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TOUCH FOR HEALTH WORLD WIDE

John F. Thie D.C.

We are people who heal by touching. There is more to healing than touching, of course. Different types of touching are more effective for individual people and problems.

For myself, Touch for Health allows me to make certain I have applied a method which has proven effective. We now know that TFH methods affect the whole person. Touch for Health began with the structural/chemical/psychological trangle of chiropractic and applied kinesiology. I would add the spiritual dimension -- the necessity of a person to realize his connection with the Universal Oneness. For me, that has been a fuller understanding of Christianity. I have given my life to serving, knowing and loving God, and have fully accepted that Jesus Christ is the way for me.

I visualize TFH's healing process as a circle which can incorporate a variety of new, old and changing techniques that benefit the whole person. For example, we learned that music and sounds could be an important way of "touching" people. As Touch for Health developed we were shown the healing properties of light, sound and vibrations.

Touch for Health became an "open door" for others who discovered new aspects of healing. From the beginning we wanted

TFH to remain a people's movement, including individuals from all academic and experiencial levels who would share their commonality of ethically and morally touching for health.

To accomplish this, we provided a simple body of information called Touch for Health -- a method that was not static, but growing and expanding. We permitted anyone to utilize TFH techniques with the freedom to add or subtract portions. The only restriction was: If you call it Touch for Health, do it according to the book. Thus, Touch for Health is a tool. When you call a program Touch for Health, you proceed in a prescribed way. When you add things we asked that you differentiate between TFH basics and modifications with your own methods. This rule has been respected and now various modifications are being taught and shared by many people.

I believe it is now time for Touch for Health enthusiasts to assume more responsibility for the organization. We have created an umbrella -- an ever-expanding circle of healing experience of which the tool called Touch for Health is one part.

The circle is a unique symbol. It represents the infinite. In the 1600's the French theologian Pascal said that God is a circle of which the center is everywhere and the circumference is nowhere. The circle also represents the finite. It is both boundless and the bounded, the devine and the human. By adding rays, it is an emblem of the sun. When spokes are added, it represents the wheel. Divided by an "S" shape, it becomes the Yin-Yang symbol of meridian therapy.

I believe we can formulate ever widening programs that will

fit into our circle of healing by touch. I personally want to step away from the controlling position and find others to lead this organization so that it will continue to allow people to share the basic principles of Touch for Health. This year I have stepped away symbolically by not addressing the closing meeting. I am here as a fellow member who is vitally interested in seeing that this organization continues to help people through touch. I will continue to train people, using TFH as a tool. I believe this tool should be available to everyone from school children to the most highly trained professionals. How successfully the tool can be utilized is up to you as individuals. I will be part of this non-profit organization as long as I am not restricted in my freedom, and as long as those who join me maintain integrity, congruity and love for one another. I will work to expand our circle so that we enjoy the common goal of love and trust.

I will be adding new elements to the Touch for Health course as they are discovered by others and shared with me. I evaluate ideas and techniques which prove to be consistantly effective. Their merit usually becomes evident during a period of years. My plan is to revise the Touch for Health Manual as time goes on. I deeply appreciate the "corrections" offered by you. Your imput makes the material more understandable. I value ideas that allow our methods to be learned more quickly, including differences of opinions as to the position of reflexes and the many other suggestions about how our material can be shared more effectively. Please keep sending me written ideas

about revision, as I am now gathering all modifications and additions I will add to the book.

A REPORT ABOUT TOUCH FOR HEALTH WORLDWIDE

Since our last meeting I have traveled with Carrie, my wife, and spoken about Touch for Health in 11 countries. I was met with enthusiasm everywhere. People all over the world are utilizing TFH techniques. This year the Touch for Health Manual was printed in German and French. The books are selling well in both countries, and we plan to appoint faculty members to serve the French and German people in their own language.

My experiences in Europe confirmed a principle I noticed when first developing Touch for Health here in the United States. This is that the basic Touch for Health techniques are the key to solving most problems. The simplicity of TFH techniques gives people the impression that much more must be learned to be effective. They assume that the meridian theory of TFH is not enough.

When I was first developing the techniques I tried short cuts, which often turned out to be detours. Very quickly I learned to begin all public demonstrations and Touch for Health Instructor Meetings with the basic TFH balancing. Instructors were often surprised by the power of this tool.

People often think that Touch for Health courses I, II, III and the Doctor's and Assistant's Applied Kinesiology Course are set up in order of progressive effectiveness, but the order is reversed. In my opinion, Touch for Health is the most important and most effective touch for healing. The other materials are shared because they too have merit. Many instructors assume that additional courses are really advanced courses -- meaning they contain better, more effective healing techniques.

I can only tell you that in running my large and successful clinic, I see the best result when I use the basic 14 muscle balance first. The second step may be utilizing techniques of applied kinesiology's apporach. I also try other techniques that are restricted to licensed chiropractors by California law and other jurisdictions.

To explain my approach, I like the analogy of American football--a game in which the fundamentals must be applied in every play if the team is to win. The fundamentals of American football are blocking, tackling and a thorough knowledge of rules (to avoid penalties). In Touch for Health, the fundamentals are the 14 muscle balance, ESR, Cross Crawl and food (allergy) testing. If these are not carefully dealt with, then additional techniques may fail. In football, fancy plays and unusual strategy may look spectacular. However, missed blocks and tackles will eventually result in losing the game.

My recent travels have underlined the fact that there is now a worldwide audience for Touch for Health. I plan to visit other countries once a year in the future, and invitations from groups and individuals in other countries will be welcome.

I found great interest in initiating an Annual TFH meeting in Europe. I would like to be a part of this and encourage Americans to attend and also visit other TFH instructors in Europe. Hopefully, at this 1984 meeting we can choose a host country. I suggest fall as an excellent time of year to visit Europe. Such a schedule would allow us to publicize it at the U.S. Annual Meeting so that members could plan to attend. It is possible that attendance at either the U.S. or European meeting would fulfill the certification requirement for those who are not actively teaching Touch for Health.

In Europe many medical doctors and therapists are interested in the theory and use of Touch for Health. For example, I spoke at hospitals, at the British School of Osteopathy and at universities. The reception given me by the medical establishment was very gratifying, and I am sure that the impressive contacts made by Touch for Health instructors in Europe will result in more investigation by health care professionals. When I speak of "the establishment," I refer to medical doctors, their assistant, psychiatrists, psychologists and social workers who specialize in counseling. Also included are registered nurses, physical therapists, some of whom are now working independently.

In Britain, our first overseas faculty member, Brian Butler, has pioneered the British Touch for Health Association, whose General Annual Meeting and Seminar occurred while I was in Europe. I was honored to be the guest speaker and can verify that TFH is doing very well in Britain.

Poland deserves special mention because my invitation to give a paper at the International Meeting in Warsaw was the reason for my trip to Europe. In addition to the Warasw conference, I spoke more than once a day while in Poland and met with health specialists including the Central Organization of Sports at the Olympic Training Center. I was also invited to demonstrate Touch for Health for Polish Olympic athletes, their coaches, trainers and doctors. I found them very receptive and was invited to return and train the Olympic Training Staff. I did return, and for three weeks trained the Olympic Biological Recovery Staff and doctors. My lectures were translated by an interpreter and the classes were video taped. The directors of this program informed me that these were the most popular and well-attended classes in the history of the organization. They felt the material was helpful to their program. More importantly, the TFH training inspired the class members to realize they were all part of one team, working for the improvement of the athletes' performance -- a goal they had desired but not yet accomplished.

Touch for Health is also very active and successful in Australia and New Zealand. Special credit belongs to the leadership and teaching ability of Dr. Bruce Dewe, M.D. and his wife, Joan. New Zealand has scheduled its Third Annual General Meeting the last week of September. Australia's First Annual General Meeting takes place the first week of October. I am honored to be the featured speaker at both meetings. Any of you here are welcome. Representatives at this Ninth Annual Meeting will be happy to discuss the details with you.

I would like to commend some of our outstanding TFH instrustors in the following countries:

CANADA: Jennifer Garrett, Marie Featherston, Yvette Eastman, Dominique Dufour, Verna D.H. Hunt, D.C., George Milne, D.C., Mary Jo Bulbrook, Patricia J. Wales, D.C., Jane Faint-Kieran, Heidi Ship, A.D. Rowley, R. N., Colefn Quinn, Spiros Lenis, Ph.D., Yousri Karakand and Marion Hafley

ENGLAND: John English, Natalie Davenport, Brian Butler, Charles Benham, John and Heather White, Kay McCarroll, Elizabeth Andre"s and more than 50 other instructors

THE NETHERLANDS: Joan Voors, Vera Vandersleesen, Coby Schasfoort and the entire group of Dutch Touch for Health associates.

DENMARK: Grethe Fremming, Kristin Bielke

NORWAY: Dag and Eva Galteland, Asta Tusberg

WEST GERMANY: Susan Fassberg, Alfred Schatz and his wife, Suzanne

NEW ZEALAND: Joan and Carolyn Dewe, Bruce Dewe, Pat Cash

AUSTRALIA: Trevor Savage, Gary Samer, Philip Rafferty, Donald and Carolyn McDowall, D.C., Morrie Keevers

SWITZERLAND: Dr. Joann Beyer, Jean-Francois Jaccard, Noelle Weyneth

ISRAEL: L. K. Bolgar, Nathan Van Leeuwen, Dr. Ilana Zur

JAPAN: Deirdre Merrell

INDONESIA: Ruslan and Rahaju Morris

BELGIUM: Pierre Thierry-Vuerings

BRAZIL: Henny and Jose Moniz De Aragao

MEXICO: Linda Jimenez Olmos

A separate but significant experience for me was acting as principal trainer for the AVANTA Network this past May. AVANTA is devoted to teaching a human validation process to use in families, professional therapy, businesses, educational institutions and everywhere possible. Members from four countries attended the meeting and 50 people took the Touch for Health I class during the conference. Also speaking was Virginia Satir, who explained methods of training and their importance to learning. The processes she described could be used regardless of context. While listening to her I validated my opinions about our teaching methods, which were considered excellent by the group. This, in turn, strengthened my feeling that we are moving in the right direction by devoting part of each Annual Meeting to improving our teaching skills.

In summary, I can say that Touch for Health is now a world-wide movement -- so well known, in fact, that we are now attracting critics. Some voice objections about items that are totally untrue. This fact is not threatening, but challenging to me. It indicates we have reached a level that requires further change. We are no longer crawling. We have grown up! Now is the time for new leadership. If Touch for Health is to continue to help people, this organization will need leaders to direct it. This does not have to be a hurried process, but it must be done.

I see Touch for Health principles as a significant aspect in the future health of this world -- regardless of what name it is called. I believe that people of your caliber have a

deal to offer.

In my opinion, the future organization of Touch for Health will depend on you.

SURVEY RESULTS

The recent survey revealed many interesting facts about how people are involved with the principles and practices of Touch for Health.

Educational Backgrounds included 64% with bachelor's degrees, 23% with master's degrees (some listing more than one M.A.). Seven percent were nurses, 13% had no degrees and did not mention college, 7% mentioned college work not leading to degrees. Thirteen percent held Associate of Arts degrees (two years of college accreditation), 4% were chiropractors and 6% were Ph.D.s. Fifteen percent listed massage certificates. Other specialties included an advanced degree in dance therapy, an occupational therapist, a priest, a physical therapist, a doctor of Oriental medicine and a doctor of metaphysics. Most of the respondents had more than one professional degree.

On Getting Involved with TFH, 27% were introduced by a chiropractor. Twenty-one percent were told about TFH by a friend, 13% saw a demonstration in a home, at a health fair or during a lecture. Twelve percent read about TFH in a college bulletin. Four percent saw the TFH Manual and investigated it from there.

A few learned about TFH from relatives. Other introductions came from nurses continuing education brochures, a pediatrician and an optometrist.

Looking at these statistics we see that the majority of people became involved with Touch for Health because of contact with someone they trusted. This leads me to believe that "word of mouth" is still the most effective way to communicate TFH information.

In answer to How are You Sharing TFH?, 78% of the people are teaching or have taught classes. Seventy-two percent said they have personally helped others with TFH techniques. Fifty-five percent incorporated their techniques into other work such as massage, chiropractic, teaching, counseling and nutritional guidance. Twenty-two percent use TFH in other classes they teach. Sixteen percent have given demonstrations. The following reports reveal how TFH is being used by responsible professional and lay persons in a variety of circumstances.

Joy Lindsay, of Tarzana, California, states, "I straightened out a toe of my 76-year-old cousin. The toe was sore on the top and bottom from being bent inside her shoe. Her doctor, a specialist in his field, said she would have to put up with the soreness until the condition was severe enough to require an operation. The sores and pain are gone now and now operation has been necessary."

Kathy Street of Portland, Oregon, describes using TFH on a daily basis with family, friends and herself. "I teach TFH I, II and III as often as I can. I also use TFH to assist my quadraplegic daughter to survive."

John N. Dogget, Jr., a Ph.D. who is president of the Board of Directors of the Central Medical and Extended Care Centers of St. Louis, Mo., states, "I have shared this knowledge with family and friends at the hospital and at churches and colleges. It helped as a get-acquainted tool which later was instrumental in developing interest groups. TFH helped to improve the mental attitude of pre- and post-operative persons, making believers of some of the physicians."

In response to How Has Your TFH Connection Affected You?", 52% found that TFH helped them live a healthier life. Thirty-seven percent reported a career change; 18% found that the TFH course prompted them to seek further education. Here are some typical answers:

Ila Gerding, an R.N. from Palos Verdes Peninsula, California, said, "TFH has changed my life completely. Before TFH, I spent much time in bed, in traction. I had spinal surgery and used aspirin continuously for pain. Now I now longer use any prescription medicines. I am free from pain, look years younger and am much healtheir and happier."

Roger W. Akers, D.C. of Santa Monica, California, said, "Being exposed to TFH early in chiropractic probably kept me from practicing chiro-psychotherapy or possibly going on to medical college in Mexico. I have found in my practice of chiropractic that I can obtain results not possible for other chiropractors. I attribute my success in chiropractic to Dr. Thie's training."

Clifford S. Garner of Santa Clara, California, a Ph.D. with degrees in physics and chemistry from the California Institute of Technology, said, "Foremost TFH has helped me become a healthier, more loving person. It has balanced my earlier (predominately "left brain") approach to everything. It gives me great joy, fulfills a long-standing inner need to help others help themselves. I feel TFH will continue to lead others in the holistic health field in which I plan to work with patients with learning disabilities."

Kathleen (Kacie) Crisp, of San Leandro, California, received her M.A. in Counseling from Cal State Fullerton in 1975 and is a licensed California Marriage, Family and Child Counselor. She states: I felt I didn't know enough about muscles, so I went to massage school at the Sarasota School of Natural Healing Arts. My anatomy instructor, a chiropractor who practiced AK, taught me how to identify adrenal insufficiency. After this I finally mustered the courage to on chiropractic school and expect to graduate in June of 1985."

Carol Anne Hitz of Bellingham, Washington, states: Taking ITW three times has been signifcant in my personal and professional life. I lost 18 pounds the first time and eleven pounds next time. I overcame dyslexia, cross-crawled across California last summer, giving up a 46-year-long fear of flying to attend my first TFH conference. I could go on and on..."

Barbara Mae Miller, an R.N. from Seattle, Washington, states, " This program has been very beneficial in aiding my

own well-being as I had rheumatoid arthritis. The inflammation is all gone now, although the muscles are still weak in my shoulders. I will be doing more TFH classes in the future, specifically with a women's church fellowship and at a pain clinic."

Marge Murray of Waupaca, Wisconsin, who holds a Bachelor of Elementary Education from St. Norbert College, states, "TFH changed my personality. I had already changed my diet and life-style, but I was haughty and domineering. With ESR and balancing I could not stay that way and be happy."

Margene Smith of Escondido, California, who has a B.A. in psychology and an M.S. in Rehabilitation Counseling reports, "Touch for Health has been a turning point in my life. It has affected my mental attitude about illness and my physical habits of eating and taking care of my body. Through TFH techniques I know, I can lick what has been diagnosed as multiple sclerosis. So far I have made great strides. I am presently training to become a massage technician so I can work on other individuals to increase their well-being. Before the M.S. attack, I had chronic bladder infections and been on daily medication for two years. After the attack these conditions worsened. In Donna Eden's Touch for Health class I began working on myself using the neuro-lymphatics and acupressure holding points for both bladder and kidney meridians daily for a year. I have not had any bladder infections since I ceased medication in August 1982. If I feel any twinges in the bladder area I just work on my neurolymphatics and they disappear."

In answering the question about Changes Following TFH, all but one person noted positive responses such as the examples below:

Mary Watson of La Jolla, California, said, "My whole life changed. I have a new vocabulary. I feel a vital life force and my body is caught up with the power of the spirit of life."

Beatrice N. Neimi, who has an M.A. in psychology and counseling from Assumption College of Fitchburg, Massachussets, said, "TFH provided me with a way to show psychotherapy clients how minds and emotions affect their bodies. I also show them body techniques than can help them with emotional problems."

Heidi Stromberg, with a Master of science degree from Portland State University, says, "I was surprised by the immediate results from using Touch for Health. It works with anyone!"

Brenda S. Henry of Gastonia, North Carolina reports, "My coordination, reading skills, flexibility and general health have improved. Several years ago on the battery of tests given at Employment Security, my scores were average and low -- especially the dexterity skills. After TFH I took the test again (after being balanced and using cross crawl). I scored high on every aspect and graphed off the charts in dexterity skills."

Carol Fisher Dunn, who has a B.S. from the University of California at Berkeley and is currently a senior at Logan College of Chiropractic, states, "My personal endurance increased through the use of TFH. Coordination in exercise and mental

abilities also improved and I have been able to help friends and family in similar ways."

Linda Hedquist of Woodbridge, Connecticut, has a B.G.S. in Applied Philosophy from the University of Connecticut. She says, "I experience satisfaction and get a real "high" watching TFH work. Also, it is another means of gathering additional information for our chiropractor. I do TFH at home on my husband and friends and when they go to his office, they get their temporary problems cleared out and have a record of the persistant ones that need professional care."

Dorothy E. Dusek, Ph.D., from the University of Toledo, is Director of Health Promotion Resources at Winter Park, Colorado. She explains, "Winter Park is a large handicap ski center. I have worked with the National Handicap Olympic Team, balancing and lecturing. I also work with sports injuriies and have helped racers improve their performance."

To summarize, I feel that this survey has provided very worthwhile information. It convinced me more than ever that people using Touch for Health are benefiting themselves and others.

I was surprised and impressed by several statistics. For example, the greatest number of people were introduced to Touch for Health by chiropractors.

I was surprised by the educational level of our respondents. I assumed that the Touch for Health program would appeal more to people without degrees, but 64% report having at least

bachelor's degrees. It seems that TFH appeals most to educated people who are searching for more information. This convinces me that we need to place greater emphasis on informing professionals, especially people in chiropractic and psychological/social work. It was very gratifying to note that 78% of the respondents are currently teaching TFH or have plans to teach in the near future. And it is especially satisfying to know how many people value the help they attribute to their association with Touch for Health.

We are going down the right path. The replies indicate that more and more people benefit from the fundamentals of Touch for Health. I want to thank all of you who participated and shared your experiences in the survey. Touch for Health has changed my life also, and one of my life goals is to continue to promote and train more people who in turn can help each other.

DR. THIE AND BRITISH TOUCH FOR HEALTH CHAIRPERSON KAY MCCARROLL

BODY POINT MUSCLE TESTING FOR AMINO ACIDS: A BIOCHEMICAL AND KINESIOLOGICAL LINK

by Steven Rochlitz, M. A.

"The author wishes to express his gratitude to Karen Tobias for her typing, and more importantly, her encouragement for this paper."

In this article a description of body point muscle testing will be presented. Furthermore, an explanation of how this applied kinesiology technique can lead to new avenues of research for the biochemist will be offered. Specific illustrations of amino acid metabolic body points are depicted.

For the first time, body points for muscle testing of individual amino acids have been ascertained. It is revealed that known body points for individual vitamins and minerals can, in fact, be points whereby entire metabolic reactions, involving amino acids may be assayed by muscle testing. The associated vitamin or mineral can be an enzyme cofactor for the amino acid reaction. Included among these reactions are disordered vitamin B-6, methionine and citric acid metabolisms. These may be responsible for much of chronic physical and mental degenerative illness, according to Philpott. These disorders can now quickly be tested with this new kinesiological approach. Dosage-testing for both nutritional and toxic levels of individual amino acids is detailed. Substantiation of these preliminary body point muscle test results were made with twenty-four hour urine amino acid assays.

Body point muscle testing has become a useful diagnostic tool for the physician skilled in nutrition, acupuncture and kinesiology. Dr. Robert Riddler is credited for initially locating many of these points using acupuncture meridian principles. Dr. Peshek's text, Balancing Body Chemistry with Nutrition, provides an excellent description of body point muscle testing for vitamins, minerals, and digestants.[1] As

Dr. Peshek states, "body point muscle testing is a very basic diagnostic tool to take the guesswork out of knowing which supplements are needed to support the body's nutritional needs." [2] During the past decade an increasing number of health practitioners have availed themselves of this technique for determining optimum doses of vitamins, minerals and digestants.

It will be shown here that for the first time, a similar methodology can be utilized for (1) determining optimum dosage of individual amino acids and related substances, and (2) diagnosing amino acid related metabolic disorders. Body point muscle testing for l-cystine, l-cysteine, l-glutamine, l-lysine, l-tyrosine, the amino group acceptor alpha-ketoglutarate, the tripeptide l-glutathione and citric acid will be described. Muscle testing for toxic levels of individual amino acids, from both food and supplement sources, will also be detailed.

It is known that we can muscle test an individual for vitamin B-6 deficiency by having him simultaneously place one finger on the tip of his tongue and the thumb on one of the neuro-vascular reflex points, e.g. the jaw muscles point as depicted in Figure 1. B-6 dosage can be determined this way. If the patient's other (outstretched) arm tests weak, we can determine the amount of B-6 needed to strengthen it by placing increasing amounts on the person and retesting. (Of course, other muscle testing schemes could be utilized, e.g. pulling apart the patient's thumb and forefinger.)

Now however it is ascertained that the amino acids l-cystine, l-cysteine, the amino group acceptor alpha-ketoglutarate, the phosphorylated form of B-6, pyridoxal-5-phosphate (P-5-P), and citric acid can also be tested through the B-6 body point. The significance of this discovery is not merely that amino acids can now be muscle tested for, but perhaps more importantly the realization that an individual body point may be far more than an isolated vitamin or mineral body point -- it may be a point whereby an entire metabolism can be examined.

It will be shown that these B-6-body-point-related substances are also related nutritionally and biochemically -- this is the biochemical-kinesiological link. Firstly, pyridoxine is phosphorylated to P-5-P by the liver. A B-6 utilization disorder will be present if phosphorylation does not occur, or is hindered. There may not be obvious liver dysfunction symptoms for B-6 utilization to be suboptimal or even greatly diminished. Furthermore, the sulfur containing amino acid l-cystine (or l-cysteine) is also necessary for the utilization of B-6. The essential amino acid l-methionine is the source from which the body makes l-cystine.

It is the discovery of William Philpott, M. D. and collaborators that disordered methionine metabolism, with subsequent formation of various hallucinogenic methylated amines, endorphins, indoles, alkaloids and other psychomimetic substances are causative in many forms of mental disease.[3] Autism,

schizophrenia, the depressions and various other mental and physical degenerative diseases apparently can share these anomalies. Also, Philpott has shown that disordered methionine metabolism along with reduced secretion of pancreatic enzymes is responsible for the formation of endorphins and exorphins, respectively, causing addiction.[4]

More recently Philpott has found that alpha-ketoglutarate is, "likely the greatest culprit producing a B-6 utilization disorder."[5] Alpha-ketoglutarate, which is formed in the citric acid cycle, is the prime acceptor of amino groups in amino acid metabolism pathways. Glutamic acid is formed when an amino acid transfers its amino group to alpha-ketoglutarate. A transaminase enzyme promotes this transfer while P-5-P is the coenzyme that assists the transaminase.

We have thus shown the biochemical relationship involving B-6 utilization, methionine to cystine metabolism, and citric acid cycle metabolism. Thus, pyrodoxine, P-5-P, citric acid, alpha-ketoglutarate, l-cysteine, l-cystine are all interrelated.

Preliminary results indicate that through muscle testing the B-6 body point all of the above related substances were found to strengthen five persons who initially tested weak. All five were shown to be very deficient in l-cystine by a twenty-four hour urine assay for amino acids performed by MineraLab, Inc.[6] Two of the five patients had taken twenty-four

hour urine tests for kynurenic acid and xanthurenic acid spillage under tryptophan loading conditions. Both had positive results indicating B-6 utilization disorder (inadequate P-5-P).

Preliminary muscle testing reveals that an amount of P-5-P equal to one-twentieth that of pyrodoxine will cause strengthening in most cases. This helps to demonstrate that phosphorylation disorder, not diet deficiency, is occurring in such cases. A 300 mg. capsule of alpha-ketoglutarate, (available from Vital Life, Inc.), was sufficient to cause muscle "lock-out" of "B-6 weak" individuals in three cases. As indicated above, alpha-ketoglutarate deficiency may be the cause of phosphorylation dysfunction. L-cystine, l-cysteine, citric acid or alpha-ketoglutarate will all strengthen a B-6 weak individual without the presence of any B-6. L-cystine was needed in lower doses than l-cysteine. It appears that we can determine at what point in a metabolic pathway a disorder occurs and how to go about correcting it. (Of course, any combination of these related substances can be muscle tested for dosages.)

Along these lines, and in the hopes of creating a body point mapping of individual amino acids and metabolicly related substances, the following preliminary findings have been made: (The biochemical rationale will follow shortly.)

(1) L-lysine can be muscle tested using the iron body point. This "lysine point" was co-discovered with Dr. S. Alan Roll, D.C., to whom I have related my findings (see figure 1).

(2) L-tyrosine can be muscle tested for using the iodine body point (see figure 1).

(3) L-glutathione can be muscle tested for using the trace mineral body point (see figure 1).

(4) L-glutamine can be muscle tested for using the pancreas insulin body points (see figure 1).

These findings correlate well with known biochemical data as follows. (1) L-lysine has been shown to enhance iron absorption. (Deficiencies in two persons, as deduced from muscle testing, correlated with twenty-four hour assays.) Lysine testing for herpes and other viral induced illnesses is obviously quite important. (2) L-tyrosine is needed to make the thyroid hormone thyroxin and, of course, iodine's role in thyroid hormone production is well known. (3) The tripeptide l-glutathione, consists of cystine, glycine, and glutamic acid. In the glutathione peroxidase reaction selenium is required as a cofactor and glutathione is a cosubstrate. Selenium, of course, has been muscle tested through the trace mineral body point. (4) L-glutamine is known to cross the blood-brain barrier and is a non-glucose source of energy to the brain. Again, these preliminary results indicate that in the near future a vastly expanded mapping of body points will emerge for amino acids, peptides and related substances which utilize vitamins, or minerals as cofactors in metabolic reactions.

Finally, recent research indicates that in susceptible

individuals relatively small amounts of certain amino acids can have deleterious effects.[7] Also, since self-supplementation of amino acids may become quite popular, a methodology for ascertaining toxic levels of amino acids was looked for. As indicated above, proper B-6 utilization (phosphorylation) in the liver is known to be necessary for normal metabolic processing of various amino acids. This line of reasoning led to the realization that dosage toxicity testing can be performed by holding the amino acid near the bile lobe of the liver (see figure 1). This body point muscle testing technique has allowed for toxic dosage determinations in six individuals of l-alanine, l-ornithine, l-methionine, l-histidine, l-valine, l-tryptophan, and l-glycine. Theoretical considerations indicate that this methodology should facilitate the testing of l-serine too.

Since Dr. Jon B. Pangborn, Ph.D. has found that there is a, "particular group of amino acid abnormalities that constitutes an important subset of protein-intolerant, food-reactive syndromes",[8] involving improper tubular reabsorption, the kidneys were considered as an additional testing site for amino acid toxicities. Pangborn's work on hypervalinemia and disordered metabolism of beta amino acid can indeed be matched with muscle testing. Beta-alanine was found to result in a weak muscle test at very low levels in two individuals where amino acid assays showed hypervalinemia. (Holding the amino acid behind the kidney while muscle testing was utilized here).

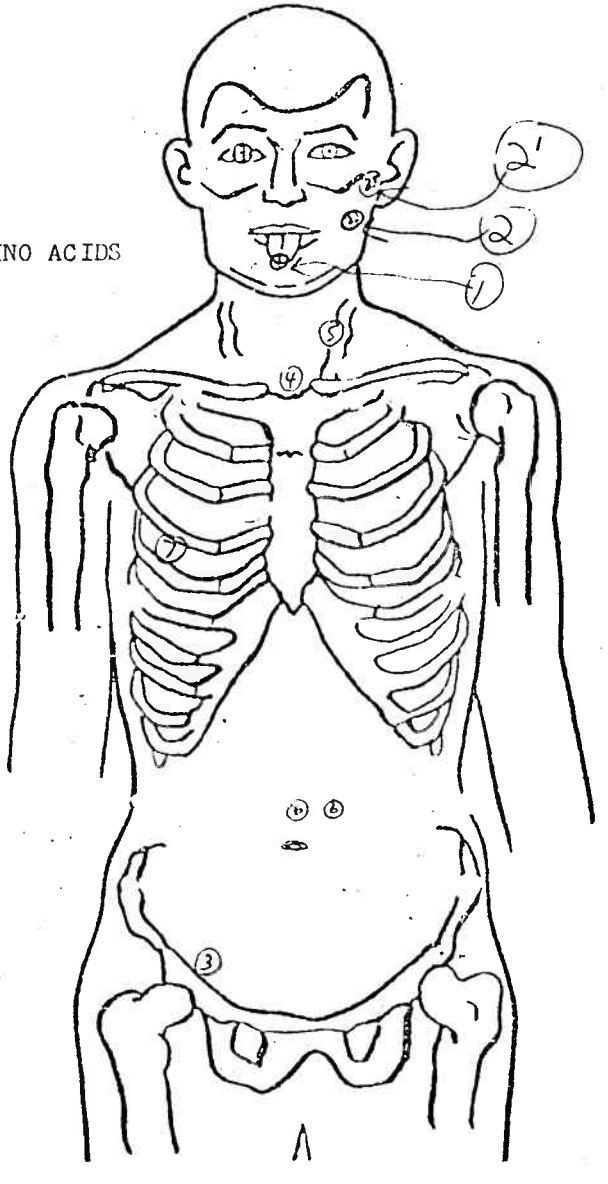
Nutritionally, beta-alanine is obtained from the peptides carnosine and anserine found in beef and pork (carnosine) and poultry or rabbit (anserine). Perhaps persons susceptible to beta-amino aciduria with its allergic-like symptoms of headache, irritability, and itching can be muscle tested for these meats, in this manner to determine the portions they may be able to tolerate.

In conclusion, preliminary results indicate that a mapping of amino acid body points will soon emerge. Furthermore, the known vitamin and mineral body points are here seen to be metabolic points where entire pathways may be checked through muscle testing. One can even envision the reverse process taking place. For example, since the processing of the amino acid l-histidine needs folic acid as a cofactor, if we find a body point for histidine it may well turn out to be the (as yet unknown) folic acid point.

The disordered B-6, methionine and citric cycle metabolisms which may play a large role in much of degenerative physical and mental illness can now quickly be examined for, utilizing the muscle testing proceedures described here. Various amino acids and foods can be muscle tested to determine toxic levels in an individual.

Much follow-up work, with many subjects, utilizing corroborating blood and urine assays by other investigators is

called for to substantiate these findings. When we consider that the biochemistry of amino acid metabolism is still in its infancy we arrive at a very promising conclusion. We may find through muscle testing that certain amino acids can be tested at vitamin or mineral body points that were not known to be cofactors in the amino acid metabolism. We can then ask the biochemist to look for a relationship between the vitamin or mineral and the amino acid. Thus this methodology can possibly allow for the kinesiologist to provide new information and point to research avenues for the biochemist. It is clear from this work that body point muscle testing has reached a new level of sophistication and importance as a diagnostic tool.



BODY POINTS CHART FOR AMINO ACIDS

FIGURE 1

BODY POINT LOCATIONS FOR AMINO ACIDS

1. L-cystine and other B-6 related substances

1. and 2. or 1 and 2'

Forefinger on tip of tongue, thumb on (2) jaw muscles point or on (2') slightly anterior to temporomandibular joint.

3. L-lysine

Three finger point on the right inguinal ligament at midpoint.

4. L-tyrosine

One inch above the jugular notch of the sternum.

5. L-glutathione

Medial side of the left sternomastoid muscle.

6. L-glutamine

Two finger contact. One point is one inch up from the navel on the midline, the other is one inch lateral to the left.

7. Bile lobe (toxicities)

On the dip in the rib cage two inches below the right nipple and two to three inches to the right.

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SPEAKING ABOUT TOUCH FOR HEALTH IN PUBLIC

STRUCTURE FOR A SIMPLE ONE POINT SPEECH.

THIS SHOULD CONSIST OF 4 ELEMENTS:

1. INTRODUCTION
2. SPECIFIC PURPOSE STATEMENT
3. BODY OF SPEECH
4. CONCLUSION.

IN DELIVERING ANY TYPE OF SPEECH THE BASIC FORMULA IS THE SAME:

TELL'EM WHAT YOU'RE GOING TO TELL'EM...

TELL'EM

TELL'EM WHAT YOU'VE JUST TOLD'EM.

HERE IS WHAT YOUR NOTES MIGHT LOOK LIKE FOR A ONE POINT SPEECH:

INTRODUCTION: MOST OF US GO WOBBLY AT THE KNEES AT THE VERY THOUGHT OF GIVING A SPEECH IN PUBLIC, AND CLUTCHING NOTES IN SWEATY PALM, WE STAND UP IN FRONT OF THE GROUP WITH HEART POUNDING, MIND GOING BLANK, KNEES KNOCKING, WISHING IT WAS OVER!!

==========

SPECIFIC PURPOSE STATEMENT WHEN ASKED TO GIVE A SPEECH, REJOICE IN THE OPPORTUNITY TO TALK ON YOUR FAVOURITE TOPIC - TFH - AND SOLVE PROBLEMS OF NERVOUSNESS BY HAVING A CLEAR OUTLINE OF WHAT YOU'RE GOING TO SAY WRITTEN DOWN IN EASILY READ NOTES,& USE E.S.R!

==========

BODY (USE ONLY ONE CLEAR POINT IN THIS TYPE OF SPEECH.)

1. **USE A SIMPLE OUTLINE FORM FOR YOUR SPEECH.**

   A. THE INTRODUCTION. USE HUMOUR, EMPATHY, QUESTIONS OR CHALLENGING STATEMENTS, QUESTIONS TO AROUSE INTEREST IN THE MINDS OF THE AUDIENCE.

   B. THE SPECIFIC PURPOSE STATEMENT. WORK ON THIS SO THAT IT IS SPECIFIC ENOUGH TO DEFINE WHAT YOU WANT TO GET ACROSS, BROAD ENOUGH SO IT EMBRACES EXACTLY ALL YOU WANT TO TALK ABOUT AND NO MORE.

   C. THE BODY. RUTHLESSLY RESTRICT YOURSELF TO ONE POINT.

   D. THE CONCLUSION. LET YOUR CONCLUSION BE A SUMMARY OF THE MATERIAL YOU JUST COVERED, RESTATING IN A SIMPLE STATEMENT WHAT IT WAS YOU CAME TO SAY.

CONCLUSION MAKE A SUCCESS OF YOUR PUBLIC SPEAKING AND TEACHING, USE AN OUTLINE FOR ALL SPEECHES, OR SECTIONS OF CLASSES, & USE E.S.R!

BRIAN H. BUTLER

TEACHING AIDS FOR TOUCH FOR HEALTH INSTRUCTORS

BY BRIAN H. BUTLER

1. GIVE "HOUSEKEEPING" INFORMATION BEFORE STARTING THE CLASS. IT CREATES A RELAXED ATMOSPHERE, FULFILLS MASLOW'S BASE NEED.

2. EXPLAIN A BRIEF COURSE OUTLINE TO TELL THEM SHAPE OF THE INFORMATION THEY WILL BE COVERING, & WHAT YOUR GOALS ARE.

3. USE THE "SPIDER" FORM ON A BLACKBOARD OR PAPER FLIPCHART TO SHOW THE MAIN HEADINGS YOU WILL COVER THAT SESSION.

4. GO THROUGH LAYOUT OF THE TFH BOOK IN THE INITIAL STAGES OF THE COURSE, SO THAT THE INFORMATION IN IT "COMES ALIVE".

5. TELL THEM WHAT YOU ARE GOING TO TELL THEM, TELL THEM, THEN TELL'EM YOU'VE TOLD'EM!

6. MIS-INFORMATION IS O.K. WE LEARN RONG INFERMATION ALL OUR LIVES...AND SURVIVE! AVOID "CORRECTING MISTAKES".

7. BE VERY GENTLE WITH YOUR STUDENTS. REMEMBER HOW FRAGILE AND NERVOUS YOU WERE AT FIRST. (AND PROBABLY STILL ARE!)

8. IT IS O.K. TO TELL THEM YOU ARE NERVOUS!

9. BEGIN CLASS WITH THE NAME CIRCLE WITH MUSCLES, OR INVENTED OCCUPATIONS TO BREAK THE ICE. IT HELPS EVERYONE START LEVEL.

10. MAKE THE CLASS SITUATION COMFORTABLE FOR YOU WHEN YOU ARE TEACHING. IF YOU ARE NOT AT EASE, NEITHER WILL STUDENTS BE.

11. USE HUMOUR TO SPICE UP YOUR PRESENTATIONS, EVEN LAUGHING WITH YOUR CLASS PARTICIPANTS, BUT NEVER AT THEM.

12. ESPECIALLY BEWARE OF RACIAL, RELIGIOUS, OR POLITICAL JOKES. ONCE YOU LOSE SOMEONE'S GOODWILL IT'S HARD TO GET IT BACK.

