geology from Victoria University of Wellington, N.Z. Wayne has taught at Ambassador College, Pasadena, the University of Oregon in Eugene, and Western Washington University in Bellingham. He is a Licensed Massage Therapist, Certified Touch for Health Instructor, and Biokinesiology Practitioner. He is currently on the staff of the Wholistic Health Center, 1111 High Street, Bellingham, Washington 98225.

#### Pulse - Meridian Correlations

In the June, 1982 issue of "In Touch for Health" (1) I showed the correlation between 20 pulse points at the wrists and 20 meridians used by the Chinese. Positive and negative emotions associated with three of those pulse - meridian pairings were presented; here emotions for all 20 are presented (Table 1).

Chinese traditional medicine considers that "blood" and "qi" (chi; vital energy) circulate throughout the body in channels and collaterals and that these passageways (59, according to Felix Mann)(2) form a network connecting the superficial and interior portions of the human body, regulating the function of the whole body. Channels are the main trunks running lengthwise, while the collaterals are their branches. Channels can be classified into two groups:

1) regular, and 2) extra (3). The 12 regular channels are the meridians we TFH Instructors are familiar with when we work with the wheel. The Chinese consider the eight extra channels to be different from the 12 channels as they were not known to be related to any of the internal organs. We are also familiar with two of these eight extra channels: the central (conception vessel) and governing (governing vessel) meridians which run along the middle of the body and have their own acupuncture points.

The other six extra channels join together certain of the other regular channels and one or two points on them are supposed to activate the whole channel (2). These meridians are generally known as: Belt, Vital, Mobility, Yin, Mobility Yang, Regulating Yang, and Regulating Yin.

Pulses for the eight extra meridians are located by using intermediate pressure at the wrists. A pulse point for the central meridian is located on the base of the left thumb and for the governing meridian at the base of the right thumb (4). Research with colleagues at the Wholistic Health Center (and confirmed in September 1981 at the Biokinesiology Institute) showed that the other six extra meridians are located at the three pulse positions on each wrist that

# PULSE - MERIDIAN CORRELATION TABLE

## LEFT HAND

	PRESSURE	MERIDIAN (ORGAN)	POSITIVE EMOTION	NEGATIVE EMOTION
1	Intermediate (Thumb)	Central Vessel (Eye)	Successful	Overwhelmed
2	Superficial	Small Intestines	Appreciated	Unappreciated
	Intermediate	Mobility Yang (Thymus)	Calm	Troubled
	Deep	Heart	Secure	Insecure
3	Superficial	Gall Bladder	Humble	Proud
	Intermediate	Regulating Yin (Adrenal)	Peaceful	Anxious
	Deep	Liver	Content	Distressed
4	Superficial	Urinary Bladder	Assured	Futile
	Intermediate	Vital (Hypothalamus)	Pleasant	Undesirable
	Deep	Kidney	Steadfast	At Fault

## RIGHT HAND

5	Intermediate (Thumb)	Governing Vessel (Ear)	Supportive	Unsupportive
6	Superficial	Large Intestines	Mercy	Exasperated
	Intermediate	Belt (Pineal)	Communicative	Speechless
	Deep	Lung	Cheerful	Depressed
7	Superficial	Stomach	Reliable	Unreliable
	Intermediate	Regulating Yang (Spleen)	Happy	Unhappy
	Deep	Spleen (Pancreas)	Approved	Rejected
8	Superficial	Triple Warmer (Thyroid)	Serving	Humiliated
	Intermediate	Mobility Yin (Skin)	Harmonious	Uneasy
	Deep	Pericardium (Reproductive)	Satisfied	Worried

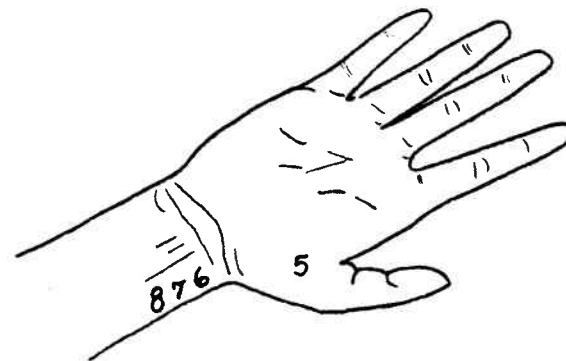


Table 1: The correlation of Twelve Regular meridians and Eight Extra Meridians with superficial and deep pulses, and intermediate pulses respectively, at the wrists of left and right hands. The major positive and negative emotions associated with these pulse-meridian correlations are shown.

we are already familiar with, but at a pressure intermediate between the superficial and deep pressures that we have been using. Thus all 12 regular and eight extra meridians are correlated with pulses at the wrists. These pulses are now known to be over the temporal, carotid, femoral, and dorsal (foot) arteries also.

Correlations between pulses and meridians were made possible by using the positive and negative emotions as outlined in Table 1.

The negative and positive emotions can be used to throw the appropriate pulse and meridian pairings out of balance or to restore them to balance respectively. You will find many applications for this knowledge. For example, if you consistently find a certain meridian out of balance maybe it is because you've been feeling too much of the specific associated negative emotion (or a similar type of feeling) over a period of time, or in one or more traumatic incidences. If so, spend time recalling and reliving past or present examples of the exact opposite positive emotion and build this into your life. It works! Also, I often check the pulses as a quickie way of determining the extent of a person's imbalances.

#### Auricular Exercise and the Nerve Plexuses

On page 121 of the "Touch for Health" book (5) we find the following:

"The ears seem to function as antennae to draw energy into the body."

"To check the condition of these antennae, test a strong indicator muscle to be sure it's in balance. Then retest with the head turned all the way to the left or right. If the muscle now tests weak with the head turned, make the correction."

"Firmly take hold of -- and unfold as you do so -- the turned over part of the ear. Pull firmly away from the opening of the ear. Continue around and down to the ear lobe, pulling away from the orifice. Now re-test with the head turned as before. The muscle should be strong no matter which way the head is turned."

Undoubtedly, most of us have used this technique successfully, but why does it work?

There are many nerve endings representing the different parts of the body located on the ears (e.g. p.168 of ref. 6) so that stimulating the ears should have a beneficial effect on other parts of the body. However, the auricular exercise does have a yet more significant effect in that it is reflexly associated with ten major nerve plexuses within the body. Each of these plexus areas is comprised of nerves which divide, then join, and again subdivide in a very complex manner forming a network. The solar plexus is one you may be familiar with.

These ten nerve plexuses are shown on Figure 1 and their locations are described in Table 2. John and Margaret Barton of the Biokinesiology Institute have named these nerve plexuses as energy centers (in the Orient many have been described as chakras) and determined that each controls a major system or type of tissue within the body. The body parts and major symptoms resulting from an imbalance in any of these energy centers are listed in Table 3.

To determine whether there is a major imbalance in any of these energy centers test any strong indicator muscle then point your finger tips directly into the body at the locations shown in Figure 1. You should be close to, but do not actually need to touch, the body with your finger tips. If the indicator muscle weakens say the appropriate positive emotion (Table 3). A strengthened indicator muscle verifies that you did have an imbalance in that energy center (or nerve plexus). How can the indicator muscle weaken when you are not touching the body? The imbalanced nerve plexus is emitting a frequency of 69.5 gigahertz (This is the same frequency detected by the Toftness chiropractors). When the nerve endings beneath your finger nails intercept this frequency the indicator muscle will weaken.

How is this related to the auricular exercise? When you find an imbalanced energy center you will be able to restore it to balance by lightly massaging the corresponding ear reflex (Fig. 2) outwards away from the orifice. Lightly massaging, or brushing, in the opposite direction will again return the energy center to an imbalanced condition. Verify for yourself that only one reflex area on the ear relates to each energy center.

To summarize: When we massage outwards on the ear, as in the auricular exercise, we are reflexly restoring balance to any of 10 major nerve plexuses throughout the body that happen to have been out of balance.

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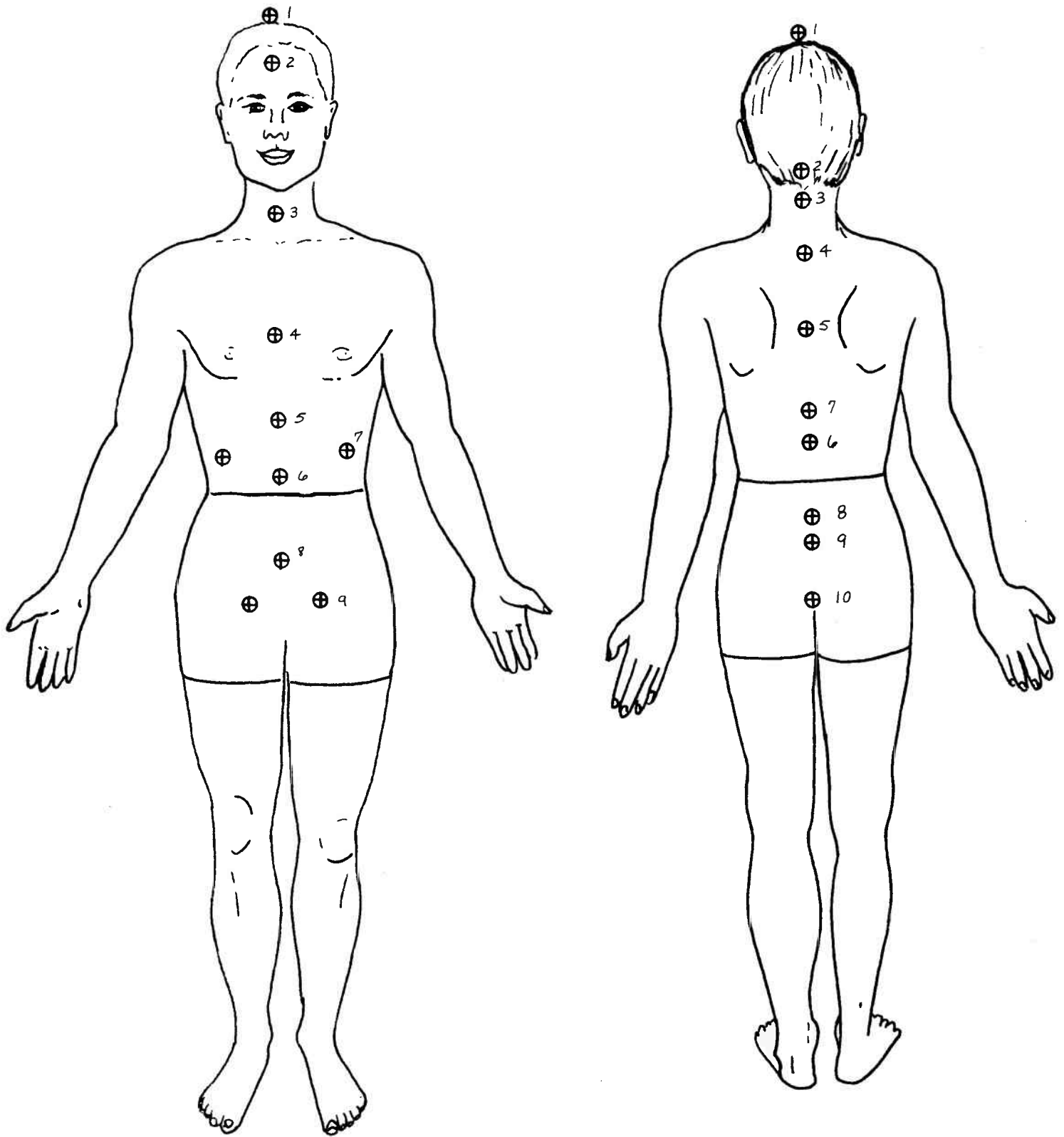


Figure 1: Locations for ten major plexus areas. For written locations refer to Table 2 (Source Biokinesiology Institute)

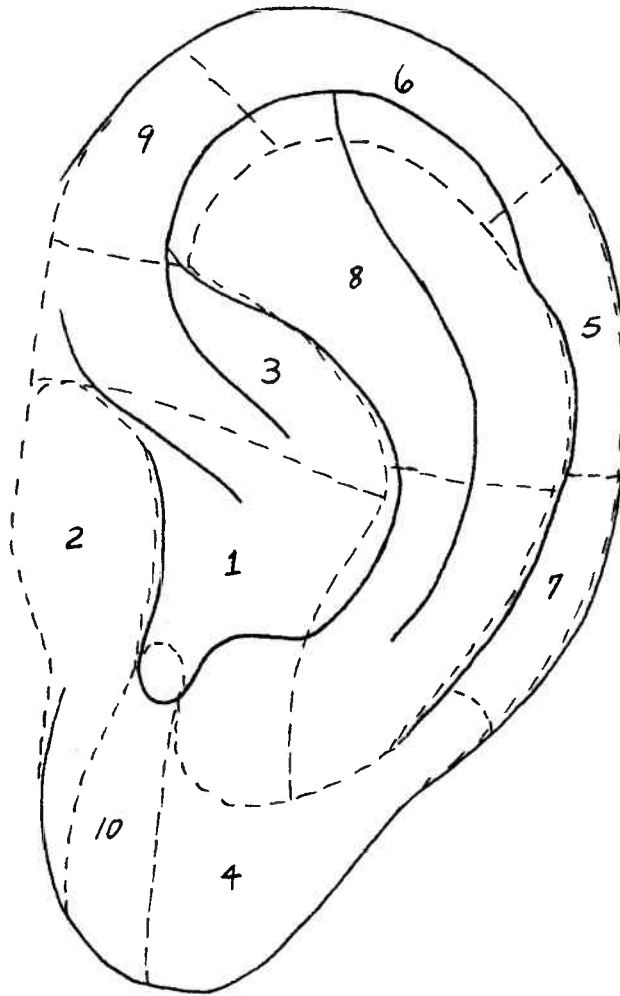


Figure 2: Massaging reflex areas on the ear outwards away from the orifice will help balance any of the 10 major nerve plexus areas. Numbers are keyed in with Tables 2 and 3.



Table 2: Locations for nerve plexuses (energy centers)(taken from Reference no. 7)

<u>#</u>	<u>NERVE PLEXUSES</u>	<u>LOCATION</u>
1	CROWN	Midline on top center of head directly above the ear. Near the acupuncture point 'Governing Vessel 21.'
2	PINEAL	Midline in center of forehead.
3	THROAT	Midline on the center of the Adam's Apple (thyroid cartilage).
4	HEART	Midline on the breast bone near the 4th rib line. Near the acupuncture point 'Central Vessel 18.'
5	DIAPHRAGM	Midline directly under the breast bone (xiphoid process) near the acupuncture point 'Central Vessel 15.'
6	SOLAR	Midline $\frac{1}{2}$ way between the navel and the xiphoid process (base of breast bone). Near the acupuncture point 'Central Vessel 12.'
7	SPLEEN	At the base of the rib cage below nipple. Near the acupuncture point 'Spleen 16.'
8	ABDOMINAL	Midline 1 and $\frac{1}{2}$ thumbs width below the navel. Near the acupuncture point 'Central Vessel 6.'
9	GENITAL	Four thumbs width from midline immediately above hip bone. Near acupuncture point 'Spleen 13.'
10	TAILBONE	Pointing up at the base of the tailbone. Acupuncture point 'Governing Vessel 1.'

Table 3: Ten major energy centers (nerve plexuses) with the major positive emotion required to restore each to balance, the major part or system of the body controlled through each center and a major symptom resulting from imbalance of each. (from the Biokinesiology Institute)

THE ENERGY CENTER CONNECTIONS

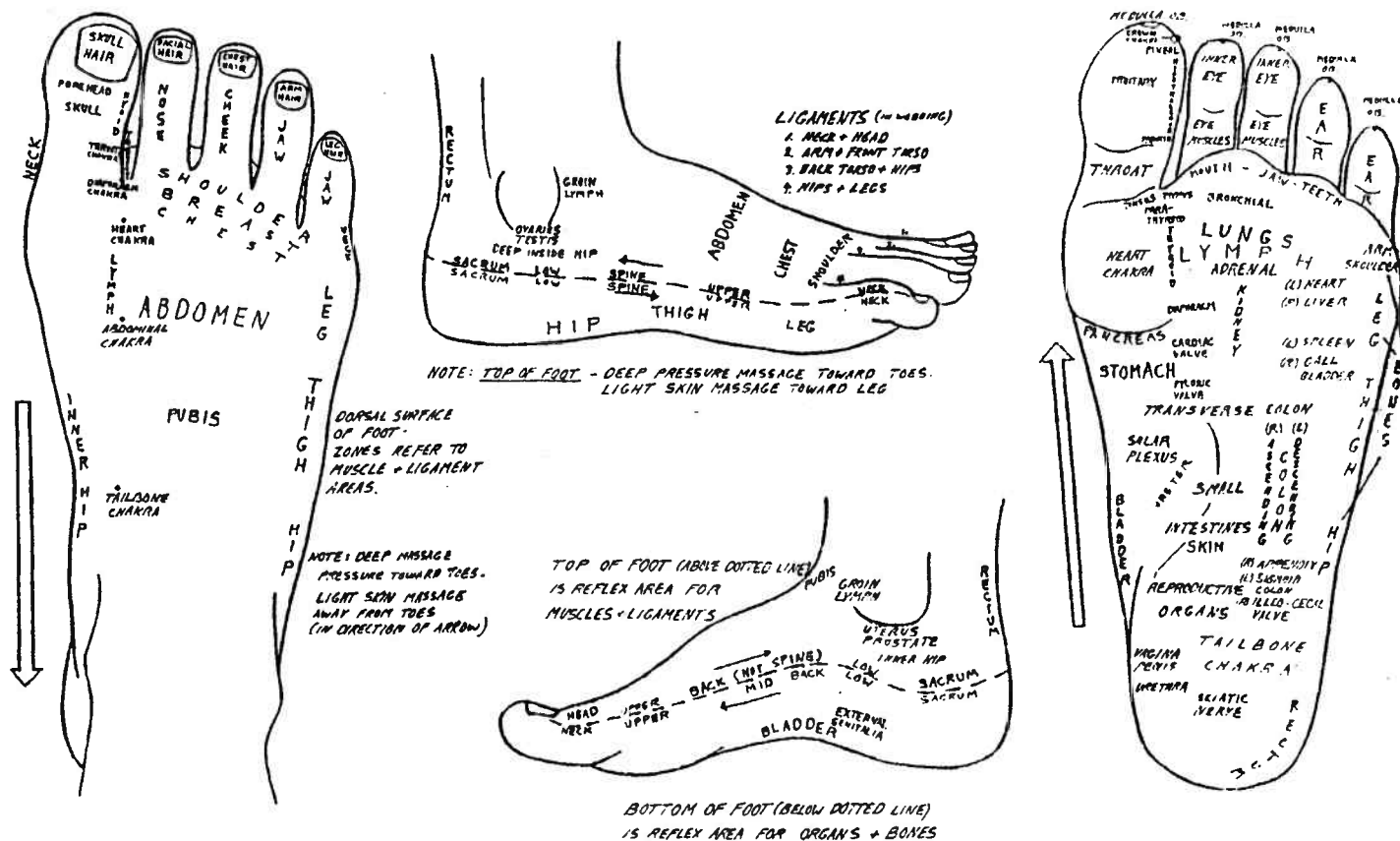
<u>ENERGY CENTERS</u>	<u>EMOTIONS</u>	<u>PART OF BODY</u>	<u>SYMPTOMS</u>
1. CROWN	<u>LOVE</u>	MUSCLES	ACHY MUSCLES
2. PINEAL	JOY	HORMONES	COLOR ALLERGIES
3. THROAT	KINDNESS	FASCIA	JAM\$ ARM TEST
4. HEART	FAITH	MERIDIANS	MERIDIAN IMBALANCE
5. DIAPHRAGM	PEACE	LIGAMENTS	WEAK JOINTS
6. SOLAR	PATIENCE	MUCUS LINING	FOOD ALLERGIES
7. SPLEEN	GOODNESS	CIRCULATION	SOUND ALLERGIES
8. ABDOMINAL	HOPE	TENDONS	WEAK TENDONS
9. GENITAL	KINDNESS	BONES	ACHY BONES
10. TAILBONE	SELF CONTROL	NERVES	NEURALGIA

## REFLEXOLOGY - A DIFFERENT APPROACH

In our presentation at the 1982 Annual Meeting, we presented new information on Reflexology. Using muscle testing to verify reflex points, we demonstrated that certain indicator muscles could be brought into and taken out of balance. For example, we tested Pectoralis Major Clavicular---it was strong. We then rubbed lightly toward the heel, over the Stomach Reflex Point, retested, and the arm was weak. We then rubbed toward the toes over the same reflex and the arm was strong. We demonstrated the same techniques with Deltoids, Psoas, Teres Minor and Pectoralis Major Sternal.

Using Biokinesiology, it has been found that these reflexes appear to be located at the subcutaneous level and not deeper as it is commonly thought. Pain felt from deeper pressures are occurring in the muscle, tendon and/or ligament areas and not the reflex point itself.

Try it yourself by following these simple instructions: Massage in the direction of the arrow. Massage for 30 to 60 seconds on any one sore point. Press firmly but do not bruise. Pain is not the criterion for healing - Persistence and Loving Kindness are more effective as a healer to the mind and body.



- Wayne Topping, born in New Zealand, received his doctorate in geology from Victoria University of Wellington, New Zealand. Wayne has taught at Ambassador College, Pasadena, the University of Oregon in Eugene, and Western Washington University in Bellingham. He is a Licensed Massage Therapist, Certified Touch for Health Instructor, and Biokinesiology Practitioner. He is currently on the staff of the Wholistic Health Center in Bellingham, Washington.
- Gary W. Bianconi, Licensed Massage Therapist, has had seventeen years of massage experience. He is a Certified Touch for Health Instructor, and uses Applied Kinesiology, Biokinesiology, Myotherapy, Reflexology, and various forms of massage in his practice at the Wholistic Health Center in Bellingham.

## BIOLOGICAL AND THERAPUTIC EFFECT OF LASERS

SHELDON C. DEAL, D.C., N.D.

ABSTRACT: This paper deals with the application and theraputic effect of laser light applied to the human body and substances taken into the human body. The yeard stick measurement used to determine the benefit or detriment of the laser light is standard kinesiological muscle testing.

The word laser is of English origin and stands for Light Amplification Stimulated Emission of Radiation. The principle of the generation of laser beams is accomplished by subjecting a laser medium; which could be a solid, liquid or gas, to energy from a suitable source, whereby a sufficient quantity of molecular systems are stimulated. The resulting radaiation is reflected back and forth between the two resonator mirrors along a fixed axis until it has amplified its own energy sufficiently and it then emerges through the resonator mirror; which is only parially reflecting.

Lasers are divided into solid, liquid and gas lasers according to the type of laser medium employed. For example, helium lasers are gas lasers, liquid lasers are, for the most part, those which employ dyes. At the present time there are a large number of dyes used in suitable solvents. Solid state lasers, such as the ruby laser, are noted for their compactness and high efficiency. Today by varying the laser medium we can generate laser beams of particularly every wave length between ultraviolet and infra-red. The source of energy can, according to the type of laser, be an electrical discharge, a chemical reaction, light energy from a gas discharge lamp, molecular heat or even another laser. A distinction is drawn between permanently active lasers; which produce more or less constant beam, and pulsing lasers which produce a series of very brief but very intense impulses. Modern pulsing lasers can achieve an output in the gigawatt (billion) range. While permanently active lasers have an output which varies from a few microwatts to several hundred kilowatts. The beam produced by the above process has three (3) typical characteristics; which have many interesting applications.

1. THEY ARE MONOCHROMATIC. This means only one particular wave length is reinforced or amplified so that the beam shows only a very narrow line on the spectroscope. Laser beams therefore give colors of a purity, not normally found in natural circumstances.
2. THE BEAM IS COHERANT. Because of the amplifying effect there is a fixed phase relationship between the various parts of the laser beam. Therefore, it is highly resistant to interference. In

other words, all the waves in the laser beam oscillate uniformly. They keep in time; which is not the case of ordinary light. This is generated by a number of individual sources emitting their light independently. Laser beams therefore have a high degree of uniformity and coherence; which cannot be achieved by normal light.

3. THERE IS LITTLE SCATTERING. Since only those beams in the vicinity of the axis of the resonator mirror are amplified, the beam emitted is to a large extent parallel. It is therefore possible with the aid of lenses or mirrors to reduce it to a very small focal point.

Because tissue has varying optical properties, laser beams do not proceed in straight lines in our bodies as they do in the air. Any number of scattering processes take place which cause the beam to change direction frequently. This scattering is also greatly dependent upon the wave length and type of tissue, but in general red and infra-red light are scattered less than blue and ultraviolet.

Soon after the first experimental application of laser beams in medicine, a surprising discovery was made. It was found that it was possible to accelerate the healing of resistant ulcers to marked extent by irradiating them with a very low intensity helium beam.<sup>1</sup> Up to the present time no satisfactory physiological explanation of these results have been given. Perhaps the theory recently advanced by <sup>2</sup>Fritz Albert Popp may provide a starting point. Popp considers that in addition to the commonly recognized chemical regulating process which takes place in a cell, there is a second system of at least equal importance. According to him, light and sound waves are responsible for the distribution of a greater part of the information required by the cell system; both internally and externally in the associated organism. Such exchange of information can only take place optically in the red or infra-red range where the cells' substance has the greatest transparency. A cell and its organelle have a light and sound spectrum of their individual waves similar to that of a simple regularly constructed crystal chain, such as the sodium chloride crystal. Naturally a cell is a far more complicated structure from a physical point of view than a single crystal. It is therefore understandable that the individual wave spectrum of a cell is a very complexed thing.

Moreover individual wave systems are connected with each other by processes which exchange energy and information. From this point of view, a cell is in a pathologic condition when its oscillations vary or when, for example, they are weakened by the absorption of foreign matter into the cell. A pathological cell is no longer plugged into the common communication system, it is out of step, so to speak, and can actually behave in a harmful way.

We now know these influence the entire relationship of the organism with its environment and can help to counteract the disturbances which

arise therefrom. We can regard the meridian system as a kind of defense mechanism against environmental disturbances and it is therefore clear that any irregularities in the system must have a harmful effect on the body as a whole. From what has been said, it is easy to comprehend how laser beams can be used. Because of their coherence and ease of control, and their spectroscopic purity and selectivity. Laser beams can help to restore the wave structure of the cell to its normal healthy state. One can describe the effect as a wave field resonance induced by low powered lasers. In other words, kind of a physical homeopathy.

Other medical applications of lasers include cutting. For example, carbondioxide lasers and those with wave lengths of more than five (5) micrometers are very suitable for cutting tissue without loss of blood, as long as only capillary blood vessels have to be severed.

Another application is for use of coagulation. Argon lasers are suitable for trouble free long term deep coagulation. And also in some cases, for the removal of small pieces of tissue. Such laser systems have been used very successfully in endoscopy. In such cases the light conductor is inserted in the biopsy tube of the endoscope. Other important applications are the stopping of bleeding in the esophagus, stomach and bowels.

The most effective method of treating many skin diseases is the radiation of large areas with a red laser beam. The end of the light conductor is angled in such a way that a broad infra-red beam is obtained when the conductor is held a short distance away from the area which is to be irradiated. When the laser's frequency is adjusted to the optimum frequency of the cell, a healing influence can be exerted and wounds resulting from burns, operations, scrapes and cuts can be healed much quicker.

Another application is acupuncture therapy. According to the bio-electric diagnosis, the local resistance of the skin can be used as a yard stick to determine whether certain organs or groups of organs are in a normal or pathological state. By applying a small charge, about .25 volts, for measuring purposes a small electrical current is made to flow between a hand electrode and a point electrode. While normal readings are less than one (1) milliamp, there are certain points in the body where the current rises between four (4) and ten (10) milliamps. These points are, for the most part, those which are known in classical acupuncture. For purposes of bio-electrical diagnosis a current of four (4) to five (5) milliamps is a normal healthy reaction, and any considerable variation above or below this figure indicates a pathological state.

Experiments which have been carried out prove that even weak laser beams can produce a measurable effect. For example, radiation with one (1) milliwatt out-put of a helium laser can normalize the skin resistance in a few seconds.

What we have seen with patients kinesiologically, is that a substance that the patient is allergic to, can be changed. This is demonstrated by a previously strong muscle going weak when that substance is placed in the patient's mouth. If we take that substance and apply the laser light to it and then retest the substance in the patient's mouth, no change takes place. But if we have the patient hold the substance while the laser light is applied to it, and then replace it in the mouth we see that the previous weakening does not occur. This would suggest that the substance is now compatible with the patient's body. What has taken place is the previous allergic reaction has been done away with. In an effort to explain why it made a difference, when the patient held the substance, we point to an explanation from the scientist Fritz Albert Popp.<sup>3</sup> He claims that the skin emits an ultra weak photon emission. The fact that the skin emits this radiation has been the subject of many experiments for over 20 years. The fundamental biological property of these photons has been disputed. On the other hand, there are grounds for suspecting that they play an important part in cell communication and related phenomena. It is not only believed that this radiation can be utilized for communication within the living system, but that is also transfers genetic information. It is believed that the cells mainly emit photons even before mitosis.

The key assumption here is that ultra-weak photon emission from biological systems is governed by photon storage within the cell population. Provided that biological systems have the ability to store coherent photons they cannot exist in thermal equilibrium. The more the molecules are excited the higher is the spectral emission rate in the corresponding spectrum range. Furthermore, this increases with increasing spectral photon density because of stimulated emissions. The stimulated electromagnetic wave is thereby amplified, hence, the end result is Light Amplification by Stimulated Emission of Radiation; which as previously stated is abbreviated to laser. This boils down to the fact that ultra-weak photon emission must be attributed mainly to the spontaneous emission of excited molecules within the cell population. This fact alone implies the ultra-weak photon intensity can regulate the whole cell metabolism.

The measured intensities can be truthfully interpreted in terms of feedback mechanism within the cell population; which are responsible for stabilizing the spectral energy density.

So what we think is happening when the patient holds the substance in their hand to be radiated by the laser light, is that the micro laser light beam emitted by the person's skin is penetrating that substance and when that substance itself is radiated by our mechanical laser light, the combination of the two laser emissions (one coming from the skin and one coming from the mechanical laser) are producing a change in the vibratory rate of the substance that the patient previously showed to be allergic to. In effect this neutralized the allergic reaction by tuning that substance to the patient's body. Now this sounds like a great way

to treat allergies, but the catch is it only works on the substance that was held at the time. In other words, if the patient is allergic to wheat you can treat the wheat with the laser that is held in the patient's hand and that wheat will no longer show an allergic reaction to the patient, but that patient is still allergic to wheat which has not been treated by laser light. The effect of what we are describing is so pronounced that it becomes beneficial for a person to treat all the substances they take into their body by first holding it in their hand and then having the laser light applied to it. We originally did this by having a patient hold a bottle of vitamins that they would be taking and treat it with a laser while they held it. Then we found that that meant the bottle of vitamins was tuned to their body only and was no longer suitable for anyone else in the family to use vitamins out of that same bottle. We found a better technique is to have the patient use the laser light on the vitamins, after they had counted out the ones to be taken at that time. Which means that the vibratory rate would be tuned to their body at that time assuming that their own vibratory rate may change from day to day. This was an improved method and also did not change the vibratory rate of the vitamins in the bottle, so that someone else in the family could use them. We found out the hard way that this procedure seems to increase the potency of these nutrients substances. We had some bad experiences with actually overdosing some patients, not realizing that this procedure was in effect increasing the strength of the dosage. As a result of this, we now find that the patient actually requires less of the nutrient substance after it has been treated with the laser light than they did prior to using this laser treatment method.

CONCLUSION: Experiments have shown that biological systems exhibit an extraordinary ability to survive even after they have separated from the complete system.<sup>4</sup> This is in fact an ample indication of coherence. This means for instance that in optical devices that all structures appear with the greatest contrast or visibility. Consequently biological systems must exhibit holographic properties to an extremely high degree. The successful trials in finding "pictures" of various organs in each other organ, such as the ears, hands and eyes. Examples of this would be acupuncture, iris diagnosis and auricular therapy; which support these conclusions. Our assumption is that the entire genetic information of DNA is stationarily delocalized over the entire body in the form of harmonics, so that the body language speaks to us in many ways, in many locations. Or as we often say, "the body is constantly expressing externally what is going on internally."

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  3. IBID
  4. IBID

ACKNOWLEDGEMENT: I wish to express my deep hearted thanks to Dr. Patrick Flanagan for introducing me to laser light principles and to the references contained herein.



## SELF HELP IN AN ERA OF NEW BEGINNINGS

Dr. Richard Byrne is the newest member of the Board of Trustees of the Touch for Health Foundation. He is in demand all over the world as a keynote speaker. He has conducted seminars for such people as Dean Rusk and Henry Kissinger, and he thinks so much of TFH that he wants to give us the same kind of "good stuff." He is Dean of the Communication School at the University of Southern California. He owns a computer company, and he has been a TV producer. He is an excellent jazz pianist. He does so many different things, he's very well rounded--uses both halves of his brain.

I love being here. This is HOT. Sometimes you walk into a room and you can smell the raw wires. That is what is going on here.

I am going to tell you all about the world--how it works and how wonderful it is. It's like preaching to the converted. A lot of you already know and believe and feel that. That doesn't bother me. I go to Vegas sometimes, and Tony Bennett is there and I want him to sing, "I Left My Heart in San Francisco." It's Great. I've heard it already, you know, so you'd think that when he starts singing you'd say, "OK, next..." You've already heard what's in the album, so you would like to hear some of it over again.

**This is the most incredible moment of all human history,** if you read history. Now, if you do not read history, you probably think that it is always like this. Wrong! It is incredible, and every day, periodically during the day, I stop and aloud I thank God for permission to live, work and play and contribute right now. Because we are passing through an incredible moment in time.

I am not a TFH practitioner. I am not an "ITW - TWA - ACK-ACK"--I'll get it, I'll get it! I didn't just fall off the turnip truck. I'll be able to learn it, but there is a lot of "ACK-ACK, P-34, D-19." Everybody says, "All RIGHT! I thought it was P-34 D-12." No, it is not.

Let me just say, I don't know any of this stuff. You know--you hold a cubit, run a laser over the oatmeal, and it is OK. That's good. I'm not opposed to it. What ever works! I consult on laser transmission for high speed data transfer, and on the use of laser for setting up the telephone system, and so forth, and I know that, but I don't know about oatmeal. Picking up Cleveland on your teeth? OK.

So I'm not going to talk about that stuff. I'm not going to talk about how to do it better because I do not know about that stuff. What I am going to talk about is what is going on in downtown San Diego today, because I know about downtown San Diego, L.A., New York and Paris. I know what is going on in society. That is what I pay attention to. And then when my back hurts, I call John, and John says, "Rich...."

I have to tell you a story about John--a great story. The reason I got involved in all of this is that I had a production company and we were producing a film. One of my production assistants is a beautiful, slim, trim girl who wore the swim suit and the jeans and...you know. She walks by me, "You're sacro-farco-thermo-flac needs touching."

I thought, "Well, touch it, whatever it is!" You know, I'm up for it. I'm not easy, but I could be had, you know. "Go ahead."

"You should see John Thie."

And I thought, "Oh, good. Put that on 'hold'."

And she said, "It is in Pasadena."

Well, I lived in Altadena and drove down Lake Avenue all the time. "Oh, yes. This Clinic, along there with the healers and the cut-rate tax offices and all that kind of stuff."

Oh, no. I do not do that, so it got worse, and then

by Richard Byrne, Ph.D.

finally I could not walk. They were in the next room and I was saying, "Bring it in here." They bring the work to me. You know, this might not be right.

So I went to see John, and John said, "Oh, God. You are in great shape! This is what you need to do: 700 ounces of water..." Something like that--supposed to hook myself up to the L.A. water department and just drink the stuff.

I was supposed to walk one hour every hour--something like that. So I said, "You do not understand, John. I am really important. I've got important work to do. I have clients..." and I started to pull out my client list.

He said, "Let me put it this way. If you do not do exactly what I tell you, you can't come back here again."

And I thought, "Wellll..." and I said, "What did you say I'm supposed to do?"

The guy just said, "If you do not do that, it is not going to work, so do not come back."

All the way to the car I was thinking, "Well, I AM going back. He can't keep me from coming." A whole new marketing strategy, you know--"Nobody can come to me." You put that in the paper and they all line up.

So John handled me, adjusted and fixed and bent and twisted and did really weird things. He said, "Think about your computer company," and my arm will go....

I thought, "What is that about?" So I began to get treatment, and then we became friends. We talked about computers, and he bought a couple computers. Then I went over to his house and found out about a place called the Sand Castle and started to eat sand with him and Carrie.

Then he said, "Why don't you come and be on our Board?"

And I said, "Oh, OK. OK."

John said, "Why don't you come down to San Diego and spend a couple days at the University and sleep on bunk beds."

And I said, "All RIGHT! Sleep on a BUNK!"

So let me tell you the first tip. What I am going to talk about is Touch for Health in the world, not TFH at the convention. You know how easy it is to have TFH work at the convention. Feel the cool grey mist creeping in the windows, seeing all of you saying, "Hmmmnnn," because you are easy. Not easy--eager.

This guy says, "Everybody come down here. Work up a terrific sweat." Thirty-five people here, 80 years old, said, "That's GOOD." See what I'm saying? It's easy to have it work here.

**Now the question is, "How does it work at ARCO?"**

When you talk about wholism and aliveness and spontaneity and openness and communication and sharing, how does it work at the Chamber of Commerce in Glendale? I can go on and name you more cities. I am here to tell you that there are ways that it can really work.

There are a lot of amazing things that are going on that some of you don't know because you know "D-27." See, if you know D-27, or whatever it is, that means that you can't spend time doing a whole lot of other things. **It is impossible to know everything.** You can not be here and playing the piano and back in your room packing at one time. You can only do a certain amount of things. We all know about superlearning....

I designed the exhibit for the Smithsonian Institute on Psychic Phenomenon. I do not know if you know, but the Smithsonian has a touring show that travels all over the world, for 6 years, and it is all about scientific research and psychic communication phenomena. I designed that whole thing. I did all the research and filming and so forth. I got all that stuff. I understand that.

Now the question is, "How does it work?" How do you communicate it to other people? We were joking about

Walter. He took one look at you people and said, "That's it. Get these people out of here." I mean, you are fruitcakes. You know what I mean. Everybody had.... OK. I do love hugging, so we can form another line out here.

I want to talk to you about what is going on in the world, and I would like to do it by doing a helicopter ride. You know, the newscopter--the traffic copter--in major cities. The helicopter gets up to about 1500 ft. and it says, "100,000 bananas have spilled on the Slauson off-ramp." And do you know, that reduces stress all the way to the San Diego Freeway? Something to think about. It really does, for people who commute all the time and listen to a station that has traffic reports--if it is not going anywhere and something like that calls from the unknown. You know the five rings? The fifth ring is the void. You live in the void and you come from the void and you go to the void, so it does not matter. Whatever you do, it is a nice place to come from. That is where I live. Not all the time, but a considerable amount of time. Not all the time. John knows because once in a while I come in--"Fix my back." I slipped out of the void. But if you do, it does not matter what I said, it's good. And if I say something else, that's good.

I go to the cafeteria and I hear somebody say, "That is the most horrible chili relleno I have ever put in my mouth."

"Let me have some of that! That is the most terrible chili relleno that woman ever ate. I have to have some." Don't you want to know what the outer limits are? Don't you want to know?--"This is the worst movie ever made"--it will be a box office smash. People want to know about it; it does not matter if it is good or bad, short or long, the only thing is that you want to go and see it.

I am going to give you some tips here about what is going on. I am going to get up in the helicopter and show you some things that are going on in society right now that support what you are up to. Some of them won't be related to what you are up to, but trust me. I've thought about it, because here are the notes.

These are the things that are going on: First of all, **there has never been a period where there is this much change.** The only thing that has not changed is that every year I've said that. Desjardins said it. Every age has said it--has the great breakdown--but our change is more horrible than anything.

Is there anything that is going on now that is bad? Can you think of something? Nuclear proliferation. Forty-one wars as of last night. Forty-one declared wars in the world. Hunger. Religious persecution. Pollution. Chili Relleno. Cafeteria. Yes, there is a lot going on.

I have listed some of them--Economy--this is called the bad news scenario. Good new and bad news always come together, and I would like to start with the bad news first, because **the bad news is stimulus for the good news.** You know that the bad news IS the good news.

Most people don't ever have a break-through. They don't really ever transform their lives. They don't really ever clean it up. They don't really ever get their shit straight, until something goes REAL wrong. Do you think if my back was not hurting that I would ever have met John Thie and been here? No. No, I would be in Detroit addressing the National Association of Manufacturers with a bad back.

You know about the AA. They have a very specific phenomenon. Till you've bought them, they don't want to fool with you, because it means that you are not very serious about it. It's like you have to get organized. Until one day you can not find the list of the things that you were going to do to get organized. You can not find the "getting organized" list. That is it! Or you throw everything away and start over or get a divorce and move.

Some people just take a hike.

The economy--Reaganomics--I think it is terrific. I think it is absolutely terrific. New Federalism. We have a President disassembling the government. Good. New Federalism. Yeah. Twenty years from now, there will be a presidency: "Do you know what we need? God, we need some old fashioned Federalism. We need an agency to handle this."

It is called a pump. You know, the heart does not contract. That is the way government is right now. It is being disassembled, so the "health care system" that so many people rely on does not work. I'll go down here to MediCal and stand in line. **The health care system is being disassembled**, and it is going away. Now, a lot of M.D.'s don't know that yet. A lot of M.D.'s are in the medical model--they line up and order some forms: "We need 11,000 forms here right away." And what they don't know is that the sub-structure of the Federal Government that supports that system is disappearing. Employee development in the Federal Government is gone. When the Medical System tries to replenish itself, what it gets to do now is try to develop an employee development system. The government is just disassembling itself--the human services system is collapsing.