13. TELL THE CLASS THERE IS NO SUCH THING AS A "SILLY QUESTION" EVEN WHEN THEY ASK SILLY QUESTIONS, ANSWER THEM PATIENTLY!

14. HAVE MASLOW'S HIERARCHY OF NEEDS IN MIND AS YOU TEACH, THE MORE OF THEM YOU FULFILL, THE MORE LOVE AND SUCCESS RESULTS.

15. AVOID USING THE WORD TRY.

16. NORMAL ATTENTION SPAN WHEN LISTENING IS 20 MINS. MAXIMUM. PARTICIPATION EXTENDS THIS, BUT KEEP SECTIONS SHORT.

17. TEACH CROSS CRAWL EARLY ON IN THE CLASS, USE IT REGULARLY WITH OR WITHOUT MUSIC. CHANGES PACE & HELPS MATERIAL GO IN.

18. AT THE END OF EACH SECTION ASK: ARE THERE ANY QUESTIONS ON WHAT I HAVE COVERED BEFORE I MOVE ON TO NEW MATERIAL?

TEACHING AIDS FOR TOUCH FOR HEALTH INSTRUCTORS

19. INTRODUCE TOUCHING INTO CLASSES GENTLY. SHOW HOW A STRONG & WEAK MUSCLE TEST FEELS BY PRESSING HANDS WITH A NEIGHBOUR.

20. HAVE CLASS FORM PAIRS OF LINES FACING EACH OTHER. THEN EACH PERSON TESTS THE PERSON OPPOSITE THEM, THEN ONE LINE MOVES ON.

21. ALL CLASS PARTICIPANTS LIKE TO BE TESTED BY THE INSTRUCTOR, SO THEY KNOW WHAT IT FEELS LIKE TO BE TESTED BY AN EXPERT.(!)

22. USE VOCAL VARIETY AS YOU TEACH, VARY PITCH, RAISE AND LOWER TONE, CHANGE RATE OF DELIVERY, IT IS EASIER TO LISTEN TO.

23. LISTEN CAREFULLY TO QUESTIONS, REPEAT THE ? BACK TO THE ENQUIRER IN YOUR OWN WORDS, UNTIL SURE YOU HAVE IT RIGHT.

24. WHEN YOU HAVE ANSWERED A QUESTION, ASK: HAVE I ANSWERED YOUR QUESTION? IF NOT, HAVE THEM REPEAT THE QUESTION AGAIN.

25. WITH SOME QUESTIONS, YOU MAY HAVE TO CLARIFY SEVERAL TIMES, AND GIVE SEVERAL ANSWERS BEFORE THE PERSON IS SATISFIED.

26. QUESTIONS THAT ARE REALLY STATEMENTS PEOPLE MAKE TO SHOW THEY KNOW SOMETHING, MAY BE RESPONDED TO WITH: "THANK YOU."

27. QUESTIONS WHICH STATE THERE IS ANOTHER WAY OF DOING THINGS IN OTHER MODALITIES, RESPOND: "IN TOUCH FOR HEALTH WE .....

28. QUESTIONS THAT ARE OFF THE SUBJECT, USE: WE DO NOT GO INTO THAT SUBJECT IN THIS CLASS, (OR IN TOUCH FOR HEALTH) OR ....

29. QUESTIONS WHICH ARE DIFFICULT, AND YOU DO NOT KNOW THE ANSWER TO, SAY: "I DON'T KNOW THE ANSWER TO THAT QUESTION!"

30. YOU MAY NOT ALWAYS BE RIGHT, BUT YOU ARE ALWAYS IN CHARGE, YOU MAY NOT KNOW EVERYTHING, BUT YOU ARE THE INSTRUCTOR.

31. CHANGE "BUTS" INTO "ANDS". IT REDUCES NEGATIVITY AND HELPS MAKE ADDITIONAL OR MODIFYING STATEMENTS MORE POSITIVE.

32. USE THE TOOL OF "SELF-TALK" TO AFFIRM AND RE-AFFIRM THAT YOU ARE ABLE TO GENERATE AND TEACH CLASSES IN TOUCH FOR HEALTH.

33. AVOID EMPHASISING THE "MAGICAL" ASPECTS OF TFH. SHOW HOW WHAT WE DO FITS IN WITH STANDARD ANATOMY, DIET, POSTURE ETC.

34. TEACH TFH IN RELATION TO WHAT PEOPLE ALREADY KNOW ABOUT AND UNDERSTAND. USE ANALOGIES OF AUTOS, TV'S OR COMPUTERS.

35. WHEN CONFRONTED WITH DIFFICULTIES WHICH MAKE IT HARD FOR YOU TO TEACH, USE **FEEL, WANT, WILLING** TO LET THE CLASS HELP.

36. WHEN YOU HAVE TAUGHT FOR SOME TIME, AND THE ENERGY OF THE CLASS DROPS, DIVIDE THEM UP INTO GROUPS AND SET THEM A TASK.

TEACHING AIDS FOR TOUCH FOR HEALTH INSTRUCTORS

37. USE THE POWER OF CIRCLES. WHAT DID YOU GET OUT OF TODAY YOU FEEL YOU CAN USE AFTER THE CLASS TO IMPROVE YOUR LIFE?

38. CIRCLES OF: WHAT DID YOU GET OUT OF TODAY, AND WHAT WOULD YOU LIKE MORE OF TOMORROW SO YOU'LL GET WHAT YOU CAME FOR?

39. IT IS SO EASY TO OVERWHELM PEOPLE WITH THE POWER OF THE KNOWLEDGE WE HAVE AND TAKE FOR GRANTED,**BEWARE OF OVERWHELM!**

40. YOU GAINED YOUR KNOWLEDGE SLOWLY, GIVE IT TO OTHERS AT THE PACE **THEY** CAN ABSORB IT. KISS: KEEP IT SIMPLE SWEETHEART!

41. BEWARE OF FORCING OPINIONS ON PEOPLE. STUFF WE KNOW WORKS FOR US, OTHER FOLKS NEED **TIME** TO REALISE IT IS FOR THEM.

42. THE TOOL OF ACTIVE LISTENING WILL HELP US TO HELP OTHERS WHEN THEY NEED HELP AND ARE TROUBLED ABOUT SOMETHING OR OTHER.

43. IF SOME OF THE CLASS IS TALKING WHEN YOU ARE TEACHING, OWN YOUR PROBLEM! I'M FINDING IT HARD TO HEAR, SPEAK, ETC.....

44. IF YOU ARE USING ANY HARDWARE, LIKE TAPE RECORDERS, RECORD PLAYERS, VIDEOS, OTHER TEACHING AIDS, CHECK 1ST THEY WORK!

45. TEACH THE TECHNIQUES IN SHORT ORDER, THEN GET THE CLASS ON THE MOVE! HAVE THEM DO IT! KEEP THE ACCENT ON THE PRACTICAL.

46. PEOPLE LIKE STORIES. SO TELL STORIES. ABOUT PEOPLE. ABOUT EVENTS. ABOUT THINGS. FAIRY STORIES. JUST TELL STORIES!

47. BEWARE THE LAW OF THE DREADED MURPHY. ANYTHING THAT CAN GO WRONG, **WILL** GO WRONG. SO ANTICIPATE IT, AND AVERT IT!

48. PEOPLE'S LIVES ARE FULL OF "PROBLEMS". TEACH THAT PROBLEMS CAN BE SEEN AS "CHALLENGES", CHALLENGES ARE **"OPPORTUNITIES"**

49. LOVE YOUR STUDENTS. REALISE THAT ALL HUMANS NEED AT LEAST TWO HUGS TO SURVIVE, FOUR TO LIVE, AND SIX HUGS TO BE HAPPY!

50. IF YOU FEEL PROBLEMS DEVELOPING IN THE CLASS, DON'T HIDE, LET THEM SURFACE SO THAT YOU CAN RELEASE THE HEAD OF STEAM.

51. GIVE THE CLASS THE OPPORTUNITY TO SOLVE THE PROBLEMS. THEY CAN OFTEN DO IT ALL FOR YOU, JUST BRING IT OUT INTO THE OPEN.

52. YOU'LL HAVE LESS PROBLEMS IF YOU ASK IN A CIRCLE TO START WITH: WHAT DO YOU COME HOPING TO GET FROM THIS CLASS?

53. IF YOU GIVE SOMETHING TO THE CLASS TO PASS AROUND AND LOOK AT, YOU MUST ALLOW TIME FOR THEM TO LOOK AT IT THOROUGHLY.

54. ANY CRITICISM SHOULD BE POSITIVE AND UPLIFTING. IF SOME COMES UP THAT ISN'T, OFFER YOUR OWN LOVING POSITIVE COMMENT!

TEACHING AIDS FOR TOUCH FOR HEALTH INSTRUCTORS

55. USING TFH ON A BODY IS LIKE TUNING A PIANO. YOU CAN PLAY IT WHEN IT IS OUT OF TUNE, & EVERYONE ENJOYS IT MORE WELL-TUNED.

56. PEOPLE DO NOT LIKE AND RESENT, CHANGE. TOUCH FOR HEALTH CAN BE A THREAT TO SOME PEOPLE WHO DO NOT WANT EVEN GOOD CHANGES.

57. TFH CAN AROUSE GREAT CONFLICTS IN PEOPLE. TFH IS A WAY TO LOVE PEOPLE. NOT EVERYONE FEELS COMFORTABLE WITH LOVING.

58. IF TFH CREATES CONFLICTS IN PEOPLE, AND YOU ARE TFH TO THEM, THEY MAY CRYSTALLIZE THEIR CONFLICTS INTO ANGER TOWARDS YOU.

59. WE WANT TO PROTECT EVERY PART OF OURSELVES FROM CHANGE. TO CHANGE IS TO LET GO, AND BE WILLING TO KILL A PART OF SELF.

60. NEVER ATTEMPT TO "PROVE" ANY PART OF TFH TO ANYONE. HE WHO IS CONVINCED AGAINST HIS WILL - IS OF THE SAME OPINION STILL.

61. AVOID CLOUDING THE ESSENTIAL SIMPLICITY OF TOUCH FOR HEALTH WITH TECHNICALITIES. ITS BEAUTY IS IN ITS SIMPLICITY.

62. WHENEVER WE ASSUME ANYTHING, WE MAKE AN ASS OUT OF U AND ME ITS LIKE JUMPING TO CONCLUSIONS IT ISN'T EVEN GOOD EXERCISE.

63. IF YOU FEEL YOURSELF GETTING ANGRY AT A PERSON IN THE CLASS, FOCUS YOUR FEELINGS ONTO A PRINCIPLE OR AN OBJECT INSTEAD.

64. ENJOY STUDENTS IN YOUR CLASSES WHO KNOW MORE THAN YOU DO. EVERY CLASS IS WONDERFUL LEARNING GROUND FOR THE INSTRUCTOR.

65. WORDS LIKE SHOULD, MUST, OUGHT, DON'T, MAY BE BEST LEFT IN THE DICTIONARY, THEY DO NOT WORK VERY WELL IN TEACHING.

66. IN TOUCH FOR HEALTH, WE ARE WORKING IN HARMONY WITH NATURAL LAWS, SIMPLY ENCOURAGING AND ALIGNING NORMAL ENERGY FLOWS.

67. EVERY CLASS HAS ITS "SPEEDY GONZALES" AND ITS "SLOWCOACH". DO NOT LET THEM THROW YOU. GO AT YOUR PACE, AIMED AT THE MIDDLE.

68. CREATE AN ENVIRONMENT IN THE CLASS WHERE THE GROUP TAKES CARE OF THE SLOW ONES WITH LOTS OF CARING, AND SHARING.

69. BEWARE THE DREADED OVERWHELM THIS WICKED MONSTER LURKS, AND CREEPS UP ON A GROUP SLOWLY AT FIRST, THEN ALL OF A SUDDEN..!

70. THE HARDEST THING TO GIVE A CLASS IT THE CONFIDENCE THAT THEY CAN USE IT AND DO IT. MOST PEOPLE HAVE VERY LOW SELF-ESTEEM.

71. USE PROBLEM SOLVING TECHNIQUES TO DEFUSE FEELINGS IN THE GROUP, BY GETTING UNDER THE CODE, FIND THE REAL FEELINGS.

72. IF SOMEONE REALLY KEEPS ON AND ON, USE: THAT IS MORE INFORMATION THAN I CAN HANDLE RIGHT NOW,I'D LIKE TO MOVE ON.

TEACHING AIDS FOR TOUCH FOR HEATLH INSTRUCTORS

73. AVOID RIDICULE, OR TELLING STUDENTS WHAT THEY ARE DOING IS "WRONG", OR ANY FORM OF PUT-DOWN, OR ODIOUS COMPARISONS.

74. OFFER THE GROUP "THINKING TIME". A QUIET MOMENT FROM TIME TO TIME FOR THEM TO SIT QUIETLY AND THINK ABOUT THINGS.

75. PEOPLE CAN AFFECT OTHER PEOPLE'S MUSCLES, WATCH OUT FOR THIS IF SOMEONE YOUR SUBJECT DOESN'T JIBE WITH IS IN THE ROOM.

76. PEOPLE LIKE TO BE ASSOCIATED WITH SUCCESS. SO BE A SUCCESS AND YOUR PUPILS WILL WANT TO GO ALONG WITH YOU.

77. WHEN TALKING TO THE GROUP, USE "WE" AND INCLUDE YOURSELF IN YOUR COMMENTS, IT MULTIPLIES YOUR EFFECTIVENESS.

78. USING TOUCH FOR HEALTH IS NOT A LICENCE TO INVADE OTHER PEOPLES SPACE, WATCH BODY LANGUAGE, PICK WILLING SUBJECTS.

79. WHEN OUTSIDE NOISES DISTRACT, GO WITH IT, ACKNOWLEDGE THE NOISE, LET THE CLASS FOCUS ON IT..THEN GO ON WITH THE CLASS..

80. LET THE CLASS TELL YOU THING YOU DON'T KNOW. IT DOES THINGS FOR THE MORAL OF THE GROUP, LETS THEM CONTRIBUTE, AND YOU GROW!

81. REMEMBER YOU ARE IN A TEACHING ROLE, DO NOT UNDERESTIMATE THE FLACK YOU MAY ATTRACT AS A RESULT... OR BE SURPRISED!

82. BE SENSITIVE TO THE MOOD OF THE GROUP. BEWARE OF SETTING GOALS THAT DO NOT MATCH THE GROUP'S NEEDS. THINK OF THEM!

83. DO NOT ALLOW YOUR CLASS TO THINK THAT MERIDIAN IMBALANCE = PHYSIOLOGICAL MALFUNCTION. IT DOES NOT!

84. WHEN CHECKING ANYONE, AVOID SAYING: "IS THAT BETTER?" INSTEAD, ASK: "IS THERE ANY CHANGE THAT YOU CAN FEEL...?

85. HYGIENE - PEOPLE WHO USE TFH MUST NOT SMELL! BE REALLY CAREFUL ABOUT PERSONAL HYGIENE, IT REALLY MATTERS.

86. WHEN ANYONE ASKS A QUESTION WHICH AFFECTS THE WHOLE GROUP, PUT IT TO THE GROUP, AND GET EVERYONE'S OPINION IN CIRCLES.

87. WHEN A PAIN GOES, ENCOURAGE THE PERSON TO LET IT GO AND NOT TO LOOK FOR IT, FOR THAT IS A SURE WAY TO BRING IT BACK!

88. CHOICE IS THE GREATEST POWER WE HAVE. LEARN TO EXERCISE IT, NOT ALWAYS EASY, BUT ALWAYS WORTHWHILE.

89. ALLOW COMMUNICATION, TFH IS A LANGUAGE WHICH GIVES US INSIGHT INTO THE COMPUTER WHICH RUNS THE BODY, SPEAK IT!

90. TOUCH FOR HEALTH IS A WAY TO LOVE PEOPLE. USE IT IN LOVE TO INTRODUCE PEOPLE TO THE CONCEPT OF LOVING EACH OTHER DAILY.

THIS IS NOT THE END, ONLY THE BEGINNING, ADD YOUR OWN, SHARE WITH ME!

SPREAD TFH, FILL YOUR CLASSES, AND HELP FILL ITW'S.

GENERATING CLASSES IS A JOB WE ALL HAVE TO WORK AT. WITH A GOOD REFERRAL SYSTEM, CLASSES WILL BEGIN TO GENERATE THEMSELVES.

PEOPLE GET VERY EXCITED ABOUT TOUCH FOR HEALTH. WE CAN USE THIS RESOURCE TO SPREAD THE WORD IN A WAY WHICH WILL BRING MORE PEOPLE TO OUR CLASSES.

I ALWAYS SPEND A LITTLE TIME IN MY CLASSES EXPLAINING TO THEM HOW TO TELL THEIR FRIENDS AND COLLEAGUES ABOUT THE CLASS THEY HAVE JUST TAKEN. I REMIND THEM THAT THEY HAVE SPENT TWO DAYS GETTING PROGRESSIVELY MORE EXCITED ABOUT ALL THE WONDERFUL THINGS IN TFH, AND TO BE CAUTIOUS ABOUT OVERWHELMING PEOPLE WITH INFORMATION.

IDENTIFY WITH THINGS WHICH HAVE BEEN STANDARD PRACTICE FOR YEARS. MUSCLE RESPONSE REFLEXES HAVE BEEN USED FOR MANY YEARS BY THE MEDICAL PROFESSION. TALK ABOUT THE REFLEX ACTION OF THE EYE TO A BRIGHT LIGHT, OR THE KNEE-JERK REFLEX MUSCULAR CONTRACTION YOU GET WHEN THE BENT LEG IS STRUCK LIGHTLY JUST BELOW THE KNEE. OR COMPARE THE DOCTOR'S USE OF SUB-LINGUAL MEDICATION FOR HEART ATACK CASES WHICH IS ABSORBED IMMEDIATELY INTO THE BODY WITHOUT DIGESTION. THIS MIGHT HELP THOSE EDUCATED IN ORTHODOXY TO BE A LITTLE MORE OPEN TO OUR FOOD TESTING PROCEDURES.

MAKE TFH AS NATURAL AND NORMAL AS POSSIBLE. WHEN WE USE ALL THE SEEMINGLY COMPLICATED VOCABULARY OF NEURO THIS AND THAT, WE CAN EASILY FOG PEOPLE. ALL THOSE NAMES CAN SOUND WEIRD TO A NEWCOMER TO THE WHOLE IDEA WHO HAS NOT PROEVIOUSLY COME ACROSS ANYTHING LIKE IT, ESPECIALLY WHEN HAVE NOT EXPRESSED ANY INTEREST TO START WITH.

SPILLING ENTHUSIASM ALL OVER SOMEONE WHEN THEY ARE NOT READY FOR THE INFORMATION CAN SOMETIMES PUT PEOPLE OFF AN IDEA FOR YEARS. IT IS A SHAME TO DO THIS. IT IS A GOOD IDEA TO KEEP OUR EXCITEMENT LOW KEY. ALLOW PEOPLE TO ASK US ABOUT TFH. AVOID VOLUNTEERING A STREAM OF ESOTERIC SOUNDING IDEAS. THIS ONLY MAKES PEOPLE THINK THE WHOLE THING IS A WHACKY BUNCH OF FRUIT AND NUTS.

I HAVE USED A PROCEDURE FOR SOME TIME WHICH SEEMS TO WORK VERY WELL. MY CLASSES ARE ALWAYS FULL, ALTHOUGH I DO NOT ADVERTISE MUCH AT ALL. THERE ARE SO MANY PEOPLE GOING AROUND NOW "SELLING " MY CLASSES, THEY FILL MY CLASSES FOR ME.

CONSIDER THESE IDEAS WHICH USE THE POSITIVE ENERGY OF THE CLASS TO PRODUCE AN EXCELLENT NUMBER OF REFERRALS FOR YOU. THE LEAFLETS YOU GIVE THEM TO GIVE AWAY PERSONALLY TO THEIR CONTACTS, IS A VERY POWERFUL WAY TO INFLUENCE SOMEONE TO TAKE THE COURSE. THE LETTER YOU SEND TO THEM DOES NOT ASK THEM TO DO SOMETHING FOR YOU, BUT FOR THOSE THEY CARE ABOUT. THE LETTER YOU SEND TO THEIR FRIEND ONLY OFFERS HELP, IT DOES NOT ASK FOR ANYTHING. THIS IS THE GIVE PRINCIPLE, AND IT WORKS WONDERS. PEOPLE ARE SO USED TO BE ASKED TO BUY, WE ALL KNOW ABOUT OUR OWN SALES RESISTANCE WE HAVE HAD TO DEVELOP TO PRESERVE OUR SAVINGS AND SPENDING MONEY! USE THIS GENTLE, BUT VERY EFFECTIVE WAY OF SELLING TFH.

SPREAD TFH, FILL YOUR CLASSES, AND HELP TO FILL ITW'S

BY BRIAN H. BUTLER.

1. CREATE A SCHEDULE OF CLASSES, SET DATES AND LOCATIONS FOR A WHOLE YEAR. PEOPLE LIKE TO PLAN, SAVE UP, AND SCHEDULE.

2. USE GORDON'S VALUABLE CLASS GENERATION NOTES IN YOUR INSTRUCTOR MANUAL, PAGES 78-90. FANTASTIC HELP TO GET GOING.

3. IN YOUR CLASSES EMPHASISE HOW MUCH JOY YOU GET OUT OF USING AND TEACHING TOUCH FOR HEALTH. LET THEM FEEL THE FIRE! SOW SEEDS AS YOU TEACH THAT THEY MIGHT ENJOY TEACHING TOO!

4. IF YOU ARE TEACHING WEEKEND CLASSES, AFTER LUNCH ON SUNDAY WHEN GROUP ENERGY IS HIGH, PASS ROUND A SHEET OF PAPER WITH THE DATE AND LOCATION OF YOUR TFH II CLASS ON THE TOP. DO THIS WHILE THE GROUP IS SITTING LISTENING TO THE NEXT PART OF THE MATERIAL. SAY: WOULD THOSE OF YOU WHO WOULD LIKE TO TAKE THE NEXT CLASS WHEN WE GO TO TEACH THE REST OF THE BOOK PLEASE PUT YOUR NAMES DOWN. WE'LL COLLECT YOUR DEPOSITS AND REGISTER YOU FOR THE CLASS AT THE END OF THE SESSION TODAY. THEN CONTINUE TEACHING WHILE THE PAPER GOES ROUND THE GROUP.

5. JUST BEFORE THE CLOSING CIRCLE, AFTER THE LAST ACTIVITY, WHILE PEOPLE ARE GETTING THEMSELVES ORGANISED TO SIT AND PARTICIPATE IN THE CIRCLE, PASS OUT TWO OF YOUR SCHEDULES, A REFERRAL SHEET, AND AN ITW LEAFLET TO EACH PERSON.

6. THE CLOSING CIRCLE GENERATES A LOT OF POSITIVE ENERGY ABOUT TFH, HOW MUCH THEY HAVE LEARNED, AND ENJOYED THE CLASS ETC. AT THE END OF THE CLASS IMMEDIATELY AFTER THE CLOSING CIRCLE AND BEFORE YOU FORMALLY DISMISS THE CLASS, SAY:

   I'VE GIVEN YOU ALL A COUPLE OF MY SCHEDULES. PLEASE DON'T GIVE THEM AWAY. WELL, NOT TOO EASILY ANYWAY! IF YOU GIVE IT TO SOMEONE AND SAY "I'M SURE YOU'LL FIND THIS INTERESTING" CHANCES ARE THEY'LL THROW IT AWAY. WAIT UNTIL SOMEONE SEES YOU REALLY ENJOYING AND BENEFITTING FROM TFH AND WHO SAYS, "WHERE CAN I FIND OUT MORE ABOUT THIS?" THEN YOU SAY, "I THINK I HAVE A SPARE LEAFLET I CAN LET YOU HAVE!" I TELL ALL MY CLASSES TO BEWARE THEY DON'T OVERDO THE ENTHUSIASM AND OVERWHELM PEOPLE. FOOT-IN-THE-DOOR TYPE SALEMANSHIP TURNS MOST PEOPLE OFF. WE KNOW WE HAVE GOT SOMETHING FANTASTIC, THEY DO NOT..... YET. SLIP IT TO THEM GENTLY!

   ALSO I SAY: I WOULD LIKE YOU TO THINK OVER THE NEXT DAY OR TWO OF ANYONE YOU KNOW WHO MIGHT LIKE INFORMATION ABOUT THESE CLASSES SENT TO THEM. MOST OF YOU ATTENDED THIS CLASS BECAUSE SOMEONE YOU KNOW WAS KIND ENOUGH TO SUGGEST IT TO YOU. MAYBE SOME OF YOUR FRIENDS WOULD ENJOY THE COURSE TOO. IF YOU 'LL PUT THEIR NAMES DOWN ON THE REFERRAL SHEET, I'LL SEND THEM SOME MATERIAL. I'LL LET THEM KNOW YOU SUGGESTED IT, SO THEY WILL NOT TAKE IT AS UNSOLICITED MAIL.

/OVER

SPREAD TFH, FILL YOUR CLASSES, AND HELP TO FILL ITW'S

YOU MAY WONDER WHY I HAVE GIVEN YOU AN ITW LEAFLET. WELL, YOU MAY NEVER ACTUALLY TAKE THE WORKSHOP OR TEACH TFH, BUT SINCE I GOT SO MUCH OF PERSONAL VALUE OUT OF THE ITW, I'D LIKE TO MENTION IT TO YOU. JUST AS TAKING A TFH BASIC CLASS CAN HAVE QUITE AN IMPACT ON ONES LIFE, THE EIGHT DAY ITW WAS CERTAINLY A TURNING POINT FOR ME. I LEARNED SO MUCH, AND EXPERIENCED SUCH GROWTH, THAT EVEN IF I HAD NOT PLANNED TO TEACH TFH, I WOULD STILL HAVE CONSIDERED IT EXCELLENT VALUE, JUST FOR ME! SO FILE IT AWAY SOMEWHERE. IF ANYONE IS INTERESTED IN KNOWING MORE ABOUT IT, COME UP AFTER THE CLASS AND I'LL BE HAPPY TO TALK TO YOU ABOUT IT.

7. THEN CLOSE THE CLASS IN THE WAY WE NORMALLY DO BY THANKING THEM ALL FOR GIVING YOU THE OPPORTUNITY TO SHARE THIS WONDERFUL KNOWLEDGE WITH THEM, OR WHATEVER ELSE YOU SAY.

8. THEN ON THE MONDAY, WRITE TO EACH PARTICIPANT, THANK THEM AGAIN FOR ATTENDING, AND:

   A. ENCLOSE A CLASS EVALUATION SHEET FOR THEM TO FILL OUT ('IN IF YOU'RE BRITISH!) SO YOU GET FEEDBACK.

   B. ENCLOSE ANOTHER COPY OF YOUR SCHEDULE AND BOOKING FORM IF THEY DID NOT REGISTER FOR YOUR TFH II YET, MENTION IN THE LETTER HOW MUCH YOU'D LIKE TO SEE THEM THERE.

   C. ASK THEM TO RETURN THEM WITH THE REFERRAL SHEET IN THE STAMPED ADDRESSED ENVELOPE YOU HAVE ENCLOSED FOR THEIR CONVENIENCE.

9. USE THE SAME TYPE OF PROCEDURE IN YOUR TFH II VARYING IT SO IT DOES NOT APPEAR AS A SET ROUTINE. PROVIDED YOUR ENTHUSIASM IS SINCERE, AND YOUR CLASSES ENJOY TFH, YOU'LL BE GRATIFIED BY THE RESPONSE YOU WILL ACHIEVE.

10. I WOULD ENJOY HEARING HOW THIS WORKS FOR YOU, AND WOULD LOVE TO RECEIVE LETTERS FROM YOU WITH ANY IDEAS YOU HAVE FOR IMPROVING CLASS ATTENDANCE, AND HOW WE CAN ENCOURAGE MORE PEOPLE TO BECOME TOUCH FOR HEALTH INSTRUCTORS. THERE WILL NEVER BE ENOUGH TO GO AROUND. THE MORE INSTRUCTORS THERE ARE, THE MORE INTEREST WILL BE GENERATED IN TFH, AND THE MORE PEOPLE WILL WANT TO TAKE THE CLASS. WE HAVE ABOUT 400 MILLION PROSPECTIVE STUDENTS. EVERYONE WHO HAS A BODY, NEEDS TOUCH FOR HEALTH, AND THAT'S MOST PEOPLE!!

JULY 1984

BRIAN H. BUTLER 39, BROWNS ROAD, SURBITON, SURREY. KT5 8ST, ENGLAND
TELEPHONE 01-399-3215

30th July, 1984.

Dear John Doe,

We hope that this letter will not come as too much of a surprise to you, but your friend, Wilbur Wright, told us that you might be interested to have details about 'Touch for Health', so we are taking this opportunity to enclose our leaflets and the latest schedule of classes.

The growing need for health care which is natural and preventive means that people want creative and practical tools with which to help each other enjoy better health and well being. Touch for Health classes were formulated by American Doctors of Chiropractic to teach people to use simple but powerful basic techniques used by professional therapists to ease pain, reduce stress, and relieve mental tension. These methods are taught secure in the knowledge that they may be used in complete safety by anyone, even those without any previous knowledge or expertise of the subject.

Touch for Health is simple to learn. It is eclectic in approach and draws from ancient oriental concepts of body energies known to Chinese acupuncturists for thousands of years, (but without the use of needles). This combines with the fruits of the latest research in the West in anatomy, physiology, and body chemistry to form a fascinating method of health enhancement for lay people.

If there is any more information you would like us to give you John Doe, please get in touch.

Yours sincerely,

Brian H. Butler.

This is a sample of how a letter might sound that you send to those people your class participants have put onto their referral forms. Modify it to suit your own needs in your own area.

Dear Wilbur Wright,

It is always enjoyable to watch a Basic T F H class start as a collection of individuals which quickly blends into a happy group. The joy of learning wonderful techniques to help others always forges bonds of genuine friendship in just a couple of days between people who have never met before.

Most of the group attended the class because they heard about T F H from a friend. How many people do you know who would enjoy the class as much as you did? Put some names and addresses below and I will send information to them about future T F H classes. I'll mention your name and your wish that they too may have some fun with T F H, and improve their health as well!!

NAME_____ PHONE_____

ADDRESS_____

_____ POSTCODE_____

NAME_____ PHONE_____

ADDRESS_____

_____ POSTCODE_____

NAME_____ PHONE_____

ADDRESS_____

_____ POSTCODE_____

NAME_____ PHONE_____

ADDRESS_____

_____ POSTCODE_____

NAME_____ PHONE_____

ADDRESS_____

_____ POSTCODE_____

This is a sample of the type of letter one may send out after a class, together with the class evaluation form, and some more of your class schedules and promotional leaflets. It gives those who have taken your class an opportunity to share what they have enjoyed with their friends, and let them in on something good.

HOW ABOUT A PROGRAM FOR THOSE WHO DO NOT WANT TO LEARN TFH??

BY BRIAN H. BUTLER

THERE ARE THOUSANDS, NAY MILLIONS OF STRAIGHT FOLK OUT THERE WHO DO NOT WANT TO LEARN TFH... YET. THEY DO NOT KNOW THEY NEED IT!! THEY HAVE NEEDS THOUGH. JUST ASK THEM HOW THEY FEEL. ASK THEM HOW THEY ARE GETTING ON IN THEIR PERSONAL RELATIONSHIPS? HOW MUCH DO THEY ENJOY THEIR FOOD? ARE THEY OVERWEIGHT? ARE THEY HAPPY THE AMOUNT OF EXERCISE THEY ARE GETTING?

IS THERE ANY ROOM FOR IMPROVEMENT IN THESE AREAS??? IF THE QUESTIONS ARE ARTFULLY PUT, THE ANSWERS WILL COME BACK.. YOU BET!!! PEOPLE KNOW DEEP DOWN THEY NEED HELP. THEY MAY EVEN ADMIT IT TO YOU ... EVEN IF THEY WILL NOT ADMIT IT TO THEMSELVES!

SO HOW ABOUT A "ONE DAY" PROGRAM FOR THOSE WHO ARE NOT INTERESTED IN ESOTERIC IDEAS. THE ONES NOT "INTO GROWTH". THEY PROBABLY WOULD NOT EVEN KNOW WHAT YOU WERE TALKING ABOUT. THERE IS A SURGE IN "HEALTH". AEROBICS CLASSES, YOGA CLASSES, WEIGHT WATCHERS, AND MANY OTHERS ALL ARE ENJOYING A BOOM.. SO SHOULD WE.

WE HAVE TO MAKE WHAT WE DO ACCEPTABLE TO THE GENERAL PUBLIC IN A FORM THEY CAN RECOGNISE. SOMETHING THEY WILL WANT FOR THEMSELVES AND THEIR FRIENDS. IF WE TAILOR A CLASS ESPECIALLY FOR THEM, THEY'LL BUY IT... IN THEIR THOUSANDS. LET'S DO IT!!

HERE ARE THREE POSSIBILITIES FOR A LAYPERSON'S PROGRAM:-

1. <u>E. S. R.</u> THE MOST POWERFUL TOOL THERE IS FOR LAY PEOPLE TO HANDLE STRESS EASILY. HELPS THE MIND.

2. <u>CROSS CRAWL</u> HAS MORE BENEFITS PER EXCERCISE THAN ANY OTHER IN THE WORLD OF PHYSICAL EXERCISE. HELPS MIND & BODY

3. <u>FOOD TESTING</u> CAN LEAD THE WAY TO USING FOODS THAT ARE BIO-ENERGETIC, AND EXCLUDING THOSE WHICH ARE NOT HELPING. HELPS MIND, BODY & BIOCHEMISTRY.

WHO COULD RESIST SUCH A PROGRAM IF PRESENTED WITH RESPECT TO THE NEEDS EVERYONE HAS IN TODAY'S SOCIETY? FORMULATE YOUR OWN IDEAS. EXPAND ON THIS CONCEPT. THINK ABOUT ALL THE BENEFITS OF THESE FEATURES OF TOUCH FOR HEALTH, LIST THEM AND USE FOR YOUR TALKS.

OFFER PUBLIC LECTURES ON NATURAL HEALTH CARE, BUT DON'T CALL IT THAT. THINK UP A NAME THAT WILL GET THEM TROOPING IN. IF IT WORKS, TELL THE REST OF US, AND WE'LL ADAPT IT AND USE IT TOO! OFFER TO GO INTO CLUBS AND CLASSES AND JUST EXPLAIN THE ONE IDEA, DO IT FREE, AND THE SPIN OFF WILL BE IN BIGGER, BETTER CLASSES.

REMEMBER K I S S ? IF WE KEEP IT SIMPLE SWEETIE, WE'LL ATTRACT A LOT MORE ATTENTION FROM JOHN Q., WHO REALLY CANNOT BE BOTHERED TO THINK TOO HARD. DEVISE A ONE DAY PROGRAM ON THE THREE INCREDIBLY POWERFUL TECHNIQUES. DON'T TEACH NEURO- ANYTHING. DON'T GET COMPLICATED! KEEP IT SIMPLE. GIVE WHAT YOU HAVE TO THE PEOPLE, THEY'RE WAITING FOR YOU, EVEN IF THEY DON'T KNOW IT!!

M E R I D I A N M A S S A G E R E V I S I T E D

PETER SZIL

MERIDIAN MASSAGE IS ...
The aim of this paper is not to present some fantastic new material, but to emphasise a good old one and share some uses of it out of the experience Bippan, my wife and fellow Instructor, and me gathered during five years of using and teaching TfH. This "good old" technique is **meridian massage**, that means running all your 14 meridians in the order of the "organ clock". Meridian massage is a good example of a very simple way of influencing the body and still getting powerful effects of it.

... VISIBLE EXPANSION OF ENERGY
We made our first experiment with meridian massage the day after our graduation from the first ITW we took. We used Kirlian photography (i.e. high-voltage radiation photography to capture the body's energifield on color prints). Each of us made a picture of the top of the indexfinger on the right hand and then we did 4 complete meridian massages on each of us: 2 on ourselves and 2 on each other. All that took about 5 minutes (with the experience we have today wouldn't take longer than 2 minutes). After these 5 minutes we made 2 new pictures of the same indexfingers. The circumstances was identicals. But the pictures was dramatically different. The "after" picture showed the same effect for both of us: the energifield got much "thicker", making the actual print of the fingertop against the film emulsion almost disappear and the expansion of the white color in the aura indicated expansion of healing energy in the body.

This interpretation of the pictures was later confirmed by five years of use of this technique with our family, friends and students. Here are some of the ways you can use meridian massage besides the quick energizing massage mentioned already in the TfH book:

... FOR PAIN
Meridian massage (supposed that you are enough sure of the pathways and the sequence of the meridians to make it quick) is an excellent first aid. It works very fine in situations there the person is in so much acute pain that it would feel awkward to even offer a complete balancing or using acupressure for pain. We have experienced that 5-6 runs of the meridian cycle eased an asthma attack of such a degree which otherwise used to force the person to seek help in a hospital. One or few runs help nicely for burns from nettles, blows and any kind of acute pain.

... FOR KIDS
In our experience meridian massage is the best fast first aid for children in acute pain (in their case it is even less feasible to balance or use acupressure) and kids seems to react to meridian massage even more than adults. Children also find it very offen fun and ten years old children can easily learn it, specially if you teach them one meridian at the time, adding one new on each day (or even less offen).

... A BACK DOOR TO TFH
Meridian massage is a good introduction to the idea of meridian energy and its practical use. As meridian massage gives a complete "minibalancing" and it is easy to do it on yourself, we find it a good introduction to the TfH-system. Here is our suggestion for

... A MERIDIAN MASSAGE WORKSHOP
(one evening or 3 hours with brakes etc)

PART I (45 minutes)	Registration; Introductions; The benefits of meridian massage; Explanation of meridians, meridian energy, organ clock and meridian massage as used in TfH; Demonstration of a meridian massage. Deal out handouts. Our handout is 2 pages: The meridian figures, the organ clock and an a few sentences long explanation of how to follow the meridian cycle (all that you find on pp 18-19 of the TfH book) and the description in words of the pathways of each of the meridians.
PART II (45 minutes)	Pair up the class and practice. Have them first do meridian massage on each other, take turns and change around the couples. Have them then do the meridian massage on themselves. Give verbal and visual guidance the whole time.
PART III (30 minutes)	Accelerated learning session about the meridians and how to do a meridian massage.
PART IV (15 minutes)	Ending up of the class: talk about meridian massage as part of TfH and the bigger perspectives TfH gives. Name the next TfH classes to be held.

... INSTANT
Meridian massage is great instead of coffee: it is instant when you are obligated to work late nights. You do it every hour. It worked for us when we had 2 days left with 4 days work to do before leaving the Swedish edition of the TfH book to the printer. It works for me right now when writing this paper. I hope you are better in planning your time than we are. If not - try meridian massage!

... FOR PREVENTING JET LAG
Last september I was flying to London from Stockholm and on the plane I read British Airways High Life magazine. There was an article of Cliff Michelmore about how to beat jet lag. The article was called "Resetting The Body Clock" and presented the methods of England's and the U.S.' foremost scientific authorities in chronobiology (the study of man's internal biological rhythms). The article presented a very scientific-looking formula (I couldn't really follow it, but I understood that according to that I would need to rest for 18 hours after have flown from London to New York. The other methods included not only a **postflight** program, but

also a **preflight** and an **inflight** step to follow. The conclusion of the author of the article was: "I know, and you know, that non of us will do all of those things, or even any of them."

Now, if you still suffer from jet lag and need a more encouraging message: Meridian massage can help you **prevent** jet lag with only one continuous inflight step! Or at least that is what it did for me and Bippan during several trips over the Atlantic since we took our first ITW. The first time I used this technique alone and the difference in our level of adaptation to the local time was remarkable. We arrived to London in the morning and while Bippan was sleeping in the hotel room during the whole day, I was walking around in the city as after a good night's sleep. So when we next time flew Westbound, both of us did what I am going to describe in this paper, and the result was astonishing this time too. We left London in the morning after very little sleep. We arrived to San Francisco late afternoon when the time (London time) should have been after midnight for us. Despite that we took the bus to Berkeley, had a good diner, met some friends and went to sleep around midnight (8 o'clock in the morning, London time). Next morning we walked up as usual.

The theory behind this use of the meridian massage is (very simplified) the following: According to the organ clock every meridian should get its energy evenly spread over a two hours period. When flying over time zones, a lot of your meridians miss it's normal "recharge". Instead of spending two hours in that zone, you pass it in much shorter time when flying Eastbound, while just a few of your meridians get overloaded during an abnormally long time when flying Westbound. Meridian massage helps the energy which is however coming into you to be "smoothed out" over the entirety of the meridian system.

As to help you to have more fun during your flights (supposed that you have fun with the same things I do) and to make my paper more scientific-looking, I will present here two formulas for estimating when you are passing a time zone and which meridian should be stimulated first (i.e. which meridian is getting the most energy) at that time. (Both formulas are merely theoretical, because they are based on the assumption that an aircraft has a constant velocity.)

Let's take an example: You are flying from New York to Los Angeles The time of departure is 9.30 (EST = GMT - 5h) and the time of arrival is 12.15 (PST = GMT - 8h), both local times. (The effects of jet lag are not as dramatical here as they would be flying overseas, but this example involves much less counting.)

To know the approximate (theoretical) times for when you pass a time zone, take the times of departure and arrival, both expressed in the same time zone (in this case EST): 9.30 and 15.15. You can now see that the actual flight time will be 5 hours and 45 minutes. Now divide this time with the amount of time zones (including the one you end your trip in) in this case 4. That means that you will pass a time zone approximately every 1 hour and 26 minutes.

To make it look more mathematical: if we call the interval between time zones "a", the formula for "a" is:

$$a = \frac{\text{Actual flight time}}{\text{amount of time zones inclusive arrival zone}}$$

which in our example gives you:
Departure = 9.30 (EST)
1st time zone = 10.56 (EST)
2nd time zone = 12.22 (EST)
3rd time zone = 13.48 (EST)
Arrival = 15.14 (EST)

Now to know which meridian is getting the most energy, or, with other words, what is the actual time in each time zone when you pass them, keep adding "b" to the time of departure. To get "b" you take the difference between the times of departure and arrival both expressed in local time (N.B.: Don't forget to take into account next day arrival!) and divide it again with the amount of time zones. The formula is:

$$b = \frac{\text{Difference between departure \& arrival (local time)}}{\text{amount of time zones inclusive arrival zone}}$$

which in our example gives 41 minutes. Adding that on gives you:

Departure time: 9.30 ---> Spleen meridian
1st time zone: 10.11 ---> Spleen meridian
2nd time zone: 10.52 ---> Spleen meridian
3rd time zone: 11.33 ---> Heart meridian
Arrival time: 12.14 ---> Heart meridian

Let's now look to an Eastbound and overseas example:

Departure Los Angeles 13.45 (PST = GMT - 8)
Arrival London next day 7.50 (GMT = 23.50 PST)
(N.B.: Don't forget to take away eventual dayligt saving hours!)

$a = \frac{10h\ 05'}{9} = 1h\ 07'$ $\qquad$ $b = \frac{18h\ 05'}{9} = 2h\ 01'$

	Zones (PST)	Local times	Meridians
Departure	13.45		Small Intestine
1st zone	14.52	15.46	Bladder
2nd zone	15.59	17.47	Kidney
3rd zone	17.06	19.48	Circulation-Sex
4th zone	18.13	21.49	Triple Warmer
5th zone	19.22	23.50	Gall Bladder
6th zone	20.29	21.51	Liver
7th zone	21.36	3.52	Lung
8th zone	22.43	5.53	Large Intestine
Arrival	23.50	7.54	Stomach

P.S. Would you find my formulas more complicated than fun, feel free to try something else for avoiding jet lag. You surely get results just by running every hour the whole meridian cycle, beginning with any of the meridians as long as you do all of them and add Central and Governing Vessel. Sounds easier?

R E A C T I V E M U S C L E S

Specifically

SHORT CUT EXPANDED REACTIVES

Plus

EYE REACTIVES and EAR REACTIVES

RESULTS ACHIEVED AFTER DOING THESE REACTIVES: Many people stop reacting to substances (food, environmental, smells, even thoughts, etc.) which had previously caused them trouble.

It all began when my daughter, Nancy, started 6th grade in Sept. 1982. She came home from school and reported that the teacher said not to come back to school until she got rid of her cough. At home, however, Nancy had no cough so I went in the next morning with nurse, principal, and teacher in tow and discovered that looking at the yellow walls in her classroom was what was causing the problem. I then understood why the teacher didn't want her in school. This wasn't just an ordinary cough but was an uncontrollable cough that wouldn't stop until it ended in a choking and gagging. Setting the iliocecal valve stopped the coughing until she again got a glimpse of the wall -- which was often. We had long ago stopped Nancy from using yellow pencils or wearing clothes with yellow in them because we had found that yellow weakened every muscle in her body when she came in contact with it. I had never thought to test looking at it.

All of the 6th grade classrooms were yellow except the lowest academically and we didn't want her in there. I had not done any reactive muscles on Nancy so I told the principal to hold off on switching her to the lower class and to give me a few days to try another technique that was supposed to raise energy in the body. From my ITW class I remembered being told that correcting reactives could help alleviate pain and raise the energy level in general. It was my only hope.

I took Nancy home from school with me and started doing reactive muscles to and from her iliacus muscle. Every time the iliacus was stressed she would cough until it seemed she was about to turn inside out and sometimes for fear she would actually die on me, I would have to disengage the reactive muscle positions and set her valve even before I was able to weaken the spindle cells sufficiently to make the correction. Then we'd have to try again and work faster. It was sheer torture but Nancy was willing to do it if it would help so we continued. Every time a reactive was created, not only did it cause the cough, but it would also cause the muscle that was being weakened to be extremely painful. When the reactive was corrected, the pain in the spindled muscle would be gone.

I called Dot Boody (now a T.F.H. instructor) to come over and be a surrogate, thinking that would make it easier and quicker. It didn't help the coughing but she didn't feel the pain when working on the spindle cells because we worked on Dot's muscle and Nancy still corrected. Around midnight we were done. Nancy did not react to yellow -- either touching it, looking at it or eating it. Her iliocecal valve area did not hurt any more. It was then we realized the FULL potential of correcting reactive muscles and we wondered why no one had told us that reactive corrections could do away with allergies or intolerances? Could it be that no one realized this?

There was a group of six mothers who now started meeting every Monday evening at my home to do reactives on each other. They had been through my T.F.H. Class and all had children on the Feingold Diet (Plus) who were very restricted in the foods they could eat in order to function normally. If my oldest son stuck to only 8 foods, he was to be calm but, of course, that was impossible. We met another evening and worked surrogately on our children. The result was that the children were able to eat many foods that had previously caused reactions, but we felt a

GREAT need to find a quicker way to do the reactives, especially since creating the reactive brought on the symptoms, and hyper children have many different unpleasant symptoms from turning into a terror in a second to bladder problems. It was incredible to see a child start screaming and shouting and crying and need to be restrained when a reactive was created and then upon correction turn into an angel until we found another reactive. We had seen foods and environmental substances cause problems and we understood that, but to have just moving muscles cause problems seemed incredible to us at the time.

DISCOVERIES -- SOMEWHAT IN THE ORDER THEY OCCURRED

1. We found that when we wanted to test a muscle to find out if any other muscle was lowering its energy, we could pinch the ends of a meridian and test the muscle and it would go weak if there was a reactive. We did some double checking by using the pulses and they worked too. Now we use both. For a few months we did a lot of double checking by using this short cut method and then going in and doing the muscle to muscle reactive and got the same results 100% of the time as long as there was no switching or uncentering taking place.

2. We found that by tapping 2 or 3 times lightly between the eyebrows at the top of the nose while the testing arm was in position and at the same time the meridian end was being pinched, the reactive would correct. Upon retesting muscle to muscle to double check, they would both be tight. (This was before I ever heard of the term B 1 tapping and I think it might be pineal tapping because many times we can tap the pineal pulse and get the same result. Some people (usually ones with severe bladder problems) will weaken if the B 1 spot is tapped even once and then we have to go in and tap the pineal pulse. One woman's reactives had to be corrected by tapping the hypothalmus pulse. Eventually these

people can be tapped between the eyebrows. Before tapping anyone we check to make sure it is O.K. for them to be tapped).

3. We had known that just putting a muscle in position could cause a switching or uncentering. (Pinching the meridian end would also cause the same thing). Now we discovered that even though two muscles tested separately did not cause a switching or uncentering, putting them in position at the same time could cause an uncentering and/or switching. Doing the limited reactives (42 muscles) would correct this many times, BUT NOT ALWAYS. We continued our search for answers.

4. Whenever a meridian was not in balance, one or more chakras would test weak. Many times the chakras corrected by rubbing the teres major front neuro-lymphatic points and also the supraspinatus back neuro-lymphatic spots. (There must be a very close connection between the chakras and the central and governing meridians. Last year Max, a 9 yr. old boy, was hit by a car going approximately 45 m.p.m. in front of my home while riding his bicycle. He was thrown in the air, landed on the hood of the car and bounced off into the street. I grabbed my 15 yr. old son, Malcolm, and headed out to surrogate Max. He was unconscious and making a strange throat noise which I was later told was because he was in shock and about to seizure. We checked his chakra energy through my son and there was absolutely no energy anywhere. We started rubbing like crazy on the Governing and Central NL points and tapping Malcolm. We spun chakras a few times and tapped but mostly we did the NL points. After about 3½ to 4 minutes the top chakra held for only about 2 seconds. We continued and after another 1½ minutes, the top chakra held but the others were still weak. About ½ minute later the second chakra tightened and held and after another ½ minute the throat chakra tightened. We kept rubbing and tapping and then

about every 10 seconds the next chakra in line down the front would tighten and hold. At about the exact second the last chakra tightened, the noise stopped and Max opened his eyes and said something. It could have been coincidence that it happened at that very second, but it was interesting that it did).

We also do chakra reactives -- each chakra to all of the others. Correcting these seems to raise the energy level quite a bit. Sometimes doing a chakra reactive will cause a muscle to muscle reactive to correct but, unfortunately, this does not happen consistently enough for it to be a quick fix for all reactives.

5. We started giving some thought as to why so many people in my T.F.H. classes remain strong on running the Central meridian energy up the meridian and also remain strong on running the Central meridian energy down the meridian (which should weaken them). We did some experimenting. We would balance the 42 muscles and make sure there was no switching or uncentering. Then we would again test each muscle first getting it strong and then run the central meridian energy backwards while the muscle remained in position and retest the muscle. We found that many muscles would test weak on the Central meridian run backwards ((hereafter referred to as CMRB) but some would test strong on both meridian runs. It seems that people with more problems would have more muscles test strong on the CMRB than those who had a few minor problems. We decided that if the CMRB produced a strong muscle, we would consider something wrong with the muscle even though we didn't know what. We set out to solve this problem and it has probably been the BEST THING WE EVER DISCOVERED.

We found that many times when the muscle remained strong on the CMRB, it was causing an uncentering or switching, BUT NOT ALWAYS. We also found that if you tested any muscle, ie., a latissimus dorsi and

found it tight on the CMR up and weak on the CMRB and at the same time put another muscle in place such as the P.M.Clavicular and tested the same dorsi muscle, we might find the dorsi tight which indicated no reactive present but the CMRB would also keep the dorsi tight. This combination was creating a change in the energy field that we felt wasn't good. We decided to call it a hidden reactive. We would do all of the corrections we knew such as pinching the meridian ends, pulses, etc., and many times the muscle would then test weak on the CMRB. However, MANY TIMES IT WOULDN'T. We felt we were on the right track. We decided for the time being to consider a strong muscle test on a CMRB to mean that there are reactive muscles somewhere on the meridian <u>while the person is in that particular position.</u> Many times if the testee just moved slightly out of the position they were being tested in, the CMRB would test weak. Since there are around 625 muscles in the body that could be reactive to any other one and since we knew only 42 or so major ones, wouldn't it be more thorough to work with the meridians?

We also found that if we held a muscle in place which was causing a CMRB to be strong and spun all of the chakras (we use 10) and tapped and rubbed the Governing front and Central back NL points while tapping, the CMRB would now test weak in many cases, BUT NOT ALWAYS. Then we would pinch the meridian ends and 12 pulses while tapping and many of the muscles would correct and the CMRB would now test weak. For the ones that still wouldn't correct we decided to add eye and ear reactives by moving the eyes in all directions while tapping and then touch the eye spots on the top of the head and again move the eyes in all directions and do the same with the ear spots we had found (behind the ear) and now many of these stubborn muscles would test weak on the CMRB. For those that didn't correct we decided it meant there was a reactive THAT WE DIDN'T KNOW HOW TO FIND.

6. I went to the 1983 Annual T.F.H. Meeting and discovered Wayne Topping's book, " Balancing The Body's Energies -- Muscle Tests For The 8 Extra Meridians," and couldn't wait to get home to experiment. It turned out that this was a very big piece of the puzzle. This information enabled us to find many of the reactives we didn't know how to find. We added the 8 extra intermediate pulses to our tests and corrections and had a great increase in the effectiveness of our reactive results -- more allergies or intolerances were alleviated and the CMRB now produced a weak muscle about 80% of the time.

7. In October '83 I took the Chiropracter's Assistant's Course in New York and picked up a few more tests but more important some spots that corrected the weak tests. For instance, Nancy does not have a tickle or pain anywhere on her body when I press or rub her. (This is a child who used to scream when I had to press a spot or comb or wash her hair, etc.). However, when she is having a reaction to something or is unbalanced for any reason, there will usually be a pain or tickle somewhere, For instance, when I came home from the course and found her hips tested weak, I found a spot behind the hip bone on the buttocks that was very painful and after rubbing it, her hips tested O.K. I added all of the C.A. spots to my tests and corrections for reactives and found another 10% improvement in our results. We were almost there.

8. In November 1983 I attended Paul Dennison's instructor certification program and picked up a lot of valuable information that lead to more pressure spots and experimentation upon returning home. Success results went up to about 98% on so called normal people who were having problems.

9. Next we came across two people who were sick. One was a brother of June, one of the women in our group, who made the discovery while trying to get him together. The other was a woman in the group who came one

Monday night feeling rotten and thought she might be getting the flu. We balanced her and corrected every reactive that needed it and finally had the CMRB weak on every test and strong on the CMR up with no switching and no uncentering that we knew how to detect. She was much better but felt that a little something wasn't back to normal. We went searching for something we might have overlooked. June raised her hand over the body, higher than the chakras, and tested and we were surprised to find the muscle weak. (We now call this a test for "way out energy"). Desperate mothers will try almost anything no matter how weird. We tested over the head and under the feet and over the front and back above the center of the body. Depending on the person, the farthest out that a weekness can be detected is 8 feet. For most people it is 6 ft.  In some areas, for instance over the head, 8 ft. would produce a strong muscle (any muscle could be used), 6 ft. might be weak, 4 and 2 ft. strong. All kinds of combinations turn up. Mostly spots would turn up weak in the clear but when we decided to do the CMRB, we found that some of these "way out spots" that were testing tight would also be tight on the CMRB. We decided the only thing we knew to do was to have one person hold their hands out where it caused a muscle to go weak while another person touched the skin of the testee and did the correction for all of the reactives we knew. Always when we were done, the energy was corrected and the CMRB produced a weak muscle. When all of the "way out energy" was corrected to our group member, she felt wonderful (the Flu was gone) and it held. Sometimes correcting only one way out spot will cause all of the others to be O.K. After June had finished with her brother he felt better than ever.

We're trying to find body spots to correct this "way out energy" for two reasons. One - it is too far out to do on your every day normal person (we have only done it on friends and relatives) and two - it

takes a third person to stand away from the body. We are making some progress. We have found that if testing the base of the skull in back and the navel at the same time produces a weak muscle, correcting it will balance the way out energy from between the waist and neck. If the coccyx and navel test is weak, the correction will usually balance the energy way out between the waist and ankles.

If we test the Chakra energy and the way out energy on someone before balancing them, we find that most of the field around the body is disturbed. After a thorough balancing the energy around the body usually tests O.K. Just the few who are having an extremely bad reaction will still test weak in a field further out from their body.

10. We have also found that there is a generally strengthening field of some kind that flows around the body from the feet towards the head. If you run the energy down almost anywhere on the body and test a strong muscle, the muscle will go weak -- if you are totally balanced to begin with.

11. Just as one muscle can be reactive to any other muscle, it seems that any one spot on the body can be reactive to any other spot. The possibilities are mind blowing. On a few stubborn cases after we had pressed and tapped for all of the spots we knew without success, we would press all over the body while tapping and holding the muscle in position and usually the stubborn muscle would now be weak on the CMRB. We have found that scars and all over the skull are the first places to press.

12. On our brain damaged kids we have to do some crazy things. One 12 yr. old boy was able to use his fingers of his left hand and button his pants and do other things he could never do with his left hand after we did ear reactives to and from all the muscles and spots while he listened to different sounds such as running faucets, squeaky doors,

and other everyday noises which also caused strange behavior. Much of the strange behavior disappeared after these were done. This is the first year he has attended school and the school system after thorough testing tried him in a normal school - special ed classroom on trial. He did so well that he is still there on a full day schedule and is now doing 2nd grade math and spelling. We are now working on his reading.

This same boy used to seizure once a week at the time his mother took her basic T.F.H. course. In 1982 with just balancing, his seizures dropped to 34. In 1983 he had 19 seizures. It was during the last half of '83 that we started getting our short cut expanded reactives together and so far in 1984 he has had only one seizure. This seizure was shortly after another boy punched him in the stomach. Kevin's seizures are related to his lung energy and we feel this punch caused lung reactives which triggered the seizure. If we had known about the punch in time we probably would have been able to correct him so the seizure wouldn't have occurred. Last year during little league season, Kevin's seizures picked up until we realized that hitting a hard baseball with a bat would create lung reactives so that a few hours later he would seizure. After that his mother knew to correct the reactives so he wouldn't seizure. Now hitting the ball does not create lung reactives.

The left side of Kevin's body is not up to par with his right normal side. The left side of his face and mouth used to droop but now they are even almost all of the time (when he is not reacting to something). His smile is even and when he talks both sides of his mouth can move evenly. Stomach reactives can take the credit for most of the facial corrections. His attitude has taken a big turn around from being moody and irritable a good bit of the time to happy and calm most of the time. His hand which used to be jumpy most of the time is

now only jumpy once in a while when he is having a reaction to something and we can always do reactives and the jumpiness will stop.

HOW TO CORRECT A FOOD OR ENVIRONMENTAL INTOLERANCE, ETC.

We can now take a substance and place it in the mouth if it is a food or on or near the body in the manner it causes a reaction if it is an environmental substance with the resulting stomach-ache, headache, fever, sore throat, itch, behavorial disturbance, etc. and by the time we are done doing reactives, the symptoms are gone and for the most part don't come back.

If a thorough job of reactives is not done, a person may be O.K. eating a food while laying down but then when they sit or stand, they react to it. We've had to be cautious in looking for short cuts and we think the answer may lie in pulses. We've found pulses that seem to be for the jaw, skull, ear (besides governing) and tongue which speed up the procedure somewhat.

The general procedure we follow after contact with the offending substance is to test and record the results of all of the tests on the attached sheet at the end of this report. Then I have the person press as many of the spots that tested week in the clear as is possible and I do all of the reactives by pressing or pinching all of the spots listed on the attached sheet marked CORRECTIONS while tapping lightly. When the muscles show that the spots the testee is pressing on are testing tight and then go weak on the CMRB, I go through and retest everything on the testing sheet again and now there is usually a totally new picture. Previously hidden weaknesses now turn up. Sometimes only one correction needs to be made. The worse the reaction, the more weaknesses that surface and sometimes we have to run through the whole testing and correcting procedure four or five times. After a while one gets the feeling for which spots will work better and quicker than others in a given situation.

When every test passes and all of the symptoms are not present when the testee moves around, the person can then usually eat the food or touch and breathe the substance, etc. and not react to it. On family and close friends I recheck the Chakras and way out energy to make sure I didn't miss anything.

When testing I am always on the skin of the testee so I am recording the person's energy while I am in their field. When making the correction I also touch the skin so I can press and correct a spot on myself (surrogate correction) if it is more convenient. A surrogate correction will always take. Sometimes, if the person testing has a reaction to the food he is testing on the testee and the reaction hits the same place on both of them, the tester will also correct while doing the corrections if he/she is in contact with the testee's skin.

I am, however, not able to test a person 100% accurately through a surrogate unless the person being surrogated presses his/her spots. Pressing a surrogates spots instead of the testee's spots is about 80% accurate. Therefore, for a tester to be tested while testing the testee, he/she must also press their own spots.

While surrogating an infant or child while the parent is holding them, it is necessary for the parent as well as the child to touch the surrogate. We find that if the parent does not touch the surrogate, many times the child will draw energy from the parent and test O.K. but the symptoms don't go away. When the parent also plugs in, the weaknesses show up and the proper corrections can be made and the symptoms then go away.

My daughter, Nancy, whom we were told was mentally retarded and would need special schools when we adopted her at age 4½ months is now a normal, healthy girl who can get a B without any studying and an A with a minimum amount of work. We discovered she reacted to just about everything in the world and correcting reactives now leaves her with only

two common every day things that can cause her problems. They are the smells of certain brands of perfume and certain brands of cigarette smoke that she passes by which we have not corrected yet.

REACTIVES AND MENTAL STRESS CORRECTIONS

Have someone think of a mental stress situation or stressful thought while all of the tests on the attached sheet are performed. If the majority of tests come up weak, have them keep thinking while you do all the reactive corrections. They don't have to press on a particular weak in the clear while you do this as with a food. When you are done, recheck and all points will be tight. A stressful thought not only affects the stomach energy but many times other meridians will also go weak. Doing the reactives with the thought seems to eliminate these weaknesses and so far they don't seem to return. I have role played some of my younger children through all kinds of fears and the way they now handle situations that previously would've caused them to be withdrawn is astonishing, particularly in the case of my 10 yr. old son.

WHAT TO DO WHEN THE CORRECTION DOESN'T SEEM TO TAKE

1. When the correction doesn't seem to take, we ask the person to lie perfectly still and not move a muscle other than the ones we are testing. We have the room absolutely quiet and go through the corrections again and usually everything will correct.

Some people are so reactive that if they change position in the middle of the corrections and we didn't realize it and tell them to go back to their original position, we would find that the correction didn't take. This is because we only did the reactives to the new position from mid point through the latter part of the corrections. The beginning corrections were to the first position and they were never finished. This could mean that the person's eyes are in a different position on

the retest than they were during the corrections so the eyes in this position never had any corrections done. It might be that a noise (like the refrigerator coming on) occurred at some point during the corrections, and if the ears are a problem, that noise didn't get corrected because it missed the beginning of the corrections. We've had these above possibilities happen quite often but more so with the eyes and ears.

2. Another thing that could interfere with a correction is that the person is having a reaction at the time of testing to something that might be in the air or a food that was lodged someplace in the mouth. Some few people will not correct to some things until their total energy has risen above a certain level so that the culprit will not electrocute them so to speak. A culprit this bad will usually produce a tight CMRB no matter which muscle is used. Doing the reactives will usually only produce a weak CMRB for only a few seconds if at all. To locate the problem we can usually check the way out energy or touch all over the body and usually we find the energy out somewhere along a meridian other than at the ends. When reactives are done all along the meridian (sometimes it involves more than one meridian especially if there is a large scar) we can then begin to test and correct accurately.

A friend had one of these bad type of reactions that wouldn't correct with the usual reactives last week when she came to one of my open house practice sessions on Wednesday. She started feeling badly shortly after arriving and kept on getting worse. She said it felt like an oil reaction. I discovered that whenever she eats anything with oil in it or fatty meats and foods, she gets a violent reaction which lasts for a few days. Before taking my T.F.H. course she had severe bladder and kidney problems and was on antibiotics for over half of every year. She was told she would eventually be on a dialysis machine. After T.F.H. she was able to find out what lowered her bladder, kidney, and piriformis

muscles and by controlling her diet and environment was able to control her attacks which caused severe pain, blood in the urine, mental symptoms, etc. We traced the problem to the fact that I had baked a chicken which was basted in Eden safflower oil for dinner and the molecules of fat had dispersed throughout the air in the house and when she came in they settled on her and caused this violent reaction. Her energies were so disturbed that a person being tested on a table next to her (a person with M.S. who has made great progress with it) wouldn't correct until we moved her table 10 feet away from my friend. My friend hasn't had many of these expanded reactives done to her yet so three of us are going to go over soon and do reactives to every spot along the gall bladder, kidney, bladder and circulation-sex meridians, and then we will probably be able to correct her to oil.

We KNOW that these expanded short cut reactives work and if we ran into problems, we went searching for answers and found what seemed at the time to be incredible answers. Atoms and molecules have become very real to us. People with problems need to get their electro-magnetic fields (if this is what it is) corrected so they don't attract the molecules that are harmful to them. Counteracting the substance with vitamins, colors, foods, pressure, etc. helps temporarily but reactive corrections seem to be an answer for more permanent results.

EYE REACTIVES

We do what we call eye reactives which seem to greatly improve if not totally correct eye problems. We do the eye muscles to the other muscles in the body and then we do the other muscles to the eye muscles. We start by putting the eyes in the position of straight ahead and we hold all of the pulses -- about 30 of them -- (as many as we can at a time) and do all of the corrections on the sheet. We repeat this whole procedure while the eyes are up, down, right and left. Then we hold the eye spots on the top of the head and repeat the procedure. When we are

done, we've gotten both eyes open and shut and each eye separately open and shut in all positions to and from all of the muscles. People who wake up tired usually have a lot of eye reactives to eyes shut in the various positions. If eyes shut seems to be a great problem, then just blinking will cause them to weaken. Sometimes we have to do reactives to and from the upper trapezius. I also highly recommend Paul Dennison's technique of near and far.

A few weeks ago the 10 yr. old daughter of a chiropractor and his wife (a nurse) was brought down from Massachusetts to have her eye reactives done. She had to put on her glasses to see the knife she was going to use to butter her toast when we had a snack after we were half done. I had brought in June to surrogate and after we had completed all of the eyes and the adults were talking, the girl went over to the piano and started playing it. Her mother got all excited and whispered to us that she was reading the notes without her glasses. Just then the girl said, "Mommy, this is just like having my glasses on." Her eyes, which had previously both moved off to the left when she followed a pencil moving in toward her nose, now converged to the center and stayed there. Her mother is now in the process of doing reactives to correct her to her food and environment so the eyes will stay corrected permanently. Recent eye tests show that her stigmatism is gone.

It was interesting to see such success immediately. Usually it takes about 4 or 5 days of use in their freed-up state for the eye muscles to strengthen sufficiently before we see the dramatic results. My own daughter's ability to learn easily and recall what she had learned increased dramatically when she had all of her eye reactives done. Her grades went up and her attention span increased greatly. The following is a copy of the note from her school nurse.

TO: Mrs. Dougherty

DATE: December 15, 1982

FROM: Muriel A. Munyon, R.N.,S.N.P.
Bowe School Nurse

I thought you would like to know that Nancy passed her vision screening test today for the first time in her three years here at Bowe School.

In fourth grade she failed the far point test with her right eye.

In fifth grade she failed both near and far point tests with both eyes.

Earlier in this year, she still was having problems, to the point where she was alternating -- failing near point with one eye and far point with the other.

If you remember, she failed the screening last week when you asked me to check her because of the work you had been doing with her.

Today she was screened along with the other members of her class and to my surprise, she answered near and far point responses perfectly. I thought that you might like to have this report. What ever you are doing must be working on her.

EAR REACTIVES

We do all of the reactives to and from the ear muscles while listening to all kinds of different sounds and tones of voices, etc. Listening to a teacher's voice can cause learning problems if the ears cause a switching or uncentering. A swimmer can improve his start by correcting to the noise a starter's gun makes. Listening to the noise on TV caused one man to become very irritable and tend to fall asleep. He was O.K. after being corrected to TV talk and noises. Ears, like the eyes, are always being used and are probably involved in many reactive muscle creations.

Reactive Muscles

HOW LONG WILL IT HOLD

The corrections seem to be permanent. On most people the results seem to be magical. Children are finding out what it is like to be normal. Sick people are getting well and staying well. Allergies and intolerances and their symptoms are disappearing. If we should see a reaction to something we had corrected, we will recheck all of the tests and usually find that a reactive has been re-created by either a fall, accident, punch to the stomach or other part of the body, or by some other trauma. If the meridian energy is high during a fall, etc. it doesn't seem to cause reactives in many people but if the energy is low in a muscle that is involved, we find more of a tendency to create reactives. The children who have had all or most of their reactives corrected seem to be able to do gymnastics, play contact sports and handle the every day rough and tumble play and not create more reactives and still have practically no allergies or intolerances whereas the ones who have had only a few of the reactives done will re-create them again and are still very allergic or intolerant to many substances.

WE OWE AN INCREDIBLE DEBT OF THANKS TO JOHN THIE and all of the people who brought us Touch For Health and also to the other caring people who have shared their material and discoveries at conventions, etc., from which we have drawn in putting together these Short Cut Expanded Reactives.

We of our Group hope that by sharing our discoveries other people still desperately searching for a more permanent solution as we were, can find relief by achieving similar successes with reactive muscle corrections.

Sincerely Submitted by,

Nancy D.

Nancy Dougherty
112 Villanova Rd.
Glassboro, New Jersey 08028
215-881-6399 (Phone)

Encs.

PROCEDURE FOR DOING THE CORRECTIONS

Constantly tap lightly between the eyebrows above the nose while pressing on the spots listed on the correction sheet. Tapping can be done on the testee by either the testee or tester. Tapping can also be done on the tester if skin contact is maintained between the two of them during tapping.

While the tapping is being performed, the testee will be pressing on the spots that the tester has determined should be corrected first. (The tester has determined this after completing all or most of the tests on the testing sheet).

The tester will then press in succession each of the correction spots indicated on the correction sheet. The pressing can be done on the testee and when more convenient, the tester can press the spots on himself/herself if skin contact is maintained between the two. (Having a third arm would be helpful at times).

When finished, the tester should retest the spots the testee was holding and they should now test tight and the CMRB should test weak. If this doesn't happen, there is another reactive spot or spots that the tester should search for. The testee should go back and press the original spots again (even though they may now not be weak in the clear) and tap while the tester starts pressing all over the body where he hasn't pressed yet. Stop periodically and retest to see if the corrections finally took so you will have an idea which area the problem was in and then if another correction doesn't take you can go to the same area and save time. Scars are usually the first place to go. If they aren't the problem, when you are finished going all over the body, the correction will probably have taken.

When the first corrections have taken, go back and do all of the tests again. Hidden things will now surface. Some corrections work better if done first with some people but everyone seems to be different and the fast way with one doesn't always work with another.

After testing for the second time have the testee press on new weak in the clear spots and repeat the procedure until all are corrected. Then go through and test the third time. If anything is weak, repeat the procedure as above and retest. When all of the tests turn out O.K. and you feel you have gotten everything, then go over the body and do the Way Out Energy tests with the CMRB. If any area doesn't test correctly, there are two things that can be done: 1. Go in to the body and test while touching all over various parts of the body to see if you have missed anything, or 2. Have someone hold their hands in the area over the body that produces the energy imbalance while the testee and tester tap and do all of the corrections. The imbalance should then be gone. When all of the way out energy tests O.K. and the chakras are O.K. and the symptoms are gone, the person should be able to tolerate the food, environmental substance, thought, etc. that they have just been corrected for.

Reactive Muscles

TESTS

1. Find 2 tight muscles - usually the left & right latissimus dorsi - (CMRB) and (CMR up)
2. Switching - test with right hand
   test with left hand
3. Uncentering - Slap
   Also test hyoid (CMRB)
   gait spots (CMRB)
   cloical spots (CMRB)
4. Navel and base of skull (CMRB)
5. Navel and coccyx together (CMRB)
6. Top of head and bones that are directly under torso (CMRB) - (tester sits on hard flat stool to put pressure on these bones - skin contact is necessary)
7. Top of head and bottom of feet together (CMRB)
8. Cross crawl & test (optional)
9. Homolateral crawl (optional)
10. Test X
11. Test 11
12. Hum - test right side muscle
    test left side muscle
13. Count - test right side muscle
    test left side muscle
14. Cranial - GV20 (CMRB)
15. Skull - sides, top front, back, (CMRB)
    1. If problems persist, test two spots on opposite sides of skull simultaneously. Move around skull doing this.
16. Top of ear (CMRB)
17. Above ear on skull (CMRB)
18. Temples (CMRB)
19. Eye spots (CMRB)
20. Ear spots - behind ear (CMRB)
21. Jaw (CMRB)
22. Thymus
23. Blood chemistry
24. Blood pressure
25. Alarm Points (CMRB)
26. Accupuncture (wheel around navel) (CMRB)
27. Hip spots (CMRB)
28. Fixation
29. Ends of meridians - 28 tests (CMRB)
30. All pulses - 4 at a time (CMRB)
31. When everything seems to be testing O.K. and all corrections are made, double check by testing
    1. Chakras (CMRB)
    2. Way out energy (CMRB)
31. Cont'd. - If these are weak, try to find a spot or area on the body that tests weak - scars first (CMRB)

- - - - - - - - - - - - - - - - - - -

DON'T HOLD BREATH - tester or testee
Don't lock knees } These seem to
Don't lean forward } be reactives and will correct quickly

PROBLEMS

1. If muscles are all weak, strengthen dorsi by accupressure, etc. If it doesn't tighten, hold it in testing position and tap between eyes.

2. After tightening latissimus dorsi muscles - if all other muscles test weak, start the corrections while pressing on the thymus spot.

3. If first testing muscle is tight and both CMRB and CMR are weak, do the reactive corrections to test spots #4, #5, & 6 first.

4. If tightening first muscle doesn't hold long and body won't balance, do eye reactives to eyes down. When finished have testee hold eyes in this position while testing is done.

5. Sometimes ear reactives must be done so sounds aren't constantly weakening all of the muscles. Then testing can be continued. When doing these, the testee presses on #16 test spots and Governing pulse on right hand.

6. We use various other tests and and methods to solve unusual problems which would be too time consuming to explain on paper. The above should solve most of them.

Reactive Muscles

CORRECTIONS - While tapping, press or do the following:

1. Governing front NL spots
2. Central back NL spots
3. Pinch above lips and hold coccyx
4. Pinch below lips and hold pubic bone
5. Pinch K 27s
6. Pinch (or bite) meridian ends on fingers (6)
7. Pinch meridian ends on toes, also pinch middle toe (6)
8. Both eyes straight and open
   One eye " " "
   Other eye " " "
9. Both eyes down and open
   One eye " " "
   Other eye " " "
10. Both eyes up and open
    One eye " " "
    Other eye " " "
11. Both eyes right and open
    One eye " " "
    Other eye " " "
12. Both eyes left and open
    One eye " " "
    Other eye " " "
13. Both eyes open and up - roll them both around clockwise once and then roll them both around counterclockwise once
14. One eye only - roll both directions as in #13
15. Other eye only - roll as above
16. Both eyes shut with eyes in straight position
    Both eyes shut with eyes down
    Both eyes shut with eyes up
    Both eyes shut with eyes right
    Both eyes shut with eyes left
17. Both eyes shut - roll clockwise and then counterclockwise
18. Touch Eye Spots on Top of Head (both sides) and repeat #8 thru #17 again
19. Pinch around ear flaps (both)
20. Touch above ears on skull
21. Touch at temples
22. Using 4 fingers - press systematically all over skull (front and back) starting from behind left ear
23. Jaw spots while moving jaw
24. Thymus spot
25. Blood pressure spots
26. Blood chemistry spots
27. Hip spots
28. Alarm points (over-energy)
29. All pulses (about 30) - light, medium, and heavy pressure. 4 on each wrist, 3 possible 4 spots between bottom thumb joint and wrist on a line with the wrist pulses.
30. Hyoid
31. Front cloical spots together (Use thumb & 3rd finger and tap with 2nd)
32. Back cloical spots together (each side separately)
33. Gait spots
34. Coccyx navel together
35. Navel and Base of Skull together
36. Top of head and bone that is directly under torso (tester sits and has skin contact)
37. Top of head and bottom of feet together
    (#36 and #37 cause the energy way out over the head to test weak)
38. Spin chakras (10)
39. If Needed:
    1. scars
    2. all over body (gets spots along meridians or muscles or unknown spots that might be a problem)
    3. Way out energy - spin

Research

TAYLOR-JOHNSON TEMPERAMENT ANALYSIS OF TOUCH FOR HEALTH INSTRUCTOR TRAINING WORKSHOP PARTICIPANTS

Alice Vieira,PhD

Application of the scientific method to evaluating the effects of taking an 8 day Instructor Training Workshop (ITW) raises the question of methods of how to measure an individual's "change" - if, in fact there is any. Psychological measures may be broadly classified into 3 categories:
(1) self report measures involve directly asking the student his/her feelings about the effects of the training;
(2) the trainer's systematic observation of the student's overt behavior in regard to the material learned and applied; and
(3) some objective, standardized measure that could be used to measure any changes.