It happens that I know a lot about that. I have identical twin daughters, 17 years old, who are mentally retarded, so they have been in the human services system for 17 years. I know all about it. I have been on the national committee, and it is going away.

Now the good news in all that is that Reagan says we should take care of ourselves within the local community. It is true. At the spiritual level, the new federalism is precisely accurate. We just take care of ourselves at the local level. Some people may think that what is going to happen is the super-structure of the federal health care system will be replaced by a sub-structure of local health care--we will have a whole lot of little munchkin clinics buying some hypodermic needles. **FORGET IT!** Do you honestly think that it is going to happen? It is not going to happen. So in a very short time Americans are going to take a look at, "What are we going to do about our bodies?" When Americans ask that, we look around--what are we going to do about our bodies?

The photographer, Robyn, was telling me last night that she saw somebody do a demo. They held the arm and it was strong, and then they touched them somewhere and then they were weak or something, and she thought, "What was that?!" That is exactly what I got the first time John tested me. I was lying in his office because I was a total basket case, and he got me up on the bench and said, "OK, hold you arm up. Hold you arm up. No, no. Here is what I want you to do: I want you to hold your arm up!" and he pressed it. "God, don't ever get in a wrestling contest!" See, I did not know about weak and strong and the muscle work. "Hold the arm up. Hold the leg up." Nothing. He said, "Why don't you go home and get in bed right away."

So these traditional structures are being disassembled and nothing is being put up in its place. Very soon there will be a lot of people--and by that I mean hundreds of millions of people--who are looking at to how to take care of themselves, and it is not just Southern California fruitcakes and wild rice eaters. It is not that. It is going to be everybody. My mom and dad are really getting into this kind of thing. Man, they are eating various kinds of fruits and sleeping with their heads pointing north, and they come from the organized Church of Jesus Christ of the Latter Day Saints! Now, some of you do not know what that is, but I am telling you they are now into macrobiotic cooking, and what they notice when they do this is that it works better, and so they are doing it. So the fact that the federal government is being disassembled is good news for you.

Here's another tip. **There is a massive technological change in the world.** I saw some of you light up on the laser stuff last night. I thought that was cute. I love it. That's great. It's interesting. I would like to talk about it, too. And some of you said, "A laser! All RIGHT! Get me a laser!"

Wrong! You know what happens when the power goes out: "Oh, my God. Here is what I need--a laser and a bike so that we can pump the laser." Now the lab technician will be in incredible shape--the woman who is going the pumping. So it is not the trick, the toy, the game. But did you notice that a lot of you got hot on that?--"Wait a minute...Edmond Scientific..." I buy stuff from him all the time. I laughed. I was sitting by John last night and I said, "Edmond is going to 1100 orders for helium neon lasers from Arizona alone!" and I said, "What is going on down there?"

A lot of you are gear freaks. How many of you would like to have a personal computer? Good. Hands down. How many of you would like to have a better stereo system? Hands down. How many of you would like to have an elaborate massage table like John's got? Hands down. Lots of you, man.

Stuff. "I will get my stuff together." "I will get me some STUFF." Maybe I can market this. Maybe if we market these crystals--maybe \$25.00; maybe \$10.00--we will get more people. Maybe the greater the investment, maybe I can get me a table.... See, it is called "stuff." The world is full of people who are wild on stuff. They want stuff. They like stuff that lights up and glows and blinks and winks. So there is a massive technological thrust right now for personal computers, for satellites, for lasers, for tele-conferencing.

I guarantee you, somebody in this organization will propose a tele-conference within the next 2 years. You would go into a Holiday Inn--do you know what I'm talking about? Tele-conference is when you have a meeting here that is expensive--there are some people from Mexico who wanted to come here and they couldn't. There were some people in New Zealand who can not be here. With tele-conferencing, you go to a local hotel and you have a camera in a room--a whole lot of what we have done here can be shown on a camera. It goes up to a satellite and comes down in this room and we can see on a large screen slipped down in the middle. The people in New Zealand and the people here can talk and ask questions: "Hello." "Fine." "How did you do that?" "Was that D-14?" "No, that was D-15." "Thank you very much." Whatever that stuff is. So a lot of you would want to do that because there is this fascination with technology.

Well, let me tell you the impact of that with TFH. **Nobody knows how to do any of that stuff.** Nobody knows how to use personal computers. The TFH Foundation is going to get one, or got one they don't know how to use. Nobody knows how to do tele-conferencing. In fact, in tele-conferencing, the people who sell the services do not even know how to charge for it. I know a lot of them right now. I do a lot of work in tele-conferencing. Like, if you are going to distribute a TFH video series, I suggest that you do a 13 part television series--half-hour series--on 13 different topics, because I think the world really wants to know about this stuff.

So **there is a tremendous moment of starting over.** That is what my topic is all about--starting over. There are people that I know, as a matter of fact almost everybody I know, that are starting over. How many of you are starting over? Hands down. I was Dean until August. I quit. All of my friends said, "Why did you quit? Didn't you make a lot of money?"

"Yes, I made a lot of money."

"Did not you have a really nice office?"

"Yes, I had a nice office."

"Did you get invited to everything?"

I said, "Yeah."

"Why did you quit?"

"I did not like it."

And they said, "Well, I'll do it."

And I said, "You are not qualified."

"Well, you are qualified. Why don't you do it?"

I said, "I don't like it. It's not fun." I did not want to do that.

I used to be into "stuff" and I had this huge house, and I had 100 pieces of antique walnut furniture. Well, not "stuff." I am living in another place. My wife and are living in a condominium. It has 2 rooms. There is no bed--you sleep on the floor. So I am into "no stuff." Being into "stuff" and into "no stuff"--same thing. I was in a meeting talking and one guy said, "God, are you into 'no stuff'?"

And I said, "I got rid of my stuff."

He said, "Gee, I have not got my stuff yet."

"Well, you should have come a couple of weeks ago, because I had plenty to give."

So there is this moment in time when people are staring over. I started a little bitty computer company. I started on January 6th, and now I am looking for a president to replace me because I realized that I do not want to do that. The company is a good idea, the training is masterful--we train people to use their personal computer in one day. It is a break-through process. 8:00 in the morning you do not know anything; 5:00 in the evening you can run a personal computer. Any computer. Superlearning and the whole thing--it is a great service and I do not want to do it. Phone call--"ello...twelve people?...fine...what are their names?..." So I am looking for a president. A guy came to see me the other day who should remain nameless--the president of the largest company in the world that manufactures the heart-lung machines--127 million dollars a year. He is going to quit that job and wants to be the president of my company making about \$9.00. I said, "Why do you want to be president of this company? It is a little bitty, ka-ka company!"

He said, "Yes, I do."

I said, "No, you don't"

He said, "Yeah, I do."

I said, "Why?"

And he said, "Well, you are having a good time, aren't you?"

I said, Yes, I am having a good time."

He said, "There you go." This guy is persuading me that I want him to work for me, and he wants to work for me because it looks like it just might be fun.

This guy is walking away from what a lot of people are walking towards, and he is walking back towards satisfaction. Instead of a productivity index, we are talking about a satisfaction index. We are talking about a quality of life index. A lot of people say, "How did we do this year?" Well, how many people are here? Say, 200? "Well, how many do you think we are going to have next year?"

And I think, "Who CARES?" Nine people showed up and spent their whole entire time hugging. They went away and transformed 9 cities. Who cares? Now, is this possible? Absolutely! It is possible. When I do a presentation, it is extremely clear to me that any person in here can catch the spark on any line. It is not related to the point.

I was doing a computer demo for a bunch of high school kids in Anaheim, and this lady came up to me and said, "You don't remember me, but I was here a year ago and you said...." And then she quoted the line, and she gave me a copy of her book. She'd gone away and written this book, and had it published. She said, "I'd never written anything before!" And then we licked each others ears

and went crazy. Now she is going to go out and win the Nobel Prize or something like that.

But it is very clear that you do not know who you are reaching or what line works. It does not matter what the line is, you can transform your relationships and **you can transform the society you live in, based on any thought.** Any thought.

Now let me put you ahead. We are living in a time of transformation. I do not want this to be goo-goo talk. A LOT of you do not know it. A lot of you are healers--bio-health whatever you are--Touch for Health--and you do not know this. That is OK because whoever discovered water was not a fish. **You cannot correct the system from inside the system.** You have to get out of the system, somehow.

I talk to John a lot about the paradigm moving from the medical model of the doctor who knows, "We'll say you have a D-27 problem," to the patient who knows--I do not like to use the word "patient". I'd like to drop the word patient--to the paradigm of the human being, the person who knows and says, "Hey, press me here. No, that's not it. No, here. Oh, good. That's it."

How come you do not do that yourself? It is because you can not assess and adjust and evaluate a system from inside the system. The Chinese had a great phrase for it. They said, "If the mind must consider the mind, with only the mind as a resource, surely great confusion will result." One of the big jokes on the Bob Newhart Show was Jerry, the dentist who worked on his own teeth. You'd walk in there and there he was--it was really funny because it was so ludicrous. You can not do that. Maybe the front ones, you can pull them with pliers, but as far as really caring for your own health, if you have something in your eyes--you have dust in your eyes--do you need help or not? Can someone really assist you, or not? Yes. It is from outside the system.

So there is a lot of transformation, and a lot of you do not know. So let me tell you about transformation. First of all, you need to know what that means. It's an instantaneous and complete change of character. It is not fixing it up, like "my wife and I are going on transforming our relationship." You're doing something, but you are not working on transforming your relationship. **Transformation is instantaneous.** Boom--you are pregnant or you are not pregnant. You are making love--you are taking precautions, you are not taking precautions--it does not matter. So you are not pregnant and then boom! you are pregnant. Then it works itself out in time. Right. That is the way it is. I am not saying, "Boom!--you deliver a baby." But I am saying that pregnant and not pregnant is a transforming process and you all know that.

Riding a bike is a transforming process. "You can almost ride a bike." "I am working on riding a bike." No, you are pedalling. You are not even close to working at riding a bike. You start on a tricycle and then you have training wheels. Did you ever try to help someone in learning how to ride a bike? Did you help a kid to ride a bike? Some of you are nodding because you want me to like you. Usually you hop along with them and then when they are ready for it, you get the training wheels off. It is about time, because he is almost 19.... No. Almost every person holds onto the back of the bicycle seat. They will start by holding the shoulders and the rear fender--now, see, you do not think that is what you do. You get ahold of the back of the seat and then you say, "OK, pedal faster," and they say, "OK, Daddy. I got it," and you say, "You do not have it, Ron, keep pedalling." "OK, I can do it." "No, Ron, pedal faster," and the little bugger almost gets there, and then that moment is what I am talking about. When you give him that little extra 5%, there is a transformation and they can ride the

bike. And ride it into the mailbox or the orthopedic ward or into John's clinic. But when he can get off the cast or off the bench, he can, in fact, ride the bike. He does not have to be taught again because he knows how to do it. The same with swimming. Throw a child into the water for 4 minutes and ask them their name. If they can give you their name, they can swim. Boom--it's transforming. We are passing through that moment right now.

1977 Nobel Laureate--the theory of dissipated structure--I will not go into this. Have you ever noticed that when a bridge collapses, it is all at once? Have you ever noticed they do not sag--"Yes, this bridge is sagging 40 feet now"--that is a lot--"Now it is sagging about 80 feet." No, it will sag about an inch, and then it goes, "Crash!" because it is a system, and the system collapses all at once. Balloons. Now, you can let the air out of the balloon, but you have not, in fact, damaged the structure of the system. All you have done is open a little hole in it. **When you damage the structure, it goes all at once.** Same thing is true of structure appearing. Things appear all at once.

Sometimes in you life you think about the whole field of communication and "How are we going to work?" and "What is Touch for Health really going to do?" and you are smooching around, and all of a sudden the light comes on. Now, if you had not had that experience--which is the most extraordinary phenomenon that I have every experienced--and I've had some amazing ones because I am receptive, open.... So if you are not on "receive" enough, you have to go on "receive". I think that every person in this room ought to go on receive a couple times a day, not once a week. OK? Several times a day you ought to stop, do whatever you do, and let go. Don't try to control and say, "I have to quit thinking about my taxes." No, it is not control, it is release. Just release completely and just wait. Do not pre-structure it: "Tell me the answers." **WHAT IS THE QUESTION?** You know, "Cable TV or D-14?" **Do not ask for answers, ask for questions.** If you ever pray, pray for questions; do not pray for answers. The answers are the booby prize. The answers are for paperback books. Bring them to the bus station and sell a lot of those. What we need are more questions--sharper, more challenging, more interesting, more difficult questions.

Have you ever played tennis? Have you ever noticed how many problems there are in tennis? First of all, do you have a racquet? Is it 25" long? At breakfast this morning I was talking to some of you about sawing off your racquet. So if it is not 25" long--What is it, John? They don't think I was here?--Do you have a racquet; do you have a partner; do you have a court? It used to be no problem to get a court. Now, can you serve; can you get it over the net, keep track of the numbers, over the net, to the left of that line, to the right of that line, short of that line, hard enough so that it does not look ridiculous, and your partner does a baseline shot to hell and gone, up in the stand. You are making it difficult on him or her, and he makes it difficult on you, and you are each in partnership making it as difficult as you can. And the better you are, the harder it is. You notice Wimbledon looks hard. Did you ever watch the final set of court games at Wimbledon? It is not easy. The better you are, the harder it gets. What we want is the challenge, and the questions are the stimulus of the new idea, not the answer.

Now let me give you a few more things about transformation, and then I will give you some tips about TFH. Transformation involves what is called the paradigm shift. "Paradigm" is the picture of the world; it is the way you think. Midtown L.A. banker--do you have the picture? What is it like? White, three-piece suit, Gucci's--this is real superficial. You have a picture about everything--absolutely everything. Cornfield--

picture it. We won't do them all, but you have a picture of it. OK. That picture pre-determines all the results. **What you bring with you is what you get**--what you are looking for. "We are looking for orange T-shirts"--it is what you find. The world is full of orange T-shirts. How many light bulbs are there in this room? This is not your paradigm because you do not change the bulbs, but do you know that there are people that walk in here and they don't notice the orange T-shirts, and they don't notice the size of the people, they just look at any burned out bulbs. They leave, and you say, "How many people were there in that room?" and they say, "What people?" What is "looking for"? You are always looking for what you are looking for, so if the paradigm precludes things that you are not looking for, you will not find them.

Have you ever lost anything in your own bedroom? Woman loses an open bottle of nail polish. She is doing her nails--one hand is wet and the other is not--and the husband walks in and says, "This nail polish?" and it's in the middle of a white chenille bedspread.

She says, "No, not that nail polish--some other nail polish!" and she is embarrassed about it. But you know, you can not see it if you know that you wouldn't put it there. You can say, "Look on the bed"--it isn't there. It isn't there if you do not think it is there. It is not there!

You can not learn anything from anyone that you do not believe knows it. What is the best book on guided imagery, that has actual exercises that you do in the follow-up activities? Some guy walks by and he's half crooked and he says, "I think it's Mind as Healer, Mind as Slayer." You look at him and say, "Good. Thank you very much." Then you turn to this other person, who is a Touch for Health instructor, and he says, "Mind as Healer, Mind as..." and you write that down, because you can not learn from someone that you believe does not know.

We are going through a massive paradigm shift in the world right now. Did you ever try to push a door open and it won't open, and you try and it won't open, and then a 4-year-old child says, "It says 'pull'." That is a paradigm shift. Now you look at it and you say, "Pull," and then you say, "Thank you." And then the paradigm is shifted. You always knew it was there, you just didn't know you knew it.

Now let me tell you the key to transformation. **If you want to transform a part of your personal life, you must let go of the old paradigm**, and you must let go of it before you are secure in the new paradigm. You can not hold on to it until you are absolutely sure that Sheldon is nuts--You listen to Sheldon and you do not know, and you keep going what you are doing, and you're kind of considering thinking about doing something else--It does not work that way. It is like a trapeze act. Have you ever seen a trapeze act? You have to let go of one bar and fly through space. There is no ladder--there is nothing. You fly through space to get to the new bar. You can't change from one paradigm to another without an intervening, insecure space. So if you are into security, you are not into transformation.

By the way, did you ever notice Tarzan? Do you know why it is so much fun to be Tarzan? He never checks to see if there is a third vine! Notice that--he just sets off. Then if there is no vine, they cut to black or something, you know. That is why it is exciting. We all know that the greater the risk, the greater the reward.

Last comment on transformation--Piaget and a lot of others are talking a lot about "convergence zones"--that there are zones in society and zones in time when things begin to kind of converge. Did you notice in the film last night on patterns, that there was some time when nothing happened? You know, they are going along, and nothing is happening. There are lines, but they are not neat lines, and then all of a sudden this one goes faster and

then it makes a little heart. There is one little moment in time when all of a sudden a lot of stuff goes on. That is called the convergence zone.

**We are living in a convergence zone** right now. There are all kinds of people converging, not just on Touch for Health, but there are a lot of straight, business types, a lot of hairy-fairy street people types, a lot of educators--all reconsidering their role in life, and they are considering their relationships.

I had a luncheon a few days ago. I was invited to meet Barbara Hubbard, and she has just finished a TV series that you are going to know about. It is going to be HOT. It's going to appear on channel 18 starting, I think, in August. It's 13 weeks. It's called "Options." It stars Bucky Fuller, John Lilly, and a whole bunch of people. There is a thing called "connection". It's a facilitator, and what it's all about is to build connections in local cities where this tape is shown, so if there are people interested in that, they can actually call a number and can establish a relationship between existing organizations. It is not to create a new organization, it is to create energies.

So I went to that luncheon. There were 100 people at that luncheon. There were 50 people that I knew, but I knew them all from completely different contexts--the head of continuing education at USC, the head of continuing education at UCLA, the head of the world hunger event, etc.--some of them real straight, some of them real mystical--and we sat there for 3 hours and talked about how we can give support to one another. I am going to design a computer service for the Tree People to find a million trees for the Olympics. And I went there to lunch. At the end of it I said to the woman who invited me, "This is GOOD!" and she said, "Yeah!" There was this recognition of rightness--that is good; that is appropriate; that is what we ought to be doing--so we are in a converging zone.

There is a book--80% of all Americans surveyed--they may survey thousands and thousands of people--by self-definition are in some conscious process of personal transformation. And I do not mean just running, they are in the process of personal transformation. So it is not as big a deal as it was, which means that you folks ought to be boogie-ing. Get out there and do it. Don't hang back. Now is the time to do it. Put the word out.

The key thing is, **the problem is the good part**. If you face the problem in what you are doing, that is the good part. The problem is the good part. The problem is always the stimulus to the new break-through. Until there is a breakdown, there can not be a break-through--there can only be a fixing up. I am real bored of fixing up. I am not interested in fixing up. We fix it up--good. I'm glad. So what I am after is transformation--break-through--eureka. So we have a lot of problems facing us right now. We should embrace the problem! You should look for some creative ones, more difficult ones. Keep jacking the risk up. Go higher and higher.

I know something that would scare you. Let me give you an example. Surveys show that what 95% of Americans fear most is doing a speech in public. Most people fear most, doing a speech in public. I do not make them up--that is just what the figures show. So there some group in your city that would scare the living --- out of you to give a speech about TFH? Good. Call them Monday.

I taught time management for five years. **What you've got to do is figure out what is the one thing that you dread the MOST tomorrow, and do that at 8 o'clock.** Boom! And then you will find out that the rest of the day is easy. I always handle the hard stuff first, never put it off till noon--then it's 2 o'clock--"Oh, God, it is getting late. He will be going home. I'd better wait until tomorrow."--and then you go home and say, "Oh, my



God. I didn't do it."

So when you make a commitment, don't you keep it? Did any of you ever brag about some big trip that you were going to make that finally you did not have enough money? How can you say to your friends, "I did not have enough money." So what you do is called actualization, making things real. There is a process of making things real. First of all what you do is you figure out what you want to make real--exactly what you want to make real--and it won't have "ion" at the end of it. Communication, relation, education--it won't have that. It will have "class", "teach a class", "call some guys", "write a letter." So there is something you want to do. Then you write it down and that gets it out of the system. Some of you have things that you have intended to do for 5 years. You have not done it; you think about it every day, and it would take you an hour--20 minutes total--and then you do it and they you say, "Oh. That was it." Then you have time free to do nothing.

So you **write it down and you tell a close friend who would hold you to it**--someone who would kick your ass--do you know what I'm talking about? Not somebody who would say, "Oh, Elly, I understand that you had so many problems...." They want you to come and tell how hard life is and they agree. No, no. You need somebody who would say, "OK, you really want to do that? You want to do that by next Thursday? OK, get it done by Thursday." See, then you need to tell that person, and then you need to tell EVERYBODY. Once you tell everybody, then the Universe knows it, and then it will happen. You do not have to do anything, just let the Universe know.

Did you ever hear anybody say, "Sometime I would like to have a home at the lake." You can always spot a lie--you can spot it because it is something weird.

"So you want a home at the lake--how many square feet?"

"Oh, I don't know."

"Do you want indoor plumbing?"

"I don't know."

"Do you want a boat dock? How long?"

"I'll know when I see it." No, they will never know when they see it. You've got to get them to tell you they want a white picket fence, 13 ft. boat dock, indoor plumbing, 4 rooms--that is what you want, and you do not want to pay any more than this, and you tell a whole bunch of people and one hour later someone will drive to a gas station in Ukiah and they will say, "God, you are not going to believe this. I just passed a place that has 4 rooms and it is white and it has a 17 ft. boat dock, and it is exactly what you want."

Then you can choose. You can either accept the Universe's gift to you or turn it down, but this is the part of making things real. **The first step of making things real is committing yourself.** So Monday call somebody and intend to do something.

You are instructors of TFH and I am on the Board. By God, let's get some performance out here. I am not a trainer, so I am not into the D-16's. I'm into performance, so let's go!

My first commitment to you about this is that I am going to work on fund raising--on corporate appeal--on communication. I am going to work on putting it OUT. That is easy, because so are you. So all I do is tell what to do and do it. And the I'll ask John how that worked, and he'll say, "It worked great!"

So first, **you have to know why you are here**--why you are in this room. Lacking purpose....Why are you in this room? To give to the world? To give WHAT to the world? Good health to the world? OK, why else are you here; what is your purpose? To charge your batteries? Yes. Some of you are here--I mean, where else would you be? You do not know? This is great--you keep

coming back. What other purposes do we have in the room? Purpose--that, you know, is direction--like going East.

"Teaching and make a lot of money." Good. "Learn tools." Good. "Get a new start." "Build confidence." Here's what I want you to do. I would like you to take about 20 or 30 seconds, just a very short time, and I am going to ask you to do a very tough thing. I want you to tell the absolute truth--to yourself. I want you to write it down. Absolute truth--whatever it is--making money, building confidence, being healthy, fixing it up, getting to be right, proving something to my mom, getting laid--I don't care what, whatever it is. We are not going to ask you, but this is a crucial step. Tell the truth--what is your purpose in being here in TFH? Be quiet and write something down.

Let me show you my position on "purpose". It is real. I think it matters. I think it is something that you align yourself on. I don't think it is like when people write by-laws for an organization and never read them. Whenever I join a group, I read the by-laws, and I say, "How does this relate to your purpose?"

"Oh, well. We have not revised this in 10 years", and it is in the drawer. It is not in the drawer. **The Universe checks everything.** The Universe reads in the drawer.

You need to know what your purpose is, and it ought to be like the pledge of allegiance--if you mean it--"I pledge allegiance to the flag"--like saying, "I love you." You hear that? I love you. Yeah, I love you. I do. It is true, I love you.

A lot of people say, "I love you," and they say, "We'd better have a better way to say it."

I said, "I love you" already, and I have been married 24 years. I say to my wife, "I love you," and she does not say, "Why don't you say that some other way? Find something else to say."

But a lot of us say, "I said 'I love you' 12 times and it won't work." We are conscious on that. You said you are a wonderful person for 6 weeks and you are conscious on that. You are always looking for something new and different. That's not it. You want to do it the same, but it wants to be authentic. Reaffirm your purpose in doing TFH, periodically--I would say daily, as part of your prayers.

Let me push ahead, because I want to give you some concrete tips. Why do you do this stuff? Why are you here? Well, I made a list of what I think you are here for. I think it is part of being better professionals. I think that you say, "Yes, I want to be a practitioner, to experience wellness and aliveness, to share the experience of well being and aliveness with other people that do not know about it yet." It is called "Good News." The theme song for this show that I was telling you about is called "Good News." It talks to a newscaster and says, "Don't you know that the world is full of people that want to hear good news?" A lot of you want to share that, and I think that many of you want to experience oneness and alignment. You notice, when this room works, you all feel like you are one--one in God, one in each other, one in body, and so forth.

I will tell you why I got involved in all this. It is because of my very clear and personal perception of John Thie as a holy man. That is why I am involved in it. Now let me tell you what that means. That does not make John different. The reason I think John is a holy man is that every time I am with him, I have a very clear perception of my own business. When I am with him, I get how good I am. I really fell like a good person. He is a mirror for me. When John works on me, I laugh my ass off. I can't believe it. **When I am with him, I get an experience of my own goodness, and that's what oneness is all about.** It is not being different, but being

the same. It is about sharing sameness with people and having them recognize their sameness in oneness with you. So this is why I am involved in all this. I have experienced the same thing with many of you, certainly everybody I hug.

I am down to the bottom. I have some tips on how you can do a better job in your work with TFH. It is self evident that the responsibility is yours. You know how to clean up the city, don't you? Don't throw down McDonald's wrappers and pick up the ones that you see. That will clean up the city. If everybody that you knew--I do not mean the world, just the people you knew--did not throw trash out the windows and picked up the trash they see, the city, in a very short time, would be clean. Some people would say, "We need a department of cleaning-up-the-city-ness," and then they start this whole business. Personal responsibility--that is what it is about. **What you are working on is yourself**, in transforming the city and the world. You are not working on the city and the world, you are working on yourself.

I am going to give you twelve tips for doing that. Some people think that it's all about turning lead into gold and then you will be rich. That is not what it is all about. You put the base element in the mortar and pestle and grind them for 7 years. It's like being a file clerk at Sears. It's doing this mindless thing. And what do you do while you are doing that in the mortar and pestle? For seven years you are mixing and you are considering and you are thinking and you are evaluating and you are on "receive" a lot, because there is no sin. OK. **And what is being transformed is the alchemist--not the lead.** In fact, it is said that OUR gold is not the common gold. So what you are working on is yourself, so I am going to give you my 12 tips on how to work on yourself.

The purpose here is to assist you in manifesting TFH in society. I am not going to talk about TFH, I am talking about things you could do that would assist you in manifesting TFH in society. I have gone through me entire repertoire--ideas, stimulations, inspirations--and these 12 tips are the best I've got.

**Be conscious as often as you can.** Most of you are professionals at this--don't go on automatic. Don't mail it. When you see someone coming down the hall and it is not the person that you want to meet, you turn around and go back towards your room. Don't do that--stay conscious. Particularly if you are having difficulty with the staff member, your husband or wife. Stay with the person. Stay right there. It is like salmon going up stream. Don't you know that it would be easier to go down? It isn't. **Do what you are doing, while you are doing it.**

I had a consulting job with an executive in downtown L.A., and the man said, "God, I'm going crazy. At night I lay in bed and I toss and I turn and I think about net present value and what about employees and what about the union...."

"Then," I said, "what is the problem?"

"Then I gotta come to work, and I sit there and say, 'I gotta get some sleep!'"

It's a true story--and I said, "There has to be a clear solution for all that--sleep all night and worry all day." Of course, worry is the booby prize, but anyway....

Did any of you ever have a close call on the highway? You are driving 3,600 pounds of steel 72 mph, not noticing--trying to figure out your marketing plan for TFH. You won't have to worry about that for long. So be conscious. George Bernard Shaw said, and this is related to that, "Keep yourself clean and bright for you are the window through which you must see the world."

**Be willing to be ignorant.** You can not learn if you are not ignorant. If you can not come to the position of not knowing, you can not know. You all know the story of

the Zen master who poured the tea all over the neophyte and himself, and he said, "You come to me as a full cup of tea. If there is no space, there is no learning."

Now, there are a lot of people who come to me and talk about computers. They know "nada." But it is not OK with them to say, "I don't know anything." So they say, "This is what, a 40K machine?" And then I say, "How many K did you need?" But people are not willing to say, "I know nothing--show me."

And I want to tell you, the better you get in TFH, the more you will be seduced into "knowing" and the less you are able to know. So be willing to be ignorant. Everything that I hear is fresh. I heard a presentation, and I had some confusion and some concern, so I talked to John about it. I asked him questions about it, and I looked at it, and I did not say, "Wrong!" Be willing to be ignorant--stay open, always open. I mean, you can learn something in the bus station--Boom! Any moment in time, you can learn something.

Let me give you the third tip. **Learn to listen.** Soak it up, what you hear. Can you hear the wind? Can you hear the air molecules in your ear? Can you hear your heart beat? Can you hear the thoughts of animals? Some people would say, "I and listening...no, no...I am listening."

And I say, "Good. I'm glad you're listening." Learn to listen--go on "receive." You will hear voices from the past. You will hear things that you won't know what they are. Lots of kids, as you know, have para-normal communication phenomena--very intensely--until they are five or six or seven. Then they will say, "Mama, I dreamed that Mr. Jones died," and Mr. Jones dies at the table.

"Don't you ever say anything like that again! You have murdered Mr. Jones."

So kids realize, "Oh, my God. That is not OK." So they quit listening. They quit communicating--so they start taking courses in communication at USC. Tell me about it!

Fourth tip: **Create a vision of yourself as a perfect teacher.** Create a vision--**write it down exactly how you want them to be.** Don't be fuzzy. "TFH. I want TFH to reach all the nations." Right. What kind of car do you want to drive? You want to buy it from TFH funds. See if you can say, "I want a 62 Chevy, and I want wing tip shoes bought by TFH funds, and I want to live in this kind of house, and I want to live with this kind of guy, and that kind of woman, and I want to wear this, and I want him to wear that, and I want to eat that for breakfast." I can help you with that. In fact, you can just create that immediately.

But if you do want to do good works, good luck. So create a vision of yourself as a perfect teacher--exactly how many classes do you want offered, exactly who do you want to reach. If you want a class, don't say that you want 10 people, say that you want the superintendent of schools, the head of the local realty board, "I want three 15-year-old children, one of whom is a gang leader."

Say what you want and then go get it. That is easy to do. To get 10 people to go up to my room is difficult. To get one woman in a leotard, one guy in a plaid shirt, and one woman in a flowered shirt, and whatever, to go to my room is an absolute, lead pipe, cinch! Because I write that down, and I say, "Oh, I've got to get a person with a plaid shirt, so will you come to my room?" And then, "I need a guy wearing an orange shirt with an award pin, and as far as I can tell you're the only one," and he looks around, and "Oh, my God. I'm the only one. Oh, all right," and off he goes with you. He was chosen.

I am going to give you one last para-normal story, and then I will finish the tips. I was asked to help a parent group in Stockton California, recruit foster parents for

retarded children, and they were trying to figure out a media campaign--TV ads--and I said, "That is so hard. That is really round-about. That is going to cost you money and take time and we won't have a Bar-B-Q. Let's spend the time hugging and licking ears and playing the piano."

And they said, "Well, how would YOU do it?"

I said, "Close your eyes. I want you to create a perfect couple for one of those kids--which kid?" And they named a kid, and I said, "Great! Create that couple. How old is the man? Good. How old is the woman? What color hair does the man have? What color hair does the woman have? How tall is he? How tall is she? What is he wearing? What is she wearing? Where are they sitting right now as you look at them--whatever they are eating, drinking or doing or saying, where are they? Good. Open your eyes."

And then I asked for consensus, and almost every person there said they both were educated at Berkeley, he was 6 ft. tall and they were drinking white wine at a restaurant down by the waterway, and most of them agreed which table they were sitting at. I said, "Look--what we need to do is to send one of you down there at 5:30 or 6 o'clock, in just one hour, and watch that table, and if somebody like that comes in and sits at that table, call us back."

So this guy says, "I'll do it." "Good." So he went down there and about 40 minutes later he called back and said, "Where do you want them?" It's a true story--the couple came back and they are foster parents and they adopted the kid. The fact that it works is irrelevant. The intention, having a very precise vision of the future, is absolutely critical.

Do you have anybody in your life that does not cooperate with you? **Cooperate more.** Now, what if they don't cooperate with you? Cooperate with them more--show them with cooperation. Cooperate with them more: wash their car, wax it, fix it, shine it, buy them stuff, and cooperate and do their work for them. Type their letters for them--because what you put out is what you get back. If you want love, LOVE. If you want short, quick conversation, just put out short, quick conversation and that is what you will get back.

Have you ever walked into a room and you see on a person feeling good, and a third person walks into the room and looks like they died? Many of you people would go and cheer her up, but most people, "Oh, God. Something happened. What happened, Connie?" and immediately they go.... And then she thinks that everybody is unhappy all day. You get back what you put out, so cooperate more.

**Come from mastery.** Mastery is not a destination, it is a source. It's where you start, it's not where you are going. Some people say, "I'm working on being a stamp collector and soon I hope to have it mastered." No, it's not at the end, it's where you start. "My home town is Independence, Missouri." Can you change that? No, you can saw my leg off, and I can say, "Oh, then I come from Cleveland, all right?!" Do I? "I come from Albuquerque. God, what do you want?" No, I come from Independence, no matter what anyone does, I come from Independence. I also come for mastery, which is one of the reasons I have been able to do such an incredible number of things in my life. I do not take any time getting ready. I do not take any time to get ready!

I became a professional photographer because I had a professional photographer who was ripping me off. I would say to him, "I want this slide with this title," and he would say, "Oh, we can not do that. We need a Lumitron." And I would say, "What do we got?" and he would say, "We only have a Repromat." If some of you do not know what it is, it's the same thing only one costs about \$2,000 more. So I finally wrote to Kodak, they

sent me some books and some films, I bought a Nikomat camera, and I had a one man show about 30 days later. It is because all you have to do is learn what you need to do to do that, and just do that, and then you get to do that. It is not based on certification, validation, degrees--nothing. It is based on doing it, and mastering it. So it comes for mastery all the time. Could you become an omelette chef in one month? Absolutely. Absolutely, you can become a great almost-anything in a very short period of time, if you come from mastery.

**Be a well spring of aliveness.** Let me tell you what is wrong with Urban America, cities. I will tell you what is wrong--the faucet. The faucet has done more to wreck more than you are trying to propagate in the world than anything else I know of. People used to go to a spring. I used to go to a spring. I was raised on a farm, and we went to a spring. We had a well, and we would go there and stand around there ... "Hello there!" Great! That is where you would shoot the bull and talk, and you would also be aware of the fact that the water we were drinking does not come in blue bottles--that water comes from the earth. You are related to the earth--it is part of the system, and the more you take out, the fresher the water gets.

The same thing is true of aliveness. Do you notice that my energy is not dependent upon your response? It is related, but not dependent upon it. The aliveness you can put out--and you can keep putting it out and it does not matter how bad things are going, who is out there, you can still put out the aliveness. Be a well spring. Let it bubble out. You will find out the more it bubbles, the more you will have.

**Learn to soar.** Did any of you ever do any sail planing--soaring? A couple of you have. One specific thing I want you to know about it is about gaining altitude. There are 4 parts to attaining altitude in a sail plane--do you know what I'm talking about? First thing you have to do is to find turbulence. You have to find air that is messed up--hitting the mountains or spinning or doing something. You have to find turbulence, and you go right for it. Like, if you are 4,000 feet and there's leaves above you--"All right! There's a big mess over there. Let's go get in the mess!" because soaring is about getting in a mess. Gliding is about getting out of a mess--gliding. But soaring is about finding the turbulence. Soaring is about flying a sail plane that has no motor, no propeller, no jet. They fly for hours and hours and hours, and hundreds and hundreds of miles. They fly like gulls, which also have no motor, and they fly on the wind, like this turbulence here.

My point is that a lot of you, when you see turbulence, you get out of the way--you get out of the turbulence. No, that is not what works. What works is that you look around here and you see that right here is the turbulence, so you head right for it. Earlier I said to find the one thing that you are scared of doing and you sign up for it on Monday morning--get right in the turbulence.

The second thing you do is you choose a position in it. The third thing, you choose some constant--and in soaring you use the horizon, because the horizon will be there. You have to use something that is constant. Many of you might choose your relationship with God, or with John Thie, or--I do not know what you'd choose. You just choose a constant, and then you just hold fast. Then you will find that once you're in position and in the turbulence and you have some constant, you do not do anything. You loop around in a big spiral and you soar, and you are gaining altitude. That is how it works.

My last tips--they are very simple: **Bless everybody, all the time.** Consciously, aloud. Touch them. Feel them. Bless them.

**Pray aloud.** Pray aloud--to whomever, for whatever, about whatever. I am just telling you, as a management



consultant, that is what works for me.

**Laugh.** I am absolutely certain that God laughs all the time--she told me so. I am so convinced of the healing power of laughter--I mean, it is so clear to me--that when people are together and laughing and kidding around and having a wonderful time, that the sense of oneness with each other is more powerful than at any other time--even when singing hymns. So laugh a lot. It is a powerful expression of God's love.

And my last comment is, **be committed.** When you choose to do something, do it. I had a cat named Abigail. That cat would be petted by me once a day--it didn't matter whether I thought it was a good idea or not. At the beginning I hated the cat. I'd throw the cat out of the house, because the cat would just.... Then the cat would find out what room I was in--second floor down--climb the tree, leap onto the roof and climb on the screen and go, "Meow," looking through the window. So I had to either move or shoot the cat or let it in. Then when I let it in, it would lick me, groom me, and I would pet it and we would get into this heavy thing. In the beginning I was...I got into it after a while. But anyway, I would pet the cat, and when she was through--not what I was through, when SHE was through--she would go into the next room and have a cigarette.

Now, the lesson in that is that you need to have your commitment, and if it does not work, you stay committed. And if it reverses, you stay committed, and if the class does not mix, stay committed, and if you get confused and your car is wrecked and they steal your stereo and blah, blah--stay committed, because the commitment is what makes life work.

God bless you, all....

Biography: Jan Westwater is the director of THE SOMATIC CENTER in Seattle, Washington, where she maintains a private practice in somatic education and integration. She has been a TFH Instructor since 1976.

ABSTRACT: Color for Health, the new Touch for Health coloring book, is designed to make the learning of Touch for Health easier and more enjoyable. The slide presentation is taken directly from the book. The accompanying diagrams give the reader an idea of the format of the book, which is designed to activate both right and left brain learning and to take into account different learning styles.

### **COLOR FOR HEALTH**

Color For Health is designed to make the learning of Touch For Health easier and more enjoyable. The material covered in it is from Touch For Health I and can be used by students on their own or as an integral part of the basic TFH class. It is a valuable supplement to, but in no way a replacement for Touch For Health by Dr. John F. Thie.

Current learning theories involving right and left brain functions and different learning styles have molded the format of the book. For the visual learner, the information on any one page has been reduced to an amount that is easily visually assimilated and is color-coded for easy retention. For the kinesthetic learner, the motions of coloring are an aid; for the auditory learner, verbally going over the material in an accelerated learning session is important.

The color-coding in Color For Health approximates the colors used in the Touch For Health chart and is planned to use the colors found in a standard 16 count box of crayons. (The brown crayon and the black crayon are used twice, once coloring lightly, once more heavily.) All information connected with any one meridian and its indicator muscle is colored with the same color. Coloring can be done in class or at home, but it is most efficient to have students color at home and then use the already colored pages for review and accelerated learning concerts in class. (There is between 3 and 6 hours of coloring to do depending on the individual.)

The order of the coloring instructions in the A and B sections follows the order of teaching and testing/correcting--first identification and testing of muscles, followed by neuro-lymphatic points, neuro-vasculars, meridians and acupressure holding points. In the composites, in cases in which the neuro-lymphatic or neuro-vascular point relates to more than one muscle, the circle representing that point has been divided into an appropriate number of parts for coloring.

Students should note that for convenience sake all meridians have been drawn on only one side of the body. In fact, they are all found on both sides, with the exception of the central and governing meridians which follow the midline of the body.

Class use has shown the folio format allows greater flexibility than bound book form. Students find it helpful to put the pages up on a wall or spread them out on the floor in different arrangements depending on what part or whole they are trying to learn. For instance, one student found it most helpful to arrange the sheets on the floor around her like a giant meridian wheel and review the information while listening to relaxing music similar to the accelerated learning concerts in class.

Part of the fun of this learning tool is creative discovery of new ways in which it can be an aid to learning Touch For Health, thus empowering students to enjoy learning while bringing better health to more people.

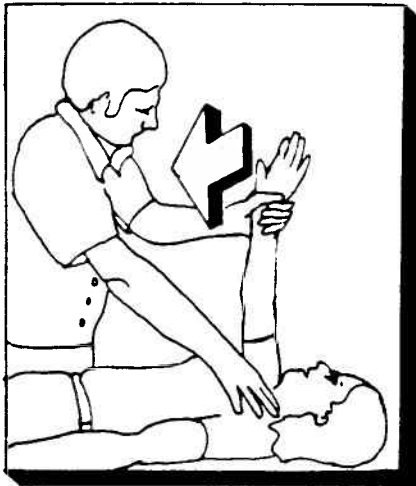
# PECTORALIS MAJOR CLAVICULAR

Using LIGHT BROWN:

\*Color the PECTORALIS MAJOR CLAVICULAR TITLE at the top of the page, and the PECTORALIS MAJOR CLAVICULAR MUSCLE on the front of the body.

1. Color the word TEST, the DIRECTIONAL ARROW, and the ARM of the client in the test box.
2. Color the FRONT NEURO-LYMPHATIC POINTS on the left side of the chest from nipple to sternum, between ribs 5 and 6.

Color the BACK NEURO-LYMPHATIC POINTS on the back between thoracic vertebrae 5 and 6, one inch to either side of the spine.