The first two methods of evaluation have been employed as a regular part of the ITW since its inception. Emperically, changes were observed by instructors and reported by participants. Usually the reports by both students and trainers were positive.

The purpose of this preliminary research was to measure, objectively, any changes that could be described and attributed directly to the workshop experience.

The Taylor-Johnson Temperament Analysis is a widely used test to measure a person's feelings about him or herself. It was selected as the standardized, objective measure because it is "intended to serve as a quick and convenient method of measuring a number of important and comparitively independent personality variables or behavioral tendencies" (p.1 Manual). "While personality is measureable, personality test results represent only a general measure of an individual's adjustment at a given point in time. Since personality is dynamic rather than static, successive testings may reflect growth and change" (p. 35 Handbook). It is a test specifically designed to provide an evaluation showing a person's feelings about him/her self at the time when the test is being taken.

The profile sheet on which the results of the test is reported is a visual report, based on a consensus of clinical judgement that when the individual's score falls in the darkest area the best adjustment in interpersonal relationships exist, the next darkest area is in an average range of the most favorable trait, the next lighter area is in an average range of the less desirable trait, and the white area is considered an area where persons have serious problems with interpersonal relationships for that particular trait. When repeated testings are given it also can serve as a visual impression of any change that has occurred, and if a score falls in a darker area, it would indicate that "improvement" has occurred in a person's feelings about him/her self in terms of that kind of interpersonal contact. "The traits paired with their opposites are easily visible and the interrelationship of the traits as they appear in a second profile, give a clear "self-portrait" of the individual" (p.9 Manual).

METHOD

Subjects. Three hundred and seven students in 14 ITWs were asked to participate in this research. The ITWs were selected from various parts of the United States and Australia. The age of students ranged from 24 to 68 years. Of the 307 participants, 90 were male and 217 were female. Of the 307 students, 40 men and 55 women refused to participate, 17 men and 80 women who participated did not complete the entire testing program or had improper test forms that could not be used. This sample of ITW participants, therfore, consisted of 82 women and 33 men.

Procedure. Each subject was asked to take the Taylor-Johnson Temperament Analysis on the first day of the ITW and then asked to again take it on the last day of the 8 day training program. In this way each student served as his own control.

A matched pairs t-test was used to determine a significant difference between the before and after means.

RESULTS

The means and standard deviations of the men and women were calculated separately and the results of the t-tests are summarized in Table 1. Figures 1 and 2 give a visual representation of the before and after profiles of the men and women who took the ITW and chose to participate in this study. The following is a discussion of each individual scale as it relates to the students taking the ITW.

Nervous vs Composed. This first category measures a "state of condition frequently characterized by a tense, high strung, or apprehensive attitude. It's opposite, Composed, is characterized by a calm, relaxed, and tranquil outlook on life" (p. 4 Manual). This trait is variable and one would expect that persons would be nervous when beginning a new venture such as learning a new profession. In fact, this was the case both with the men and the women. It can be said that one could be 95% confident that at the end of the ITW, men would be more composed and 86% confident that women would be more composed.

Depressed vs Light-Hearted. The men who took the ITW were close to being described as being depressed at the beginning of the ITW and remained so at the end. Depressive is here "defined as being pessimistic, discouraged, or dejected in feeling-tone or manner" (p. 4 Manual). The women, on the other hand were similarily on the depressive edge but by the end of the ITW could be said to be more light-hearted with 63% of confidence. Light-hearted is defined here as being happier, more cheerful, and having a more optimistic attitude or disposition.

Active-Social vs Quiet. For the men there was no change in their active-social trait. The men who took the ITW were in the highest category of being energetic, enthusiastic and socially involved, and remained so. The women began the ITW more quiet, but after the ITW women can be 99% confident that they will be more socially active and involved and have more feelings of energy and vitality.

Expressive-Responsive vs Inhibited. Both men and women were in an acceptable range of being expressive-responsive, i.e. being " spontaneous, affectionate, and demonstrative" and there was no change in this attitude as result of the ITW.

Sympathetic vs Indifferent. The men began the ITW on the low edge of the acceptable range of being sympathetic, i.e. "being kind, understanding and

TABLE 1

Means, Standard Deviations and t-test Results
of Taylor-Johnson Temperament Analysis of Men and Women taking ITW

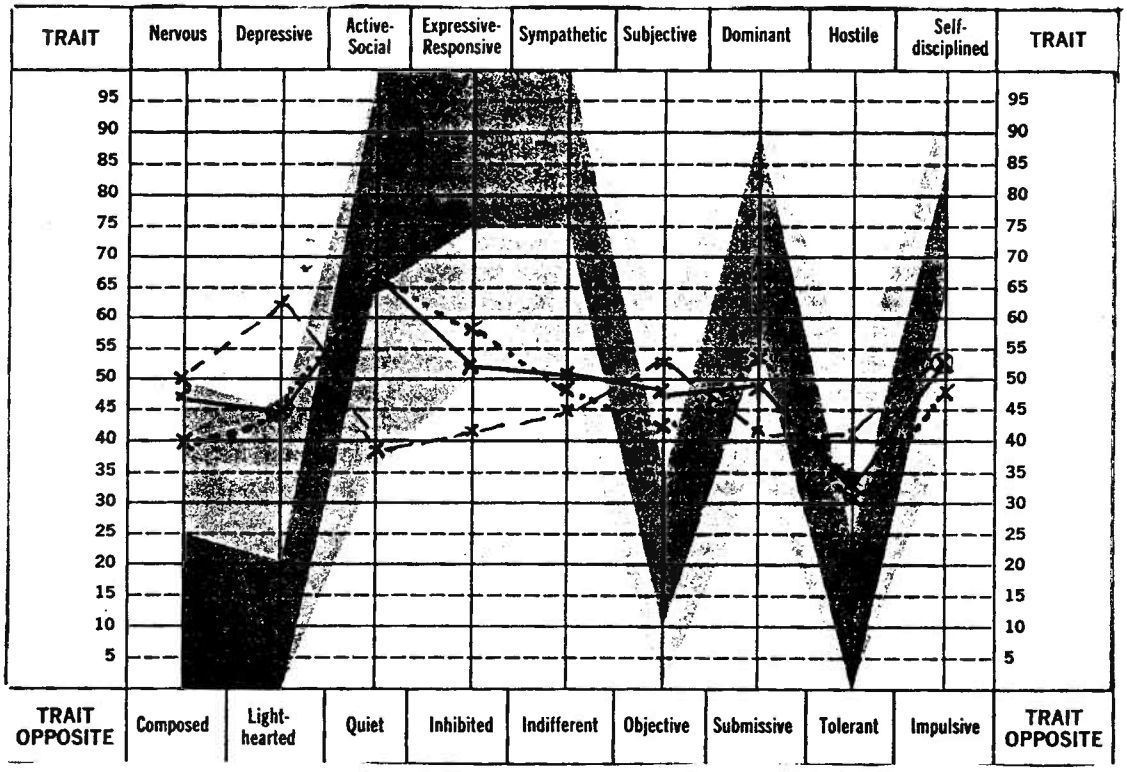
S C A L E	MEN BEFORE ITW (N=33) $\bar{X}$	SD	MEN AFTER ITW (N=33) $\bar{X}$	SD	t Test	P <	WOMEN BEFORE ITW (N=82) $\bar{X}$	SD	WOMEN AFTER ITW (N=82) $\bar{X}$	SD	t Test	P <
NERVOUS/COMPOSED	9.3	6.1	7.9	5.9	* 2.3	.05	9.7	6.9	8.8	6.0	1.5	.14
DEPRESSIVE/LIGHT HEARTED	6.2	5.2	6.4	5.5	.04		8.5	7.2	8.0	7.1	.9	.37
ACTIVE-SOCIAL/ Quiet	29.7	6.4	30.1	6.0	.62		28.3	5.6	30.2	5.5	** 3.7	.01
EXPRESSIVE-RESPONSIVE/INHIBITED	29.8	6.8	31.1	6.6	.50		31.8	5.9	32.2	5.9	.70	
SYMPATHETIC/ INDIFFERENT	32.4	4.6	31.8	6.2	1.0	.31	33.1	5.8	33.9	4.9	1.3	.18
SUBJECTIVE/ OBJECTIVE	8.6	4.4	7.7	5.5	.92	.35	9.9	6.4	8.9	5.9	1.5	.14
DOMINANT/SUBMISSIVE	25.1	6.0	25.6	5.2	.8		22.4	6.4	22.5	7.0	.21	
HOSTILE/TOLERANT	6.7	4.4	6.6	6.3	.23		6.5	5.1	5.7	4.4	1.2	.25
SELF-DISCIPLINED/ IMPULSIVE	25.6	6.7	25.3	8.2	.44		24.7	7.7	26.1	7.3	* 2.4	.05

** $p < .01$
* $p < .05$
Statistically significant

TAYLOR-JOHNSON TEMPERAMENT ANALYSIS PROFILE
Profile Revision of 1967

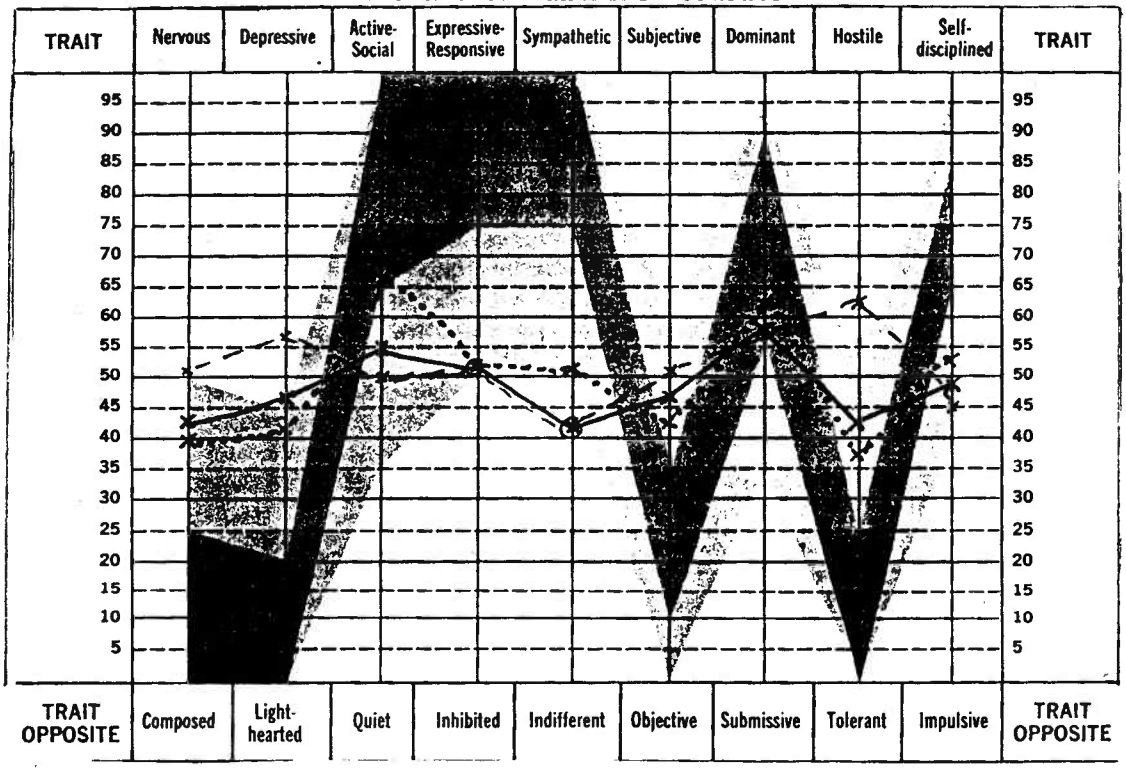
FIGURE 1

MEN BEFORE AND AFTER
TAKING THE TOUCH FOR HEALTH
INSTRUCTOR TRAINING WORKSHOP
(and compared with general population)



BEFORE: ____ AFTER: • • • • GENERAL POPULATION (MEN): _ _ _ _

FIGURE 2
WOMEN BEFORE AND AFTER
TAKING THE TOUCH FOR HEALTH
INSTRUCTOR TRAINING WORKSHOP



BEFORE: ____ AFTER: • • • • GENERAL POPULATION (WOMEN): _ _ _ _

compassionate. The women were in the indifferent range, i.e. "being unsympathetic, insensitive and having unfeeling attitudes" (p.5 Manual). At the end of the ITW the men could be said to be more sympathetic with a 69% level of confidence. The women moved from the indifferent category to the sympathetic category and it could be said with 82% confidence that as a result of the ITW their desire to help those in need increased and they were more empathetic. This move to the sympathetic end of the scale is noteworthy because it has been shown that it is a positive quality for those interested in the personal, social service occupations.

Subjective vs. Objective. This category "measures emotional interference, or the degree to which the individual's ability to think objectively is short-circuited by emotionality, illogicality, self-absorption, or emotional distortion. A high subjective score seems to suggest that inner feelings tend to create bias and distortion, which interferes with the ability to be logical in the appraisal of reality and life situations generally" (p.38 Handbook). After the ITW the men could be said to be more objective with a 65% level of confidence and the women more objective with a 92% level of confidence. Each would be able to be closer to "utilize reasoning ability without emotional bias or distortion" and more frequently scientifically or factually oriented.

Dominant vs Submissive. The dominant trait is defined as being confident, assertive, and competitive. It also includes characteristics which are indicative of ego strength, such as being influential with others or desiring to influence or change their thinking. It includes the characteristics of self-assurance, confidence and leadership.

Women had this trait before and after taking the ITW. Men also possess the dominant trait but to somewhat lesser degree. After taking the ITW they go from the acceptable to the excellent area of the graph but statistically it can be said that there is only a 50-50 level of confidence that the 8 day training program will have a significant change in being more dominant.

Hostile vs Tolerant. The tolerant trait is "defined as being accepting, patient and humane in attitude" (p. 6 Manual). Both men and women fall in the acceptable range of tolerance before and after the ITW. Following the ITW one could say with 75% confidence that a woman taking the ITW would be even more tolerant.

Self-Disciplined vs Impulsive. Both the men and women have a tendency toward being more impulsive than self-disciplined. Impulsive indicates "poor control and, in some cases, a tendency to "act out". "Such individuals tend to vascillate, seldom follow through on projects, even those of their own choosing, and are prone to change jobs frequently" (p. 6 Manual). There is no significant change for the men who took the ITW, but for the women, it can be said with 95% confidence that after an ITW the women are more self-disciplined. This is a statistically significant change. After the ITW women were felt that they were more orderly, had more of an inclination to set goals, felt that they had more ability to organize and plan and to have more control of themselves.

Discussion

The men taking the ITW who participated in this study can be described, in comparison with the general population of men on which the norms were based, as men who are more composed, more light-hearted, more active-social, more expressive-responsive, more sympathetic, more objective, more dominant, more tolerant and less

self-disciplined (see figure 1).

With the increased dominant trait and unchanged indifferent score the men may have a "tendency to influence another person without adequate consideration for the consequences to that person" (p. 38 Handbook). This may not be an unhealthy trait as one might at first think since the new instructors may be facing the "medical model" when trying to influence someone to take care of themselves.

The women who took the ITW, and participated in this study, when compared to the general population of women on which the norms were based, can be described as more composed, more sympathetic, more objective, more dominant, more tolerant and more self-disciplined (see figure 2). The major changes that occurred as a result of taking the ITW changed markedly from what their attitude was before the ITW and from the general population of women in that they became much more active-social, more sympathetic and, more dominant.

With the increased active-social and tolerant traits, women are more prepare# to operate more effectively in occupations which involve working with or helping others.

Limitations of the study. This study limits itself because volunteers were used exclusively and, therefore the focus is on subjects who were willing to be tested. Since volunteers are a special group of people, this method will limit the generalization of the findings. Also a detailed inspection of the standard deviations of the groups indicate a large spread. This limits the study in that the students with extreme characteristics, if any, tended to be neutralized by the natural tendency toward the mean when this type of statistic is used.

Implications for further research. It seems quite obvious that something important happens in the 8 days if personality traits can be changed to such a significant degree. It would be important to have a longitudinal study, i.e. one to investigate if the positive change is one that occurs as a result of the excitement and closeness that happens at the end of the ITW or a change that endures. It would also be valuable to investigate other personality variables such as manifest needs, interests, values, personality types, etc. of the participants in order to further evaluate the lasting effects of the impact of the Instructor Training Workshop's short term and long range.

References

Taylor, R.M., Morrison, L.P., Morrison, W.L. & Romoser, R.C. (1968) Taylor-Johnson Temperament Analysis Manual, Psychological Publications, Inc. California.

Taylor, R.M. & Morrison, W.L. (1980) Taylor-Johnson Temperament analysis Handbook, Psychoilogica# Publications, Inc. California.

Depression comes when we feel a sense of helplessness about our situation. Achievement and self-esteem come from a sense of mastery and control.

EDU-KINESTHETICS IN THE CLASSROOM
(Keeping It Simple)

Joy Lindsey

I have been teaching a 10 hour Edu-Kinesthetics class (Balancing the Mind/Body Energy for Reading Writing Learning) for the last three years to parents and teachers in the Los Angeles Unified School District. My emphsis has always been Parent Education/ Staff Development, ie. teaching others to introduce EK to their students or children. This year I decided to go into classrooms myself and work directly with the children, although, still with the emphsis on enabling the adults to carry on.

Regardless of whether teaching an adult class or working as a team with adults and children in the classroom, I have always kept it simple. First, because of limited classroom time; secondly, because of having to pass the skills on through other people; and finally, because children will do the exercises daily if they are short and simple and they can see a difference in themselves and/or their work.

The outline that follows is how I set up the classroom work with students, teachers and aides. You will find that the total balancing techniques total only 6: centeral meridian up, cross-crawl, lazy 8, emotional stress release, K-27, and auricular exercise. Granted there are more difficult cases where more advanced knowledge is necessary, but my experience is that these 6 will "switch on" most children. (And adults.)

I prefer that the teachers and aides have had the 10 hour class so that they are not only knowledgable but are convinced through class discussion, activities and feedback that the techniques really work. In addition to the 10 hour basic class a 1 hour pre-session is needed for the individual teacher and aide plus about 15 minutes before each 45 minute student session to 1) show adults what we will be doing for the day, 2) evaluate progress, and 3) so that I know they are experiencing the results of balancing (integrated mind, good energy, stress release, etc.) for themselves.

I also prefer a group of 3 students per adult (6-9 children) so that: 1) I'm not tempted to take over and do it all - the other adults will learn better by doing; 2) the children are not so self-conscious - they seem to want to try things out first if there are 6-9 instead of 3; and 3) success stories are more plentiful during the feedback time in the slightly larger group - thus, more credibility for all. This usually takes place in a Resource Specialist's room where such grouping is possible, not in a large classroom.

Two other reports are available:
Balancing the Mind/Body Energy for Reading Writing Learning - primarily comments from parents and teachers who took the basic 10 hour class, as to how children improved learning, released stress, reduced hyperactivity, increased energy, etc.
Balancing the Mind/Body Energy for Reading Writing Learning in SPECIAL EDUCATION - results in working with handicapped children.

The classes are set up with a pre and post (evaluation) session for teachers and aides, and 4 or 5 weekly sessions for students.

Pre-session for teacher and aide

-Body/mind energy and right/left brain
  brief explanation of concepts and research
-Central meridian up, down, up
  to demonstrate body/mind energy
  teach how to muscle test
-1 to 40
  show where present energy is on a scale of 1 to 40
-Pencil test (visual inhibition - TFH)
  to determine if hemispheres are integrated (switched on)
-Cross-crawl vs homolateral crawl
  to switch on right and left brain
  if homolateral test cross-crawl with eyes left, then cross-crawl with eyes right and go with the strongest - you don't have to know hemisphere laterality
-Pencil test again
  both hemispheres should now be integrated
-Emotional stress release
  most of us seem to need this
-1 to 40
  energy will probably have risen to 40 out of 40 at this point

At the end of this session teacher and aide feel better. They have seen and experienced 1) muscle testing and 2) the difference cross-crawl and emotional stress release can make. I have found that it is important to care for and to continue working with the adults through out the 5 weeks. The temptation is to focus in on the children and forget the teachers. If one feels positive change in one's self, one will expect it in others.

Session I

-Teacher/aide preparation time
  am I balanced?
  are other adults balanced?
  go over what we will be doing with students
  if teacher is a Resource Specialists ask her to tell the children's regular teachers to watch for change and share that with her
-Body/mind energy and right/left brain
  as with teachers, a brief explination of concepts - use visuals
-Central meridian up, down, up
  shows energy
  how to muscle test
  also if the centeral meridian is reversed, which might indicate a more complicated situation
-Alphabet - performance proof
  ask student to write the alphabet doing his best
  it is important to pre-test and post-test various skills so student can see his own improvement (the alphabet is a good one to start with)
  time his work without being noticed
-Pencil test - muscle test proof
  as in the teachers' pre session this will show if hemispheres are integrated one side usually weaker
-Cross-crawl vs homolateral
  see above - make sure eyes are in correct position if homolateral
-Pencil test again
  usually both sides strong now, if not, more cross-crawl with arms higher

-Alphabet again
use a separate sheet of paper
time it unnoticed - with both brains integrated it will be easier, faster without stress (watch the child's face both times he writes to observe the difference in stress), and usually an improvement in the writing

J. was so amazed at how much easier the alphabet was for him that he did the cross-crawl every day. At the end of the 1st week he had read 17 books for the Reader's Digest Read-a-thon and had been advanced to the next reading level in his class. He continued cross-crawl, emotional stress release, and the other 4 techniques taught in these sessions. When his report card came out 6 weeks later he had gone up a grade in almost every subject.

-Ears (Auricular exercise - TFH)
fun, easy, and very effective for lots of kids
good way to end the session

R. was embarrassed by being the only one of three that was homolateral. He declared that he wasn't going to do the cross-crawl. However, I observed him through the window as he left the room and he was rolling his ears back. (As it turned out he did his cross-crawls during the week, too!)

-Homework routine
xc (cross-crawl), ↑ (centeral meridian up) ? (ears)
before school, after lunch, before homework

Session II
-Teacher/aide preparation time and feedback
see Session I
-Student feedback
any change in school, sports, homework - this feedback time is extremely importar
Those who have not used the balancing exercises at this point will be encouraged by the success of their classmates to get going.

E.'s teacher was considering holding him back in the 3rd grade. Now he is getting all 90's, totally changed from being the hyperactive child he was, and loves his guitar lessons that he used to hate.

C. was the type of child who was constantly out in space. She is now on task, says her teacher. She loves the cross-crawl. Her mother is estatic as she claimes it is helping her more than all the phycological counseling she has been through.

D. was the type that couldn't sit still. Not the hyper child that disrupts the classroom but a wiggler that disrupts her own concentration. She has stopped wiggling and is now also on task.

-Brain cell
how synapses occure and lead to learning - brief explination with visuals
-1 to 40 - people seem to enjoy seeing their energy go up numerically
-Letters - write or say
muscle test each one and check ones that go weak
-Lazy 8 - for visual learning (integration)
check both directions and go with the strong one
make sure they can draw this by themselves before adding to homework
-Letters
retest letters that were weak - most will now be strong on all letters
if some letters still test weak, have student cross-crawl in the way that is correct for him and retest these.
-Cross-crawl - 3 dimentional (front, side, back)
check homolaterals to see if changed

-Emotional stress release, if time
-1 to 40
-Homework routine
xc, ☨, ?
add ∞ (lazy eight),  (emotional stress release)

Session III
-Teacher/aide preparation time and feedback
-Student feedback

Some of the children I worked with were from a gifted class but were behind in getting work in. After 3 sessions they were finding their written work much easier to do and catching up. One of the boys expected to get a C on a report and got an A-.

B. had to finish his homework before the family could go to the park. The shorter the time got, the worse the stress and, of course, the more impossible the task. He remembered to do the integrating exercises and zoom! he was done in 20 minutes. His mother reported later that he was in a super mood all the rest of the day.

D. a 6th grader, was switched off on many subjects, but Math came back first. In 6 weeks he went from 3rd grade level Math to 5th.

-1 to 40
-Tape recorder
reading of material at child's level
-Tracking
test to see if mid-line can be crossed visually while remaining strong, as one must do to read well
-K-27
if K-27 is not effective (different things work better for different people) use lazy 8 and/or cross-crawl
-Tracking
repeat test to see if body now stays strong
-Tape recorder
read again
play both back and note the difference
-Emotional stress release
if this was taught last session, do it now as a group - everyone thinking their own thoughts and holding their own frontal eminences
sometimes this leads into a discussion as to how one feels when favorite animals die, etc.
-Cross-crawl - 3 dimentional
check homolaterals
-1 to 40
-Homework routine
cx, ☨, ?, ∞, K-27, and 
whatever works best for the individual
before school, after lunch, before homework

Session IV
-Teacher aide preparation time and feedback

One of the aides had been given the responsibility to do the sets for a school production. The huge mural started out slow and difficult. After emotion stress release and cross-crawl she said it all started to flow - drawing was fast and creative. She said it was her best work.

A teacher was taking a test on word processing on a typewriter. It was supposed to take about 45 minutes. Integrating first her 2 hemispheres, she did it in 15 minute and got an A-. She said her friend who is a better typist took the full 45 minutes.

Another aide,who is really turned on to this,said everyone keeps telling her how creative she is getting. She says that whenever she is in a meeting she is the one who keeps coming up with not one but several ideas on how to get things done.

Many teachers remark on how their whole class settles down after switching on both sides of the brain with these integrating techniques.

-Student feedback

J. has gone from 5 fights a week with his school mates to 1. (Nobody's perfect!) He is also improving in his hockey. He was homolateral, now tests strong on crosslateral.

T., a 6th grader but small for his age, says he can now kick the starter on his ATC.

Many students are improving in sports - baseball, socker, kickball and even weight lifting (High School).

-1 to 40 and/or pencil test
-Children testing each other and the adults
if time or interest in session II or III, this was started earlier
-Lazy 8 for auditory learning (integrating)
-Options depending on time and if there is a 5th session. Testing for:
colors
thoughts and words
school subjects or parts of subjects that switch off body/mind energy (integration
-Review all 6 techniques that integrate (balance, switch on) the right/left brain and body energy
-Emotional stress release - group
I want to reemphasize this as it often gets left out in follow up work. We all seem to need this at times regardless of age.
this is a good time to introduce such concepts as self-love, self-esteem, I'm OK. Most of these children are down on themselves because of their self-image of being "stupid". We can get them out of that box. More often than not they are really quite bright.
-1 to 40 and/or pencil test
-Homework routine
cx, ↑, ∞ , K-27, ?, 
whatever works best for the individual
before school, after lunch, before homework

Post evaluation session with teachers
-Wins, partial wins, no improvement (no improvement usually happens when child simply is not interested in doing the exercises - that should be his choice)
-Where do they go from here
-Recorded records of improvement
-Advanced training in Edu-Kinesthetics and/or Touch for Health
-Encouragement and reminders are necessary, but in the end it needs to be the student's "thing". It is knowledge from the in-side-out. If a person experiences a change he will do the balancing/integrating techniques because he understands there truly is a difference.

Special Education differences - working with the handicapped, other than Educationally
-Working in the classroom with mentally retarded or physically handicapped children needs to be very individual. The aim may not be reading,writing, etc. but speaking, walking, more energy, raising the head, reduction of hyperactivity, etc.
-Surrogate testing is usually necessary since students often cannot be tested due to weak or over energized muscles, or simply not understanding the muscle test
-4x4 balancing
Usually from the very beginning I test 4 muscles (surrogate) and make 4 correction

Supraspinatus	Central Meridian up
PMC	Emotional stress release
Latissimus Dorsi	K-27
Deltoid	Cross-crawl

-Cross-crawl
usually has to be done by several people (teacher plus 2 aides) lying down
a small child can be cross-called sitting in lap on the floor -
some children can march with legs while one adult moves arms
-Pictures of a x (cross) and ll (parallel lines) come in quite handy for determining crosslateral vs homolateral due to difficulty in muscle testing
-To change from homolateral to crosslateral (since many special children cannot put their eyes left or right) I use the "sandwich".
1st week: homolateral crawl - cross-crawl - homolateral crawl
if cross-crawl tests as strong or stronger than homolateral →
2nd week: cross-crawl - homolateral crawl - cross-crawl
if cross-crawl now goes strong and homolateral weak →
3rd week: cross-crawl only
thereafter: check occasionally to make sure cross-crawl stays strong
if not,repeat steps
-Special Education feedback

F. who is 20 years old and in a wheelchair was homolateral. When changed to crosslateral he started rolling his chair to the bus (about 50 yards), to various activity centers, and in the school roll-a-thon. He had never done any of this before to the teacher's knowledge. He was able to sit up straighter and raise his head up higher. He did slip back to homolateral and needed to be repatterned.

Many handicapped children who are quite hyperactive have been amazingly calmed in a few minutes with the emotional stress release and cross-crawl. My favorite story is A., who was getting a hair cut. She is 6 years old; severly mentally retarded. When the beautician, who was volunteering her time at the school, started to cut her hair A. got very upset. The teacher who was already holding her hands was going to go get an aide for extra restraint. I asked if I might try something and used the emotional stress release for about 2 minutes. She sat camly for the next 11 minutes (unheard of for this child) while the beautician cut her pretty blond, natural, curly hair.

One other child who is 5 years old, in a chair with multiple handicaps, has improved in this way: 1) He is walking better - pushes his walker now instead of just standing with it and will walk with the teacher just holding on to her pocket. 2) He is learning many new words. The day I was talking with his teacher in the classroom the physical education teacher said, "Good boy!" to O., and to her delight he repeated it immediately. 3) New physical skills - she had said "Good boy" because he was pushing himself around, belly down, on a 4-wheeled dolly. and finally, 4) his teacher said he is becoming conscious of people in his space. While I watched, he was gently touching another boy's nose, becoming aware of his classmate for the first time. The other child seemed to realize the change in O. and remained still, allowing him to explore his face.

The balancing techniques used are based on the books and training of:
Paul E. Dennison, Ph.D., Switching On - The Holistic Answer to Dyslexia, P.O. Box 5002, Glendale, Ca 91104
John F. Thie, D.C. Touch for Health, 1174 North Lake Ave., Padadena, Ca. 91104

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Associate Superintendent: Support Services

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Director
Volunteer & Tutorial Program

SANDRA HAUGHTON
Teacher Adviser
Tutorial Programs

BALANCING THE MIND/BODY ENERGY for READING WRITING LEARNING

This is a 10 hour class (16 for Los Angeles Unified teacher in-service) for parents, volunteers, teachers and aids. It deals with:

- Balancing (or switching on) the hemispheres of the right and left brain.
- Releasing emotional stress.
- Reducing hyperactivity.
- Balancing the body energy which affects the brain.
- How all of the above can improve learning.

30 classes have been taught in the last 2 school years (1981-82 and 1982-83) primarily in Region 6, through the Volunteer Tutorial & Doves Programs Office and the Region 6 Administrative Office, reaching 680 parents, volunteers, teachers and aids.

On pages that follow are excerpts from the written class evaluations, quotes from the feedback portion of the class, as well as, comments from a questionnaire sent May 1983 to all 680 class participants.

Class objectives, content and source follow the participants comments, as well as, how to request a class.

In-service teacher:

Mrs. Joy Lindsey
6040 Shirley Ave.
Tarzana, CA. 91356
213/996-3299

July 1983

In response to the question, What was interesting or useful?

The concepts of right and left brain.

How to understand why my child thinks the way he does and how to help him to use his mind more and not get bored so easily.

The awareness of turning on both sides of your brain for most efficiency.

Everything - dyslexia and learning disabilities.

Settling into classroom work

There were many reports from teachers of classrooms settling down quicker and children getting easily into their work. One reported that often when there was an excess amount of restless commotion in the classroom one of the students would remind her that they had forgotten to do the balancing exercise.

Students enjoyed breaks from "school work" and seemed more willing and ready to continue.

Homework - Taking the Responsibility - Easier, Faster, Better and Happier

Please do not take this item lightly. Of all the comments from parents, this exciting positive change in their children's approach to homework is most frequently mentioned.

My children are doing their homework better and behaving better.

My 10 and 11 year olds improved their achievements in written composition and mathematics. Instead of calling me to do their assignments with them, they do it first independently and then have me correct it. They have developed a sense of responsibility.

My children are more eager to attack homework and other activities because of increased energy and a feeling of being in control of situations.

My son, Edward (7 years old) always does his homework rapidly but when he is stuck (blocked) I remind him to do the

cross crawl and lazy 8. Afterward he can finish his work easily. It makes me feel good to see him so happy with this.

After arriving from school my children immediately go over their assignments instead of my reminding them.

Multiplication tables

A 12 year old was having trouble remembering his multiplication tables. After one of the exercises, which integrates the right and left hemispheres of the brain, he knew them immediately.

Another mother reports: My 11 year old daughter was not able to learn her multiplication tables and began doing the exercises. She began learning them and learned them all.

Alphabet

Several parents spoke of children who could not learn even the first 5 letters of the alphabet after many weeks of trying. But with the exercises balancing the 2 hemispheres of the brain, they learned them rapidly. One girl started saying, "A, Little a, apple. B, little b, ball." etc., as if the language side (left) and the visual side (right) suddenly all came together.

Spelling

Lourdes, 9 years old, reports that she was getting 100% on her spelling tests almost every week after starting the exercises.

Another: My son's spelling grades went from 65% to 95% in 3 weeks. Instead of hiding his books when he gets home, he puts them on the table and says, "Let's get at it, Mom!"

Also: My daughter has been getting 100's on her weekly spelling tests and is eager to do her homework.

One mother wrote of spelling improvement like this:

13 years	10 years	10 years
95 to 100%	70 to 95%	80 to 95%

Reading

From a teacher's questionnaire: One student went from no interest in school to reading everything he could his hands on. He even sat in other children's reading groups when he finished his own work. He began doing his homework regularly, he had previously done none.

One elementary school boy from the first time ever at home picked up a book and sat down to read it. The mother said she was in shock!

Another 20 year old son with all the traits of dyslexia, (very bright electronically but never could read) read the word "earthquake" on the cover of a boys magazine (a word he could not read before), sat down and read the whole article. Another first.

General improvement

A teacher reports that her students were a bit unsettled after doing the cross-crawl the first time before a test. But upon checking the results, the class as a whole was noticeably higher than usual.

The children in class are responding to themselves after they balance themselves. Memory training and cross-crawling have improved their retention of information.

My daughter was very slow in math and reading. I practiced with her the Mind/Body Balancing exercises. She finished the 2nd grade with 95% in these subjects.

One mother simply stated that her daughter was getting more happy faces.

Frankie's mother reported that in catechism class, where she observes him weekly from the back of the room, he has started raising his hand and participating more.

Jose, 12 years old, frequently forgets to put the "e" on the end of his name. When muscle tested on each of the 4 letters of his name, all of which he was making clockwise instead of the correct counter clock wise direction, he tested weak.

Words, thoughts and touch

After the session on how words, thoughts and touch affect the mind/body energy, Sharon sent her son off to school with hugs and good words. Her husband joined in on the hugs, which he doesn't usually do. Their son come home from school in an excellent mood having had a banner day in terms of both studies and relationships.

RESULTS FOR HYPERACTIVE CHILDREN

I tried some of the ways of trying to calm down an over active child. I got positive results. I did this for 2 of my over active boys in class.

One teacher had 4 very disruptive boys in her room this year. Since doing the cross-crawl correctly they have settled down, "The class goes zooming along!" and she can now get on with her job of teaching.

The results have been fabulous since it has helped control the mischievousness of my children.

My 8 year old improved a little in his studies. He has always been good in his school work. However, I discovered in his report card that he received "Excellents" in his work habits. He has never received an "E" mark, always "S"'s and some "U"'s. This was a first!

My grandson is doing very good in his school work and behavior. He is hyper.

A father of a hyperactive girl reported that the teacher told him his daughter was settling down in class. This was after 3 weeks of cross-crawl with correction.

I am very happy for having been able to help my son who was not able to pay attention to anything for very long. Now he can.

EMOTIONAL STRESS RELEASE RESULTS

In response to the question, What was interesting or useful?

Bring up my body energy in times of stress.

How to reduce stress and restore energy.

Learning to deal with stress.

Students

One of my students, who puts a lot of stress on himself, gets successful results by using the exercises before tests.

As a result of exercises before reading a 7 year old boy now sits down and does his reading workbook pages. Where as before, he would scream and almost cry because he didn't want to do his workbook.

My 7 year old daughter became hysterical because she couldn't do her homework. I had her do the energy balancing exercises and she did her work well, fast and happily.

One "right brained" teacher had a "right brained" child last year, who did well in class. This year the child has a "left brained" teacher, is doing poorly and has lots of stress. Could the switch in brain dominance of teachers be causing it? she theorized.

My son, 12 years old, was very nervous about going to sleep. He used the emotional stress release and little by little it has disappeared.

Adults

This comment is very common from adults: When I am tired and nervous the emotional stress release helps me a lot. I feel relaxed and with new energy.

A volunteer in the class had a fear of speaking up in a group or in front of a group although she had many good ideas. A year after the class she is now Community Representative at her child's elementary school, active at several levels of the district, as well as, at the Jr. High and Sr. High where her other children go.

I have always found freeway driving a very stressful experience. However, with the emotional stress release technique I have diminished the stressfulness. I feel more relaxed and in control.