## TEST

Palm out, thumb towards feet, arm level with shoulder.

Pressure is on the forearm towards the feet and diagonally out.



# STOMACH MERIDIAN

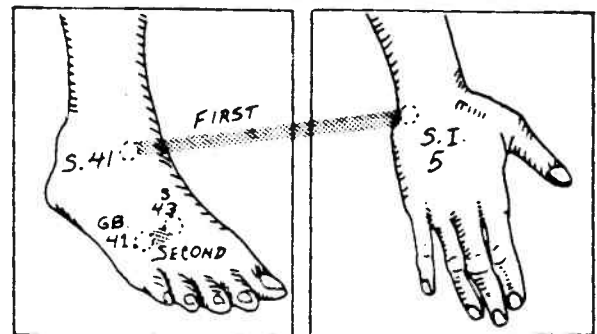
Continue coloring with LIGHT BROWN.

3. Fill in the NEURO-VASCULAR HOLDING POINTS on the head at the frontal eminence, a slight bulge on the sides of the forehead between the eyebrows and the hairline.
4. Color the STOMACH MERIDIAN TITLE, the WEDGE, and the STOMACH MERIDIAN, which runs from the eye down the front of the body, along the outside of the leg, and out the second toe.
5. Color the ACUPRESSURE HOLDING POINTS for both strengthening and weakening, noting the distinction between the first pair of points. The second pair of points held is the same for both strengthening and weakening. This is true for all the meridians.
6. Circle the ORIGIN and INSERTION of the PECTORALIS MAJOR CLAVICULAR MUSCLE.

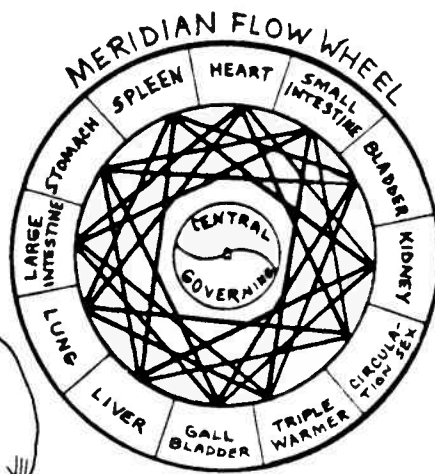
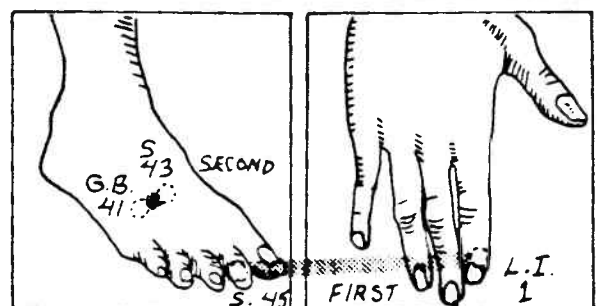
\*NOTE: The acupressure holding points and the neuro-vascular holding points are drawn in BROKEN LINES to indicate that they are worked with LIGHT PRESSURE.

## ACUPRESSURE HOLDING POINTS

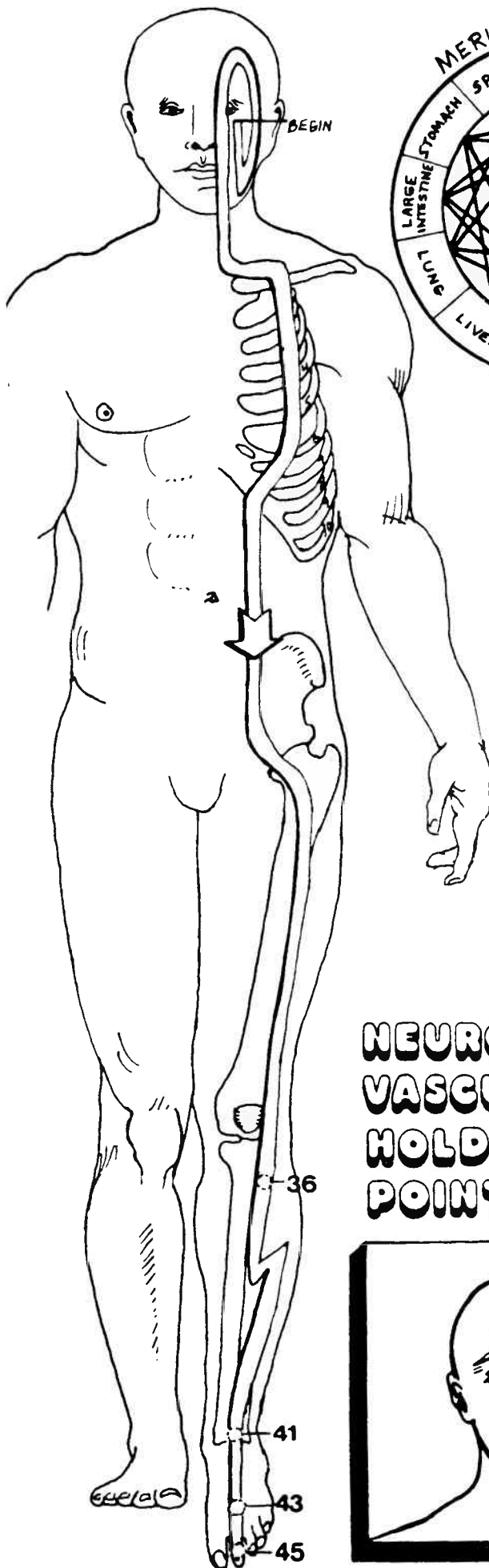
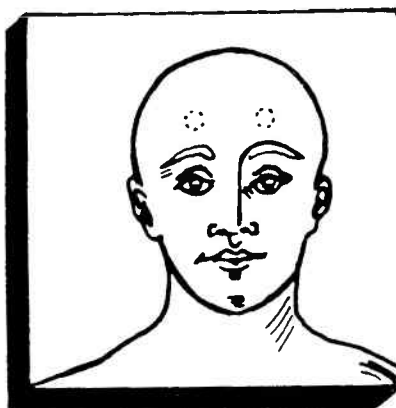
### TO STRENGTHEN



### TO WEAKEN



## NEURO-VASCULAR HOLDING POINTS



AN APPROACH TO  
MORE STABLE MUSCLE BALANCING

BY

HAMILTON (HAP) BARHYDT, PhD

BIOGRAPHY

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ABSTRACT

This paper deals with the problems of subjects that are difficult to test and muscles that are difficult to balance. Techniques the author has found effective with these problems are described. The important role played by reactive muscles is emphasized. A new balancing scheme that deals with these problems and also appears to provide longer lasting balance is described.

## INTRODUCTION

As I completed the Touch for Health Instructor's Training Workshop (ITW), and began to experience TFH balancing more extensively, three issues surfaced as problems for me: 1) untestable subjects who never seemed to have "weak" or in other cases "strong" muscles, 2) "weak" muscles which did not seem to respond to the usual "strengthening" procedures, and 3) subjects who would not stay in "balance" either with a constantly changing pattern of "weak" muscles or with a particular muscle (or group of muscles) that consistently tested "weak" over a period of time. This paper describes how I worked through these problems and finally adopted a short-cut testing scheme to deal with them.

## TESTABILITY

The first breakthrough in dealing with "untestable" subjects was experiencing the "light" touch currently being taught in ITWs and Instructor Update classes. I had an excellent chance to try this out while performing introductory 14-muscle balances in the Touch for Health booth at the Long Beach National Health Federation Convention. Balancing about 6 persons per hour for 6 hours offered me the opportunity to experience the entire spectrum from athletic types without a weak muscle in their body to tiny ladies with very little muscle power.

What I found is that you can set up the muscle testing pattern for the entire balancing session by the very first muscle test, supraspinatus-central. First I talk to the person being tested, encourage them, and ask how they are feeling. I found that a large proportion were under considerable stress, whether this be anticipation about the test, the general carnival environment at the convention, or the other causes. Then I explain to them that the muscle test is not to determine if they are strong enough to resist my pressure, but rather to check whether they can maintain a steady position as I slowly press and release with a light pressure.

As I test each person I increase my pressure on the supraspinatus slowly until the arm begins to give if the subject is lightly muscled or until a firm pressure is established if the subject is heavily muscled. Then I decrease the pressure slowly and repeat the cycle a second time. If the arm moves up and down with the changing pressure, I point this out to the person being tested and ask them once again if they can hold the arm steady as I repeat the test. If they cannot hold steady, I call the muscle "weak".

Also watch for signs of compensation, holding the breath, clenching the jaw, stiffening or rotating the body, etc. Point this out to the subject, and repeat test without compensating behavior by urging the subject to relax completely and breathing out during the test. If the subject is unable to relax or to remain "strong" when relaxed, I call the muscle "weak".

Note that one pair of NV (neurovascular) points for supraspinatus-central are the 11s or the ESR (emotional stress release) points. Since stress may be involved, I use these points for the initial correction. This technique deals directly with whatever stress the person being tested is holding. It appears to be unnecessary to ask them to think about whatever is causing the stress, because they are probably thinking about that in any case. This technique very consistently resulted in noticeable strengthening even when the original

test showed only a "slightly weak" supraspinatus. I always ask the subject for an acknowledgement of this strengthening so they can begin to sense "weak" and "strong" themselves. This is very helpful towards getting a more positive indication of "weak" or "strong" muscles as the subject relaxes and tunes into the process more sensitively.

#### 14-MUSCLE BALANCE PROBLEMS

After completion of the ITW, I initially carried out a 14-muscle balance by first testing the supraspinatus and teres major, correcting as necessary, then testing the remaining 12 muscles and 12 alarm points, and finally correcting by 5-element theory or the wheel. I was fascinated by the fact that many times, correcting only a single key muscle, all the "weak" and "over-energy" muscles would be corrected at once. But equally fascinating was a more careful study of those situations when this did not happen, and particularly those situations where one or more muscles would not correct or stay corrected with the usual correction techniques, NL, NV, meridians, origin-insertion, etc.

Working with my spouse Elizabeth, we eventually found the principal culprits to be the following: reactive muscles, weak muscles other than the basic 14, the Gaits and two items from the A-K Workshop taught by Dr. Deal and Gordon Stokes, Cloacals and Switching. (These are described in detail in the A-K Workshop text available through the TFH Foundation). By dealing with these items in a coordinated fashion, we found the difficulties we were experiencing largely disappeared and a complete, stable muscle balance was established with minimum manipulation.

#### SWITCHING

Switching is present when a muscle is "strong" when tested by one hand, but "weak" when tested with the other. In a usual 14-muscle balance, Switching, if present, may first manifest itself when testing the pectoralis major clavicular and finding it "weak" on one side only. This happens since most people will switch hands as they test this muscle on either side.

A reliable muscle test cannot be accomplished when Switching is present. Switching is a disorganization syndrome related to Dyslexia and Visual Inhibition. Switching is not part of the certified Touch for Health Program, but is covered in the A-K Workshop. The A-K Workshop textbook gives three different corrections for Switching. We apply them in order given and test after each manipulation to determine if correction has been accomplished.

#### REACTIVE MUSCLES

Many of the "weak" muscles found during a typical 14-muscle balance are actually reactive. Thus no amount of correction using the usual techniques for "weak" muscles will hold. I now hypothesize that, once Switching has been corrected, all unilaterally weak muscles are reactive. I have yet to find an exception to this hypothesis. First there are reactive pairs; typical examples include latissimus dorsi, psoas, and gluteus medius. Next there are reactive sequences such as psoas and gluteus medius, subscapularis and opposite quadriceps, anterior serratus and opposite fascia lata. Finally, there are posturally reactive

muscles, muscles which are no longer weak when the body position is changed from horizontal to vertical, face up to face down, etc. (This last type may be bilaterally weak).

Thus, when you encounter a unilaterally weak muscle, check to see if it is reactive by waiting for it to reset and retesting in a different order, or if this doesn't work, by changing position and rechecking. Once you gain confidence in the hypothesis that unilaterally weak muscles are reactive, you can merely note a unilaterally weak muscle as a reactive to be fixed after the basic muscle balance is complete and go on to the next muscle.

### MUSCLE COORDINATION

We have found that another cause for muscles not strengthening with the usual TFH techniques or not remaining strong in successive balancing sessions is that the Gaits or Cloacals are out. These are syndromes that require the testing of two muscles simultaneously using an arm and a leg. Cloacals are not part of the Touch for Health Program, but are covered in the A-K Workshop; however, the muscle tests are similar to the Gaits.

When I first started regular balancing, my latissimus dorsi were bilaterally weak at every session. Since I had already been on a low sugar, low refined carbohydrate diet for some time, we had difficulty accepting this as an indication of hypoglycemia or other inadequate nutrition. The problem was solved when we checked my Cloacals, found them to be out, and corrected them. We now rarely find my latissimus dorsi "weak" and only if the Gaits or Cloacals are out.

According to the A-K Workshop text, the Gaits include 12 different muscle combinations to test, considering right and left to be 2 different tests (the TFH textbook includes only 8 of the Gait combinations). The Cloacals include 8 more combinations. This is a lot of testing. Fortunately, there is a screening test: find a strong indicator muscle, slap the subject on the thigh, and test the indicator again. Weakness indicates that the Gaits, Cloacals, or Hyoid is "out" (however, we have not yet found it necessary to deal with the Hyoid, another subject in the A-K Workshop, in this context).

Normally Gaits should be corrected before Cloacals. Since testing all the individual Gaits is time consuming and since the six correction points are easy to do, we normally just do the corrections for the Gaits if the screening test indicates weakness and repeat the screening test. If the indicator muscle now remains strong, we presume the muscle coordination problem is fixed. If not, we now test the Cloacals individually and correct as appropriate.

### TESTING BY PULSES

By correcting Switching and Muscle Coordination (Gaits and Cloacals) and by more clearly identifying reactive muscles, we found our 14-muscle balancing results using 5-element theory or the wheel became very much cleaner. On the other hand, in testing each other on a regular basis, we were still finding a considerable number of the 14 muscles "weak" each time. We now turned our attention to the remaining 28 of the 42 TFH muscles to see if uncorrected weaknesses in these muscles were impacting the 14-muscle test.



To actually test all 42 muscles individually is time consuming, especially if you do not have them all memorized. So we tried using the wrist pulses held by subject with a strong indicator muscle, usually the quadriceps, as a screening test. In our first trial, Elizabeth tested "weak" on the subscapularis-heart, latissimus dorsi-spleen, psoas-kidney, anterior serratus-lung, and fascia lata - large intestine and tested over energy on the quadriceps-small intestine and psoas kidney in the 14-muscle test. With the wrist pulse test, however, the indicator muscle showed weakness only on the bladder meridian! Note that none of the meridians corresponding to muscles testing "weak" on the 14-muscle test showed up in the wrist pulse test. Next we proceeded to test all the muscles on the bladder meridian and found just one, the sacrospinalis, "weak". We corrected this muscle with the corresponding NL and checked with a challenge. Then we rechecked the wrist pulses and found no weak response. A repeat of the 14-muscle test confirmed that all 14-muscles were now "strong" with no indication of over or under energy.

Continuing to use this scheme, we find that generally at most, only one or two meridians are indicated by the wrist pulse test. We correct all "weak" muscles on the indicated meridians and then retest the wrist pulses. Occasionally, upon retesting the wrist pulse, a meridian that previously indicated "strong" will now indicate "weak". We then continue by correcting "weak" muscles for this meridian. Once the indicator muscle tests "strong" on all wrist pulses, we find no other "weak" muscles except reactive muscles.

Based upon this experience, we hypothesize the following: If Switching and Muscle Coordination is correct, then "weak" responses to the wrist pulse test indicate priority meridians for muscle balancing. If all the wrist pulses test "strong", then all 42 TFH muscles will test strong except for reactive muscles.

#### MORE ON REACTIVE MUSCLES

If a subject shows a consistent pattern of "weak" muscles on tests repeated over a period of time, this pattern may be broken by finding and correcting reactive muscle patterns associated with the "weak" muscle. This includes muscle coordination "weakness" (Gait and Cloacals) as well as individual bilaterally weak muscles (wrist pulses). Of course, one should proceed with caution if an identifiable injury or trauma is present and refer the subject to a chiropractor or other health specialist as appropriate.

From a holistic viewpoint, it is generally difficult to pinpoint a single cause. However, we find that reactive muscle combinations frequently are present with other difficulties, such as subluxations, pelvic faults, ileocecal or houston valve syndrome, etc. and that by correcting the related reactive muscles, the A-K indications for these difficulties will also correct. For example, we have corrected indications of pelvic fault or houston valve syndrome by correcting psoas-gluteus medius reactive pair on the same side, indications of lumbar subluxation by correcting of neck flexors and levator scapulae with various shoulder muscles. Thus we conclude that searching out and correcting reactive muscle combinations may not only break a pattern of recurring muscle unbalance, but may also assist the continued correction of many other faults and syndromes, such as those covered in the A-K Workshop procedures, even though they are not specifically tested for and corrected.

Reactive muscle combinations frequently occur in groups. For example, one time when we picked up anterior serratus "strong" against opposite fascia lata "weak" while doing a 14-muscle test, we ultimately found 12 opposite leg muscles that went "weak" when the anterior serratus was activated. After correcting this, we found that activating the teres minor on the same side weakened 8 of the opposite leg muscles, activating the deltoid weakened 6, and activating the anterior deltoid weakened 4. Needless to say, the subject felt much relieved after correction of all these reactive combinations.

There are many ways to find reactive muscles. Ask the subject to point out sore muscles and/or situations where they experience limited range of motion. Or therapy localize (TL) at random, using a strong indicator muscle, to find body areas where indicator muscle goes weak.

Sometimes the "priority" muscle from the wrist pulse test is a clue. For example, my gluteus medius was chronically sore; yet it consistently tested "strong", and all reactive combinations with this muscle had been long since corrected. Also, my lower jaw started to shift towards the left, a condition previously corrected by correcting a subluxation of the Atlas vertebra. The wrist pulse test indicated the spleen meridian, and we found the middle trapezius "weak". After "strengthening" the middle trapezius bilaterally, we determined that the activating middle trapezius on the right side caused the opposite psoas, fascia lata, piriformis, sartorius, gracilis, and iliacus to go weak. Correcting these reactive pairs resulted in clearing up the pain in the left gluteus medius and also correcting the jaw position. And the corrections have held.

#### A NEW BALANCING SCHEME

Putting this experience together, we have set up the following procedure for carrying out a muscle balancing session:

- 1) Test the supraspinatus-central first. This first test is carried out quite critically, particularly if the subject has not had much experience with TFH, to tune into the "feel" of the subject, using light variable pressure and watching for signs of compensation. If any "weakness" is apparent, the ESR NVs are used for initial correction rather than the NLs to help the subject relax and tune into the test. Also, each arm is tested twice, once with each hand, to determine if the subject is Switched, and correction carried out if required. Get feedback from subject to confirm that they are sensing the difference between "weak" and "strong".
- 2) Test the teres major-governing and correct if necessary.
- 3) Do screening test for Muscle Coordination. Using strong indicator muscle, such as pressing arm extended straight forward towards the feet. If weakness indicated, do all six A-K Workshop Gait corrections and test again. If weakness indication continues, test Cloacals and correct as indicated.
- 4) Test all twelve wrist pulses using strong leg indicator muscle on same side as the wrist being tested, usually the quadriceps, with the subject holding their own pulses. Test all muscles corresponding to meridians having a "weak" indicator muscle. Correct "weak" muscles, challenge, and correct further if necessary.
- 5) Restest all twelve wrist pulses. Continue muscle testing and balancing until all twelve wrist pulses test clear at one time.

6) Search for reactive muscle combinations and correct. This is the place to be innovative. Check the common reactive pairs: latissimus dorsi, anterior deltoid, psoas, and gluteus medius, and also gluteus medius with psoas and fascia lata. Check all muscles that were found "weak" in the pulse test for possible reactive connections. Also check muscle combinations between upper and lower body or back and front body if Gaits or Cloacals required correction. Use the other clues discussed in the previous section. This last step is the most important step in eliminating recurring muscle "weakness".

I worked the first three steps of this scheme and then tested the remaining 12 basic muscles individually, balancing as I went along, at our booth at the 2-day Hermosa Beach Spring Festival. I found that about 20% tested were Switched, about 60% had Muscle Coordination out (all corrected with the Gait correction), and about 90% had unilaterally weak reactive pairs (usually latissimus dorsi, psoas, gluteus medius, or anterior deltoid).

### CONCLUSION

We now believe that regular balancing, dealing with Switching, Muscle Coordination, using the wrist pulses to check and prioritize all 42 TFH muscles, and correcting reactive muscle combinations, along with chiropractic care and nutritional correction where appropriate, can create a situation where the subject generally "holds" in balance and no longer presents a consistent continuing pattern of "unbalance".

### POSTSCRIPT

In the balancing scheme just described, the wrist pulse test is being used in a different way than described in the Touch for Health Handbook. We now find we get the same consistent "priority" meridian indication when the person doing the testing holds the subject's wrist pulses and tests the opposite initially strong anterior deltoid as when the subject holds their own wrist pulses and the quadriceps on the same side is used as indicator. Furthermore, the meridians indicating "overenergy" using alarm point testing generally are different than the meridians indicated by the wrist pulse tests just described. These "over-energy" indications are eliminated by balancing the "weak" muscles on the meridians indicated by the wrist pulse testing.

Frequently a muscle will test "strong" on a single test, but will go "weak" under repeated tests. This can cause muscle unbalances during and after sustained activity and thus destabilize the subject's muscle balance. For slow acting main support muscles, such as the psoas, gluteus medius, latissimus dorsi, and sacrospinalis, which are called Aerobic muscles, test twenty times in rhythmic slow repetitive manner. For fast acting muscles, such as the anterior deltoid, pectoralis major clavicular, and quadriceps, which are called Anerobic Muscles, test at least twenty times in rapid succession. If the muscle goes "weak", correct with deep extended stimulation of the corresponding neurolymphatic reflex. Repeat the test and correction until the muscle remains strong through 20 repetitive tests.

JIMMY SCOTT, Ph.D.

As a Licensed Psychologist, Nutritionist, and Natural Healing Consultant, Jimmy has had a Private Practice in San Francisco for ten years. He is well known for his effective and innovative techniques in Holistic Health.

#### ON THE MEANING OF "BEING BALANCED"

Energy is balanced only under specific stable conditions. Physical and non-physical factors can disturb energy. Techniques now exist to prevent this dynamic energy disturbance. As these techniques are applied, energy becomes more stable and the person functions more optimally. This presentation will demonstrate how various factors unbalance energy, and that such energy disturbances can be corrected and prevented.

In Touch For Health, we tend to treat energy in a manner somewhat like clay--we push it in here, bend it there, and finally conclude that a "balance" has been achieved. We are taught that the wrong substance (e.g. tobacco), or a strong emotion (e.g. fear) can upset this energy balance, but we seldom explicitly recognize that virtually any physical or non-physical factor can also disturb our energy balance. Most of the time the energy disturbance exists only in the presence of such a factor, and is not detectable without that factor being present. In this presentation I will, with audience participation, demonstrate the existence of "dynamic energy unbalance," using both physical and non-physical factors. I will also demonstrate that such energy imbalance from dynamic factors can be eliminated through use of what I now call "Symbiotic Energy Transformation™". SET™ is a set of techniques I have developed which allow us 1) to determine the existence of various energy blocks, 2) to determine where the blocks are located, and, perhaps most importantly, 3) to eliminate the blocks. The entire process generally takes only a few minutes per factor, and insofar as I can yet determine, is permanent. The first example to be demonstrated will be a food sensitivity (or allergy). Using a volunteer, the usual way of determining food allergy will be used. Then I will demonstrate that that food allergy can be "fixed" by having the person chew the food while I stimulate certain reflex points. Those points vary according to the food and the person. Afterwards, we will show that the person no longer weakens to the food. When working with my clients, I find they later report that they no longer have any allergic reactions to that food. (One can overload on a substance and get reactions, too, but we are also able to determine their tolerance level.) Not only does this work for foods, but also certain chemicals--e.g. perfumes, extreme sensitivity to natural gas, etc. Other physical factors exist. They will be mentioned but not demonstrated.

More complex is the realm of non-physical factors, of which there are at least nine categories. One or two of these will be demonstrated. We can easily distinguish psychological from emotional. Dealing with the emotional factors is routinely learned in Touch For Health, and the usual ESR points are used. Psychological factors are very similar, but affect the body rather than the "head". Therefore, a different type of holding point is used. (I have now identified at least four different types of points, each of which is used under different circumstances.)

When is it appropriate to use these SET™ techniques? I do not yet know the limits of these procedures, but I can discuss what I know. They are helpful for a person who: is "stuck"; cannot make a decision; cannot stop doing something or cannot get started doing something; is addicted--to a behavior or a substance; is angry, fearful, puzzled, "turned-off"; non-assertive, or aggressive; cannot say something to someone; cannot initiate; is inhibited; is not happy; is depressed; cannot "let go"; is "up-tight"; has a lack of sexual satisfaction; has aches and pains which cannot seem to be alleviated; is clumsy; easily distracted; or shy; has writer's block; and on and on--in other words, virtually every facet of our lives. When we un-block these dynamic effects, we become more creative, more free, more effective and efficient in our lives. We become more healthy, more happy and more fulfilled. The SET™ techniques allow us to develop our full potential. But, the SET™ does not itself solve the problems--it just eliminates those obstacles we have in ourselves which interfere with our best functioning. That interference keeps us from knowing the answers to our "why" questions. By eliminating that interference (with SET™), we can more easily change our behavior and solve our problems--our energy now is free and balanced.

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Summary: Results of using A.H.C. Machine for stroke,  
quadriplegic, Cerebral Palsy.  
Instructions on use of A.H.C. Machine for different  
problem areas.

Content:

1. Use of A.H.C. Machine by Massage Therapists. A summary of the results of that use.
2. Use of the A.H.C. Machine by Chiropractors.
  1. Correcting the cranial faults.
  2. Correcting Category II.
  3. Relaxing hypertonic muscles to aid correction for longer lasting benefits.
  4. Balancing of the sacral and occipital.
  5. Assisting temporal mandibular joint, cloacals and acupuncture circuits.
  6. Rehabilitating muscle functions.
  7. Aiding bowel and urinary secretions.
  8. Assisting children, such as:
    1. Stimulates cross-crawl patterning.
    2. Encourages walking gait.
    3. Assists co-ordination.
    4. Improves learning abilities.
    5. Aids in muscle damage, slow learning, gait problems, motor control and cerebral palsy.
3. Presentation of case histories to emphasize the benefits of the A.H.C. Machine.

## CROSS-CRAWL, BRAIN PATTERNING AND BODY FUNCTIONS

All of our work came from Touch for Health, it started there and stays there. We teach Touch for Health on an one-to-one basis.

Quadriplegic, stroke victims need help to exercise to inform the brain that all the limbs are there. Our Cerebral Palsey girl was taught all the techniques. All this helped the body functions.

You can work with a quadriplegic so they can stand, we've done that. It was cross-crawl exercise muscle testing to aid the brain patterning and body function.

We teach all of our people Touch for Health, never leave it. Out of Touch for Health came our work, Intension Muscle Massage, the work to assist muscles to go back to functions.

Out of all this came Alvin's work, his invention Alternative Health Care Machine. Stress, how to overcome it, we all need stress relief. The necessity of therapeutic balancing and the rehabilitative education for these muscles damaged are problems that need brain patterning cross-crawl work. They need a program that educates the brain and educates the muscle function. They can become a useful person, the need for education of the muscles for fullest function.

Systaltic movements, muscles turning off and on--the necessity for the normal turning off and on. We teach a systemic synchronization, a system of re-education of the muscle brain control system.

The Alternative Health Care Machine was designed and developed to assist in a controlled system. The exercise and rehabilitation education, the systaltic movements and most important the systemic synchronization of movement.

This machine can be used in home to help yourself with regularity. This machine can be used in home to help yourself with regularity. This machine assists stroke victims, paraplegic, quadriplegic, cerebral palsey, motor control problems and slow learners. This machine does precision timing, exercise, cross-crawl and brain patterning.

Al and Renee Tietsworth

## USES IN REHABILITATION

Information on how the Alternative Health Care Machine has been used in specific problems.

### ARTHRITIS

Individuals really feel good about the knee, hip, ankles, wrists, shoulders and elbows after a "Gingerbread Man" treatment. They have movement without pain. The swelling leaves and this aids the movement. Those that could not lift their arms, could again to the points where they could comb their own hair. Walking up and down steps was made easier with no pain.

### CEREBRAL PALSY

The need here is to relax the hypertonic muscles, tight ligaments and tendons. After the relaxing and relief of stress, the use of faster speeds aid the long fibers of the muscles "flight or fright" mechanism. This encourages circulation, increases mobility plus helps in stretching exercises. It also patterns in normal gait and walking mechanisms. Emotional stress relief is given also in these cases to relieve the stress and emotional problems from the disability to walk properly.

## COMA VICTIMS

The coma victim is placed on the machine with strap restraints to keep arms and legs in position for motion.

It is noted that it aids the vascular system. The exercise without gravity aids the joints, ligaments, circulation and breathing capacity changes for the better. Responses are improved as the individuals are talked to and massaged and checked out.

## INFANTS

In treating infants and children up to 4 or 5 years of age, the mother lies down on the machine. The child is given to her and is held by her while in a reclining position. As the Alternative Health Care Machine is operated, the parent and child are patterned for brain and body synchronization. Thus, the child is comfortable and feels safe and happy.

## QUADRIPLEGIC, PARAPLEGIC

First, muscle testing and kinesiological evaluation should be done. The client is put on the machine at a low speed, using a mirror as bio-feedback to stimulate and repattern the brain with body functions in a walking fashion.

The machine is then dialed to a higher speed to activate the long fibers in the "fright or flight" mechanism. The arms are placed in different positions to stimulate the muscle functions. They are cross-crawled and patterned to stimulate the lymphatics, vascular, acupuncture circuits and gait mechanisms.

Then, we retest kinesiologically to verify the muscles abilities returning. The affect is muscles coming back to usefulness - no atrophying of structures.

Quadriplegics with catheter and bag have to be emptied two, three or four times during a one-hour treatment. So, it does aid this function to the improvement of the client.

## SENILITY - MENTAL PROBLEMS

As noted, these types of clients rarely move about, or when they do, it is never in a normal walking gait. They are also shallow breathers and get very agitated.

We have found that this machine again assists the brain-muscle synchronization. This stimulates the thinking processes. They become very calm and child-like interest appears. They really like the exercise on the table and will stay on it for as long as required. The breathing changes to deeper and longer breaths. As they walk around, there is a change to better gait mechanics. It has a very calming effect. If they get a feeling of well-being, the results will be better thought processes and not the jumbled, dis-oriented way. The memory improves.



brain activity. The concentration level comes up and they feel lively, invigorated, good, etc. Reading, writing and talking comes easier. Memory improves here. There is an improvement in the visual, correlating facts area. It, apparently as we have checked (Applied Kinesiology), aids the visual inhibition. It removes the inhibition and aids them to observe and read with interest thus encouraging interest further. This also applies to Downs Syndrome.

### STROKE, KNEE, HIP, BRAIN STEM DAMAGE, MULTIPLE SCLEROSIS

The Alternative Health Care Machine brings about the synchronized movement. Using bio-feedback mirrors, they can visually see their limbs moving in the normal walking method. So, it also patterns the brain by way of visual. Here, we encourage the short and long fibers of the muscles. So, we use variable speeds.

Using the kinesiological muscle testing procedures, we first evaluate muscle structures and percentages. Knowing this, we place the arms in various positions to pattern them into the brain. We do the same with the legs, ankles and feet to encourage motion, mobility messages bio-feedback to the brain. We stimulate gait reflexes. The motion encourages circulation of the blood and lymphatics to the areas. With the patella moving in a normal manner (with gravity off), it also encourages the ligaments, tendons, fascia and cartilage. This will aid in keeping the lubrication, which is vital.

Kinesiological testing is then done to continue verifying that the muscles are improving. As each muscle structure shows strength, we teach them to exercise them. We have various techniques using objects or other aids around the home. Family or others assist them between visits. We encourage self-help working on the personal level as soon as they can. The machine encourages them to keep mentally alert, aids speech and improves in general.

Many of our stroke cases talk about the feeling of motion and how good it is. The flexibility, easier movement of legs, hips and arms and the relaxing of the claw-like hand are visible. There is improvement in seeing better, clearer thinking and feeling of happiness.

The Multiple Sclerosis victim talks about the feeling afterward that the legs are walking normally. Stiffness in the hypertonic areas are relaxed. The groin, hip, ankle and knee areas feel tingling and warm.

Bladder improvement has been noted. Also, the movement of oedema in the tissues. The lymphoedema leg and the circulation of the lymphs improved 90%.

Video tape documentation is available upon request.

Richard D. Utt is a graduate of the Touch for Health Instructor Workshop on March 7, 1980, in Eden, Arizona. Rick is a full associate of Swan Clinic of Natural Healing with Dr. Sheldon C. Deal in Tucson, Arizona, where he has used Touch for Health, Applied Kinesiology, Clinical Kinesiology, Clinical Nutritional Kinesiology, Behavioral Kinesiology, Bio-Kinesiology, Applied Iridology, etc. Rick has travelled to Norway, Holland and England; not only to teach, but to learn as well. He has developed a course in Applied Physiology, and his book Encyclopedia of Applied Physiology is soon to be published.

#### **AMINO ACID SCREENING** By Sheldon C. Deal, D.C., N.C. and Richard Utt

**Abstract:** Herein lies a fast kinesiological method for identifying a rather complex screen of 24 different amino acids, thus enabling physicians to help determine the protein status for their patient in the way of normal or deficiency levels of 24 different amino acids.

#### **General information:**

The importance of amino acid screening for good health can hardly be overstated. The body runs on amino acids. Amino acid metabolism is basic to such health functions as cell division, neurotransmitters, hormones and the endocrine and immune systems. Perhaps most importantly, all known body enzymes (over 15,000) require amino acids. We believe the amino acid screening should be used for routine physical examinations, as well as for patients with problems; either psychological or physical.

An amino acid level below normal range may result from a problem with digestion or absorption, a problem with the metabolic pathway or even some vitamin or mineral deficiency, depending upon which amino acid or precursor amino acid is low. The significance of the amino acid profile depends upon both the level of the individual amino acid and the levels of related and interacting amino acids. For example, the levels of 13 different amino acids are considered in understanding the metabolic pathway of methionine alone.(1)

Mental retardation, epilepsy, depression, manic, schizophrenia, headaches, ulcers, even anxiety, nervousness and irritability respond favorably to amino acids.(2) Amino acids exert their most dramatic and measurable effect at the nerve synapse. Amino acids are either the neurotransmitter itself or the precursor to the neurotransmitter. Some neurotransmitters are excitatory in action and some are inhibiting in their action. However, unless all amino acids are present to work together, almost anything can go wrong with the message transmission and control exerted by the nervous system. More and more psychological problems, especially severe problems, seem to be related to body biochemistry. Senility, tumors, even Parkinson's disease and other brain problems will respond favorably to amino acid therapies.(3)

#### **BACKGROUND FOR TESTING:**

One of the many problems we ran into, trying to establish a kinesiological method of identifying the amino acids, was obtaining a pure test product. Most of the proteins and amino acid products available contain more than one amino acid, even though only one may be listed on the label. The manufacturer evidently meant that there was a preponderance of that amino acid present in the product. Not only does that confuse the issue when doing testing, but can also be a serious problem therapeutically. For example, in treating genital herpes, lysine is of benefit and arginine is detrimental. There are many foods that contain both in fair proportions, such as soybeans, beef and chickpeas.(4)

We found our answer to this problem by using free amino acids. Free amino acids are individual amino acids in crystalline form. They differ from predigested protein or protein powder, in that in these products the protein is still present in the form of connected amino acids.

Free amino acids are hooked up with enzymes, hormones, vitamins, and minerals to form body tissues. Without free amino acids, vitamins and minerals cannot do their job. For example, tyrosine combines with iodine to form thyroxine. If a person does not get iodine, thyroxine cannot be produced. But what happens if the person does not have enough tyrosine? Obviously, the thyroid cannot make thyroxine.(5)

The next problem we ran into was finding patients low in just one amino acid. Patients low in protein in general were plentiful. Since some amino acids are precursors to other amino acids and some amino acids appear in branched chains (like valine, isoleucine and leucine) the problem of identifying individual amino acids became more complex.

The answer here was found in relating the end points of the 12 meridians to 24 different amino acids.

#### TESTING PROCEDURE:

Many combinations were tried before we got the pieces of the protein puzzle to fit into place. What was so confusing in the beginning was that one end point of a meridian would respond to more than one amino acid, if the patient needed more than one amino acid. Only if the patient needed one amino acid only was it a cut and dry picture that we found kinesiologically. Since the mono-deficient amino acid patient was rare, we had to devise another method to complete our research. After much trial and error we found that by sedating the first tonification point of the meridian with a north pole magnet, we could make the beginning point of the meridian therapy localize. That therapy localization was cleared in turn by one amino acid only. Conversely, by tonifying the first sedation point of the meridian with a south pole magnet, we could make the end point of the meridian therapy localize, and that therapy localization was cleared by one amino acid only.

To clarify "one amino acid only," this was true if the patient needed one amino acid only, otherwise if there were multiple amino acids called for, then more than one would clear the therapy localization many times, depending upon which amino acid it was.

In cases where the patient did need more than one amino acid, we found we could get the end point to respond to one amino acid only by using a priority system. Meaning the body preferred the amino acids in a certain sequence or in some cases by determining the number one amino acid need priority-wise, the other indicators would clear.

The primary priority indicator is determined by the following sequence:

1. The end point will therapy localize in the clear
2. Inspiration will make the muscle go strong
3. Pinching does not change the muscle strength
4. Eyes left or right does not change the muscle strength.

We would not be so bold as to suggest that all patients that T.L. an end point are protein deficient. Therefore, make sure the acupuncture system is cleared first. Meaning that by balancing the overs and unders that no alarm points or pulse points now therapy localize. Only then may you safely check the patient for individual amino acids by therapy localizing the end points. For that purpose we have devised the attached chart.

Understand, now, that the magnets are not part of the therapy, but rather they were used in research to create the need for the amino acid. In a cut and dry case, the patient comes in, you clear the acupuncture system and then you have the patient T.L. one end point at a time. If the T.L. of Large Intestine One (L.I.-1) makes the indicator muscle go weak, then placing L-alanine in the patient's mouth will make the muscle strong again.

In a research case, placing a north pole magnet over H-9 (held in place by a piece of tape) will make the subscapularis muscle go weak, and having the patient T.L. to H-1 will make the muscle go strong again. By placing L-Serine in the patient's mouth will also make the muscle go strong and will negate the T.L.

Some other findings that showed up in our research were whenever you sedate the

Some other findings that showed up in our research were whenever you sedate the first tonification point, the alarm point for that meridian also will now T.L. Conversely, whenever you tonify the first sedation point, the pulse point for that meridian also will now T.L. Therefore, alarm points and pulse points found to T.L. in the clear should make you suspect of an amino acid need, but follow the above procedure to pin down specific amino acids.

We have been using free amino acids from Tyson and Associates, Inc. They will supply doctors with an amino acid test kit for a nominal charge. You may write them at:

Tyson and Associates, Inc.  
19725 Sherman Way #270  
Canoga Park, CA 91306

#### CONCLUSION:

The ability to identify and supply individual amino acid needs in our patients has been another piece of the jigsaw puzzle for us. We have been able to turn around many previous deficient patients. We have also been able to get patients to hold corrections that were previously blowing out.

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End Point	Amino Acid	North Pole on Tonification Point	South Pole On Sedation Point
ST-1	L-Taurine	ST-41	
ST-45	L-Histidine		ST-45
SP-1	L-Citrulline	SP-2	
SP-21	L-Histidine		SP-5
H-1	L-Serine	H-9	
H-9	L-Glycine		H-7
SI-1	L-Leucine	SI-3	
SI-19	L-Glutamine		SI-8
BL-1	L-Proline	BL-67	
BL-67	L-Ornithine		B-65
K-1	L-Cystine	K-7	
K-27	L-Carnitine		K-1
CX-1	L-Valine	CX-9	
CX-9	L-Isoleucine		CX-7
TW-1	L-Tyrosine	TW-3	
TW-23	L-Cysteine (Mono HCL)		TW-10
GB-1	L-Phenylalanine	GB-43	
GB-44	L-Aspartic Acid		GB-38
Liv-1	L-Methionine	Liv-8	
Liv-14	L-Glutamic Acid		Liv-2
L-1	L-Threonine	L-9	
L-11	L-Arginine		L-5
LI-1	L-Alanine	LI-11	
LI-20	L-Lysine		LI-2

## MUSCLE TESTS FOR THE EIGHT EXTRA MERIDIANS

Wayne W. Topping, PhD

Wayne Topping, born in New Zealand, received his doctorate in geology from Victoria University of Wellington, N.Z. Wayne is a former geology professor and now works in Bellingham as a wholistic health practitioner where he uses primarily Touch for Health and Biokinesiology.

### ABSTRACT

The eight extra meridians regulate the function of the twelve regular meridians. Muscle tests for the extra meridians will be demonstrated and all twenty meridians balanced by means of an eight-muscle test that can be done with the person standing. Energy flow through the extra and regular channels and ten major plexuses will be demonstrated and use of emotions and nutrition explained.