It works well in arguments, allowing one the choice of not overreacting (causing the other person to react even more) but being able to see the overall situation.

Pre-schoolers

I have had several parents who have used the emotional stress release with pre-school children. One 2 year old awoke crying with a nightmare. Using this technique he was peacefully sleeping in 2 minutes,

Another awoke crying for his pacifier. Not wishing to get out of bed, she tried the motional stress release and he slept all night without it for the first time.

One class participant works at a nursery school. A brand new 4 year old, whose mother had left, was crying hysterically. None of the usual diversionary tactics helped. She used the simple emotional stress release, which stopped the crying long enough for the teacher to find out that her favorite things were dresses. The child then went on to describe her favorite dress and was fine from that point on.

RESULTS WITH THE HANDICAPPED

A teacher of a child with a speech impediment reports he is doing better both socially and academically.

I have used it with my daughters and they have enjoyed it, especially my 11 year old who has emotional problems. I have noticed that it is helping her a lot.

I look forward to the day when this page is full. I have not yet had the opportunity to work with teachers, aids, volunteers and/or parents in Special Education. - JL

BODY ENERGY RESULTS

In response to the question, What was interesting or useful?

We can teach our children to control the energy of their bodies in a very simple way.

The effect of food and color on the body energy.

The energy that the exercises give a person.

Students

One mother reports that after cross-crawling everyday with correction her non-athletic son ran his first 10 kilometer race.

A high school senior's favorite sport is weight lifting, he is in the 300 lb. category. After doing lazy eights he pressed 10 lbs. more than usual and increased his "reps".

During PE a girl was tired after running around a track once. The teacher asked her to use a balancing technique and the girl went around 3 more times and was energized instead of pooped!

My 9 year old daughter was very lazy to get up in the morning and get dressed. But no more. She now gets up rapidly, in a good humor, and is doing better in school.

My children had more energy and they felt better.

Adults

"Speaking for myself", says a school librarian, "I do cross-crawl every morning before getting started on my regular routine. I think it gives me a good start for the day!"

My husband practices the exercises after work and it helps him reduce his tiredness.

A lady in her mid-fifties, who was weak on all muscle tests and had a shuffling walk, became strong on everything and actually changed her gait after 3 weeks of cross-crawl with correction. She looked better, was showing what she had learned to all of her extended family and was getting positive "strokes" back from them because of her new knowledge.

My family, as a result of my seeking/growth, is becoming aware of their responsibility for health and "hol-ness".

Yours truly, being homolateral, found it very exhausting to jog around a quarter mile track once. After doing cross-crawl with correction I jogged around 6 times (1½ miles), much to the amazement of my family, and was barely tired. - JL

BALANCING THE MIND/BODY ENERGY FOR READING WRITING LEARNING

OBJECTIVES:

Upon completion of this course a teacher, parent, volunteer, or aid will be able to:

1. test the flow of energy or blockage of that flow in a family member, friend or student;

2. teach the use of brain balancing techniques and exercises to coordinate right-left hemisphere balance and improve mental ability;

3. understand posture and its affect on reading, writing and learning;

4. release emotional stress;

5. know how to use muscle tests to identify low energy foods - sugar, for instance, and how it can affect concentration;

6. show a family member, friend or student how to increase general health and energy by releasing the blocked energy; which, of course, affects mental ability.

The content of this class is based on the books and training workshops of:

John F. Thie, D.C., Touch for Health

Paul E. Dennison, Ph.D., Switching On - The Holistic Answer to Dyslexia

In-service teacher: Joy Lindsey 213/996-3299

BALANCING THE MIND/BODY ENERGY
FOR
READING WRITING LEARNING

Content list:

registration and introductions

housekeeping and guidelines

explanation of Touch for Health and Edu-Kinesthetics, on which this class is based

demonstration of energy flow

how to muscle test

muscle testing in pairs

concert of 4 muscle tests (right brain reinforcement)

energy tests - color, music, food, natural vs. plastic, words, thoughts, circles of energy

dyslexia - facts and symptoms

cross-crawl vs. homolateral crawl

case histories

self contracts - to use course content

emotional stress release

balancing techniques - 12

testing for hemisphere balance

how to check for lateral dominance - eye, brain, hand

traits of right and left brain

testing for best posture for writing, reading and learning

right field, midline left field - relation to reading, writing and learning

reinforcement all along the way

count down review - simplified steps to take when working

with a child (or anyone)

The content of this class is based on the books and training workshops of:

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Touch For Health Stars, Torch Bearers
Present and Past

by Idelle Weissenberg

Pre-Introduction

The Olympian carried the torch since the first recorded Olympiad in 776 B.C. Their stars then were the fastest and the fittest runners. Today many other sports have been added to the outstanding exhibition of excellence. Only the best, the healthiest in body, mind and spirit can be the potential stars, the metal holders of the events. Touch For Health has carried the Torch For Health for the past 9 years, and 9 conventions. We all have been trailblazers and stars, iluminating the lives of millions of people that are touched all over the world. We have committed ourselves, and the lives we touch, to healthy bodies, minds and spirits in our pursuit of excellence.

Nine Years, Nine Conventions
Today & Yesterday

Introduction

I cant't beleive that this is my 9th Touch For Health Convention! In 1976, at Asilomar California, a beautiful peaceful California State Park retreat, approximately 20 dedicated students became Certified Touch For Health Instructors, Gordon Stokes was our teacher and trainer. At the same time, an elite group of TFH instructors were also there attending classes given by John Thie. In order to become an instructor, we were required to lecture to our class. I passed with flying colors and knocking knees---I haven't gotten the courage to speak for more than 3 minutes since then. That year, the attendance totaled some 40-50, which included the staff, instructors and students. The convention activities had to work around the class schedules; a far cry from our convention plans today. That year, we had approximately 300 trained instructors. I'm sure that by this writing, we have close to 5,000 all over the globe.

Present-Today

Last year, I developed some unusual courage and made two commitments. One, to speak to you at this 9th annual convention and second, with the Olympic year upon us here, in Southern California, I chose to concentrate this past year on the sport I love, tennis and integrate my knowledge with my other love, Touch For Health. I've accomplished this by writing, lecturing, and traveling.

For the past 6 months I have written a column in the Balboa Tennis Club News entitled Get In Touch With Your Stress. I was interested in lecturing and giving a mini workshop for the club and it was suggested that I might write one or two articles to familiarize the members with my subject. The readers have commented favorably to the director and to my great surprise, I am now writing a permenant column. One has to be very tactful dealing with tennis players. hey always think, that no matter how battered they are; sore knees, tennis elbow or aching backs, they really think that playing tennis cures all. You sort of have to sneak in a remark to them like, "you ought to breathe a little more, because oxygen does help keep your muscles from spasming."

My lecture mini-workshop became a reality in May of this year. Though I've been using the title, Get In Touch With Your Stress, it basically contains TFH philosophy. I believe in simplicity to get the facts across. I am constantly aware of John's desire for us to stick to the safe and easy techniques introduced in the Touch For Health manual. The few innovative ideas I've included, are still based on TFH application.

Here are a few explanations and suggestions that I include in my experiential lecture:

I start with a friendly hand touching experience. At the same time,

I show them how energy work, both positive and negative by demonstrating how they can strengthen the opponens pollicis longus and then with information explained to me a few years back by Richard Silvers, one of our talented TFH Instructors from Milbrae, Calif. I explain in very simple terms how they can avoid tennis elbow. "We have extendor and flexor muscles. If the arm is thrusting forward, as it does to complete a serve and since the proper way to serve is to flex the wrist as you come down with your arm, the top muscles become the extender and the lower muscles become the flexor. If there is tension and stress from fear, anxiety or embarrassment, and you are trying too hard, one tends to stiffen the wrist while serving instead of flexing it. That's when there is a possibility that you could make the elbow or upper arm around the deltoids sore."

I physically demonstrate how balance and compensating muscles effect our body language. My six pointed star is a great tool to show a visual explanation of how energy blocks and the necessity of flow.

I conclude my mini-workshop with as much muscle testing as time allows. Usually we get into crosscrawl, emotional stress release and testing with sugar, cigarettes and water. I have used this workshop for various groups and with a little change I take the emphasis away from tennis and place it on whatever the audiences interest lies.

I would now like to report to you on my efforts to get TFH in the Israel Tennis Centers. Henry and I are both founding members of the centers and along with several other founders we toured Israel and visited six of the eight centers. I observed the wonderful programs that have benefited over 60,000 youngsters, mostly from poverished areas. Young people, who have never been trained in any sport, receive free instructions and equipment and instead of spending their time after school on the streets, they are now becoming champion tennis players. An improved quality of life is reflected in youthful exuberance amongst thousands of children in these programs. As one of the officials expressed it, "Children from 100 different backgrounds play side by side, the greatest socialization has taken place here, which will effect the whole nation." After visiting the centers I did see a need for a self-help health program. With constant stress facing them daily, an over abundance of sugar in their diet and lack of knowledge in the holistic approach. After my return from Israel in October, I spoke to John about it, and with his help, a two year TFH membership was sent to the main Center in Tel Aviv. I was then given the title of International TFH Representative for the Israel Tennis Centers. Then my lengthly and time consuming correspondence started. Writing to center executives, TFH Instructors, Les Bolgar and Nathan Leeuwen; progress takes time but seems very promising. I hope to be able to report to you next year that the Israel Tennis Centers will be experiencing Les and Nathan's expertise....

Past-Yesterday

The Olympic Stars of the past (632B.C.) participated in wrestling, boxing and running. These original participants (as it was stated in an article in The San Diego Union, 4-8-84) performed nude. Women were forbidden to attend games. As a story is told in the Union, "One mother disguised herself as a trainer to see her son run. Her cloak slipped when she ran to congratulate him for winning. Only because he was a champion did she escape the usual death sentence." I think it is appropriate to get back to our past and I hpe that I escape the death sentence. I do confess that I got hooked on TFH 9 years ago when John presented a one day workshop at Elesyum Feild in Topanga Canyon. It was an optional slothing workshop (John of course, took the option of wearing his clothes, all the rest of us ran around in our birthday suits. Running meridians on a persons body, using ink pens reminded me of our dear friend and speaker at numerous conventions in the past, Dr. Jim Polidora. His famous quote is "To hear is to forget, to see is to remember and to do is to understand." From that day on, my life has not been the same.

By attending all 9 conventions, I've been touched, pulled and practiced on while getting my 14 muscle balance by novice students and experts. I've experienced a Shiatsu balancing, have had loving convetioners give me a "laying on of the hands." My feet have been pressed by reflexologists. I've had color strips placed over my accupressure points and sure enough, they strengthened my weak muscles. It wasn't too long ago that a delightful participant gave me a Bach Flower remedy to heal my emotional and physical ailments, plus, a loving TFH instructor asked my body a hell of a lot of personal questions, and, she got some darn good answers. Even one of our famous Doctors that frequent lecture circuit convinced me that lazer beams placed on my partials would make me less allergic to it's metal content. Believe it or not, it was the first time I ever removed my teeth in public. Last but not least, I was convinced by Elizabeth Kubler Ross, who spoke at a holistic symposium in Pasadena, (the reason I went to the event was to find a way to rid myself of a siatic pain in my leg that I developed after my second ITW review) that we all have guides that are with us from birth and allwe have to do is to ask them a favor and we'll be granted our wish. Believe it or not, I've never failed in getting a super parking place. By the way, I've given my guide a name. When I Misplace my keys several times a week Josh leads me to them the moment I put in my request. I know none of you will mind if I explain to you that the other morning my guide, Josh, presented me with an idea for this convention, and honestly, I couldn't pass it up...

The Olympians have their stars, men and women with healthy bodies, minds and spirits. Wouldn't it be appropriate for this convention that we mention a few of our stars, Olympians receive the gold metal, in the movie industry, the stars are presented with an Oscar, the television artists get their Emmys; to embark on a symbolic award, one that could stand proud against the best of them for some of our stars of healthy bodies, mind and spirits. The award

is called the TITA for excellence. It fits in with this years Michael Jackson mania. (Take out white glove) This white glove placed on my hand represents the THIE INTERNATIONAL TOUCH AWARD and without further adu I want to use this wonderful symbol of touch to thank some of the people that have touched my life with their spirit, help, encouragement and knowledge in the past 9 years. This Touch Award is not to be singled out for the few representative individuals that I am going to mention. I hope many hands will touch each other during the next 4 days...

1. My hand goes out to Bill Riley, I know he is not with us today, but he was one of my classmates at Asilomar in 1976 that always symbolizes the importance of the simplicity of the crosscrawl when he used it to change his son Dan's, uncorrelated speech and thoughts to that of a normal youngster. His son Dan had Down's Syndrome. Because of his involvement with his son's therapy, Bill retired from his newspaper work and went to Chiropractic College and became a Chiropractor.

2. This Touch Award goes out to Dr. Jim Polidora. Experiencing Touch by telling us "to do is to understand" finds it's way in every lecture that I have ever given. He taught me, "You don't stop playing because you grow old, you grow old because you stop playing. From 1976 he has pleasured us at least a half a dozen times with his joy of movement.

3. Gordon Stokes, please come up and accept this Touch Award. So many times you have told me that I could do anything. I'll never forget the blind walk we had through the wonderful grounds at Asilomar and how we all took turns thrusting each others bodies into the air. That really taught us to trust... Remember that fella that was in our first class that owned a bar in New York and came all the way to Calif. thinking Touch For Health Instructor training program was a sex workshop of some king. Tnankyou for all the loving support that you give to everyone in your touch.

4. Grace Halloran, PHD., please come up and get the TITA Award from me. What a woman, she came to us in 1979 telling us that she would eventually go blind with an inherited eye disease, Retinitis Pigmentosa. After studying braille, she came across the Touch For Health manual, had her roommate work on her kidney meridian and literally doubled her vision. A year or two later at one of our conventions, she honored us by giving her dis-ertation on reversing blindness for her PHD. You really made me a believer of what touch can do in it's simplicity.

5. Nancy Joeckel, I need to touch you for bringing that clever video tape to the 1979 convention called Joshua In The Box along with that fantastic lecture on stress and overwhelm. You made it possible for me to coordinate an innovative workshop called Live, Love, and Laugh For The Health Of It, by loaning me the tape. I wish you'd of seen it, I played the part of Joshua myself. I always keep your book Say Yes To Stress handy and quote from it frequently..You are wonderful...

6. A person that has done more for me in her quiet way than time could permit. Rosemarie Balinski Michelson, let me take your hand. Here is a loving individual who has balanced me whenever I've cried help! Who has let me build my confidence by assisting her with her workshops. She took it in stride, while I hilariously officiated at a Mock wedding for her and Neil at Asilomar in 1979????When I needed halp with my role as Joshua, who do you think came to my assistance????She wrote some of the script, helped construct the box and played my straight man. (Taking puppets heads out and putting it them on) Remember Joshua Rosemarie? "Hi, Rosemarie, What's the sense of being in a box?
I feel like I'm in a trap
I've got to change my way of living
Start to do a little giving
Being trapped with my emotions
There's facts of life that are worth living--
Like breathing---Say it Rosemarie
Boy, your the best nutritionist ever too.
Wait till all of you tast the food
She sees to it that we get the very best here
At the Annual Meeting...

I am your secret admirer, I love your...

7. Hey Grace Baldridge, TH Enterprise herself. Did you thing I'd forget you? You represent for me the love and affection that shines from the whole staff. Well, come and get your TITA Award, you've been with us all the way, giving me and others a helping word of advice, a balancing or shatever is asked of you. Seeing that all of us get educated by keeping that book store in line. What would we do without you?

8. Elly Wagner and Don Henley, come up as a pair please. Haven't I seen both of you at all the 9 conventions? We've cried and laughed together, hugged together, danced together and held hands together in many a campfire in Asilomar and even Humbolt University in Eureka, California. That was in 1978 and we had many warm experiences in closing circles in the past nine years. Both of you have taken responsibility and the hard work that goes with it to make me and others enjoy and be proud of a top quality convention. You've made them bigger and better, and I love both of you...

9. Last but not least, John, did you think you'd get out of the line-up of stars in my life? John Thie how did you think I'd been able to write all this stuff if it weren't for you at that first optional clothing workshop? Please come up so I can thank you for making Touch for Health so simple and your effort in sticking to that philosophy. Remember many like me, lay persons can sound professional. Remember the skit we improvised at Humbolt University, when your dad was in the audience, we conned you into getting balanced on stage, then all the accupressure points and meridians became living characters and talked as you were being touched? You were a great sport. I'm going to turn this glove award over to you, I know you'll put it to good use this week. You are a jewel and I'd better get off stage so you can take the limelight...

AN INTRODUCTORY PRESENTATION - PURPOSE OF TOUCH FOR HEALTH

BONNIE EPSTEIN

When presenting the concept of Touch for Health to students for the first time I use this diagram. (See illustration #1)

Touch for Health is a system by which we are able to test, via muscles, internal levels of energy. This energy is found in the form of a clear liquid traveling within a tube-like vessel, no larger than one inch in diameter. The meridians, or energy paths, lend vitality to all parts of the body. This vitality extends beyond the dense, physical body for a minimum of two inches. Some of you may be more familiar with the terms: force field, electrical field, magnetic force, halo, aura, or energy field.

These energies link the molecules, atoms, cells, tissues. organs, glands and the systems. The meridians are the liaison between you and all parts of yourself; physical, mental and emotional. When testing for energy levels it is beneficial to compare the meridians to an electrical circuit.

The muscle being tested becomes the light switch. Should the light switch fail we do not know if the light switch is faulty or if there is a break in the circuitry. (See illustration #2). It is most important to keep in mind that our testing yields information about energies and their relationship to muscles and organs. We know NOTHING about the physiology of the <u>organ</u> to which the muscle relates; we know <u>only</u> about the flow of energy, or circuitry, to a particular organ.

If the energies are flowing freely, the muscle being tested will "lock" when pressure is applied and the direction , "And hold", is given. Should the muscle test "unlocked", we have six choices of correction. (See illustration #3)

There is six times as much lymph fluid as blood. The lymph system is the ONLY system which does not have its own pump. If we do not move the lymph fluid, it holds onto the toxic wastes which we take into our bodies through the water we drink, foods we eat, and the air we breathe. Therein lies the importance of exercise. If we do not move the toxicity, dis - ease has a fertile enviroment in which to manifest. Lymphatic corrections are massaged.

The circulatory corrections, or neuro-vasculars, are points to be held, mainly on the head. The tips of the fingers are held on specific places to encourage blood flow to the needed area.

The third method to be employed is meridian massage. By running your hand along a meridian pathway, it serves as a reminder to the body's electrical system to reconnect. The body responds to a meridian massage when directly touching or within two inches.

Acupressure points are related to the science of acupuncture. The only difference is that we use our fingertip pads in place of needles. This fourth correction stimulates specific areas along the meridian pathways. To employ the acupressure holding points, touch at the specific area and hold for about thirty seconds.

Remembering that the muscle acts as the light switch of the body's electrical system, it is possible to have a faulty light switch. Should the corrections used yield no change in the muscle response, the muscle, itself, may need strengthening. This involves massaging at the origin/insertion or the spindle cells.

The last technique which Touch for Health uses to rebalance is nutrition. This affords the student the ability to see and feel the

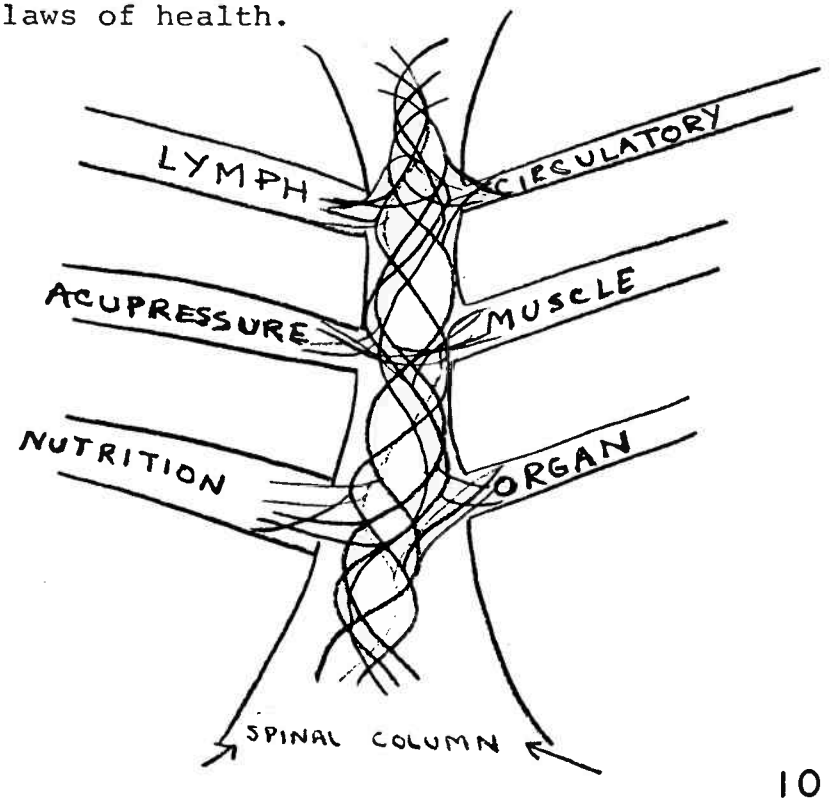
dramatic effect of food on the body. The food substance is to be placed in the mouth, then, test the muscle.

Those are the six strengthening techniques available. Although the body energy affects the functioning of the organs, we know nothing about the physiology or structure of the organs.

The purpose of Touch for Health is to teach people how to maintain balance. The balance of which we speak is to allow body energies to flow, uninhibited, from the top of the head to the tip of the toes. If the body is in balance, dis - ease is not a choice. In the world of holistic health, there exists no such word as disease, the word is dis - ease, meaning out of ease or out of balance. So, we come to understand that should we choose health, or balance, we lose dis - ease, or imbalance.

How do we maintain that balance? The acronym DERM answers that question. One way to assist the body in staying in homeostasis is by following the laws of D.E.R.M. D is for Diet, E is for Exercise, R is for Rest and M is for Mental Attitude, emphasizing a Positive Mental Attitude. Touch for Health embraces and encourages following these inherent laws of health.

MERIDIANS =
PATHS OF ENERGY



VICTORY IN SIGHT!

By Grace Halloran, Ph. D., Director
Center for Eye Health Education

The summer of 1984 is a time that the world will be turning its focus on the athletes that will be competing for the 'gold'. All of these athletes are winners already. They have set their goals, and worked hard at acheiving them. Their courage and determination is always inspiring to us all. This summer is a time for rewarding people who have achieved their goals.

There are a number of other people who have set goals and have been in training. They do not have the attention of the media, nor is there a gold, silver or bronze medal waiting to be placed around their necks. But what they have done is truly as inspirational as the world class athletes. They have regained lost vision! Vision that was lost, and had been told would never return to them.

Touch for Health has played a vital role in the recovery of these people's sight. I was introduced to Touch for Health almost seven years ago, and have used it everyday in my work, teaching and training people who have had tradiionally 'untreatable' eye conditions.

Conditons such as Retinitis Pigmentosa , an inherited and genetic eye disease which shows up as extreme night blindness at first and later as narrowed fields of vision, or tunnel vision; and Senile Macular Degeneration , where a person loses their ability to see centrally. The ability to read and drive and participate in recreational activity is tremendously impaired in people who have this eye condition. Almost a half million Americans a year are diagnosed with this disorder. For almost all, there is no treatment available.

The reason I became so involved with Touch for Health and people who are so seriously affected visually, is because for almost 8 years of my life, I was considered 'legally' blind. I used a white cane, studied braille, and had readers when I went to college. I have Retinitis Pigmentosa , as well as my entire family, and although I am not cured, have regained 80% of normal vision. I know from personal experience how powerful the combination of positive meantal attitude and Touch for Health can be.

People who attend the intensive training have come from all over the world. We have had people from Europe, New Zealand, and we have had inquiries from India, Israel and Mexico. Many of this exposure has been from Touch for Health Instructors that hear of my work. I cannot thank you all enough for your support and sincere interest in helping others. I think that the only way I can truly thank you all is to keep up the outstanding results we have been acheiving, and in so doing, justify your support.

THE THREE WEEK INTENSIVE TRAINING SESSIONS INCLUDES, IN ADDITION TO TOUCH FOR HEALTH, EDUCATION IN THE FOLLOWING AREAS:

1. ELECTRO-ACUSCOPE, A BIO-ELECTRICAL STIMULATOR TO ENHANCE THE HEALING PROCESS. A RECENT AND REVOLUATIONARY INSTRUMENT THAT IS BEING USED IN MOST SUCCESSFUL PAIN CONTROL CLINICS, AND IS TURNING THE SPORTS MEDICINE FIELD COMPLETELY AROUND. MANY OF THE WORLD CLASS ATHLETES THAT HAVE BEEN INJURED RECENTLY HAVE BEEN EXPOSED TO THE MAGIC OF THIS MACHINE. WE ARE THE ONLY ONES USING THE ELECTRO-ACUSCOPE FOR EYE CONDITIONS ON A FULL TIME BASIS. THE RESULTS HAVE BEEN OUTSTANDING!

2. RETINAL-STIMULATION, BASED ON THE REVOLUTIONARY COLOR THERAPY INSTRUMENT DEVELOPED AT THE CENTER FOR EYE HEALTH EDUCATION. THE EYE IS A LIGHT-SENSITIVE ORGAN, AND WHEN THE RETINA IS FUNCTIONING PROPERLY, SHAPE AND COLOR IDENTIFICATION ARE INSTANT. IN THE CONDITIONS WE WORK WITH, THIS IS GENERALLY NOT THE CASE. THIS MACHINE HAS BROUGHT BACK COLOR AND SHPAE VISION TO MANY CLIENTS WHO HAD LOST IT ALMOST COMPLETELY!

3. BIOFEEDBACK, AND STRESS MANAGEMENT. THE STRESS OF POOR VISION IS IN ITSELF A MAJOR PROBLEM TO VISION. BY IDENTIFYIG THE EXACT CENTERS OF MUSCULAR TENSION AND BY EDUCATING THE CLIENT IN STRESS MANAGEMENT, THE RESULTS ARE IMPROVED CIRCULAION, AND FREQUENTLY, IMPROVED SIGHT.

4. NUTRITION. IT IS OBVIOUS THAT NUTRITION IS AN IMPORTANT FACTOR IN WORKING WITH SERIOUS EYE DISORDERS. WE ASK EACH CLIENT TO KEEP A TWO WEEK DIET DIARY, AND MAKE TOTAL, INDIVIDUAL NUTRITIONAL EVALUATIONS.

5. POSITIVE MENTAL PROGRAMMING, INCLUDING VISUALIZATION AND POSITIVE AFFIRMATIONS AND AUTO-GENIC TRAINING.

6. ACUPRESSURE, SPECIFICALLY DESIGNED TO STIMULATE TOTAL VISUAL FUNCTION AND EYE HEALTH. I HAVE DEVELOPED AND RESEARCHED AND PUT TOGETHER OVER FORTY ACU-EYE POINTS, AND EACH CLIENT IS TAUGHT HOW TO APPLY THESE TECHNIQUES.

7. YOGIC-TYPE STRECH EXERCISES AND EYE EXERCISES. STIMULATION OF THE CARDIO-VASCULAR SYSTEM IS VITAL TO IMPROVING SIGHT.

CLIENTS COME TO THE CENTER FOR THREE WEEKS, AND PARTICIPATE IN TRAINING SESSIONS, ON A ONE ON ONE LEVEL, AS WELL AS IN GROUP SESSIONS THREE TO FIVE (3 - 5) HOURS MONDAY THROUGH FRIDAY.

FROM THE LAST TWO YEARS OF INDEPENDENT DOCUMENTATION ON THE RESULTS, I FEEL THAT IT WON'T BE LONG BEFORE WE WILL HAVE AN IMPACT ON HOW PATIENTS ARE TREATED WHEN THEY ARE DIAGNOSED WITH THESE CONDITIONS! INSTEAD OF BEING TOLD THAT THERE IS NOTHING TO BE DONE TO IMPROVE THEIR CONDITION, AND THAT THEY SHOULD GO HOME AND ACCEPT THEIR FATE, I FEEL THEY SOON WILL BE TOLD ABOUT ALTERNTIVE SELF-HELP TECHNIQES.

A GOOD START AT INFORMING THE MEDICAL PROFESSION BEGAN WHEN I

RECENTLY DELIVERED A PAPER ON THE RESULTS OF MY WORK AT THE AMERICAN HOLISTIC MEDICAL ASSOCIATION. AT THE CONVENTION, HELD IN WICHITA, KANSAS, THERE WERE MEDICAL DOCTORS AND HEALTH PRACTICIONERS FROM ALL OVER THE WORLD. THEIR RECEPTION OF THE PAPER WAS OVERWHELMING! OF COURSE, THEIR AWARENESS OF ALTERNATIVE HEALTH CARE WAS WELL ESTABLISHED, SO IT WAS NOT A DIFFICULT TASK OF EXPALINING HOW POWERFUL ALTERNATIVE TECHNIQUES COULD HAVE SUCH A POSITIVE IMPACT ON THESE 'TRADITIONALLY' UNTREATABLE EYE CONDITIONS. MANY OF THE HEALTH CARE PROFESSIONALS HAD COME IN CONTACT WITH TOUCH FOR HEALTH, AND ALL WERE AMAZED AT THE TYPE OF RESULTS WE HAVE BEEN ACHEIVING AT THE CENTER FOR EYE HEALTH EDUCATION.

THE RESULTS, (SEE GRAPH AND DIAGRAM), HAVE BEEN INDEPENDENTLY MONITORED BY TWO EYE DOCTORS IN THE SAN FRANCISCO BAY AREA. DR. ELIOT KAPLAN, A VISION SPECIALIST IN BEREKELY, CALIFORNIA, AND DR. GREGGORY KING OF SANTA ROSA, CALIFORNIA HAVE BEEN TESTING FUCTIONAL VISION PRE AND POST TRAINING. BY STANDARDIZING THE TESTING, WE HAVE BEEN ABLE TO RECORD THE PROGRESS THE CLIENTS ACHEIVE IN THE THREE WEEK TRAINING.

THE TESTING INCLUDES, BUT IS NOT LIMITED TO THE FOLLOWING VISUAL FUNCTIONS:

1. ACUITY. THE ABILITY TO SEE CLEARLY IN THE DISTANCE AND AT NEAR.

2. COLOR PERCEPTION. THE ABILITY TO IDENTIFY 12 COLOR PLATES, SPECIFICALLY DESIGNED TO DETERMINE COLOR BLINDNESS.

3. FIELD OF VISION. THIS TEST MEASURES PERIPHERAL VISION.

4. DEPTH PERCEPTION AND BINOCULARITY. MEASURES THE ABILITY FOR THE CLIENT TO USE BOTH EYES TOGETHER.

OTHER PHYSIOLOGICAL MONITORING THAT THE CLIENTS HAVE HAD DOCUMENTED IS IN THE AREA OF BIOFEEDBACK EVALUATIONS:

1. EMG. MUSCLE TENSION LEVELS IN THE FRONTALIS AND TRAPEZISUS MUSCLES.

2. TEMPERATURE. SKIN TEMPERATURE OF THE EXTREMETIES TO INDICATE CIRCULATORY PROBLEMS.

3. BLOOD PRESSURE. ANOTHER FACTOR VITAL TO HEALTHY EYES.

THE BIOFEEDBACK EVALUATION WAS DONE BY A CONSULTANT, AND STRESS MANAGEMENT SPECIALIST, BARBARA EHLERS, R.N. AND TOUCH FOR HEALTH INSTRUCTOR. CLIENTS WERE MEASURED IN THE ABOVE AREAS PRE AND POST TRAINING DURING THE THREE WEEK'S STAY.

THE RESULTS WERE TYPICALLY:

1. IMPROVEMENT IN ALL VISUAL FUNCTIONS

   A. ACUITY, COLOR, DEPTH, AND FIELDS OF VISION.

2. LOWERING OF TIGHT MUSCLE GROUPS, LOWERING OF BLOOD PRESSURE, AND INCREASING SKIN TEMPERATURE WHEN APPROPRIATE.

CASE EXAMPLE:

JOE, 58 YEARS OLD. DIAGNOSED WITH RETINITIS PIGMENTOSA, HAS ONE BROTHER WITH SAME DIAGNOSIS. HAD TO RETIRE EARLY FROM THE NEW YORK CITY POLICE DEPARTMENT BECAUSE OF VISUAL LOSS. IN GOOD HEALTH OTHER THAN FAILING SIGHT. HAS DIFFICULTY GOING FROM LIGHT TO DARK, DIFFICULTY IN READING, AND NOTICES THAT EYES ARE DETORIATING AT AN ACCELERATED RATE IN LAST YEAR.

VISUAL EXAMINATION SHOWED THE FOLLOWING:

1. PRE TESTING OF DISTANCE ACUITY MEASURED AT 20/200. POST TESTING REVEALTED 20/30! A REMARKABLE IMPROVEMENT.

2. PRE MEASUREMENT OF THE RIGHT EYE HAD LESS THAN 15 DEGREES OF FIELD OF VISION. POST MEASUREMENT SHOWED MORE THAN FOUR TIMES THE ORIGINAL FIELD!

3. PRE MEASUREMENT OF THE LEFT EYE HAD LESS THAN 5 DEGREES OF FIELD OF VISION. POST EVALUATION SHOWED MORE THAN DOUBLE THE ORIGNIAL FIELD. .

4. PRE EXAM, CLIENT WAS ABLE TO IDENTIFY ONLY ONE (1) OF TWELVE (12) COLOR PLATES. POST EXAMINATION JOE WAS ABLE TO IDENTIFY EIGHT (8) OF THE TWELVE COLOR PLATES!

5. PRE EXAMINATION INDICATED NO DEPTH PERCEPTION, AND NO BINOCULARITY (ABILITY TO USE BOTH EYES TOGETHER). POST EXAM SHOWED DEPTH PERCEPTION AND BINOCULARITY, INDICATING BOTH EYES TURNED ON AND WORKING TOGETHER!

BIOFEEDBACK EVALUATION PROVIDED THE FOLLOWING OBSERVATIONS:

1. PRE TRAINING, BLOOD PRESSURE WAS NORMAL TO HIGH NORMAL 130/80. POST EVALUATION WAS 120.75.

2. PRE MEASUREMENT OF THE EMG, FRONTALIS WAS MEASURED AT 6+. POST MEASUREMENT WAS 1.5 (LOW NORMAL, AN EXCELLENT RATE).

3. PRE EVALUATION OF THE SKIN TEMPERATURE (INDEX FINGER), MEASURED IN NORMAL RANGE AT 86.6. POST TRAINING WAS SAME.

THIS IS JUST BUT ONE OF MANY CASE EXAMPLES THAT PORTREY SIMILIAR FINDINGS IN PRE AND POST MONITORING BY INDEPENDENT OBSERVERS. A TOTAL OF FORTY-FOUR (44) OUT OF FIFTY (50) HAVE SHOWN 'SIGNIFICANT' IMPROVEMENT. (REFER TO GRAPH ON TOTAL CASES WORKED WITH) SOME CASES, SUCH AS JOE'S ARE MORE SIGNIFICANT THAN OTHERS, HOWEVER, THE CLIENTS

ARE PLEASED TO SEE SOME INITIAL EARLY RESULTS. ESPECIALLY IN LIGHT OF THE FACT THAT THEY WERE SET ASIDE AS 'HOPELESS' MEDICAL CASES, NOT TO BE DEALT WITH IN ANY THERAPUTIC MANNER.

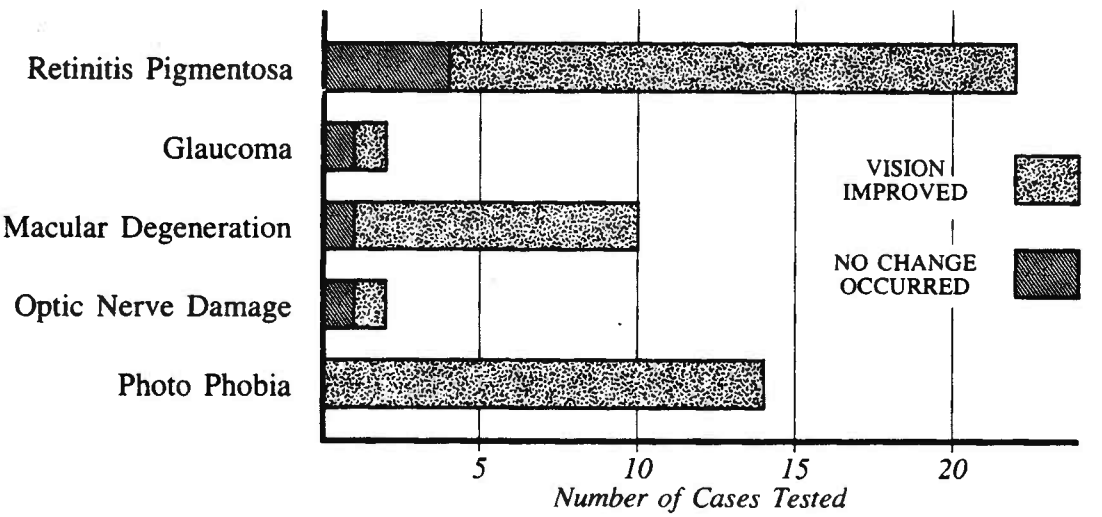
THE CENTER FOR EYE HEALTH EDUCATION HAS DEVELOPED A HOME TRAINING CASSETTE PROGRAM FOR THOSE PEOPLE WHO ARE UNABLE TO ATTEND THE INTENSIVE TRAINING, AND WE ARE PRODUCING THE COLOR THERAPY INSTRUMENTS FOR VISION IMPROVEMENT. OUR GOAL IS TO EDUCATE THE MILLIONS OF PEOPLE WORLD WIDE THAT ARE SUFFERING FROM 'UNTREATABLE' VISION LOSS. WE BELIEVE THAT AN AGGRESSIVE SELF-HELP THERAPY PROGRAM CAN AND DOES AID IN THE MAINTAINANCE AND IMPROVEMENT OF THESE SERIOUS EYE DISORDERS.