## MUSCLE TESTS FOR THE EIGHT EXTRA MERIDIANS

Chinese traditional medicine considers that "blood" and "qi" (chi: vital energy) circulate throughout the body in channels and collaterals and that these passageways (59 according to Felix Mann<sup>1</sup>) form a network connecting the superficial and interior portions of the human body, regulating the whole body. Channels are the main trunks running lengthwise, while the collaterals are their branches. Channels can be classified into two groups: the regular channels and the extra channels.<sup>2</sup> The regular channels, the Twelve Channels, are the meridians we Touch For Health Instructors are familiar with when we work with the wheel. The Chinese considered the Eight Extra Channels to be different from the Twelve Channels as they did not seem to pertain to any of the internal organs.<sup>2</sup> Two of the extra channels -- the central (conception vessel) and the governing vessel meridians have their own acupuncture points. The other six extra channels join together certain of the regular channels and one or two points on them are supposed to activate the whole channel.<sup>1</sup> These meridians are generally known as: Belt, Vital, Mobility Yin, Mobility Yang, Regulating Yin, and Regulating Yang.

At the 1982 TFH International Annual Meeting, I presented a paper<sup>3</sup> showing that all twenty meridians are represented by pulses at the wrists. The superficial and deep pulses on the wrists correlate with the twelve regular channels (twelve primary meridians). Intermediate level pulses on the thumbs correlate with the central and governing meridians and the intermediate pulses on the wrists correlate with the other six extra meridians.

The Chinese considered the twelve regular channels to flow through the body like rivers and streams and the eight extra channels to be a system of channels and lakes which regulated this flow.<sup>4</sup> With the exception of the central and governing meridians, the energy is not considered to flow continuously through the extra channels as it does through the twelve regular channels. Instead, energy is considered to flow through these extra channels when there is a need for the body to adjust the balance of energy flow in the regular channels. "If this regulating system of eight (extra) channels were always functioning properly, there would be no problem. They would continuously adjust and regulate the twelve organ meridians. These would be balanced, their (qi) flow would be smooth and unimpeded, and the body would be harmonious."<sup>5</sup> An entire system of acupressure -- Jin Shin Do -- is based on balancing out the body's energy flows by working with the eight extra channels.

My research supports the regulatory function of the eight extra meridians. However, my research further suggests that

energy flows continuously along the eight extra meridians, a conclusion at variance with other writers on the extra meridians. By deliberately placing the body under stress John Barton and I were able to detect what appears to be a surge of energy that travels progressively throughout the meridian system. Each organ has a reflex on the skin which is temporarily thrown out of balance and emits a frequency of 69.5 gigahertz as the extra energy surges through that organ and its associated meridian. The sequence of flow through the twelve regular channels is exactly that of the wheel that we use in Touch For Health. However, there are two major differences. The Chinese recognized that each of the twelve regular meridians had a two hour period of maximum energy flow as well as a two hour period of minimum activity twelve hours later within the overall twenty four hour cycle. At least one other biorhythm was recognized by the Chinese<sup>6</sup> but I have not seen in the literature a biorhythm corresponding to the one John Barton and I first discovered in September, 1982 and since clarified further by my research. This surge of energy apparently does not travel through the system at a constant speed. Each meridian may be "active" for from one to ten minutes with an average of about five minutes.

The second difference is that the cycle does not include just the twelve regular meridians but also the eight extra meridians and a twice-repeated cycling through the ten major plexuses (about one minute per plexus).

Research by John and Margaret Barton of the Biokinesiology Institute has shown that the extra meridians are associated with organs such as the hypothalamus, anterior and posterior pituitary, pineal, thymus, spleen, adrenal medulla and adrenal cortex. These organ-meridian correlations are consistent with the ability of the extra meridians to regulate the twelve primary channels and their corresponding organs. Thus I could see the necessity to have some muscle tests to measure the function or efficiency of the extra meridians. The Bartons have already published information on over 900 different tissues -- muscles, tendons, ligaments, fascia, synovial membranes etc.<sup>7</sup>. I selected from tissues associated with the extra meridians those that would be suitable as muscle tests. I then proceeded to determine where the neuro-lymphatic points and neuro-vascular holding points for those tissues were located.

As I began working with the 35 muscle tests that appear in the soon-coming book "Balancing the Body's Energies: Muscle Tests for the Eight Extra Meridians"<sup>8</sup> I began finding that correcting all imbalances in the extra meridians also corrected imbalances in the twelve regular channels. Would this extend to just working on one indicator muscle test for each of the extra meridians? Yes. Sometimes we are in the position of wishing to give a friend a Touch for Health balance and there



is not enough room for the friend to lie on his back or it would attract too much attention to do so. Anyway, I saw the attractiveness of being able to balance out all the regular and extra meridians by testing muscles on the upper body only. The eight muscle tests I have selected give us the desired result with a minimum of movement, allowing for an extremely fast muscle balance.

In Touch for Health we are interested not only in balancing out the fourteen meridians but also in strengthening muscles that can otherwise allow certain very specific conditions to develop. For example, although working with the gluteus medius muscle test is sufficient to restore energy flow along the circulation-sex meridian, if we work with the piriformis muscle test, also on the same meridian, we may prevent a sciatic condition from developing or help correct it if it already exists. It is, therefore, obviously to our advantage to have information to correct other imbalanced tissues associated with the same meridians.

Some of the muscle tests I have included because of the conditions that commonly develop if they are out of balance within an individual. As an example, the obliquus abdominis externus #1 muscle test is included because it is one of two major tissues which when out of balance allows the symptoms we recognize as "morning sickness" to develop. No, you do not have to be pregnant to have morning sickness! The tissue commonly goes further out of balance during a pregnancy but I know of men who have had the condition and have worked on such a client. (His wife was certainly well beyond childbearing years). The additional muscle tests have been selected for various reasons. At least three muscle tests are described for each meridian. These include both upper and lower body so that if the person is injured in the shoulders and/or arms then a lower body muscle test can be used, and vice versa. The Regulating Yin and Regulating Yang meridians are associated with the parathyroid, adrenal cortex and adrenal medulla; and parotid, spleen, anterior pituitary and posterior pituitary, respectively. Muscle tests associated with each of these organ functions have been included.

Undoubtedly many of you have already found muscle tests that would not correct with the available techniques. You may have already found that sometimes the tissue seems to be associated with a different meridian. Why is this? When we test a specific muscle, such as the hamstrings, what are we actually testing? Is it the entire hamstring group of muscles and tendons? Is it the bicep femoris long head muscle or its tendons? Is it the semimembranous muscle or its tendons? Or, is it the semitendinosus muscle or its tendons?

Sometimes a specific Touch for Health muscle test that fails is not even related to part of the tissue it is named after.

For example, when the coracobrachialis muscle test of Touch for Health fails it is often the coraco-humeral ligament that is actually out of balance. Correcting the imbalance in the ligament will allow the muscle test to test strong. There are quite a number of other examples but this illustrates the point.

The conclusion, then, is that when doing a specific Touch for Health muscle test, we must realize that we may not actually be testing the tissue we think we are. If we keep this limitation clearly in mind then we should have no difficulty. When a muscle test fails, then there is some tissue out of balance which can be strengthened by using the appropriate Touch for Health techniques. Whether the tissue named "A" is in fact "B" doesn't really matter as far as our aims are concerned. Eventually others are going to find a means of determining exactly which tissue is being tested. When they find the tissue being tested is not what we Touch for Healthers thought was being tested there will be a temptation to say that Touch for Health does not work. That would be a wrong conclusion: we would not all be here if it did not work!

How do we know what we are testing then? Let's say that you have just completed the latissimus dorsi muscle test on a friend and found it to be weak on the right side. What imbalance allowed that muscle test to fail? Was it the latissimus dorsi muscle or its tendon, or some other tissue? Therapy localization is a means by which we can determine this. Standing behind your friend, test a strong indicator muscle, such as the deltoid, then point the fingers of your other hand directly into the latissimus dorsi muscle. Does the indicator muscle then weaken? If not, point into the tendon. Usually, it is the tendon that is out of balance when the latissimus dorsi muscle test fails. This imbalance is related to the pancreas, whereas the muscle imbalance is related to the heart.

Sometimes over a period of weeks we may find ourselves continually having to strengthen the same muscle or muscles. We suspect that negative emotions are involved. Until now, we have not had a way to determine what those very specific emotions are. As an illustration, let us again consider our friend with the latissimus dorsi muscle testing weak on the right. Test an indicator muscle while therapy localizing the tendon. If the indicator weakens say "Love, love" audibly to your friend. If the indicator muscle now tests strong while you therapy localize the tendon, you have determined that positive emotions may be helpful in correcting the imbalance. Saying "Willing and accepted" aloud while continuing to therapy localize the tendon should result in a strong indicator muscle. Conversely, saying "Unwilling and unaccepted" should again weaken the tissue and its muscle test. The relevant emotions to restore or throw out of balance a particular tissue will be different from those associated with other tissues. The

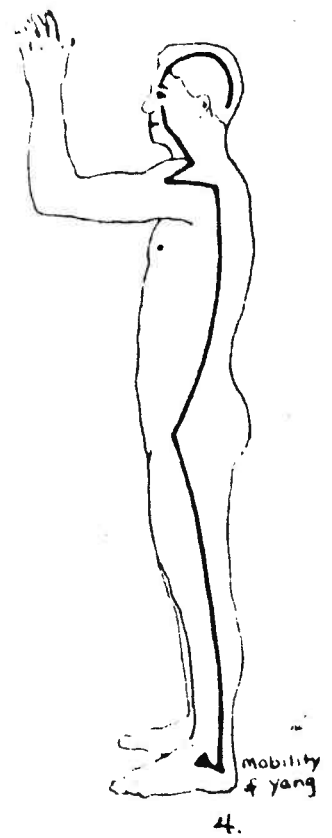
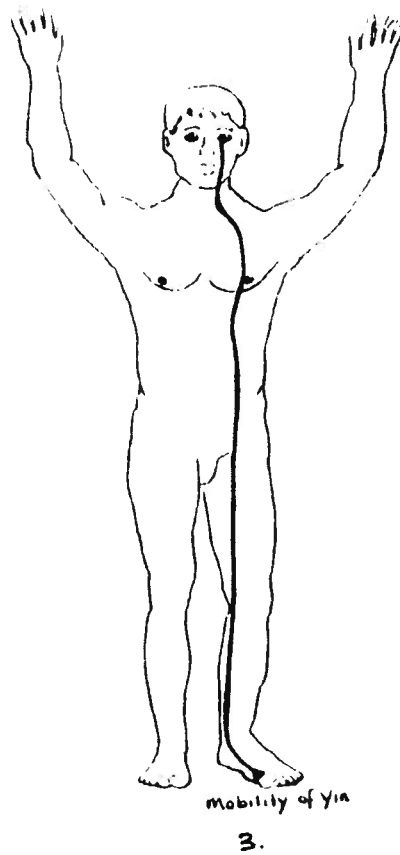
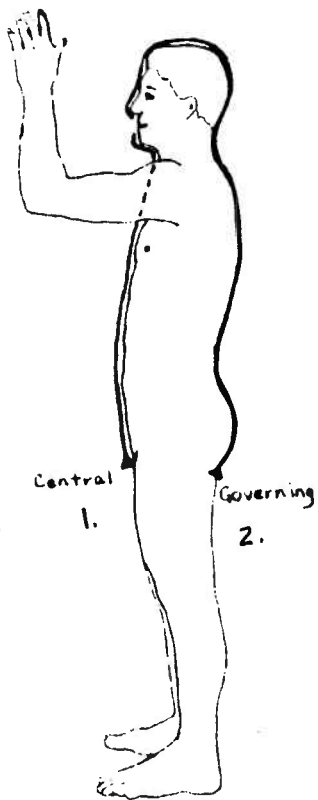
latissimus dorsi muscle, for example, would respond to "Willing and forgiveness" and "Unwilling and bitter". Whether the person went through a situation where they experienced the negative emotions, or not, working with the positive emotions will usually be very beneficial in helping the tissue to return to, and stay in, balance.

Another major cause of continued imbalance in a specific muscle test can be nutrition. Sometimes a tissue can weaken because the person lacks sufficient amount of a specific vitamin or mineral in the diet. Sometimes the reason a deficiency has established is that the person is allergic to that particular nutrient and is unable to handle it whether it is in the diet or not. For further information see the paper I presented at the 1981 TFH International Annual Meeting<sup>9</sup>.

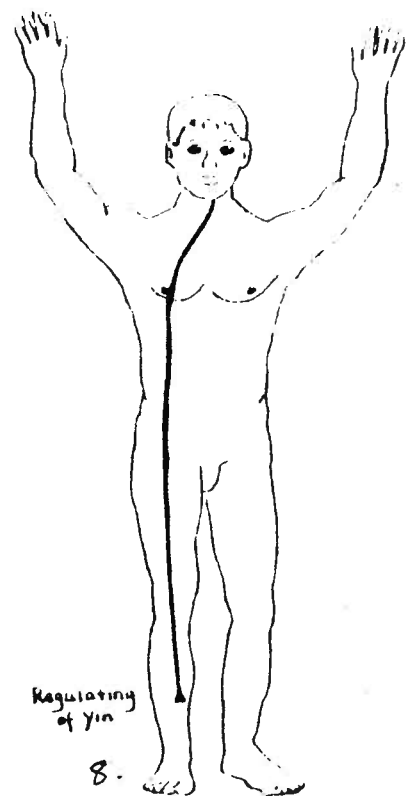
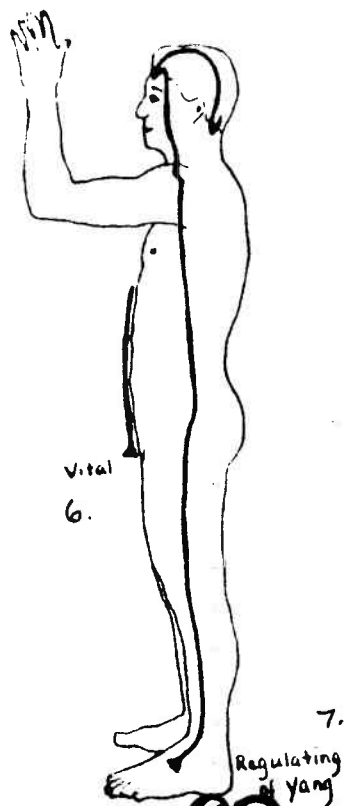
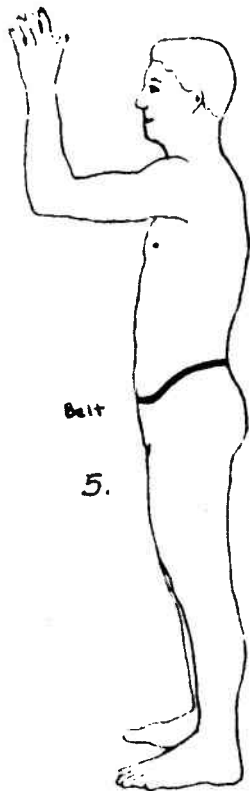
Additional strengthening techniques for each muscle and tendon include massage and biokinetic exercises. The latter are passive exercises that involve shortening the specific tissue we are interested in, without the tissue being used, as a physical means of restoring balance.

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### THE EIGHT EXTRA MERIDIANS



## TOUCH FOR HEALTH: A CHILD'S VIEW

Peggy Mc Connell

I was raised in Twin Falls, Idaho, graduating with B.A. in education from College of Idaho. I operate a Day Care; have been an Herbalist for 7 yrs. lecturing and teaching classes; I am a Certified TFH Instructor; I teach Integrative Health Care as a Certified Health Facilitator.

### ABSTRACT OF PRESENTATION:

My speech deals with how THF techniques can be used with children, helping them to cope with their illnesses, accidents, and stresses. I begin with a visualization to get in touch with our inner child. I work with three puppets who share how THF techniques have helped them in various situations. TFH techniques mentioned are ESR, cross crawl, meridian massage, pain tracing, allergy testing, etc.

PRESENTATION MEDIA: Hand puppet friends.

I am so excited about being a part of Touch for Health, both in working with adults in the classes I am teaching and with children in the areas where the TFH techniques are helpful.

Today, we are going to look at TFH from a child's point of view. In order for us to appreciate this point of view, I'd like you all to make yourselves comfortable and go on a visual journey with me. Let's get in touch with the child part of ourselves and the joy and enthusiasm children have about the world around them.

Close your eyes and concentrate on your breathing - inhale and exhale, slowly and deeply. As you breath in, feel relaxed and as you breath out, feel the tensions leave. We're going to take a trip through our bodies on a beam of white light. This light helps us feel loved and warm and safe as we ride on it. Each part of the body we stop at also begins to feel relaxed as the tensions are released. We're going to pretend there's a trap door at the top of our head that leads to a slippery slide. First we slide down to our shoulders, then to the knees, ankles, and toes. We feel a relaxed sense of joy and an exhilaration at being alive. As we move upward, each body part feels relaxed: the toes, ankles, knees, and legs; then the stomach area; next the lungs can relax and breath deeply; now the shoulders. We now take the slide down to the fingertips. Whee... The fingers and wrists become relaxed and then the elbows and shoulders. We now come up to the neck, jaw, and face and feel the tension leaving as we exhale. Now we come up through the head, clearing our thinking processes as we go up and out like a great bubbling fountain, spilling over and cascading down to surround us in warm, relaxed feelings of joy.

We can go now to that special time in our childhood where learning was fun and being a child was great with each day an exciting accomplishment. We are going to take this wonderful part of ourselves and share it with our adult selves so that we can use all of our parts to help share Touch for Health in all areas of our lives. Now, we are going to come back to this room for our trip. As I count down from 5 to 1, you'll feel like coming back at 5, more awake at 4, more alert at 3, ready to enjoy learning at 2, and really feel the chair and see the room at 1. Open your eyes when you are ready.

Hi there. Hope you all feel great after our trip. As you can see, I brought some friends of mine along to help me share some of our Touch for Health experiences with you.

Tina, here, is a soccer player. One day, as we were waiting for soccer practice, the kids were playing on the monkey bars. Tina climbed to the top just fine, but on the way down, crashed face first. When she got up she had a face full of blood and sawdust. "ya, I had stuff all over me and I was crying and scared cause I hurt myself." said Tina. I used the Emotional Stress Release Technique to calm Tina down and quietly told the other kids to sit down. I sent one child to the car for the first aid kit. I cleaned off Tina's face and mouth and found very little damage, just a small lip cut and scratches. Assuring her the damage done was slight, I placed my hand over her forehead and had her think about what had just happened and then rewrite the incident with a happier ending. Tina was fine then and wanted to go to her soccer practice.

From that accident, the other soccer mothers wanted to know more about how they could use Touch for Health with their children.

The soccer team began to use cross crawl with their other soccer warmup activities. I explained to them how the cross crawl helped to integrate the right and left brain together to help them think better and give their bodies greater coordination when running and kicking. The girls also massaged some of the lymphatic points on their legs for greater stretching capacity and greater muscle flexibility.

We eased in techniques, only doing a few new things at a time as people tend to be skeptical of new ideas. I found other techniques of balancing, gait testing, visual inhibition, and running the meridians to be very useful for enhancing my own daughters performance ability.

Tina said, "one of the girls twisted her ankle during a soccer game. The coach applied an ice pack, but you helped get rid of the pain, didn't you?" I had used the Golgi-spindle cell technique, pushing the muscle cells back closer together again, and this relieved some of the pain.

Even with the few techniques we used, some of the girls felt it had helped them and that they did not fall as much. Thank you for your help, Tina.

The next friend I have to help me is Jack. He's a baseball player and star pitcher.

"One day when I was practicing and goofing off, I jammed my thumb into the ground. Boy, did that smart. I was supposed to pitch in the big game that coming Saturday," said Jack.

I think Jack was more upset about not being able to throw the ball than about his thumb hurting. We checked to see the amount of damage and applied an ice pack. I then placed his hand on his forehead and used the EMSR technique to calm Jack down. We visualized the thumb healing and him playing in the game. With Jack calmer, he noted the pain in his thumb. He rated the pain and I used a meridian tracing technique. I started at the tip of the thumb and used pressure on the part that hurt. I worked the points from the injured thumb tip to the upper part of the thumb. The pain had decreased, but there was a second area hurting and, using that pain spot, I repeated the procedure. This relieved most of the pain. We then notified his mother, related what had happened, what emergency procedures I had used, and assured her that everything was under control.

"Boy, it felt a lot better. She balanced me, too, and I was able to pitch in the game after all, even though my thumb still hurt some." Thank you, Jack.

Susie is a Girl Scout and she is going to help me tell you about how Touch for Health techniques helped at Girl Scout Camp.

"We had so much fun at camp. One day we were learning how to play tennis. I hit the ball hard over the net and when the girls returned it and I tried to hit the ball again, I slipped on the court, hurting my elbow and wrist. I didn't notice any pain until we had stopped playing. My Girl Scout leader uses Touch for Health. She checked my arm to see if it was broken and so did the camp nurse. Then, since they both thought it was nothing serious, my Girl Scout leader said she would help lessen the pain. She put pressure on my finger tips and one hurt more. She then held the spot that hurt and pushed down on my arm from my finger tip to my elbow, making my arm feel better. She repeated this with the spots that hurt on my wrist, too. I felt better and slept okay that night."

When I use the TFH techniques, I always cooperate with any health professionals when checking an injury. Also, I always inform the parents what I have done to help, especially if it is in relieving pain, so that they may check with their own doctor or chiropractor, as the situation may call for. I know that I have relieved the pain, not the cause of it, and that further followup may be necessary.