AS FAR AS I'M CONCERNED, I THINK TOUCH FOR HEALTH WINS THE 'GOLD' EVERY TIME!

FOR MORE INFORMATION, PLEASE CONTACT GRACE HALLORAN, PH. D., DIRECTOR, CENTER FOR EYE HEALTH EDUCATION, 1186 YULUPA AVE., SUITE 104, SANTA ROSA, CALIFORNIA 95405. PHONE IS 707 578-1152

Applied kinesiology, or as it is more commonly called, Touch for Health, is a powerful preventitive and curative discipline based on the science of applied kinesiology and uses the oriental acupuncture paradigm as a guide for balancing body energies. Touch for Health self-help techniques are taught to all clients and attending family members so that they can continue to maintain their health and well-being when the on site training is completed.

Halloran has researched and developed over 40 acupressure points that aid in stimulation of blood circulation to the visual system. Clients are taught how and where to apply pressure.



This graph illustrates the results of tests on 50 cases with vision impairment. As indicated, 44 showed improvement using proper vision therapy, six showed no change.

Barbara Ehlers, R.N. presents:

STRAIGHT BACK TALK: "GETTING IT STRAIGHT" 7/14/84

I. Definition of Scoliosis

II. Personal History and Scoliosis Program Development

III. Description of Program

IV. Case Histories

V. Conclusion

Introduction:

One purpose of this paper is to acquaint you with scoliosis, a health problem which has not received alot of attention and yet affects physically and emotionally, a great many people. The following information on definition and forms of treatment is taken from publications put out by the National Scoliosis Foundation. I was unable to find statistics on effectiveness, side-effects, or future benefits of these treatment plans and so I shall rely on personal statements made by acquaintances, friends and clients who have experienced these treatments to illustrate some contrasts between these programs and my "GETTING IT STRAIGHT" scoliosis program. The second and main purpose of this paper is to introduce you to the program.

I. Definition of Scoliosis:

The National Scoliosis Foundation defines scoliosis as a lateral curving of the spine, usually developing in pre- and early adolescence and effecting one in every ten persons. While some curvatures are caused by congenital deformities or diseases

affecting the neuro-muscular system, over 80% are idiopathic (no known cause) and usually develop between the ages of 10 and 14. Most idiopathic curvatures are slight and non-progressive, and need no treatment. But 1 in 5 cases will need treatment to stop the progression.

The traditional approaches for treating scoliosis have been: "the wait and see approach" also know as observation; bracing; or surgery. The observation approach is the initial nontreatment because the scoliosis is often so mild as to not need further treatment. However a mild form of scoliosis can radically change during a rapid growth spurt and as the child grows larger the curvature can also grow larger and the doctor may then choose another form of treatment.

Bracing is the most common form of treatment. Braces are desgined to prevent mild to moderate spinal curvatures from growing worse. Frequently an active exercise program will be used with the brace. Spinal fusion is the operation used when the physician feels that no other treatment will prevent the curve from interfering with a healthy active life.

II. Personal History and Scoliosis Program Development:

When I was thirteen, my mother noticed that my right hip was higher than my left hip. A visit to our family physician confirmed that I had scoliosis. I was given an exercise program and some tools for improving my posture. My scoliosis was a mild to moderate curvature. Even so, I have experienced back pain, limitation in my activities, especially sports, have not been able to wear certain types of clothing because "they looked funny", and

felt self-conscious about a crooked body. Two years ago I came into contact with a practioner who offered a new approach for handling pain, restricted muscle movement, processes for postural changes, and new insight into the effects of emotions on the body's structure. From this new information I have formulated an approach for working with scoliosis in a very conservative but effective way. In my many years as a T.F.H. practioner and teacher, I have found many uses for this discipline as a significant part of this new methodology. By employing these processes and techniques, and developing them into a daily routine for myself, there has been a marked change in my posture, increased range of motion, improvement in my appearance, and only occasional minimal bouts of back pain.

III. Description of Program:

This program is structured on four basic premises.

1. Bones do not move, muscles move bones.....
2. The cause does not matter.....
3. The body grows up around the person.....
4. 40 days are needed for body to establish a new habit.

Let's briefly discuss each premise.

First, bones do not move, they give shape to and support the body. They surround and protect some vital organs and give points of attachment for the muscles, serving as levers and making movement possible. Except for the bones of the skull, which move microscopically when we breathe, the movement of bones in our bodies is controlled by muscles and ligaments. By re-educating these muscles and ligaments, and "switching on" the systems which

nourish and communicate with these tissues, it is possible to change the way the spinal column is being held. This "re-alignment" creates a new posture and improves muscle balence, regardless of the cause of scoliosis. The focus is not on cause but on effect.

In order to create change for ourselves, all the parts of ourselves must be included in the process. We can not exercise and re-educate a muscle group without regard for the nutritional needs of those areas or of the emotional scars, memories, fears, and armors stored in these areas. If we regard the body as a part of our self-expression, then we can assume that by changing our emotional posture we will affect our physical posture. We can allow our bodies to grow up around us, perhaps straighter and stronger.

It is not an overnight process.

The program has two component parts:

1. in office
2. at home

In office:

1. Rebalancing: using TFH, Acupressure, and nutrition.
2. Neuro-muscular re-education: muscle "strokes", spindle-cell mechanism, and Golgi-tendon appartus are used to "re-set" the muscles. Positional release with breathing techniques are used to introduce new habits of position.
3. Biofeedback: relaxation exercises and guided phantasy used in conjunction with EMG and Temperature trainers are an important part the re-education process.
4. Teaching: instruction for at home program

5. Emotional stress release: where needed emotional/psychological elements are discussed.

At Home:

1. Neuro-lymphatic reflexes
2. Emotional stress release points
3. Cross-crawl
4. Basic nutrition
5. Specific exercises: individually selected for the clients needs

The initial program involves twelve sessions with follow-up sessions as needed. Ideally, sessions are bi-weekly for three weeks and then once per week thereafter.

IV. Case Studies if time allows:

V. Conclusion:

Like adolescence this program continues to evolve and to grow with every client. A workbook is being developed at present which reflects the universally effective techniques and also discusses the wide variety of additional exercises that may be of specific value for some clients. Feedback and comments are greatly appreciated. Please address these comments to:

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TOUCH FOR HEALTH and APPLIED KINESIOLOGY

Their Value in Relation to Physiotherapy

MISS ROMY PAINE, M.C.S.P., S.R.P

Chartered & State Registered Physiotherapist

INTRODUCTION

In these days of increasing interest in the value of self-help, health education and prevention both inside and outside the medical profession, there is a greater need for us as physiotherapists and as members of a health care team, to widen our horizons and move towards a more holistic way of helping our patients. While it is important not to lose sight of the fact that first and foremost we have trained to approach our patients from a physiotherapist's point of view there are complementary therapies which combine beautifully with the well-tried and effective modalities that we have used for many years.

In this way we can influence the well-being of the whole person enhancing the body's own resources for healing to put right, or in some cases to prevent, a state of dysfunction or disease. Thus our facility to help the patient is significantly increased and the therapist/patient relationship enhanced as we both become part of a "health-creating" team. We find our role changing from that of therapist to teacher and the patient taking a more positive part as student of their own health.

The purpose of this paper is to introduce a complementary approach known as "Touch For Health" (TFH) - a synthesis of simple "muscle balancing" techniques using touch and massage, taken from the intuitive science known as Applied Kinesiology, and to show how these can be effectively used in conjunction with other therapy skills.

Applied Kinesiology is a system using the patient's body as a laboratory of investigation. It augments the standard diagnostic approaches and can also be used very effectively to evaluate certain methods of treatment.

The modus operandi is via the musculo-skeletal system, and uses a series of muscle tests to provide an accurate, instantaneous and practical way to interpret

functional disturbances in the musculo-skeletal and other systems of the body.

Kinesiology is a subject covered at length from early stages of physiotherapy training. To quote from D. Walther, D.C., "The word comes from the Greek word 'Kinesis' meaning motion and 'ology' meaning the study of a science or branch of learning. Kinesiology, then, means the study of the principles of mechanics in anatomy in relation to human movement." In fact it is on these principles that the whole rationale of physiotherapy treatment is based.

Referring to Applied Kinesiology, the term "applied" puts into perspective this utilisation of kinesiology by translating it into practical use. (Webster)

As a means of determining the extent and degree of weakness of individual muscles and muscle complexes resulting from diverse injury or disease, physiotherapists use testing methods as described by Kendall & Kendall (1936). The results are graded on the Oxford 1 - 5 scale of measurement, e.g. from the merest flicker of muscle contraction to full strength against resistance.

Applied Kinesiology also uses the Kendall & Kendall testing methods the difference being that whereas in the first case the specific muscle system alone is being evaluated - in the second, assessment is being made of the present state of <u>all</u> the body systems. (This concept will be explained later in the text). The test is performed isometrically with the muscle in the inner range and resistance is only enough to determine the tone or "locking" ability of the muscle. The person being tested is merely asked to "Hold" against the tester's pressure and to avoid pushing or attempting to "win a contest." With practice it becomes a simple matter to spot a "give" in a muscle compared with its opposite number. (It should be noted that a "weak" muscle in Applied Kinesiology terms is one with inhibited motor neurones and not altered in terms of muscle bulk).

THE CONCEPTS OF BALANCE

The development of Applied Kinesiology has been primarily the work of chiropractor Dr. George Goodheart, who observed that most muscle spasm is not <u>primary</u> but <u>secondary</u> to opposing muscle weakness. An analogy is the spring

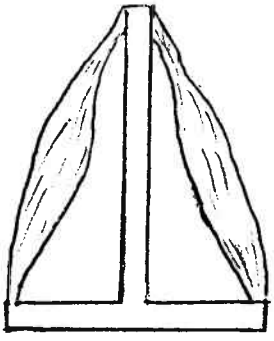
balanced door which remains in equilibrium as long as both springs have the same tension. If one spring "weakens" the other will knot up pulling the door out of its normal position therefore causing an imbalance which is akin to the situation in the musculo-skeletal system. (J. T ie, 1973).

To quote from D. Walther, D.C., 1980:

> "Muscles which were hypertonic or in 'spasm' had been treated with orthodox methods of diathermy and other forms of heat, ultrasound, massage, etc. With manual muscle testing it was frequently found that muscles which were antagonists to hypertonic muscles tested weak. Upon strengthening these muscles the tension in the hypertonic muscle was dramatically reduced without any treatment being administered."

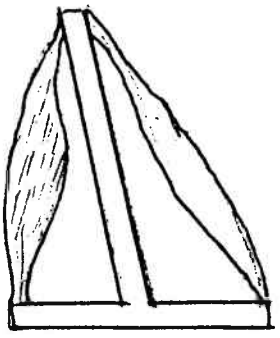
(See Figs. I & II).

Fig. I



When muscular pull is balanced, structure is balanced.

Fig. II



If functional muscle weakness is primary, the antagonist contracts from lack of opposition. Generally there will be pain in the contracted muscle.
(Walther, 1980)

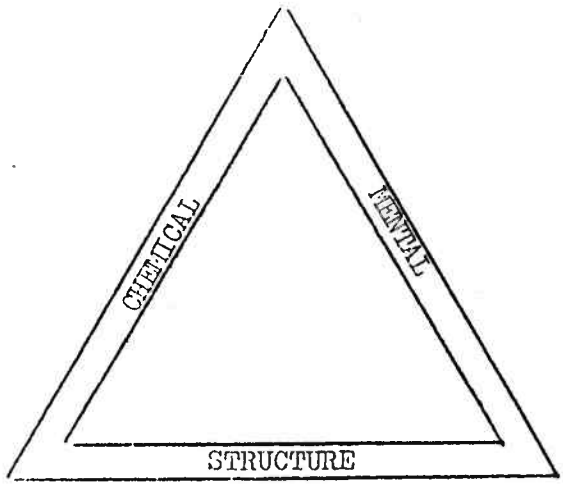
(It should be noted that the expression "hypertonic" does not refer to an upper motor neurone lesion but merely to muscles in tension).

It has also been found through Applied Kinesiology that structural integrity and body function are intimately associated and imbalances in the structural aspects of the person will be reflected in the mental and chemical aspects to a greater or lesser degree.

Therefore all aspects of the person, physical, chemical and mental should be, ideally, in perfect harmony or balance in order for health to be maintained and enhanced. Disturbed brain signals can throw us into imbalance and result in bad posture, inadequate digestion, and psychological stress and the results of this are seen in every clinic and hospital department.

This state of balance is known as the Triad of Health, a triangle made up of mental and chemical sides with a structural base. (See Fig. III).

Fig. III



Triad of Health

Literally all health problems whether functional or pathological are involved with one part or all of the Triad, (see diagram). Walther in his book "Applied Kinesiology", Vol. I. cites many examples of this. Here is one which shows two structural imbalance can affect chemical function.

> "The example that follows describes a sequence of events that is not uncommon. A patient falls, or otherwise causes a sacroiliac subluxation. If a sacroiliac ligament is irritated by a subluxation such as the posterior superior iliac spine in a posterior inferior position, the sartorius and gracilis muscles attempt to make mechanical correction of the pelvis. If they are unable to accomplish this correction, they are consistently under stress. The sartorius and gracilis muscles are associated with the adrenal gland. Continued stress to these muscles can activate the neurolymphatic reflexes, neurovascular reflexes, or the associated meridian, thus causing a functional problem in the adrenal gland. As a result of the secondary adrenal involvement, symptoms may develop from adrenal hormone imbalance. The adrenal dysfunction cannot be corrected permantly until the sacroiliac subluxation has been corrected.
>
> On the other hand, this is a two-way street. If a patient has a significantly poor diet or other form of stress which is affecting the adrenal gland, the energy and controlling patterns to that gland may ultimately cause weakness of the sartorius and gracilis, which will then fail adequately to support the anterior superior portion of the innominate bone. As a result, a sacroiliac subluxation is very likely to develop spontaneously or with mild trauma. Repeated adjustment of the sacroiliac will give only temporary results until the energy and controlling patterns of the adrenal gland are returned to normal. Again, the muscle organ association gives the physician knowledgeable in the relationship an understanding of the mechanisms taking place."

In this example Walther mentions the links between the sartorius and gracilis muscles and the adrenal glands. Applied Kinesiology has named 14 "indicator muscles" and 28 subsiduary muscles which are all associated with a specific organ and meridian energy system and also associated with these are reflex points which have an influence on the lymphatic system (neuro lymphatic or Chapman's reflexes), circulatory system (neuro vascular reflexes), and acupuncture meridian energy system (acupuncture holding points).

After working on the appropriate points these muscles should become facilitated and show "strong" on retesting, with noticeable influence on the Triad. This is called "muscle balancing". Sometimes the muscle itself needs "waking up" and this can be achieved using specific massage to the Golgi tendons at the origin and insertion of the muscle.

The skills of Applied Kinesiology were for some years solely used by trained chiropractors until Dr. John Thie, D.C., Founder President of the International College of Applied Kinesiology recognised the potential value these methods could have in the prevention of disease. In order to give his patients some simple and safe self-help techniques he gathered together a selection of Applied Kinesiology methods and published these in simple form as the Touch For Health Manual. Now throughout many countries of the world TFH is being taught to lay people in the hope of encouraging them to take more interest in their own health and that of their families and increase awareness of how environmental factors can influence well-being. Medical professionals can also draw from these and other Applied Kinesiology methods in the treatment of their patients.

USING TOUCH FOR HEALTH IN PRACTICE

Now that we have covered the concept and significance of TFH and its "parent" science Applied Kinesiology, we can look at how we can bring these into the various aspects of rehabilitation.

TFH is all about giving the person back responsibility for their own health care. It is all about teaching them what happens to their body energies when they get into bad postural attitudes, eat poor quality food and allow themselves

to accumulate mental stresses. Therefore it has a valuable role to play not only in out-patient departments, in geriatric wards, in rehabilitation of chest conditions, in paediatrics, in neurological conditions, before and after operations, in maternity, psychiatry etc. but also, even more importantly, in prevention and education.

It is worth bearing in mind that a large proportion of the patients we work with have little more than a dysfunction involving one or more of the sides of the Triad - structural, chemical or mental. These do extremely well with TFH and other aspects of Applied Kinesiology and their systems only need a slight 'nudge' in the form of some simple muscle balancing techniques to restore full function. Patients with chronic dysfunction may, of course, have pathological changes as well, i.e. a state of tissue alteration that can be verified histologically and radiologically. However, using muscle balancing techniques will in many instances halt the progress of the pathology and certainly will give the body renewed potential for reversing the negative situation that has been allowed to develop.

No matter what the patient's dysfunction or pathology, or which part of the body is affected, we need to assess them holistically in terms of their environment and where they are in terms of the Triad. There is first of all a need to question them closely about aspects which have a bearing on this - bladder and bowel efficiency, abdominal stress and/or digestive problems, headaches, their diet, especially intake of stimulating drinks like tea, coffee and alcohol as well as refined carbohydrates; daily water consumption (dehydration can often be the cause of muscle imbalance), home environment, energy levels, sleep facility, emotional state and increased nervousness, their ways of coping with stress, as well as the more structurally designed questions which as physiotherapists we use as a matter of course. These questions will often reveal a factor which they have not appreciated as important but may give a clue to the real cause of the problem.

The next stage is involved with postural assessment - asking the patient to demonstrate how they stand, sit and walk and asking them to observe the way the body is balanced - looking for any signs of asymetry of muscles that are weak or in tension, watching how they walk, observing whether their knees are locked, their arms swing evenly etc. This may well give us a good idea of the muscles we could find weak on testing.

Now it is useful to perform a muscle balance using the muscles related to the 14 meridians to establish the pattern of imbalances. Using the balancing techniques and gradually "switching on" the muscles that have been found weak should allow the patient to feel much more "alive" and full of energy. Aches and pains may well have disappeared or diminished.

After completing the balance which should only take 10 minutes or so with practice, it is important to get the patient to observe their posture again in sitting, standing and walking. Changes may well be dramatic and it is very good for them to relate to their bodies in a new awareness of body energy and balance.

THE SIGNIFICANCE OF FOOD TESTING

As part of the whole person approach we may well need to pin point a patient's food sensitivities as these can be a key factor in many chronic conditions, e.g. back problems, "arthritis", headaches, "fibrositis", frozen shoulders, etc. Accurate information on foods that either enhance or detract from a person's energy (e.g. biogenic, biostatic or biosidic) can be found from simple testing - the food is placed in the mouth and muscles associated with various organs of digestion are checked. The muscle will change strength within seconds of ensalvating the food if that organ is affected. Using this method of testing is very helpful as a way of showing the patient how very dependent the musculo-skeletal system is on the right diet. In this way they will begin to take more responsibility for their well-being as they realise their symptoms are frequently caused by dietary indiscretions. The value of a varied diet should be pointed out to them. These food sensitivities may only be a temporary matter and do not necessarily constitute a lasting "allergic" factor, i.e. muscle testing shows the situation at the present time.

A common example of how chemical imbalances can affect structure is seen all the time in out-patient departments and doctors' surgeries. The patient presents with their major symptom being, say, a painful lumbar region and possibly associated leg pains. There seems to be no obvious cause - no hasty movements, injury etc. and the history is rather vague.

On close questioning they may admit to having had some recent stomach trouble - perhaps following an over indulgence in a particular food, or a radical change of diet or a recent food binge. We may find on muscle testing that some of the muscles relating to the small and large intestines and kidneys (the abdominals, quadratus lumborum and psoas) may be weak. Using an Applied Kinesiology method of evaluation known as Therapy Localisation we may identify a spinal fixation (intersegmental muscle tension) at a level associated with the irritated organs. As well as a TFH muscle balance, we may need to use some manipulation or mobilisation or Mackenzie exercise regime to restore full function. This situation has occurred largely as a result of a body-chemistry disturbance with toxins building up within muscle systems involved producing the organ irritation which in turn causes the fixation, and once the patient is balanced again it may never re-occur. However they need to recognise their own role in the prevention of a re-occurence by eating appropriately and giving consideration to good posture.

THE VALUE OF EMOTIONAL STRESS RELEASE

Another frequent cause of physical symptoms is emotional stress. This can be demonstrated impressively by asking the patient to focus on an aspect of their life which is causing stress while a strong indicator muscle is tested. The muscle will weaken immediately if the thought is stressful. A very commonly seen situation in the rehabilitation context is the patient slowly recovering from an injury, say a sports injury, RTA or such like. The physical recovery may well be hampered while the memory of the injury is still affecting the muscle response.

Another problem physiotherapists have to cope with is a patient's long-standing unresolved pain. There may be a large emotional element associated with

this which can be demonstrated via muscle testing. TFH has a very simple and effective means of rebalancing the emotional aspect which is called "Emotional Stress Release" (ESR). To correct the situation the therapist lightly holds the neurovascular points on the patient's forehead associated with the frontal hemispheres while the patient thinks or talks through the problem that is causing stress. In the case of chronic pain, they are asked to focus on it fully, describing the dimensions, shape, colour, texture etc. to gain a positive attitude to it. In the case of an injury it will need to be "relived" either verbally or silently to diffuse the memory completely.

A few minutes of this technique is often all that is needed to allow the whole situation to change in the body and the patient to feel quite in charge of the situation again. They will be able to think of the injury and/or pain in an objective way - all effect on the muscles will have gone. They can be shown how to use these simple techniques at home if need be.

The physiological significance of ESR is that of restoring proper blood supply to the frontal brain to allow the adrenal system to recover from the unconscious "flight or fight" situation which is our response to stress. Hans Selye has written about General Adaptation Syndrome in his book "The Stress of Life" (1978).

CROSS CRAWL EXERCISE

Associated closely with other TFH balancing methods is a contralateral exercise called Cross Crawl which needs to be part of a preventive regime taught to every patient regardless of their problem. This exercise, performed on a regular basis, encourages co-ordination between the brain hemispheres and facilitates the desired cross-lateral signalling which is the secret of good body function. It's specific values include improving concentration and relaxation, facilitating the walking gait pattern, increasing the flow of cerebro spinal fluid, circulation and lymph.

Poor neurological organisation can be the trigger for many imbalances relating to the Triad of Health - in many situations in everyday life we constantly

use our bodies in a "homolateral" way, e.g. carrying on one side only, standing and sitting in an unbalanced way. Eating wrongly and thinking negative thoughts can also disturb brain signalling.

The cross crawl patterning is best performed lying on the back and ideally should be done actively by the patient, or in situations where this is not possible, i.e. in cases where they are too ill, unconscious, too young, or handicapped, the therapist can move the patient's limbs passively, moving the opposite arm and leg simultaneously. The scope for using this in rehabilitation is enormous and really good results have been reported with stroke patients, other neurological cases, rheumatoids etc. in musculo-skeletal disorders encouraging old people to move more easily etc. and as a preventative measure in sport and at home with the family.

REACTIVE MUSCLES

TFH also has a remarkable technique to restore the correct facilitation to damaged or over used muscles. The "Reactive" muscle situation is the result of a disturbance in the spindle cell mechanism in one or more muscles in the body which in turn prevents the "reactive" muscle from "switching on" to work as a prime mover. The effect of this imbalance is far reaching and can be the cause of residual pain in muscles that continue to remain unfacilitated.

FEED BACK ON TOUCH FOR HEALTH

As a preliminary to writing this paper a questionnaire was sent to physiotherapists in Britain who are known to use Touch for Health methods in conjunction with their other skills.

The broad conclusions that were drawn from this have shown that:-

1. Patients' symptoms improve more rapidly and fewer treatments are usually needed.
2. The patient's understanding of the connection between their health and their environment is changed for the better. In this way their general health improves almost invariably.
3. The rapport between the therapist and patient is stronger and relationships become more meanginful. This is especially true if using ESR techniques.
4. Patients are often keen to learn these simple health care techniques and to use them with their families and friends.
5. TFH encourages the therapist to take an increased interest in their own health.

In order to bring together the practice of TFH in relation to the type of conditions physiotherapists may treat, here are some of the ways in which it can be used.

In the treatment of:-

1. Stroke patients, especially with proprioceptive loss. Cross Crawl, gait receptor techniques, as well as a basic muscle balance are especially good.
2. Most shoulder problems - post-traumatic and the "frozen" type (often the latter may just turn out to be a case of "over-energised" meridians and these do especially well.)
3. Cerebral Palsy - cross crawl especially valuable.
4. In abdominal control and posture correction in ante and post natal problems. Also the use of ESR for women in labour is marvellous.
5. Spasticity, e.g. in M.S., strokes, etc. where the cause is over-energised systems, sedating meridians can be very effective.
6. Patients on long-term bed rest, e.g. with fractures on traction etc. regular balancing using muscle tests where possible can do much to relieve severe pain and maintain the muscles etc. in better condition.
7. All knee injuries - using a balance in conjunction with Reactive techniques and an Applied Kinesiology method to relieve possible "Shock Absorber" disturbances.
8. Long standing headaches - both tension and migraine type - food sensitivity testing may well show a chemical imbalance.
9. Cases where there is an apparently shortened leg. Often these clear up well with full muscle balancing without the need for manipulations.
10. Sciatic nerve impingements involving a loss of tone in the piriformis muscle among others. Balancing will often totally relieve leg pain and parasthesia.
11. Patients with Hyperventilation or Asthma. Using ESR in conjunction with the breathing control techniques will often relieve emotional stress associated with this.

12. As a prophylactic method to use in sport and the prevention of injuries. Players can learn to test and balance each other, do cross crawl and other techniques before the game or contest; use ESR techniques to improve their self-image and confidence.

CONCLUSION

For the full value of TFH to be realised it needs to be experienced first hand. As physiotherapists and other therapists get more practice in using these remarkable methods they will be able to demonstrate their value to other members of the medical professions.

In order firmly to establish this and other complementary therapies there is a great need for careful and appropriate research in the form of clinical studies. In this way it will gradually be possible to build bridges between orthodox and complementary practices.

The Research Council for Complementary Medicine has been set up to assist with research of this kind. It's aims are to encourage the incorporation of what is best in these therapies and techniques into the mainstream of modern medical practice.

One of the physiotherapists who returned the questionnaire has written:- "TFH has brought a completely new dimension into my treatment of patients - a new way of looking at the body - a simple and marvellously effective way to tap the body's resources so that the body heals itself naturally without interference of external (and maybe harmful) agents."

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Recent Innovations in Allergy Testing

Abs: New procedures for allergy testing are detailed. These methods allow for rapid, accurate allergy testing of foods, chemicals and pollens. Furthermore it is now possible to pinpoint which allergens are causing various imbalances including hypothyroidism, hypoadrenia, hypoglycemic and diabetic reactions, neurological disorders including A.L.S. and M.S., and arthritis. With appropriate diet and environmental changes these disorders can be eliminated or greatly improved.

There has been a recent realization among many health practioners that much of chronic, degenerative physical and "mental" illness is due to allergies. In the 1930's the great allergist Dr. Albert Rowe stated that allergies were the second (only to infectious diseases) leading cause of illness.[1] Recently the British allergist Dr. Richard Mackarness has said that with the advent of modern methods to control infectious disease, "allergies are the leading cause of most human symptomatology."

You may be surprised to learn that this is not new information. In ancient Greece, when you took ill the first thing your practitioner did was to take you off all milk products. If this didn't work, you were fasted until you got well.

The traditional allergist or immunologist refers to allergy only when a food or pollen elicits a certain immunological response in the body. Recently the concepts of human ecology, bio-ecology or clinical ecology have been replacing or superceding the older notion of allergy. Ecological illness refers to the fact that any substance (or energy) can have a detrimental effect on a given person and can manifest itself with virtually any symptom. Quite a few medical doctors have become clinical ecologists and have written books demonstrating that much of the time "emotional"[2], neurological[3], arthritic[4], dermatological, endocrine, urological, gastrointestinal, energy-level, weight[5] and addictive disorders[6] are due to allergic or ecological factors. The rationale is clear. If allergens cause something as "mild" as sinusitis at one extreme and anaphylactic shock (death) at the other extreme, clearly we should expect allergies to play a roll in chronic, degenerative illness which lies between these two extremes.

This paper will present recent breakthroughs in the field of allergy-ecology and tie in my own innovations in testing for allergies. These procedures allow for rapid, accurate determination of food, chemical and pollen sensitivities. For example, foods causing hypoglycemia (everyman's disease lately) or hypothyroidism can now be readily determined.

Dr. John Thie certainly recognized the importance of allergy testing. That's why we were all taught it and teach it ourselves in Touch For Health. I have found the sublingual testing we teach to have a number of shortcomings. (1) It misses many sensitivities. (2) It is more time consuming than the methods outlined here. (3) The substance is in the body and may elicit a reaction--testing would have to be halted and perhaps treatment might be needed. (4) The present procedures are more likely to be symptom-specific. (5) You have to stop after three to six foods. (6) You may get chemical food combining under the tongue--can you completely rinse something out?

In this light I was determined several years ago to develop a proceedure that would not have these limitations. Placing the food or other antigen or allergen on the subjects alarm points was known and this is an invaluable technique but a bit too time consuming. My proceedure consists of a set of "Basic Four" body test points or regions. These are: Point 1 - the Pancreas, Point 2 - the Liver, Point 3 - the Triple Warmer, and Point 4 - the Thymus. These proceedures have been tested on and verified on several hundred individuals.

Recently, clinical ecologists, chief among them Dr. William Philpott, have made it known that the pancreas is often the primary shock organ of allergic reactions. A shock organ is directly affected by histamine, kinins and other (toxic) mediators released during an allergic reaction in the body. Undigested proteins may also directly affect the shock organ. The liver can be a shock organ too. It is also the place where histaminase will break down histamine. Ordinarily several B-vitamins are converted or phosphorylated in the liver and it is known that allergy sufferers often have diminished phosphorylation capacity. These ideas led me to believe that holding foods over appropriate pancreas and liver regions while testing a strong indicator muscle would greatly facilitate allergy testing.

I have found that testing foods at the pancreas and liver regions (see figure 1) will pick up about 80% of your subjects allergies. You can generally bypass the need for testing at all the alarm points or meridian end points that some use. I still use an additional alarm point or two as a double-check if the symptoms warrant it. An asthmatic, e.g. should be tested for foods, chemicals, and pollens at the lung alarm point.

Any strong indicator muscle will do; I like to use the latissimus dorsi. (You may have to use origin/insertion or spindling if it is weak in the clear as it frequently is.) Then make sure you aren't causing a weakness simply by touching (therapy localising) the point you are testing a food at. (I have found that you needn't place the food on the body either. Have the subject hold the antigen as close as possible to the skin, at the appropriate point, without actually making contact.* That this works doesn't surprise me since I was a physicist and I realize that every substance has its own characteristic electromagnetic field that the body's own electromagnetic systems can sense. There has also been much speculation recently that the very formation of antibodies involves electromagnetic sensing and memory.)

Then too perhaps the body's "biocomputer" or "99" senses that it is being asked the following question, "does the substance whose electromagnetic field you are sensing over your pancreas (or liver) adversely affect your pancreas (or liver)." I do not pretend to know exactly what is happening in this

* Skin contact is preferable if it doesn't cause a weak response in the clear.

procedure; but it works quite well. Please make sure to have foods, chemicals, pollen extracts, etc. placed in airtight glass or hard plastic containers or vials. You might want to test an empty one as your control. Try not to use metal containers as they may shield the electromagnetic field of what they contain.

As noted above I have retained the Triple Warmer alarm point as one of the Basic Four points. This can be an invaluable test! If a food held here weakens a strong indicator muscle, it means the food directly affects one of your subjects endocrine glands! It will usually turn out to be the thyroid or the adrenals. Several clinical ecologists have written that food allergy is a leading cause of hypo- and hyperthyroidism[3] for example. How can you determine which endocrine gland is being affected? Simply place the glandular extract on the body. For example, an orange at the Triple Warmer alarm point weakens a strong indicator muscle. There is no change with adrenal extract placed on the body but thyroid extract does cause a strengthening effect. You have determined that sensitivity to oranges directly affects your subjects thyroid! Avoidance of the food will probably lead to normalization of thyroid function for your subject!

We, in Touch For Health, have an opportunity to get people well here without the need for drugs or glandular extracts. The latter are all too frequently recommended by "natural healing" practitioners. The hypothyroid or hypoadrenal client can often be made well by ascertaining and avoiding the allergens causing the condition. Of course appropriate balancing of body chemistry with nutrition--vitamins, minerals, amino acids--from nonallergenic foods or hypoallergenic supplements will provide further support.

When using the fourth of the Basic Four, the Thymus, you will sometimes pick up something that won't show elsewhere. Preliminary work indicates that there may be some correlation with a response at the thymus and a high IgE level on the R.A.S.T. blood test for that food or pollen. However, based on symptomology (and relief of said symptoms--the ultimate test) the accuracy of R.A.S.T. for pollens is fair and for foods is poor. This is another way of saying that most food allergies are not IgE mediated. This is in agreement with the muscle testing procedures outlined here. Most allergies are, at least in part, enzymatic or metabolic intolerances--therefore, the need for the pancreas and liver tests.

I have recently discovered how to isolate and ascertain which foods, chemicals, etc. are directly causing low or high blood sugar in an individual. Once again the theory first. Dr. Philpott has demonstrated (see his great work Brain Allergies) that hypo- and hyperglycemic (diabetic) reactions are more often than not allergic responses. He demonstrated that foods (such as beef or cheese) which did not contain any sugar, and even

chemicals elicited low and high blood sugar reactions in susceptible individuals. Yes your hypoglycemic friend or client is really an allergy sufferer, unless he has some rare disorder e.g. a pancreas tumor that can also cause abnormal blood sugar levels. The mechansim involved is as follows. When the hypoglycemic-allergic individual eats an allergic food histamine, kinins, etc. are produced in the antigen-antibody reaction and these will shock the pancreas into abnormal insulin levels with abnormal glucose levels following shortly. Probably in some cases undigested proteins or their abnormal metabolites directly affect the pancreas with the same result. You may find your hypoglycemic friend can actually tolerate maple syrup but can't tolerate beef or cheese, precisely because he is not allergic to the former but is to the latter two. Philpott's latest book, Victory Over Diabetes: A Bio-Ecologic Triumph, details the great success he's had with that disorder via the allergy-ecology connection.[7]

Knowing this, I wanted to see if I could isolate hypoglycemic (and diabetic--as the case may be) reactions to individual foods in susceptible people. Use the following test: place one finger one inch above the umbilicus (navel) and another finger one inch to the left. This is sometimes called the "insulin test." Make sure the latissmus dorsi is strong and that this two finger test is also strong in the clear. If it isn't, you may have to use origin/insertion or spindling on the lats. Spindling of the latissmus dorsi, especially if used in the reactive muscles scheme is a remarkable technique. I can reall fasting for four days and having a friend do some of the latter work on me. I went from low blood sugar malaise to flying around the room in minutes. I can't prove it raised my blood sugar level but it wouldn't surprise me. (Your typical Touch For Health "miracle".)

Assuming you get a strong response of the latissimus dorsi while the person does the two finger touch (or therapy localizes it), then place a food at Point 1 or even near the two-finger touch area. If the lats now test weak, you have isolated that food as causing an abnormal blood sugar response! Test as many foods and chemicals this way for your hypoglycemic and diabetic friends or clients as you can. Don't be surprised if, in agreement with Philpott, some of your hypoglycemics and diabetics test weak to some (non-sugar) protein foods and test strong to some sugary substances such as pure maple syrup. I find organic whole grain corn to test weak this way on many people. I couldn't help thinking that in Mexico, where the people eat corn or corn-products everyday, they take their mid-afternoon siesta. What time does the hypoglycemic usually fatigue-out? That's right mid-afternoon! Maybe we're fortunate that the glucose tolerance test is done with dextrose derived from corn.

Very recently Dr. Jon Pangborn, Ph.D. and Dr. Philpott have demonstrated that much of degenerative neurological illness (e.g. A.L.S. and M.S.) are often due to the toxic effects of ammonia on nerve tissue. Now ammonia is a normal by-product of metabolism and certain amino acids help to remove it from the body. Pangborn and Philpott[89] have found that amino acid metabolic disorders, secondary to ecological illness (allergies), allow ammonia to build up in the body. Resultant neurological pathology may manifest as chronic fatigue or A.L.S. or M.S. or other neurological disorders.

So how do we test for this problem? First, you should "screen" with ammonia. Have it in a vial--I recommend against the sniff test--and first test at the Basic Four. Then ask your subject to hold it against each brain hemisphere! Place it slightly above the ear and about half-way to the eye. If you get a weak response of a strong indicator muscle (try the lats or P.M.S.) with the brain hemisphere test it is likely that ammonia is affecting that hemisphere. Save this test for last; I have found that any food, chemical, etc. that tests weak here, will usually have tested weak on one or more of the Basic Four. Retest all reacting foods, etc. at the brain hemispheres. You will find that if a person has neurological symptoms on one side of the body, allergies and/or ammonia will show weaknesses on the opposite brain hemisphere, in agreement with the well-known fact that a given brain hemisphere controls the opposite side of the body. Of course, one cannot overstate the importance of eliminating foods, chemicals or pollens that might be causing A.L.S. (Lou Gehrig's disease) or M.S. Frequently such people will have multiple allergies as demonstrated on the Basic Four testing but the brain hemispheres test will allow you to assign priorities in food eliminating.

Lastly, I would recommend you place foods and chemicals (in vials) directly on or near the appropriate joints or bones of your arthritic clients to see if you get a correlation. Dr. Marshall Mandell states in his new book, Dr. Mandell's Lifetime Arthritis Relief System, that 80% of all kinds of arthritis is due to allergies to foods, chemicals or pollens. Again an allergen will usually have tested weak at one or more of the Basic Four and the joint or bone testing will allow you to prioritize arthritis-inducing foods. I find that these foods usually include but are not limited to the nightshades.

Some further comments on the testing procedure are in order here. You must make sure there is no "switching" or "switching off" going on during the testing. Avoid flourescent lighting, T.V.'s or any extraneous sounds (e.g. fans). Try to have your subjects wearing 100% cotton with white your first choice. All this is preferable but not crucial. Check for and correct any of the types of switching described in

Dr. Deal's Basic AK Workshop Manual on page 33. Check for this several times during the testing.