Susie said, "Can I tell about the girls at camp that were throwing up? You helped them feel better. You rubbed their heads and what else did you do?"

Oh, yes, there were two girls who were sick at camp. One had the flu and felt better after throwing up. I just massaged her back lymphatic points and rubbed her feet to help her relax.

The other girl was very sick, pale, and white and close to passing out.

"Yeah," said Susie, "you rubbed her head or something to help her."

Yes, I used the ESR technique to help calm her down so she won't be frightened. I also held some of the neurovascular points to help relax her and increase the circulation. I massaged her face area and relieved some tension, reducing the headache pain. I ran the meridians to help increase energy level.

"She threw up all over, too."

Though I never prescribe, her symptoms were similar to those I had when I was having trouble with my low blood sugar earlier. I didn't know if her symptoms related to this, but was able to use the techniques which had helped me when I had had these symptoms. It was hard to tell if I had really helped her, but she did relax enough to sleep. In the morning, she was feeling a little better. She admitted this was a chronic condition she had had for most of her life. She thanked me for my help and said it had helped, even though she had been too weak to tell me at the time.

I find that though I may not always see the results immediately, the people I help may be feeling that love and calmness I offer and perhaps the TFH techniques are working not only on the physical body, but on a level beyond that.

I shared with her my history of hypoglycemia and suggested she check further with her doctor and parents to see if her symptoms might related to diet. Her mother called long distance to thank me for my help and said they were checking to see if what she ate related to how she felt.

At the time, I had not been sure I had done any more than calm down a frightened little girl at camp, but looking back, perhaps more was done to help that I will ever know.

"That sure turned out fine," said Susie.

"Yes, Susie, it did and thank you for your help."

I find that I use the EMSR technique frequently in running my day care. I use this for stress situation that come up. These can be personal problems or school problems and tests. I've used the superlearning visualizations to help the kids create a positive picture during a test or just to help them learn facts or in studying. Even if I only used it for myself, it would be one of my most valued techniques. I also have the children use cross crawl techniques for brain integration.

Balancing works great on healthy people of all ages. I have found it very helpful for children recovering from illness. It seems to raise their energy levels as it unblocks the energy systems. The drawback may be in having a child with more energy than you want them to have, but I find they are easier to take care of and feel better sooner than a child that is wiped out and crabby all day. The meridian massage and balancing are very relaxing and I find the kids sleep better and recover from illness sooner. A child is always tired the first day back to school after an illness. I find balancing works two ways; either giving them energy to make it through the rest of the day or relaxing them so they take a nap. Either way, they are easier to take care of and be around.

I have used the TFH techniques in the field of allergy testing. Kids get a big kick out of testing different foods on each other. It is helpful for pointing out bad and good foods in their lunches, why they should eat certain foods first and others later (or not at all) and if they are too full to eat at all.

As a Health Facilitator, I use the allergy testing to educate parents, as well as children, about food supplements and foods in their diets.

Since I deal with the areas of exercising stress reduction, as well, I find sharing the cross crawl and EMSR techniques very helpful in educating parents and children in ways they can take more responsibility for their health.

I have used surrogate testing, especially with mothers who have small babies. They have found it very helpful in determining which foods to add to their diet and determining which foods they may be allergic to. By isolating and eliminating allergic foods, it helps the child and greatly reduces stress for the whole family.

By showing people how their bodies react to different foods, they can feel whether they have more or less energy. By using these techniques, both children and adults feel the difference and can then make wise choices. We have accepted more responsibility for ourselves and are on our way to a healthier way of living.

I hope these thoughts I have shared with you have given you a better understanding of how Touch for Health is seen from a child's point of view and, in turn, helps you share Touch for Health with children you know.



Paul E. Dennison, Ph.D

Dr. Dennison earned his Doctorate in Education at the University of Southern California in 1975. He is a specialist in learning disabilities and has pioneered in treating dyslexia through the modality of kinesiology. He calls his techniques Edu-Kinesthetics.

**ABSTRACT:** Explored will be the relationship between posture and reading comprehension. Corrections will be made in the posture and the comprehension using reactive muscle and muscle lengthening techniques.

### **Back-brain/Front-brain Integration**

Why do some people read with speed and comprehension while others do not? There are many reasons for reading failure. The Basic E-K class addresses the subject of Dyslexia. We explain Dyslexia in terms of right-brain/left-brain imbalance. We discover that one cerebral hemisphere, usually the right, is "switched-off" preventing hemispheric integration. We discover, through E-K testing, how best to switch-on and synchronize the right and left-brain, and the Dyslexia symptoms are corrected.

Good reading, however, is more than correct decoding of the printed page. To really understand what one reads, one must pass the Comprehension Test. The test is simple. Ask someone to read a paragraph. Now ask him to tell you what he has read in his own words. If a previously strong indicator muscle goes weak, there is a problem. Assuming that you have ruled out Dyslexia and the person is "switched-on," the person may have a back-brain/front-brain imbalance which results in an inability to grasp the essential information and reconstruct it in his own language!

The front-brain, similar to the left-brain, deals with those cognitive activities which require a logical, linear, verbal, and analytic type of processing. The back-brain is instinctive, intuitive, psychic and reads between the lines. Just as we need left-brain/right-brain integration in order to "cross the midline for decoding and encoding," we need back-brain/front-brain integration to pay total attention to the meaning of what we are reading.

Further testing of someone who fails the Comprehension Test reveals that a previously strong Latissimus Dorsi muscle will now test weak. A challenge muscle test of the anterior-posterior aspect of the mastoid process will show one or both weak. A challenge of the sacrum will show one or both sides weak as well.

Analysis of the person's posture will find the knees locked. Ask them to read again with knees slightly bent and comprehension will improve! The above indicators will test strong as well. The knee-locked posture has evidently become a pattern when processing information. The body has become a metaphor of the inability to integrate front and back-brain functions. For this person, the front-brain is usually off and the back-brain is usually on. When reading, the front-brain is on (stress), and the back-brain is off.

To help this person, we must help him to experience front-brain/back-brain integration naturally. Standing with knees bent is not comfortable for him as his muscles are out of balance. We must make it feel unnatural to lock the knees!

It has been discovered by E-K research that the knee-locked posture blocks the flow of cerebro-spinal fluid between the sacrum and the occiput, preventing sufficient energy for back-brain/front-brain integration.

The correction is to restore equilibrium in the body by eliminating all reactive muscles. This is achieved, in addition to spindle cell therapy where needed, by golgi cell therapy in the feet, Upper Trapezius, and Hamstrings--three abused areas in our society.

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BIOGRAPHY:

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ABSTRACT:

Sino-American Cancer Nursing Study Tour - March 19 - April 1, 1983  
CHINA - HER PEOPLE & DAILY LIFE, MEDICAL AND EDUCATIONAL REQUIREMENTS -  
HEALTH CARE - EMPHASIS ON CANCER

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RICKSHAW RAMBLIN'S

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In the latter months of 1982, I received an invitation through the mail to join a group of health professionals on a Cancer Nursing Study Tour in China -- to include visits to brigade clinics, medical colleges and hospitals in Shanghai, Beijing, Canton and Hong Kong, and to share in exchanges with nurses and doctors in each of these cities. Due to a personal interest in cancer health care in the U.S., and a very basic introduction to the oriental philosophy of the body through Touch for Health in 1982, my interest was aroused. Hoping to find a willing accomplice in Peggy Maddox, I passed her a note during one very dull class, saying, "How would you like to go to China?" Her reply, "I can be packed and ready to catch the 2:00 plane!", set the tone for a two week adventure in March of this year that left us with a kaleidoscope of impressions.

We left San Francisco on China Airlines the afternoon of March 19th and flew non-stop to arrive in Shanghai 13½ hours later at early evening, which lapsed into late evening as it was discovered by the customs officials that the oldest member of our group had travelled without her passport. Finally, we were transported by bus through the streets of Shanghai and our first impression remained with us throughout China as the people rode their bikes zigzagging in front of the buses and cars, playing a very gutsy game we Americans call "Chicken". Arriving at our hotel overlooking the waterfront of Suzchow Creek, we settled into the tune of all the night noises--blasting boat horns, bus horns honking, bike bells dinging and people calling to each other in the streets.

Excitement gave way finally to rest, but early morning found Peggy and I up before the hotel was ready for us. Elevators were not yet in operation so we located a steep, dark and narrow stairwell and, at times, questioning the wisdom of our descent, finally let ourselves out in an alley way behind the hotel. Our hotel may well have been asleep, but the city was wide awake and humming with activity. A fine mist hung in the air, and the streets as we set out at a jog were filled with people of all ages performing a very graceful exercise that our young guides referred to as shadow boxing. Others were doing a slow motion jog,

and in the many parks various groups were doing a variety of exercises and martial arts. We were welcomed by the people to join the exercise group and the young people by example, gently and with amusement, corrected us when we didn't follow their movements.

Continuing our jog through the city streets, we were stopped by a gentleman who spoke very good English. He introduced himself as "the little carpenter of Shanghai" and asked where we were from. Upon hearing Los Angeles, he reached into his bag and produced a thick letter addressed to Barry Goldwater, telling a story that was colorfully illustrated, about how he rescued American airmen parachuting from a downed fighter plane over territory occupied by the Japanese in World War II. He placed the letter in Peggy's hands saying, "I trust you", and he walked along with us for another 10 minutes before catching a trolley. Peggy agreed on the spot that my pre-trip prediction and promise to her was already coming true. Blondes do have more fun!

The first few days were spent acquainting us with the people in their homes, schools, factories and hospitals, in both the commune and the workers residential area. In spite of the assumption that we were shown and told only the positives, it is clearly evident that China is a rapidly developing nation. On one hand, it was like taking a step back in time and viewing a nation with tools and methods used in our country at the time of the Industrial Revolution and before. On the other hand, we saw many signs of the availability of the expertise and technology of Russia and the Western World.

In a country of 800 million to a billion people, 80% are employed. As our young guide told us, "Today there is no place for lazybones!" The work week for everyone is 6 eight hour days, and though there is an occasional holiday, there are no vacations. The average pay is 70 yuan per month, which translates to about \$35.00 U.S. or a dollar a day. Three and four generations live in one household and all contribute toward its upkeep. Production profits are distributed first to the state, then to the commune, and lastly to the people. The latter finds its way back to the people in the form of a bonus which averages both in the factories and on the commune farms approximately \$350.00 a year. Our guide reminded us that while this may not seem like a lot to Americans, it is considered good "pocket money" for the Chinese.

In addition, in the communes each adult is given 50 square meters of land, not to own, but to use and plant in any manner he so chooses. He may also raise livestock and what is not needed for personal use may be taken to a free market and the profits received belong to the individual.

It is required that men retire at age 60 and women at age 55 on a pension equivalent to 75% of their former salary. Both continue to do "volunteer" service which may include caring for the babies and providing assistance to the aged and ailing.

Exteriors of buildings, homes and apartments were very plain, gray and drab, and interiors strictly utilitarian, although an occasional luxury was to be seen. Our hostess in the workers residential area did have a TV. She lived with her unmarried sons in a bed sitting room no more than 15' by 18'. A central tiny kitchen and bathroom serviced three or four of these bed sitting rooms. A similar arrangement existed in the commune homes, but there they had no running water or indoor plumbing.

We saw no modern industrial areas. Rather in the factories we visited the work was done mostly by hand and where machines were used at all, they were early 20th century. There seemed to be no particular provisions for safety in the factories and in some areas, dust and lint hung thick in the air.

The nurseries and schools we visited were filled with lively, warmly dressed, obviously healthy and happy children. They were bright and spontaneous and we had the good fortune to enjoy a performance by some first and second graders that demonstrated some exceptional grace and talent. Children do enter the nursery school at age 2 or 3 months which frees the women for the labor force. However, new mothers only work 7 hours a day, allowing them one hour to breast feed the baby during the day.

The emphasis of our trip was to meet with nurses and doctors who are primarily involved in the treatment of cancer patients. To this end, we visited the Cancer Hospital of Shanghai 1st Medical College, the Peking Institute for Cancer Research, which is part of the Beijing 1st Medical College, the Tumor Clinic of Kwong Chow Medical College, and the Queen Mary Hospital in Hong Kwang.

As a group of nurses, we were eager to know first of all about our Chinese colleagues. Compulsory education in China requires that everyone attend 9 years of school, 6 years of primary school and 3 years of middle school. At this juncture, an examination is given and only the very brightest students about, 20%, go on to complete 3 more years of middle school. It is at the 9 year level that a young woman may enter a 2 year nursing program where she receives a very practical education combining classroom lecture, lab and study with on the job training. There is very little dropout as the young women are encouraged to form cohesive groups and the emphasis is on helping each other. Exams are given as they complete each segment of their education and these may well be open book exams and the students may collaborate, since Chairman Mao edicted that examinations were meant to be learning tools and not filled with trick questions only meant to confuse the individual.

After rotating through special services, such as OB-GYN, medicine, surgery and orthopedics, at least one full year of training is devoted to work and study in the rural community at the brigade clinics and commune and factory hospitals, since the focus of medical care is always on service to the people. All facets of the health care system are incorporated into the instruction program and instructors include physicians, other nurses and the barefoot doctors in the rural communities. At the Shanghai 1st Medical College and Hospital, they are attempting to set up a more formal nursing program by encouraging young women to complete 4 years of college to become nursing instructors, but they have not been successful to date since that is the time required to become a doctor. Incidentally, at this time a very good nurse can move up in the medical hierarchy and receive continuing education to become a doctor. There is no accepted role for men in nursing in China, and 90% of the physicians are female. In fact, there seems to be varying levels of health professionals under this government run system, all bearing the title "doctor". There are those who have had 10-12 years of middle school and have a 5 year curriculum at a primary medical college, then there are those who have had 9-10 years of middle school and 3 years at a secondary medical college. These are the intermediate level physicians. Lastly, there is the barefoot doctors, so named because they are young peasants from the rice paddies where rice is planted in bare feet. They are selected for their intelligence and strong political loyalty, given 3-6 months training in general

medicine, taught to diagnose and treat common diseases and are responsible for teaching sanitation, preventative medicine, family planning and birth control, report infectious diseases, do minor surgery and acupuncture and delivery babies. They are also encouraged to develop their own herbal medicines.

As in the U.S., there is a very definite nursing shortage in China. An average medical or surgical unit there consists of 50 beds and in a 24 hour period this unit is staffed by 8 nurses on 3½ shifts and all nurses must rotate shifts. Four or five nurses cover the day shift with one doing the administrative work, two doing patient care and 1 or 2 administering medications. Obviously, patient care does not include daily bed baths. However, in some hospitals the doctor/nurse ratio seemed to be inverted with doctors outnumbering nursing staff 3 to 1. This may be accounted for by the varying levels of those who are called doctor. In any case, we were told that nurses and doctors duties are interchangeable. Nurses also diagnose and prescribe treatment. It is apparent that the legal aspects of nursing are not a part of their curriculum. I would like to add here that as the doctors and nurses complete their education they may request a specific assignment, but in the end they are placed where the need is the greatest.

The medical college hospitals take on the main task of cancer diagnosis and treatment, not only for the patient in the municipal area, but also for those from the neighboring provinces. These hospitals offered patients a full range of surgical, radiotherapeutic, chemotherapeutic and Chinese traditional medicine treatment. Chemotherapeutic agents are used alone or in combinations following our own well established protocols in the U.S. We were told that the patient is incorporated with the medical staff into the course of treatment he prefers, and about 70% opt for western medicine. There are a few beds in each hospital for those preferring Chinese medicine and in at least one case presented to us a patient was receiving a combination protocol of Western and Chinese medicine. The biggest role for Chinese medicine seemed to be in the treatment of the side effects of the toxic drugs and acupuncture is often used for pain control and administered as often as requested. Nurses are taught the principles of acupuncture in training and gain on the job expertise. The average hospital stay following surgery is 56.3 days.

I noticed that all nurses administering chemotherapeutic medications were capped, gowned, masked and gloved, a policy not presently adopted in most hospitals here. However, at least two recent studies done in the U.S. have shown concentrations of these chemotherapeutic agents in the urine of medical personnel handling them and at the present time the National Institute of Health is recommending more caution be used by our own medical personnel. The N.I.H. is also recommending caution in the handling of excreta of patients receiving agents, since some are excreted in high concentrations in the urine and feces. Since these agents themselves are carcinogenic, I wondered if special handling was required in China, since human excreta is used as fertilizer there, but I was unable to get an answer to this question.

As we travelled from the North to the Southeast of China and from brigade clinics to the medical college hospitals, we found a wide variation from the most primitive to the most sophisticated in care and research. Hospital facilities were reminiscent of the late 19th century and improved as we travelled South. Yet here and there was some very expensive and very modern equipment. The oncologist travelling with our group told me that while they had some of the latest medical equipment, much of it was not in use because few people knew how

to use it. I thought surely this could not be true, but when we arrived at the Tumor Clinic in Canton, one of the first questions asked of us was, "Do you use infusion pumps? If so, what kind?" We were all familiar with I-med and I-vac, and when we arrived at the first ward, there sat a brand new I-med and the staff eagerly gathered to receive an in service demonstration. We gladly accommodated, but had cause to wonder if the U.S. is selling equipment to China without proper instruction in the use of it.

All the hospitals were air-conditioned, that is to say, windows opened wide. All the patients and staff wore layers of warm clothing under their white coats or pajamas. Sicker patients huddled under warm rough quilted coverlets.

We asked if families were allowed to participate in the patient health care in the hospital and were told they had specific visiting hours, one hour twice a day and all health care was provided by the medical staff. Since the whole family works, it is not practical to have them do patient care. Further, at least among the peasant population in Hong Kong, there is often a stigma attached to the diagnosis of Cancer. They feel it may be a punishment for a bad deed in a prior life and these patients may not be welcomed back into their own home. There is a big role for the medical staff to play in giving psychological support to patient and family.

The cancer patterns in China are those associated with undeveloped countries with stomach, lung and liver cancer leading the list. There are, however, three unique cancer problems in China that are now being studied, and since they seem to be environmentally influenced, they are therefore potentially controllable.

There are pockets of high esophageal cancer in the mountain areas of the North where it is arid and the soil infertile and a diet lacking adequate vegetables, fish, meat, beans and oil seems to be a common factor. It has also been found that in this population they consume a lot of pickled vegetables that are contaminated with various molds and when extracts from these pickled vegetables are given to rats, they tend to get esophageal dysplasia and liver tumors.

Cancer of the liver occurs mainly in the Southeast in the warm humid areas along the coast and is the 3rd leading cause of death due to cancer. Areas in Shanghai where the corn is heavily contaminated with a mold, aflatoxin B1, show a higher incidence of Hepatoma. Many of these patients have a prior history of infection with hepatitis B. Some people don't handle the viral infection too well, it sits in the liver and somehow incorporates itself into the DNA of the cell and goes to form cancer. Also, the presence of nitrosemes found in their diet of salted vegetables seems to be a common factor in those patients with Hepatoma.

Nasopharyngeal cancer also occurs mainly in the South, with a decreasing incidence as you go North. The Chief of Radiology at Queen Mary Hospital in Hong Kong attributed NPC to prior infection with the Epstein Barr virus and even more emphatically to a diet of salted fish. In the South the Chinese salt their fish live and they become heavily contaminated with nitrosemes. NPC also occurs with decreasing incidence in the North and he attributed this to the fish being salted after they are dead. He felt very strongly that once ingested the damage is done, and he said the mothers wean their babies directly to a diet of salt fish.

It is interesting to note that as these Chinese migrate to the U.S., the second and third generation show a decreased incidence of these 3 cancers, but develop the cancer patterns of this country and replace stomach cancer with colon cancer.

In an attempt to find these tumors while still small and resectable, or identify those people who need to be watched more carefully, the Chinese do mass surveys for cancer detection. These are accomplished by the barefoot doctors and mobile teams. They cover hundreds of thousands of people in a survey. In this way they have virtually eliminated cancer of the cervix as a cause of death among the textile workers, by doing regular vaginal smears.

Nationwide programs are now carried out, teaching women to do self breast exam. Since this is one educational area that we seem to get only about one-third of our female population to continue to do what I call the Women's Touch for Health, regular self breast exam, I wondered if they had better statistics, but it is the same there. Just as a point of interest, our doctor in Hong Kong mentioned a study for breast cancer done on the floating population. The women have little privacy and their blouses all unbutton on the right side, so they breast feed their babies mostly on the right side. Where breast cancer is found in this population it is predominately in the left breast.

Though the Chinese still do not regard smoking as a significant cause of lung cancer, they are now presenting extensive anti-smoking campaigns in their schools. 90% of the men smoke and only 10% of the women smoke. Yet, Chinese women have the highest incidence of lung cancer in the world. However, 80% of it is adenocarcinoma, a non-smoking type of lung cancer. At present research is going on as to why Chinese women have adenocarcinoma and the men have oat cell carcinoma.

The Chinese have a long and distinguished history and because they have maintained a relatively pure race, China offers a fine opportunity for the study of cancer that may help to solve the problem for the rest of the world.

THE END