I have all my allergens in little glass vials. See if you can "get away" with the following shortcuts. Place several foods in a cellophane or heavy plastic bag; if you get a weak response, test the items individually until you get the culprit. I find I can speed up the testing this way. For example I test many seedless vegetables (usually not allergenic) at once this way. Look for correlations. Wheat, rye, and barley are considered to be allergically identical and all grains except millet and rice contain gluten. Be aware of where processed foods come from. If you find many fruit allergies, there may be a sensitivity to phenol compounds found in nearly all fruits. The well-known salicylates of Feingold diet fame are a subset of phenol compounds. White sugar comes from beets, cane or corn. If sugar is an allergy make sure you check for beets, cane and corn. It is impossible to remove 100% of the "parental" antigens of a processed food. Then, too, frequently toxic chemicals and catalytic minerals are used in the processing.

In this vein, you should realize that allergy to nutritional supplements is rampant!! One of the reasons being that they are ingested everyday. Test for excipients--fillers, binders, lubricants, coatings, etc. Many excipients are derived from or include corn, yeast, alfalfa, grasses or trees. Virtually all B-vitamin supplements are synthetic with yeast or alfalfa thrown in to make it appear to be "natural". If something has 30 great nutrients in it but is an allergen, the nutrients will not be absorbed! For these purposes allergy considerations take precedence over nutrition! If you find yeast to be an allergen, consider the possibility that your client has a Candida infection somewhere in his body. Many people with chronic, degenerative "mental" or physical ailments are routinely being found to have the "Big Three"--Allergies, TMJ dysfunction and Candida Albicans (a fungus or yeast) infection internally.[10]

New vitamin companies have arisen that do not contain any excipients in their capsules (beef or pork origin) or can be obtained as pure powder in bottles. Your work however is not finished. Did you know that several vitamins e.g. biotin, folic acid and B-12 are usually derived by fermentation of bacteria. In fact this is how I check for bacterial allergies --with an extract of pure B-vitamins including these three. It is interesting that the synthetic vitamins are apparently so purified that, usually, even the most chemically sensitive person won't react but the B-vitamins of bacterial origin can be a problem. Anyone with asthma, neurological or gastro-intestinal problems should be checked for bacterial allergy. Also until the last three years all Vitamin C (ascorbic acid) was synthesized from glucose derived from corn. Lately Ascorbic acid is being made from glucose from sago palm, rice,

potato and tapioca. You must check all this out before you tell someone to take Vitamin C.

Foods being tested ideally should be organic. Meats and dairy products will usually contain yeast (mold) or bacteria (in addition to the hormones, antibiotics, pesticides, tranquillizers that this country allows for.) Use very small amounts of foods for testing--a nutritious food may contain enough nutrients that would help alleviate an allergic reaction and might mask itself on the test. When testing for fruits or vegetables, see if you can pin it down to the skin or seeds. The person may be able to tolerate everything in a vegetable except the skin e.g. This may or may not correlate with pesticides or molds etc.

Test for combinations. Some time ago I had tested someone for foods including potatoes and safflowers. These two were O.K. but the person came back relating how sick she got from unsalted potato chips containing only potatoes and safflower oil. When the two <u>together</u> were held at Points 1 and 2 she then tested weak! This "potato chip allergy" is probably an enzyme deficiency condition in part. Many people can't tolerate an oil with a starch or protein. This is the beauty of TFH/AK testing--<u>any intolerance is picked up</u>. Other tests (cytotoxic, RAST, etc.) are only able to look for one kind of response.

Even when someone is not allergic to his supplements he may be taking too much. Try testing for his daily amount at the Basic Four points and then the brain. An article in the August 25, 1983 <u>New England Journal of Medicine</u> gained much media attention. It was reported that megadoses of B-6, pyridoxine, caused neurological disease in seven patients. Sure enough I have found that large doses of B-6 will, when held at the brain hemispheres, cause a strong indicator muscle to go weak. This is not the case with the phosphorylated form of B-6--pyridoxal-5-phosphate. As noted in my amino acid paper the kidneys are also involved with dosage toxicities. Hold the supplements over the kidneys also. Many people may be overdosing on vitamins, minerals, or amino acids which are processed in the liver or kidneys.

Don't be afraid to "play" with these ideas. One can and should check for optimum homeopathic dilutions with these methods. I have found that only a homeopathic remedy's proper dosage will test strong at the Basic Four; those that are more or less dilute will test weak. I have always thought that homeopathy works by stimulating the immune system. Much like the allergist tries to overcome allergies with dilute extracts of the same allergens that cause the problems. (Of course toxins like phenol are employed by allergists as preservatives).

Let me provide you with an example of the beautiful unity

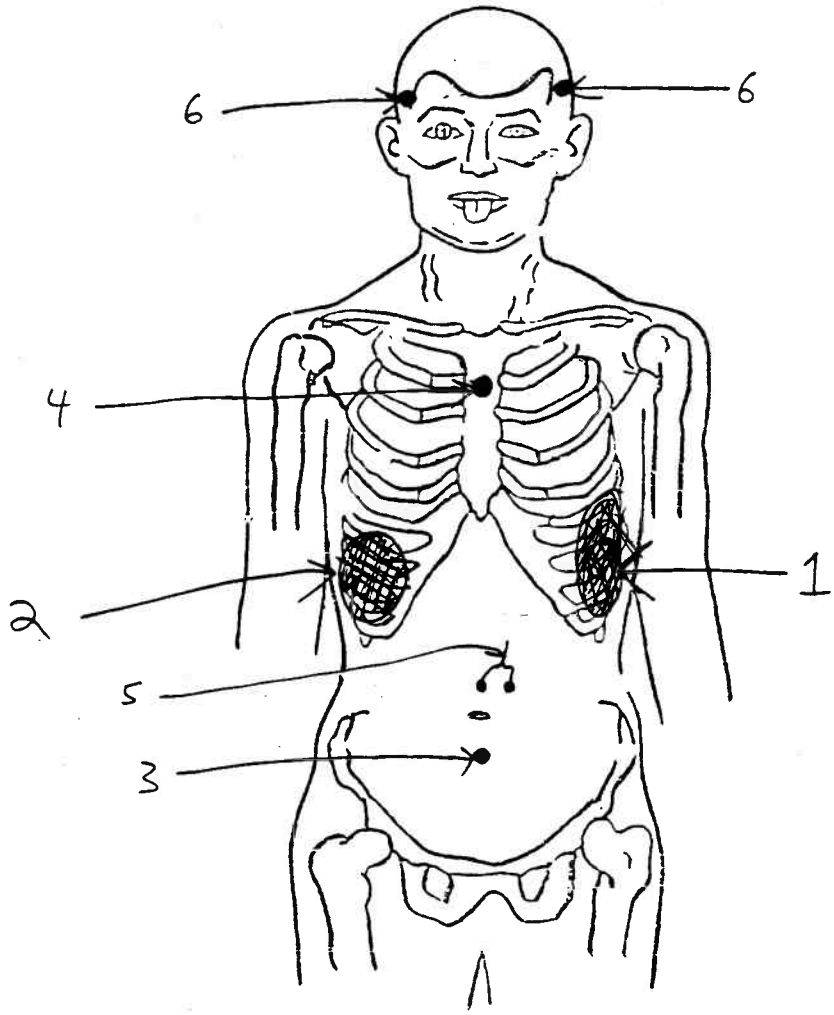
and harmony of applied kinesiology, immunology and homeopathy. Due to the legalities and infectious possibilities involved I recommend you do not try this on anyone! When I get a bacterial (respiratory) infection and all else fails, I do the following. I cough up some sputum, dilute it by succeeding factors of ten and have a friend muscle test for the one "remedy" that is strong. My immune system beats the germ out, and I'm fine within hours!!

It is hoped that the allergy-testing procedures described here will be of great benefit to you, your students and your clients. The testing procedure is quick, accurate and organ-or symptom-specific and does not promote reactions. Persons suffering from hypoglycemia, diabetes, hypothyroidism, hypoadrenia, arthritis, M.S. or A.L.S. and any chronic, degenerative physical or "mental" disease just might have the cause of his problems ascertained and eliminated with appropriate diet and environmental therapy. The only thing better than a TFH balance is not needing to be balanced.

Let us hope that allergy avoidance, rotation etc. is becoming only a temporary necessity. First the brilliant work of Nancy Daugherty's reactive muscles, eye muscles, chakras, etc. and now Dr. Paul Dennison's great Edu-Kinesthetics brain integration and body work is making allergies themselves something that can be eliminated! We are at the dawn of a beautiful new age!!

Allergy Testing Points or Regions: The "Basic Four" Plus Two

Figure 1.



#1 Pancreatic Sensitivity, Intolerance or Allergy

#2 Liver Sensitivity

#3 Triple Warmer Alarm Point: Allergy Induced Hypothyroidism or Hypoadrenia

#4 Thymus: Possible Immunoglobulin Mediated Allergy

#5 Allergy Induced Hypoglycemic or Diabetic Reaction. T.L. While Food, etc. is Held at Region #1

#6 Brain Hemisphere Allergy: A.L.S., M.S., Vitamin B_6 toxicity

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SNEAKY REACTIVES

by

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Introduction: Reactive muscles have a habit of sneaking in when we are doing other Touch for Health procedures and confusing the results. Frequently we may think we are testing and correcting one thing when in reality all we are doing is seeing reactive muscles at play.

Sneaky #1: Very early in our use of Touch for Health concepts we found it to be not uncommon for a person to be consistently "out of balance" on the same muscles over and over again in "balance as you go" 14- and 42-muscle balancing. On comparing notes with other Touch for Health instructors and practioners, we found the same experience. In fact we found that this was causing discouragement for quite a few people in the continued use of Touch for Health.

So in the fall of 1982 we started to look more closely at what was happening. The results of these prelimnary investigations were reported and demonstrated in the paper Hap presented at the 1983 Touch for Health Convention (printed in the July-August 1983 Touch for Health Journal). Here he showed that a muscle testing "weak" during a conventional 14-muscle balance may actually just be reactive to the muscle tested just previously, if that muscle tested "strong". This as a particularly likely situation if a muscle tests weak on one side only. Typical examples are the left Pectoralis Major Clavicular being reactive to the right, the right quadriceps being reactive to the left Subscapularis, etc.

The sneaky part is this: If you do not recognize this as a reactive muscle combination and use standard "balance as you go" 14-muscle balance technique, that is, go ahead and "strengthen" the "weak" muscle with neurolymphatics (or other meridian type correction) and retest only the previously "weak" muscle, then that muscle will probably test "strong", and you will think that you have fixed the situation. But if you go back and do the 14-muscle balance again, you will find the previously "weak" muscle "weak" again, i.e. the balance didn't "hold".

What actually happened is that the time taken to work the neurolymphatics (or other correction technique) was sufficient to allow the reactive muscle combination to reset. The correction technique was superfluous; you could have merely stood there and counted to ten slowly and achieved the same result. If you had checked the result

by testing both muscles in the same sequence, rather than just the muscle that had been "weak", you would have caught the problem immediately.

The bottom line is to suspect all unilaterally "weak" muscles and repeatedly "weak" muscles encountered in routine muscle balancing as being "weak" to due reactive combination rather than due to meridian under energy.

Sneaky #2: On a person we were balancing regularly twice a week we found the Piriformis to be consistently weak whenever we checked it, even just after balancing and even though the wrist pulse test (see Hap's paper referred to above) and the thumb to little finger screening test (see below) confirmed that all meridians are in balance and thus the Piriformis should test "strong". Since this person was being balanced regularly, she was learning to "help" by moving her leg into position for the test. Watching a little bit more closely, we discovered the Piriformis was "weak" if we tested it immediately after she moved the leg into the test position, but was "strong" if we waited for about 10 seconds before testing or if we lifted the leg into the test position while she remained completely relaxed. The bottom line turned out to be that the Piriformis was reactive to the quadriceps and that whenever the testee used her quadriceps to move her leg into position to test the Piriformis, the Piriformis went "weak".

Thus we find that reactives can also sneak in when the testee assists the testor by moving their arm, leg, or whatever is being tested into position for the testor. Another common combination of this type is any of several muscles tested with the arm extended, the Deltoid, Supraspinatus, or Pectoralis Major Clavicular, for example, being reactive to the Anterior Deltoid; so again when the testee lifts their own arm into the test position the muscle tests "weak".

The best cure for this problem is to work slowly and deliberately with the testee remaining totally relaxed while the testor gently moves the testee's limbs into the test position and, if there seems to be a problem, to wait about 10 seconds after the limb is in position before testing.

Sneaky #3: One day when Hap was testing Elizabeth, using the Deltoid as an indicator muscle with the thumb to finger screening tests and the wrist pulse tests, he was getting very inconsistent results. Then he noticed that whenever Elizabeth looked down at her hand to see what was happening the Deltoid tested "weak", but when she didn't look the Deltoid tested "strong". Upon further testing we found that the Deltoid was reactive to the Front Neck Flexors so that whenever the Front Neck Flexors were activated by turning the the head down and to the side the Deltoid became "weak".

The bottom line here is that reactives can also be triggered by postural changes during the testing. Sometimes a muscle which tests "strong" while lying down will test "weak" when standing up. A little bit more sneaky is the curious testee who wants to watch everything the testor is doing. Turning or lifting the head to see

what is happening may trigger a reactive combination that will make the muscle being tested test "weak".

The cure for this problem is similar to the last: the testee should remain relaxed and not be looking around. Postural reactives are less likely to be triggered if the muscle testing is done in a supine or prone position on a table.

Screening Tests: There are two screening tests useful for helping to determine if reactives are sneaking in: one for determining if there are any muscles "weak" due to meridian under energy and one for determining if there are any muscles "weak" due to reactive combinations.

To assure the accuracy of these screening tests we have found it important to first check for Central Meridian Reversal, Switching, and Centering and to correct as necessary. Central Meridian flow can be checked by testing the Supraspinatus while running the Central Meridian backwards and forwards. The Supraspinatus should test "weak" and "strong" respectively. The tests and corrections for Switching and Centering are described in Hap's paper referred to above.

The first screening test is to test a strong indicator muscle, such as the Deltoid, while the testee touches the thumb and little finger together. If the indicator muscle tests "weak", this is an indication that there are "weak" muscles present due to meridian under energy. On the other hand if the indicator muscle remians strong, this is an indication that there are no muscles presently "weak" due to meridian under energy and thus that any muscles found to be "weak" are "weak" due to a reactive muscle combinations.

The second screening test is to test a strong indicator muscle while the testor places their other hand over the top of the testee's head about 1/2 to 1 inches away. If the indicator muscle remains strong, there are no "weak" muscles present at that moment due to reactive muscle combinations. If the indicator muscle becomes "weak", there are "weak" muscles due to reactive combinations present.

Do not actually touch the top of the testee's head when doing this test because a "weak" muscle may then be a response to other indicators located at the top of the head. Perhaps the most common is jamming together of the parietal bones in the top of the skull. (See pages 25, 28, and 57 in the Touch for Health Handbook.) This condition may be corrected by rubbing the neurolymphatic points for the abdominal muscles or separating the top of the skull as shown on page 57.

It is important to note that this test only indicates for reactive muscles that are "weak" at the moment of test. The test does not screen for latent reactive muscles. If you initially get a "strong" response to the top of the head test, indicating no muscles "weak" due to reactive combinations, have the testee actively move as many muscles as possible, particularly in the area where reactives are suspected. Then retest. Now a "weak" indicator muscle is an indication that there are indeed reactive

muscles present triggered by the movement.

Conclusion: We have two important points to make with this report:

1) Many "weak" muscle responses obtained during various muscle tests are actually reactive muscle responses rather than what we think we are testing. It is important to critically watch what is happening any time a "weak" response is obtained from a muscle test, particularly a "weak" response that repeats on later testing, to make sure that the response is not due to a sneaky reactive.

2) Reactive muscle combinations must be activated to find them. A person with latent reactive muscle combinations may test to be clear of reactive muscles if these combinations are not activated.

Acknowledgements: We thank Gordon Stokes for his encouragement and suggestions and for being willing to present this paper in our absence.

JULIE FRENCH

Touch for Health Presentation

I have discovered that using the 5 Element Chart developed by Gordon is a wonderful tool for effective balancing. It also is a way for the student/client to visually see what emotions might possibly be contributing to their physical imbalance. Example: Liver and Gall Bladder Meridians out of balance might indicate issues involving anger. This can be valuable information, but where do you go from there? One excellent choice might be to use E.S.R. to help ease the emotional charge out of the body. However, I have discovered that often the person lacks clarity as to what the underlieing issues might be and why they are responding the way they are. The person needs to see the situation from a new perspective - a new window.

Creative Problem Solving can be a way to this new window. I use creative problem solving frequently in conjunction with Touch For Health because it quickly allows the person to see more clearly the Truth. I would like to share with you one simple technique you can use easily with anyone struggling with a confusing or upsetting situation. Rather

than tell you about it, I would like you to have a direct experience of it.

On a piece of paper write down three situations that are not clear/upsetting to you.

Example: I am upset about my weight.

I dislike my job.

My relationship with my husband/wife/friend is real uncomfortable.

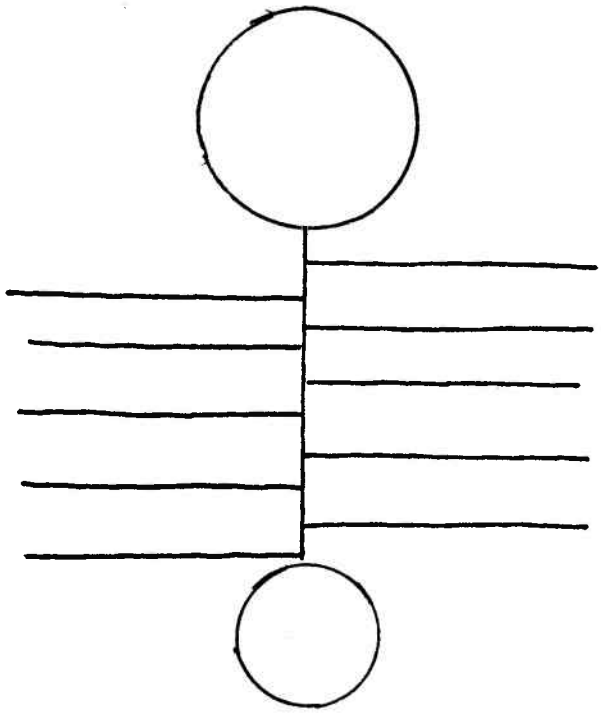
Now, look at the three situations you have in front of you and let one lift off the page to you - which situation needs your attention the most right now? Make this statement to yourself,"I would like to get clear about....." Now, discribe to yourself what it presently happening in this upsetting situation. In regards to this situation, what do you want to see happen?

Example: I would like to let go of 15#

I would like to get a new job.

I would like to be more open in my relationship with.....

On a piece of paper draw this form (developed and designed by Rochelle Myers of the Myers Institute Of Creative Studies)



Please fill in this form in the following way:

1. Put your first name in the bottom circle.

2. Write your goal in the large circle at the top using the following guidelines.

a) Begin your goal with the words "I would like".

b) Make you goal personal. Example: "I would like to be more open", not "I would like my husband to change".

c) Make your goal short and simple.The longer the goal the less clarity you will receive.

d) Make your statement positive. Ex.: (if your goal is to feel comfortable with new people) A poor goal would be "I don't want to be nervous with people." A stronger goal would be "I would like to be at ease with new people."

3. Read your goal to yourself and then go to the first bottom line on your form, write a "but" and fill in the rest of the line with what thought comes to you. Ex.: "I would like to be at ease with new people but I am always afraid I will make a fool of myself." Repeat the stated goal to yourself and proceed to the next bottom line and complete another but statement. Continue to read your goal and fill in all 10 lines with "but" statements. If at any point you feel stuck, close your eyes, drop your breath, breathe quietly from your solar plexus and wait patiently for another response to immerge. Because of our limited time you may not get all 10 lines filled in but you will have a few minutes to write as many as possible.

We are now ready for our final step. I would like you to read back to yourself all of your statements from the beginning to the end but

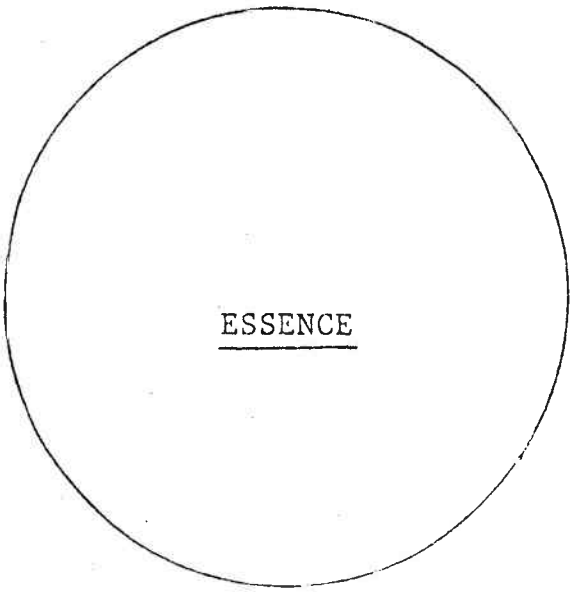
pretend that these words are not yours. Pretend that you are listenting

to a friend. As you listen, see is you can determine what is really happening. What would you think of a friend who spoke like this?

What did you discover? <Responses from the group> Did anyone notice that they were being rather hard on themselves? What emotion seem to repeat itself through your statements? (Anger, fear, hurt, or grief) Let's take a look at where this begins and how it succeeds in preventing us from reaching our goals.

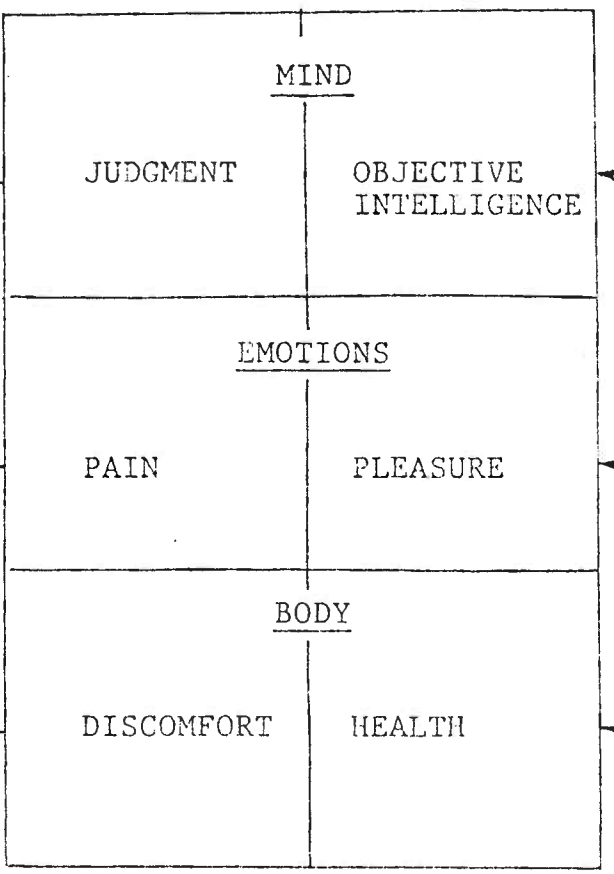
Carl Rogers presented the idea to the world of psychology that we internally have subpersonalities/inner voices (a child, a parent, and an adult). I would like to look at the possibility that rather than 3 we have 7 inner voices or subpersonalities. Let's look at it graphically. (this chart was developed at the Myers Institute For Creative Studies in San Francisco.)

Myers Institute for Creative Studies
3827 California St
San Francisco, Ca 94118
(415) 668-1553



Essence is the voice of:

1) allowance
2) truthfulness
3) compassion
4) understanding



Judgment is the voice of:

1) blame
2) criticism
3) shame
4) scolding

Objective Intelligence is the voice of:

1) assessment
2) objectivity
3) appraisal
4) impartiality

Pain is the voice of:

1) fear
2) hurt
3) anger
4) sorrow

Pleasure is the voice of:

1) play
2) spontaneity
3) creativity
4) expansion

Discomfort is the voice of:

1) rigidity
2) rebellion
3) denial
4) submission

Health is the voice of:

1) flow
2) fluidity
3) flexibility
4) surrender

<Explanation of the dialogue between the voices>. The V.O.J. wants to be in charge at all times and will manipulate us so that we are afraid to risk and change, to move forward because that part of us (who is not who we truely are) wants most of all to say with what is familiar and seems safe. The V.O.J. stirs the emotions. The emotions need to be accepted and understood so thay they can be quieted and tamed. The V.O.J. needs to be gotten rid of. The V.O.J. is not the truth of who we are, it is our conditioning and we can shed it and begin to move toward emotional clarity and freedom and the body can move toward a new level of wellness.

Homework:

1. Go through your Stated Goal and discover which "but" statements are from your judgment.

2. Get rid of your Judgment!

A. Listen for it every day

B. What down what it says to you C. Yell at your V.O.J. every day to get out of your life.

3. Have a good time watching your self move toward more freedom in your life!

Wayne Topping was born and educated in New Zealand where he received his doctorate in geology from Victoria University of Wellington. A former geology professor he now works as a wholistic health practitioner at the Bellingham Family Health Clinic, Bellingham, Washington. He is author of the book "Balancing the Body's Energies."

Abstract:

Visual inhibition or ocular lock is often related to imbalances in gait reflexes, cloacal reflexes and muscle or fascia innervation. Two Biokinesiology brain programs are involved: (a) UB1-K6 or (b) GB21-GB29 depending upon whether a strong indicator muscle weakens when you trace your finger clockwise or counterclockwise respectively, in front of the person being tested. Correcting these brain program imbalances by using acupressure points, nutrition and emotions helps bring learning difficulties such as visual inhibition under control.

A NEW APPROACH FOR CORRECTING VISUAL INHIBITION

--Wayne W. Topping, PhD

Many of us in our lectures and demonstrations use visual inhibition or ocular lock as a very effective means of demonstrating how massaging acupressure points can help restore balance to the body. Usually we ask for a volunteer who becomes tired or falls asleep easily when he/she reads. We test a strong indicator muscle then see if it weakens as the person reads aloud and stays strong as they read backwards. Alternatively, we can have the person turn his/her eyes hard to the left or right while testing a strong indicator muscle.

The fact that the indicator muscle weakens shows that the back and forth eye motion is too stressful for the body to handle without causing neurologic dysfunction. The probable constant strain placed on the nervous system as it tries to adapt to this visual dysfunction is one possible cause of switching. Ocular lock and switching are commonly observed in people who have dyslexia ("word blindness") and associated learning disabilities. The eyes are not functioning well as a team providing the brain with less than desireable visual imput.

Sometimes you will not even need to muscle test for ocular lock or visual inhibition to be reasonalbly certain of it's presence. Just as we have a dominant hand and foot we should have a dominant eye and ear also. In ocular lock one eye may not be clearly donimant over the other. The dominating may shift backwards and forwards giving you that "shifty-eyed" individual that makes you feel uncomfortable. Close observation of eyes of a person with ocular lock will often reveal that one or both eyes have difficulty moving smoothly as they read or follow your finger from side to side. Note the jerkiness of the motion. Sometimes the eyes appear to get stuck and won't move one way as they should.

The simplest way to correct ocular lock or visual ingibition is to massage K27 (immediately below the inner end of the collar bones) while massaging immediately on both sides of the umbilicus, (or while holding the hand over the unbilicus).

However, this type of correction for ocular lock is usually temporary only. There are other less well known corrections available. For example, people familiar with Biokinesiology have also stimulated Pericardium (Circulation-Sex) 6 to correct the solar plexus imbalance that always accompanies ocular lock.

Over the past one to two years the Biokinesiology Institute has been researching numerous "brain programs," mega programs each involving an imbalance within the brain and related tissue imbalances, (muscles, tendons, ligaments, fascia, etc.) within the body that appear to be on the same brain circuit. One of two brain programs is commonly out of balance on a person with ocular lock. These programs are referred to as UB1-K6 and GB21-GB29 after the two major acupressure points for each program.

Sometimes a person with ocular lock won't have a weak indicator muscle if he looks hard to left , right, up, or down. However, the indicator may weaken if he looks in a specific direction, say for example, up to the left at 60 degrees. A more accurate means of checking for ocular lock is, therefore, to have the person follow your finger in a clockwise direction as you describe a circle for him and test a previously strong indicator muscle. Then repeat the test as you describe a counter-

clockwise circle with you finger. If the indicator muscle weakens, then the person has an ocular lock imbalance.

If the indicator muscle weakens when you trace your finger clockwise in front of the person the UB1-K6 program is usually out of balance. A weakening with a couterclockwise circle usually means the GB21-GB29 program needs work. Correcting these brain program imbalances will usually help correct gait reflexes, cloacal reflexes, and muscle or fascia innervation problems.

The major tissues (alpha tissue) that can be thereby localized for each program is a fascia covering the lateral aspect of the calf muscle. They have been tentatively identified as the gastrocnemius lateral head lateral fascia (UB1-K6) and the Tibialis posterior lateral fascia (GB21-GB29), as both tissues are in approximately the same position thereby localizing the outer calf area with the fingers curled as if to grip the muscle (pointing straight in with the fingertips will not usually detect an imbalanced fascia) and saying aloud to the person being tested "you feel willing and calm" and "you feel willing and responsible" to see which causes the weak indicator muscle to strengthen is one of the quickest ways to determine which program needs to be worked on.

Another way to determine which program is relevant is by holding small amounts of the possible corrective nutrition up against the cheek (over the parotid gland) to see which, if any, cause the weak indicator to strengthen. The nutrition that corrects any "brain program" at brain level is almost always homeopathic or a bach flower remedy with very rare exception. The homeopathics for each of the two programs under consideration differ thus, allowing us to determine which program we need to use. Note that nutrition for the alpha tissues is the same which allows us to determine what will help us correct the ocular lock and other imbalance but not to determine which program is out of balance.

A third, and fast, way of determining the program is by using the acupressure points. If the correct brain program is UB1-K6 then the fascia should not thereby localize as "weak" after you gently brush upwards over each of the acupressure points UB1, St36 and K6. If the relevant program is GB21-GB26 then brushing down and out over GB21, toward the front of the body over Liv13 and GB 29 should cause the indicator muscle to strengthen. Gentle brushing in the indicated direction over each of the acupressure will temporarily turn them on. Brushing in the opposite direction will throw them out of balance once again.

Once the corect program has been identified the brain circuit can be restored to proper functioning by working with the emotion, nutrition and acupressure points.

1). Emotions:

To use the emotions therapeutically, point the fingers of both hands down toward the center of the brain on the crown at the midline directly above the ears. This increases the effectiveness of working with emotions although it is not essential. Talk audibly to yourself about he positive emotions, in order, recalling current or past examples where you felt the particular mood or emotion. Sometimes you cannot recall past or currect situation that would allow you to generate the positive emotions. In this case,

visualizing or picturing yourself in imaginary situations where you can see yourself doing things that would generate those feelings is often very effective. We are working with the subconscious mind, which cannot tell the difference between truth and fantasy. If you think you see a bear in the woods you will react physiologically the same whether it turns out to be real or imagined. Begin acting upon the positive emotions throughout your daily activities. Repeat your active meditations for one to two minutes, three or four times a day. Early in the morning is ideal, to start your day out well. Repeat before dropping off to sleep as this increases the likelihood that your subconscious mind will continue working with the positive emotions while you are asleep.

If working with the positve emotions seems difficult, don't give up. Persist! Many of us have felt certain negative feelings for a long time and we cannot just turn it around overnight. The experts tell us it takes twenty-one to thirty days of consistent effort to change a habit. We are talking about changing habitual ways of thinking in some cases.

2). Nutrition:
The nutrients listed here are those that have previously strengthened the imbalanced tissue on other people. To see if any of the nutrients have the potential to correct the imbalance, therapy localize the tissue while holding the possible nutrient on the navel, or on the cheek over the parotid gland. Or have the person being tested place it in his/her mouth. The formerly weak indicator muscle should strengthen if the nutrient has the potential to correct the imbalance.

However, it is important to realize that just because the tissue therapy localizes "strong" on a particular nutrient, this does not mean that the person will be able to utilize this item. Sometimes, the person's 'allergy' or inability to assimilate the nutrient may actually be the cause of the imbalance. Therefore, it is very important to test all suggested nutrition with the Brain Response Test described in Which Vitamin, Which Herb Do I Need? or How to Take Care of Yourselves Naturally. If the nutrition does not pass the Brain Response Test, there will be side effects if it is ingested and the tissue may or may not be strengthened.

3). Acupressure:
Massage each acupressure point firmly (backwards and forwards) for about 30 seconds twice a day. Note that most points are on both sides of the body. Having these points stimulated with acupuncture needles brings even faster results.

An abbreviated version of each of the two brain programs is listed below:

I. Brain Program: UB1-K6
   1). Mood: Wise
   2). Brain: Cerebellum posterior, superior
   Emotion: Protect, shelter
   Nutrition: Lithium carb 30x, Phosporus 1m, Viburnum Prun 30x, Symphytum 30x, Echinacea angust 3x, Nux vomica 1m, Tuburculinum 12x Cinnamomum 30x
   Acup. Point: UB1: 1/10 thumb lateral and superior to the inner corner of the eye.
   Symptoms: Myofascia innervation imbalance (muscular).

3). Energy Center: Tailbone
Emotion: Self-control
Acup. Point: St36: 3 thumbs below the lateral depression of the patella, one thumb to the outside of the anterior crest of the tibia.

4). Alpha Tissue: Gastrocnemius lateral head lateral fascia.
Emotions: Willing and calm
Nutrition: Lecithin, C 500, ferr. phos 6x, nat sulph 2x, PHI (Professional Health International) formulae #'s 3, 7b & 21.
Acup. Point: K6: In the depression one thumb below the lower border of the inner anklebone.

II. Brain Program: GB21-GB29

1). Mood: Warmth

2). Brain: Cerebellum Mid Posterior
Emotion: Glad
Nutrition: Merc sol 6x, Formaldehyde #3, pyrogen 200, digitalis 200x valerian 6x, hepar sulf 3x, calc. carb 30x, veratrum album 200x.
Acup. Point: GB 21: Midway between the 7th cervical and the acromion process, on the highest part of the shoulder.
Symptoms: Myofascia innervation (fascia)

3). Energy Center: Spleen
Emotion: Goodness
Acup. Point: Liv 13: At the free end of the 11th rib.

4). Alpha Tissue: Tibialis posterior lateral fascia
Emotions: Willing and responsible.
Nutrition: Lecithin, C 500, ferrum phos 6x, Nat Sulf 2x, PHI herbal formulae #'s 3, 7b, & 21.
Acup. Point: GB 29: Midway between the anterior, superior iliac spine (upper part of front hip bone) and the greater trochanter of the femur.

References:

Biokinesiology Institute, How to Take Care of Yourselves Naturally, U.S.A.: Harmon Press, 1977.

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THE GREAT IMPOSTER

by

Michael D. Allen, D.C., N.D.

INTRODUCTION

Overview: This text provides an introduction to the importance of Temporomandibular Joint (TMJ) balance in health and disease. Also discussed is the science, art and philosophy of Applied Kinesiology (AK).

-- What's a "Tumja" (TMJ)??? --

This funny sounding piece of your anatomy is probably the most important and most sensitive area of your body. It can produce tremendous pain when it is out of balance, and instant relief when it is in balance.

The TMJ is your jaw. An estimated 50 to 67 percent of all the nerves in your body are devoted to the jaw, face and mouth. This may seem like a tremendous number of nerves going to such a small area. This indicates the TMJ's significance and importance to the function of the whole body.

When your TMJ is balanced, your teeth mesh properly; no tension or stress in front of your ears or in your temples. People without stress in these areas may still suffer from a TMJ syndrome, and not even know it.

Some symptoms of a TMJ syndrome are:

Clicking (popping) jaw upon opening, closing or chewing;
Clenching of the jaw unconsciously or in times of stress;
Grinding (termed bruxing) of the teeth either at night or with anxiety.

Some other, more remote symptoms are:

Headaches -- of almost any type;
Neck pains;
Shoulder tension;
Low back ache;
Knee pains.

Diagnosis of a TMJ problem is easily done using a technique called APPLIED KINESIOLOGY, or muscle testing. In an article presented to the International Academy of Preventive Medicine, John Diamond, M.D., stated that, "Applied Kinesiology [AK] may turn out to be the most therapeutic advance of the century". It gives the doctor

an insight into the patient's condition without the need for expensive medical tests in many cases. "The major advance is that it allows the body to 'tell' us what needs to be done", Diamond says.

The technique was originally developed in the early 1960's by George Goodheart, D.C., and now it has grown into one of the world's largest natural healing techniques. AK is practiced by doctors of almost all disciplines -- from chiropractic to medicine; from dentistry to psychiatry.

Many people ask, "If my jaw is out of balance, how come my dentist didn't tell me about it?" The reason is that most of the time it is what we call a "sub-clinical" problem, or in other words, it doesn't show up in tests or in X-rays. The A.K. diagnosis is simple in most cases, and takes only minutes.

You can try a simple diagnostic technique yourself. Stick your index finger into your mouth between your back teeth and cheek. Push with 4 or 5 pounds of pressure. If you experience any discomfort, this indicates TMJ tension which should be evaluated. It could save you much future discomfort. Another test is to stand in front of a mirror and slowly open and close your mouth. If your jaw deviates either left or right -- or drops quickly -- this also indicates a TMJ problem.

A TMJ imbalance can cause other diseases such as:

Thyroid problems;
Hypoglycemia;
Digestive problems;
Immune system problems;
Lymphatic congestion;
Sex organ problems, (ie., menstrual cramping, impotence);
Arthritis;
and the list goes on and on.

There is a screening test developed in 1977 that will test for the presence of a TMJ dysfunction syndrome. A bilateral sartorius hypotonicity says check the TMJ. The sartorius muscle also relates to the adrenal glands, as well as the low back and occiput through the spinal mechanics. The test is tricky; we'll show you how to do it properly.

The TMJ syndrome is a very complex and involved problem. It has been estimated that approximately 85% of the general practice is TMJ (and therefore adrenal) related.

It has also been estimated that 85 to 90% of all TMJ problems can be corrected by simply balancing the TMJ muscles; the openers relative to the closers.

Applied Kinesiology is a revolutionary approach to healing. It shows you that you don't need to rely solely on the use of drugs, chemicals, or surgery. The body knows what is needed to heal itself if you will simply listen to what it is saying.

IDENTIFYING BODY ENERGIES

By

Sheldon C. Deal, D.C., N.D.

And

Richard Utt

ABSTRACT: Energies differ in the body in their characteristics according to what level you are measuring. The energy of the acupuncture systems differs from the electrical characteristics of neuro lympathic and neuro vascular points. The doctor may increase his proficiency at treating the human body by being able to use effective body language to distinguish whether these circuits are hyper or hypo.

GENERAL INFORMATION: The picture on a television screen can be seen to rotate in a counter clockwise direction when approached by the north pole of a magnet, and clockwise when approached by the south pole of a magnet. This is a good method to demonstrate the different energies coming off the north and south poles. Based on the law that likes repel and opposites attract, it can be demonstrated that: the index finger on the right hand is positive (south pole), the middle finger is negative (north pole), the ring finger is positive and the little finger is negative, with the thumb being neutral. This pattern reverses itself on the left hand with the index finger being negative and the other fingers following suit. The above can be demonstrated by placing one finger at a time on the surface of a magnet and testing a previous strong indicator muscle.

One of the points to be learned from the above is to use a double finger contact when doing therapy localizing or challenging to avoid

entering a new factor into the equation such as tonifying with the index finger or sedating with the middle finger when using the right hand.

It was Earl Column who first brought it to our attention that you could challenge a point on the body clockwise or counter clockwise to determine direction of correction over a lesion that needed therapy such as a neuro lymphathic.[1] When this criteria was applied to acupuncture points, it was found that it did not follow the same pattern, thus the beginning of the investigation which led to this paper.

ACUPUNCTURE FINDINGS: It was Shafica Karagulla in her book, "Breakthrough to Creativity"[2], that described points of light extending from the body and the basic energy patterns that surround the entire body containing different vortices. Images of the human torso have revealed electro dermal energy points which correspond to the traditional acupuncture points.[3] The scientific community seems to prefer the terminology of electro dermal points rather than acupuncture points.

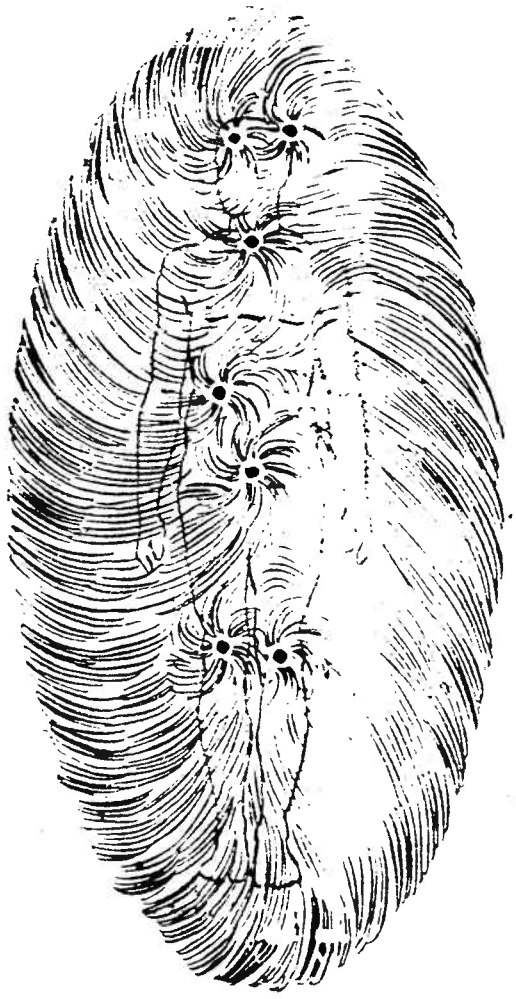
Our research has shown that there is a definite connection between individual acupuncture points and individual muscles. We contend that it is not by accident that when you add up the number of acupuncture points on each side of the body plus the conception and governing vessels that it closely approximates the total number of muscles in the body. Due to the large number of points involved and the complexity of the research, the progress has been slow. Listed below is a partial list of acupuncture points identified with specific muscles.

Each muscle has a reciprocal acupuncture point and also an association with a TMJ muscle, but that will be the topic of a future research paper.

Lung 1	Supinator
Lung 11	Anterior Deltoid
Large Intestine 1	Popliteus
Large Intestine 20	Anterior Tibialis
Stomach 1	Anterior Serratus
Stomach 45	Coracobrachialis
Spleen 1	Pyramidalis
Spleen 21	Gluteus Medius, Anterior Division
Heart 1	Pectineus
Heart 9	Teres Major
Small Intestine 1	Pubococcygeus
Small Intestine 19	Semispinalis Capitis
Bladder 1	Quadriceps
Bladder 67	Temporalis, Parietal Division
Kidney 1	Rectus Femoris, Straight Head
Kidney 27	Gastrocnemius
Pericardium 1	Deltoid
Pericardium 9	Rectus Abdominus Lateralis 4th Section
Triple Heater 1	Sternocleidomastoid
Triple Heater 23	Buccinator
Gall Bladder 1	Biceps Femoris Longhead Tibial Division
Gall Bladder 44	Teres Minor
Liver 1	Gluteus Medius Posterior Division
Liver 14	Biceps Femoris, Longhead
Heart 7	Triceps, Lateral Head
Bladder 30	Biceps, Short Head

BASIC ENERGY PATTERNS: In physics we are taught that magnetic energy and electrical energy differ in their axis by 90° and since light takes on the characteristics of both, but is neither one, it is called electromagnetic. Thus the electromagnetic spectrum is created with all its divisions according to different wave lengths. The human body has energy patterns that parallel the surface of the body and seem to be supplied by the vortices called chakras[4] or pre and post ganglion plexi.

Under normal conditions this energy field turns clockwise over the surface of the body and parallel to it.



The human body also has the electro dermal or acupuncture points radiating out from the body at right angles to the surface of the body. Since these two energy fields (the chakras and acupuncture points) differ in their axis by 90°, we believe this accounts for the difference in their challenge characteristics and thus the therapy application.

HYPO VERSUS HYPER: In applied kinesiology it always helps to understand what we are doing, if we realize what the normal is for the particular circuit we are working on. In the case of a neuro lymphatic point which is supplied by the energy field that parallels the body, remember that that field normally turns clockwise. If we are dealing with a hypo (sedation) condition then manually torquing the lesion clockwise will make a weak muscle indicator go strong or manually torquing the lesion counter clockwise will make a strong muscle indicator go weak. If we use a magnet over the lesion, the south pole (positive) will make a strong indicator muscle go weak and the north pole (negative) will make a weak indicator muscle go strong. (Remember, as we look in the direction the north pole is pointing we see it turning counter clockwise, but from inside the body looking out at the north pole, we would see it turning clockwise).

Now if we take a neuro lympathic lesion that is hyper (tonified), then manually torquing the lesion clockwise will make a strong indicator muscle go weak or manually torquing the lesion counter clockwise will make a weak indicator muscle go strong. If we use a magnet over the lesion the south pole will make a weak indicator go strong and the north pole will make a strong indicator go weak.

All of the above changes to the opposite when we deal with acupuncture points because they are supplied by an energy field that runs at right angles to the surface of the body. If the acupuncture point is hypo (sedated) thus our specific muscle indicator is weak in the clear, then manually torquing the acupuncture point clockwise or touching with a negative finger will make a neutral strong indicator muscle go weak or the specific muscle for that particular acupuncture point

will remain weak. When the same acupuncture point is manually torqued counter clockwise or touched with a positive finger, the specific muscle for that point will go strong. When the same acupuncture point is approached with the south pole of a magnet the specific muscle for that acupuncture point will go strong and a neutral indicator muscle will stay strong. If the same point is approached with the north pole of a magnet the specific muscle for that acupuncture point will stay weak or a strong neutral indicator muscle will go weak.

Now if we take an acupuncture point that is hyper (tonified) and the specific muscle for that acupuncture point is strong in the clear and will not sedate using the normal methods, (example: PMC stays strong when ST-45 and LI-1 are contacted at the same time), then manually torquing the acupuncture point clockwise will cause the muscle to stay strong and manually torquing the acupuncture point counter clockwise will cause the indicator muscle to go weak. Please note that all manual torquing should be done with a double finger contact (positive and negative) or the thumb which is also neutral. If the hyper acupuncture point is approached with the south pole of the magnet the indicator muscle will go weak or if the north pole of the magnet is used, the indicator muscle will stay strong.

Due to all of the above being rather involved and complicated when you are first exposed to it, we have devised the following chart to help keep it straight in your mind as you work with these principles.

BODY ENERGIES				
Challenge Application	N.L., N.V., Stress Receptor, ect.		Acupuncture	
	HYPO	HYPER	HYPO	HYPER
Manual C.W.	strong	weak	weak	strong
Manual C.C.W.	weak	strong	strong	weak
South Pole	weak	strong	strong	weak
North Pole	strong	weak	weak	strong
+ Electricity	no change	no change	strong	weak
- Electricity	no change	no change	weak	strong
Positive Finger	weak	strong	strong	weak
Negative Finger	strong	weak	weak	strong

FURTHER CONSIDERATIONS: The bottom line of all this challenging is to be in a better position to make more accurate application of therapy to our patients and thereby increase the percentage of favorable results. For example, if we always use a double finger contact (neutral) when we have the patient therapy localize or when we the doctor challenge, we will avoid asking the body too many questions at one time and thereby get clearer answers to our probing questions. Once we find a lesion that does T.L. or challenge then we can reapproach the lesion one finger at a time (once with a positive finger and once with a negative finger) to tell if the lesion is hypo or hyper and consequently the correct therapy becomes obvious.

Another application of these principles is that you may turn off (sedate) a certain muscle by placing the north pole of a round magnet over the specific acupuncture point and hold a positive finger on the point through a hole in the center of the magnet, while you search for a certain nutrient, cell salt, amino acid, ect., that

will turn it back on, and thus you have identified a specific nutrient for that muscle. Perhaps it is awkward to hold one finger in the center of the magnet and you need both hands to do your searching, you may shine a laser light through the magnet onto the acupuncture point and now the muscle will stay weak by itself until you do something to turn it back on. Obviously this method can be used for therapy also, as the south pole against the skin with the laser directed through the center will produce tonification, or there may be cases where you want to sedate using the north pole and laser.

It is interesting to note that when you tonify or sedate a normal muscle that the antogonist muscle does the opposite. For example, if you sedate the biceps,the tricpes become hypertonic or if you tonify the biceps the tricpes become weak in the clear. Even more interesting is, in a normal circuit (meaning that there is no switching of any kind going on) when you tonify or sedate a muscle on one side of the body, the same muscle on the other side (contralateral) of the body does the opposite. For example, when you tonify the biceps on the right, the biceps on the left become weak in the clear. Again, it becomes obvious that by knowing the above normal characteristics of the body it becomes advantageous in tracing down energy problems in the complicated patient.

CONCLUSION: Having been an early developer of an electronic muscle testing machine with a hand held transducer and having seen how that the machine would not always agree with artful manual muscle testing, I have in recent years felt like a member of a silent conspiracy. Meaning that while we were searching for a scientific explanation as

to why muscle testing worked, including granting research, deep inside I felt we were barking up the wrong tree. The scientific search always included using electronic equipment. It is my humble opinion that the phenomenon of muscle testing is a result of the interplay of energies between the testor and the testee. If this be the case, then we will never explain it by using a machine which is void of half the energy required. Perhaps nowhere else to date has this interplay of energies in applied kinesiology been exemplified more than in this paper.

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BALANCING THE ATHLETE

A New Approach

By

Frank Mahony

SUBJECT: Performance Enhancement - The relationship of hypertonic muscles, and the CEREBRAL SPINAL FLUID-ENDOCRINE SACRAL-OCCIPITAL TENDON APPARATUS.

OBJECTIVE: To improve performance physically and mentally through the stimulation of CSF (Cerebral Spinal Fluid) and enhancement of the function of the Endocrinew System, which are critically involved with total brain integration.

METHODOLOGY: This is achieved through the identification and release of hypertonic muscles involved with the sacrum (the CSF pump) and the occiput, a key member of the major cranial bones.

KEY MUSCLES: The muscles involved are divided into PRIMARY and SECONDARY groups. PRIMARY MUSCLES are defined as those muscles having the greatest effect and are most involved in the process. SECONDARY MUSCLES are those that are less important, but whose correction further enhances the process. The following is a list of the most common PRIMARY and SECONDARY MUSCLES, but understand that each person is different and any muscle may be considered a key muscle on any individual. However, the list below will allow you to make a significant improvement the vast majority of the time.

PRIMARY	SECONDARY
FLEXOR HALLUCIS LONGUS	QUADRICEPS
FLEXOR DIGITORUM LONGUS	PIRIFORMIS
GASTROCNEMIUS	GLUTEUS MEDIUS
SOLEUS	SACROSPINALIS
HAMSTRINGS	ABDOMINALS
GLUTEUS MAXIMUS	STERNO-CLEIDO-MASTOID
UPPER TRAPEZIUS	

THEORY: Before getting into the methodology, let us examine th CSF-Sacral-Occipital-Tendon Apparatus, along with the Cranials and the Endocrine Systems and see how they all interact. This will enable us to better understand how the body works in concert with its component parts, and why this system has such a profound effect on total performance. Furthermore, the following provides us with a sound physiological foundation based on scientific knowledge that enables us to explain in terms palatable to those whose minds are not yet open to "holistic" concepts why and how Touch for Health, EK, AK, etc., is able to achieve the results that they do.

FRANK MAHONY

CEREBRAL SPINAL FLUID (CSF)
AND
THE SACRAL-OCCIPITAL-TENDON APPARATUS

THE CRANIALS: For many years, the cranium (skull) was regarded as a rigid shell, and CSF as nothing more than a shock absorber for the central nervous system. However, recent research, notably by RETZLAFF, MICHAEL, PRITCHARD, BOWSHER, BOURNE/SHANTHAVEERAPPA, CSERR, FRYMAN, STEER, HORNEY, and others, has found that the CRANIAL bones move during respiration (and, in fact, have at least four different movement patterns, or rhythms) in concert with the sacrum, spinal process, and the pelvis, and that CSF is "pumped" throughout the central nervous system accordingly.

CEREBRAL SPINAL FLUID: CSF is now known to be a major biological fluid, very similar to plasma, flowing about the brain, down the spinal cord posterially, up anterially, and along all peripheral nerves. In addition to serving as a shock absorber, CSF also serves to remove toxins, transports hormones and nutrients,and acts as a media for transmitting information between the endocrine system and all other systems. Furthermore, the SACRUM, located at the base of the spine, functions as the "CSF pump," also moving during respiration as noted above.

DURA MATER: CSF is contained in membranous tissue surrounding the brain, and the spinal cord. This flexible membrane is attached firmly in only three places; the cranials, the top three vertabrae, and the sacrum. If there is any restriction, or distortion, such as torquing (slight twist) due to skeletel misalignment, the flow of CSF is diminished, creating a "dominoe effect." This membrane is called, the DURA MATER.

ENDOCRINE SYSTEM: The ENDOCRINE GLANDS effect every function of our body. and their functions are interrelated. If one gland disfunctions, all the other glands disfunction, and the function of the endocrine glands are affected greatly by the flow of CSF, and cranial movement. Cranial movement, or lack of movement, has a profound effect on the endocrine system in two ways; first, the movement of the sella turcica-shpenoid bone, which helps form the roof of the mouth, massages, or "milks" the anterior and posterior lobes of the pituitary gland alternately as the cranials move during respiration. Said movement is believed to greately enhance the pituitary function, the pituitary being the "master" gland of the body, which communicates and regulates all other endocrine glands, which control all body functions, directly, or indirectly. Secondly, the venal blood outflow of the cranial cavity may be affected, in as much as the juglar foramen (juglar vein port) is located at the junction of the occipital and temporal bones. According to Goodheart, the lack of cranial movement may cause a back pressure, as well as keep the interior cranial temperature too high (only fractions of a degree may be involved). This affects the performance of the hypothalamus, which is temperature sensitive, which is the control gland for the pituitary, the master gland. Consequently, if there is some restriction, or impairment, of the movement of the sacrum, the CSF is not pumped efficiently, the cranial bones do not articulate approprately, and all the vital functions of the CSF, as well as the endocrine system are diminished accordingly. The results are, among other things, diminished learning capabilities and motor skills.

FRANK MAHONY

Just what is a HYPERTONIC MUSCLE? It is simply a muscle that is too tight, or over tonified, and may become so in many ways, such as:

Exertion - work, athletics, etc.
Injury
Misuse - poor posture, sitting, high heels
Emotional stress - jaw clenching, neck and shoulder tightening
Quick, unexpected movement - slip, jerk, or fall

The tonicity of a muscle changes as the demands are placed upon it, in anticipation of future expected demands. That is, the muscle gets tighter, and thus stronger in order to handle a bigger load. It can also get weaker, of less tonified in the expectation of a lesser load, or in the absence of activity. This is due to the function of the proprioceptors located in the muscle, known as spindle cells and Golgi tendon cells. We will deal with the spindle cells only at this time.

The spindle cells are located in the belly, or center of themuscle, and function somewhat like radar stations, monitoring the distance between stations (cells) and regulate the rate and amount of change in distance (length of the muscle). It is known that we can confuse the spindle cells by jamming the cells together , or spreading them apart. The first will weaken, or de-tonify a muscle, while the latter will cause it to become stronger. Baseball players use this technique before batting, by swinging a weighted bat, thus stretching the muscle, which spreads the spindle cells away from each other, and they react by contracting the muscle, which makes it easier to swing the bat, giving a light feeling temporarily. That is why your knee jerks when the doctor taps the tendon just below the knee. The muscle was quickly elongated, spreading out the spindle cells which interpreted the information as they, the spindle cells as being too far apart. Consequently, they want to get back to their proper distance as quickly as possible and they do.

Lets compare this to someone who wears high heeled shoes. This keeps the gatrocnemius, and other lower leg muscles in a permanent contracted state. Gradually the spindle cells accept this jammed position as the norm, and the muscle becomes hypertonic.

The same thing applies to someone who sits for long periods of time, and don't we all. This places the hamstrings in a contracted positon, and it becomes hypertonic. To counteract this what do we, the enlightened ones do? We run, we get into aerobics, which does what? Gets more muscles to go hypertonic, and also pounds the sacral joint, further agravating the problem.

Also, a quick, unexpected movement, such as a sudden slip on a wet surface, can cause pain, as well as a hypertonic condition, even though no injury exists. This is because there are two kinds of spindle cells; one which regulates the amount of change, and another which regulates the rate, or speed of change. Unfortunatley, this cells transmit their information at different speeds, and the suddeness of the unexpected move causes the signals to be out of sync, thus an erroeous injury is recorded, and the muscle goes hypertonic. The situation will remain until corrected, or until the body kills the pain itself. This may be why we are able to achieve those "miracle" pain cures through manipulation. We have properly re-set the spindle cells and erroneous pain turns off.

PRE-TEST - ENERGY SYSTEMS EVALUATION: Before conducting the Hypertonic Test and Correction, test as many energy systems as is practical to better realize how effective this system is. For Athletes I test for:

COMMON INTEGRATION POINT	AURICULAR REFLEX
OCULAR LOCK	END OF GOVERNING/CENTRAL MERIDIAN
K27 CHALLENGE	TMJ
HYOID	BODY SHOCK
FIGURE 8s	OCCIPUT GAP (Standing and supine)
SACRAL JOINT (Standing/supine)	STANDING GAIT (Knees bent)
*CROSS CRAWL (Touch opst knees)	HOMO-LATERAL MARCH

*To accurately evaluate the cross crawl, it is important that the subject touch the opposite knees while marching, and that the arms SWING FREELY in order to involve as many muscle groups as possible. What often appears as cross crawl is in reallity not truly cross crawl, as the body makes subtle accomodations and can be slightly out of sync, but is not readily obsrvable. Touching the opposite knee with good arm movement makes the cross crawl more definitive, and the body can not "cheat." You may find a good cross crawler to have a difficult time marching and touching the knee smoothly, and may even have difficulty getting started. Also, test more than one muscle group as some muscle groups relate to each other bi-laterally and other muscles relate homolaterally. In addition to the deltoid, other muscles to be tested may include:

LATISSIMUS DORSI
SUPRASPINATUS
PECTORALIS MAJOR CLAVICULAR
ANTERIOR SERRATUS
QUADRICEPS

You may include other muscles as you wish, but these are the muscles that will provide you with a good reference and are standard procedure in Edu-Kinesthetics.

HYPERTONIC MUSCLE TEST: Select any strong muscle as the Indicator Muscle (IM). The Deltoid, as usual, serves best for this purpose. PLACE THE MUSCLE TO BE TESTED IN ITS MAXIMUM EXTENDED POSITION AND APPLY FIRM PRESSURE. TEST THE IM. IF THE IM GOES WEAK, THE MUSCLE IS HYPERTONIC.

CORRECTION: PLACE THE MUSCLE IN IT'S MAXIMUM EXTENDED POSITION. APPLY FIRM PRESSURE. THE SUBJECT TAKES A DEEP BREATH, AND EXHALES SLOWLY WHILE CONTRACTING THE MUSCLE. THE MUSCLE MUST STAY IN MAXIMUM EXTENSION FOR EIGHT (8) TO TEN (10) SECONDS. THE SUBJECT SHOULD APPLY FIRM PRESSURE, BUT NOT ENOUGH TO OVER POWER THE THERAPIST.

Thats all there is to it! It is important that the muscle be contractd for at least eight seconds as it allows the spindle cells to be moved apart in a manner they will accept.

AS THE SUBJECT RELAXES THE MUSCLE, APPLY FIRM, BUT GENTLE PRESSURE, EXTENDING THE MUSCLE FURTHER, WHICH WILL USUALLY HAPPEN, SOMETIMES VERY DRAMATICALLY. REPEAT THE PROCESS TWO (2) OR THREE (3) TIMES UNTIL THE IM TEST STRONG WITH THE MUSCLE IN EXTENTION.
NOTE: IF THE MUSCLE DOES NOT INCREASE IT'S RANGE OF MOTION, AND THE RANGE OF MOTION IS LESS THAN WHAT IT SHOULD BE, AND THE IM TESTS STRONG, GO ON TO OTHER RELATED MUSCLES. AFTER CORRECTING THEM, RETURN TO THE ORIGINAL MUSCLE AND RE-EVALUATE. THIS WILL OFTEN INCREASE THE RANGE OF MOTION. For instance; if the hamstring after correction appeared to have limited range of motion, go on to the gluteus maximus and minimus, and the sacro-spinalis. Then retest the hamstrings.

CAUTION: DURING THE CONTRACTION PHASE, THE THERAPIST DOES NOT ATTEMPT TO FORCE THE MUSCLE INTO FURTHER EXTENSION, BUT RATHER "HOLDS" THE MUSCLE IN MAXIMUM EXTENSION. In evaluating the muscle, communicate with the person being tested as to when they experience muscle tension, or pain. PAIN MUST BE AVOIDED AS THIS WILL CAUSE THE MUSCLE TO OVERTONIFY. This will make it very difficult, if not impossible, to release the muscle.

TFH/AK AND HYPERTONIC TESTING: Adapting to, or utilizing hypertonic correction does nor require one to abandon TFH/AK, or any other methodology, in fact, quite the contrary. We are simply dealing with another aspect of the muscle. Whereas TFH/AK places the origin and insertion as close together as possible and test for weakness, Hypertonic testing moves the origin and insertion as far apart as possible and test for hypertonicity. Hypertonic correction will make all other correction methods infinitely easier and longer lasting, as such problems as switching and polarity are corrected in the process. There may be a bit of confusion in getting the muscle into the proper test position as it is just the opposite of the TFH/AK position. For instance; the gastocnemius is tested with the toes and foot flexed away from the head in TFH/AK. In hypertonic testing the foot is placed with the toes and top of the foot toward the head.

ALARM POINTS: Although the Primary and Secondary muscles are listed, other muscles may be involved. To aid in identifying these "other" muscles the standard alarm point test procedure can be used. When the alarm points indicate there is an over-energy condition, test the muscles related to that meridian for hypertonicity. After correction, retest the alarm point, correction meaning hypertonic release.

PROCEDURE: The procedure that works best, at least for me, is to simply start at the bottom and work up, using the seven (7) Primary muscles listed earlier. I suggest that you learn this procedure first, and then work with it any way that works best for you. The order of muscles to be tested are as they appear under the heading PRIMARY.

FLEXOR HALLICUS LONGUS
The origin is approximately 6 inches below the knee on the posterior of the fibula, and the insertion is the plantar distal phalanx of the great toe. It's function is to flex the great toe and assist in flexing the foot downward.

NOTE: TEST AND CORRECTION POSITIONS ARE THE SAME. You may correct as you go, but for best results, and to obtain as much information as possible it is best to complete all test first before correction.

TEST POSITION - FHL: With the leg relaxed, place the foot so that the top of the arch is bent back toward the head (dorsiflexion) and apply firm pressure on the bootom of the great toe, extending it toward the head. Test the IM. If it goes weak, the FHL is hypertonic.

FLEXOR DIGITORUM LONGUS
The origin is nearly that of the FHL and the insertion is the plantar distal phalanxes of the four remaining toes. Its function is to flex the toes downward and to assist in flexing the foot downward.

TEST POSITION - FDL: Same as for FHL. Apply pressure to the bottom of all four toes and test the IM. In some cases it is necessary to test each toe separately.

GASTROCNEMIUS: Its function is to flex the foot downward. With the leg straight and the foot in dorsiflexion, apply firm pressure to the ball of the foot toward the head. Test the IM.

SOLEUS: Function - to flex the foot downward with the knee bent.
TEST POSITION: With the knee bent and the foot in dorsiflexion, apply firm pressure to the ball of the foot toward the knee. Test the IM.

HAMSTRINGS: Function - to bend the knee.
TEST: With the knee straight, apply pressure at the back of the heel, lifting the leg in an arc toward the head. COMMUNICATE WITH THE TESTEE AS TO WHEN MUSCLE TENSION IS FELT, OR IF PAIN IS BEING EXPERIENCED. This muscle most likely to be very hypertonic, and will show the biggest change in range of motion. It is also the muscle most likely to register pain, so procede with caution. When the testee states the maximum range of motion has been reached, test the IM. You may apply a bit more pressure, providing no pain is present.

GLUTEUS MAXIMUS: GM pulls the leg backward (posterially). With the knee bent, apply pressure to the back of the thigh, superior to the knee, pushing the anterior of the thigh toward the torso. When full range of motion has been reached, test the IM.

UPPER TRAPEZIUS: Function - rotates and flexes the head.
TEST: Tilt the head and flex forward and down with the head rotated to one side as if to lay the cheek against the shoulder. EXAMPLE: Place the left cheek against the left shoulder with the nose pointing to the left and down. Apply firm pressure against the back right side of the head, and brace the right shoulder with the other hand. Test the IM.

SECONDARY MUSCLES
QUADRICEPS: Raises the leg forward and straightens the leg. This test should be done in two (2) positions; supine and prone. Also, it may be tested standing as many other muscles can.
SUPINE - Bend the leg applying firm pressure at the front of the ankle until maximum range of motion is reached. Test the IM.
PRONE - With the testee lying face down bend the leg at the knee, allowing the front of the leg to rise, until full range of motion is reached. Test the IM.

PIRIFORMIS: Rotates the leg in (medially).
TEST: With leg bent at the knee at 90 degrees, rotate the lower leg laterally away from the center line until maximum range of motion is reached. Test the IM.

GLUTEUS MEDIUS: Extends the leg to the side.
TEST: With the leg slightly bent, apply firm pressure to the ouside of the knee, pushing it across the center line until full range of motion is reached. Test the IM.

SACROSPINALIS: Arches the back and holds the torso erect.
TEST: Place the testee in a tuck position. i.e., seated with knees raised and bent with the thighs touching the torso. Apply firm pressure at the back of the shoulders pushing the torso forward. Test the IM.
CORRECTION: Hold the testee in the tuck position as he/she tries to straighten the body. This can be done by placing your chest against the testees upper back while applying pressure with one hand under each knee.

PSOAS: This muscle group is often a primary muscle, and should be tested after the primarys as standard procedure. Its function is to pull the leg forward and across.
TEST: This is done in a semi seated position so that the tail bone is at the edge of the table. With one leg bent and raised, allow the other leg to hang down toward the floor. The lower leg is the one to be tested. Apply firm pressure downward at the knee until full range of motion is reached. Test the IM.

ABDOMINALS - UPPER AND LOWER: Flexes the torso .
TEST: Same position as the psoas, except both legs are down. Apply presure down at both knees. Test IM. This is for the lower abdominals. For the upper abdominals, apply pressure downward toward the back as the testee attempts to raise his upper torso forward as if to sit up. Test the IM.

STERNOCLEIDO MASTOID: Rotates the head and pulls the head down and forward. TEST: In an upright position, or prone, apply pressure under the chin pushing the head backward 'til full range of motion is reached. Test IM. Turn the head left and right and repeat testing the IM. By putting the head in a forward position, the above tests can be performed on the neck extensors.

ADDITIONAL MUSCLES

To test for hypertonicity on any muscle, analyze what the function of the muscle is, observe its contracted position, and move it into the opposite position, which will be at the end of its extended range of motion.

After all muscles have been corrected regarding hypertonicity, retest the energy systems. The testee should test strong in both homo-lateral and heterolateral actvities, and switching and polarity problems should also be corrected, and all other energy systems test should be strong. It may not happen every time, but certainly the vast majority of the time.

LEARNING DISORDERS: For those of you who interested in working with people who having learning problems, this same procedure can be used dealing with the same muscle groups. All that needs to be added are test related to reading, writing, and following verbal directions. In fact, this method is what I use in working with the learning impaired, and is simply geared toward the athlete. Any one can benefit from this method.

SUMMARY

Hypertonic muscle balancing allows the body to operate more efficiently. It promotes the flow of cerebral spinal fluid, and enhances the function of the endocrine system. Energy systems become better intergrated, and balancing of other muscles through AK/TFH et al becomes easier and longer lasting. Also, the individual is less affected by food tolerance problems. One does not have to scrap AK, TFH, or any other system as Hypertonic balancing works with all other systems. To further enhance the process, it is suggested that you learn the Mahony self correction system that closely approximates the Hypertonic corrections we have just discussed.
See Page 9-10.

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FRANK MAHONY

ENERGY SYSTEMS - SELF CORRECTION

I ROCKING. OBJECTIVE - TO STIMULATE THE CIRCULATION OF CEREBRAL SPINAL FLUID BY FREEING AND FLEXING THE SACRUM, THE CSF PUMP, A MAJOR FACTOR IN BODY ORGANIZATION.

1. Sit on a firm padded surface with knees raised, heels touching the surface. grasp the knees with the hands, leaning the upper body back until the arms are straight. Weight is on the sacrum. Rock backward exhaling deeply, and forward while inhaling. 10 repetitions,
2. Rock side massaging the sacrum.
3. Repeat #1.

II CALF EXTENSION. OBJECTIVE - TO RELEASE HYPERTONIC MUSCLES IN THE LEG INVOLVED IN THE TENDON GUARDE APPARATUS, WHICH IS RELATED TO THE SACRAL-OCCIPITAL RESPIRATION COMPLEX.

In a standing position lean forward placing both hands on a table, chair,etc. Place one foot directly to the rear, the toes pointing directly forward. Bend the front leg at the knee and lock the rear leg in a straight position. Lean forward keeping the rear leg straight and the heel flat to the floor. Hold this position while exhaling for 8 to 10 seconds. A firm extension with no pain should be felt in the rear leg. Return to the starting position and repeat 3 times each leg.

III HAMSTRING EXTENSION. OBJECTIVE SAME AS IN II.

Half sit on a table or bed with one leg flat on the surface, the toes pointing up, the other foot touching the floor. Lean forward keeping the leg straight until tension, without pain, is felt in the back of the leg or knee. Grasp the underside of the table with the hand(s) pulling your torso down toward the leg, forcing the knee down, exhaling for 8 to 10 seconds. Relax and repeat, 3 times each leg.

IV UPPER TRAPEZIUS EXTENSION. OBJECTIVE - TO RELEASE HYPERTONIC MUSCLES INVOLVED WITH CRANIAL ARTICULATION AFFECTING CSF AND VENAL BLOOD OUTFLOW.

With the head forward and down, turned to the right, grasp the upper trapezius on the right side with the left hand, squeezing and pulling forward as the head is rotated slowly to the left in the forward down position. Then grasp the left trapezius with the right hand and repeat the process rotating the head to the right. Then rotate the head slowly in a circular motion five times, and then reverse the direction for five repetitions. Then cock the head down and forward to one side and place one hand on the back of the head in opposition to the muscle and contract the muscle, while exhaling for 8 seconds. Repeat with the opposite side.

V MARCHING IN PLACE. OBJECTIVE - TO ENHANCE THE INTEGRATON OF THE BRAIN THROUGH CROSS-CRAWL/HOMOLATERAL PATTERNING.

March in place with the head aimed straight ahead, the eyes looking up left while touching the opposite knee with the opposite hand (20 reps). This is the cross-crawl phase. IMPORTANT! The arms should swing freely. With out stopping switch to the homo-lateral pattern, touching the knee with the hand on the same side, looking down left. Alternate the patterns doing fewere and fewer reps until you are doing only 3 or 4 reps in each phase. Then close the eyes and keep patterning. Approximatley two minutes total for this activity is all that is required. Closing the eyes brings the activity into the fore brain.

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Love And Light

Touch for Health for Your Quadrupedal Friends

Dr. James R. Neal

The Pet Food Institute estimates in 1982 there were 41.3 to 48.8 million owned dogs, 21.1 to 25.6 million owned cats, and 23 million owned birds in the United States. That is approximately 2.8 owned pets for each person in the United States. The pet food and accessory industry sold over $1.1 billion worth of pet food and supplies in 1982. Although the defense budget dwarfs that figure, it does represent a respectable expenditure of money. A survey conducted by the Institute for the Study of Animal Problems in 1981 indicated that 87 percent of the pets are considered to be members of the family by their owner.

I hope that this article will provoke the same level and quality of concern about the well being of our quadrupedal "relatives" as you do for your bipedal relatives. We are indeed, commonly, animals. We share physical and non-physical environments, motion, and many bodily processes and are determined by them.

Our concern for and attunement with pets must be more acute than our awareness of children. Children can communicate minor and major ailments to us while pets frequently draw our attention only when dysfunctions are acute. Physical comfort is a prerequisite to any other comfort. Many pets enjoy only an uneasy physical comfort because their foods, supplements, and medications are contaminated by destabilizing chemicals. Although producers of pet food have done a reasonable job of marketing fairly nutritionally-balanced foodstuffs, some are better than others for your pets. The snacks

you offer are frequently the major offenders. Sugar, cheese, and excessive salt are probably more detrimental to your pet's health than for yours.

Touch for Health (TFH) techniques are as useful for pets as they are for people. Nancy Joeckel, others, and I have seen our regular basic techniques work on wild birds of prey, dogs, cats, and even snakes.

People usually are inhibited in using TFH because they do not know the exact location of the meridians, neuro-lymphatics, neuro-vasculars, and acupressure holding points. Since the skeletal structures of pets is different from humans, the origins and insertions of muscles can be a bit tricky, but the neuro-lymphatics, etc., are really the same for quadrupeds. There are several publications which detail these, but the basic TFH book, confidence, and some practice will yield heartwarming results.

The first thing to understand about quadrupeds is that their "feet" begin at the toes and end at the first joint in the rear legs. The ankles are the first joints of the rear legs. The second joints of the rear legs are the knees. The "hands," similarly, begin with the front toes and end at the first joints of the front legs, which are comparable to the wrists. The second joints are the elbows of the front legs. The fifth toe of quadrupeds, sometimes referred to as the dew claw, is either the big toe (rear) or the thumb (front). If there are no toes, but hooves instead, do not be deterred; work as if toes are there, since vestigially and phylogenetically they are. The 12 pulses found above the wrist of a human can be found above the "wrist" of your pet.

For illustrative purposes use a surrogate as defined in the TFH book and begin with the central and governing meridians since all animals have front and rear center lines. If the muscle tests do not indicate weaknesses, weaken them; then strengthen them by using different treatments, i.e., neuro-vasculars, neuro-lymphatics, acupressure holding points, and meridians. They will work. Next try the anterior tibial or the sacrospinalis on the bladder meridian or the pectoralis major sternal or the rhomboids on the liver meridian.

Now that you have practiced a bit and seen some results, you may balance pets (with the help of a surrogate) the same as you do people.

Experience has shown that the same techniques used by TFH'ers for humans also benefit pets. Foods, medications, immunizations, soaps, chemicals, vitamins, etc., are all testable with very slight adjustments. It is, of course, obvious that your pet will eat the food and not hold it in its mouth while you test. It also will not consume any foodstuff it does not want. In such cases as these you will need to place those on the umbilicus and remember the limitations of testing ingestibles in that location.

Although I have not used the alarm points with pets, I have found that balancing by using the theory of five elements and other techniques described in the TFH book have been effective.

TIME COMPETENCE

1983 TOUCH FOR HEALTH ANNUAL MEETING — SAN DIEGO

ALICE VIEIRA, PH.D.

A client of mine in private practice planned for weeks how to approach his boss for a raise. He wrote out in his mind a scenario of what he would say and what his stingy boss would reply and then what he'd retort until he emerged victorious. One day, he finally went in to ask his boss for the raise. As he began his well-rehearsed speech the boss interrupted him and said, "I've wanted to talk to you about your salary. You deserve a raise." The boss then offered a salary increase that was more than my client intended to ask for.

He came to his next counseling session furious that he did not get to play out the scenario. He had planned the scene in such detail that he was unable to react spontaneously. Playing out the scene as rehearsed became more important than the raise itself or the obvious valuing from the boss.

This man was time incompetent. He lived in the future, with idealized goals, plans expectations, predictions and fears. Time incompetent people may also live in the past, with guilts, regrets and resentments.

The time competent person lives primarily in the present, with full awareness, contact and full feeling reactivity. There is a positive correlation between a time competent person and one Abraham Maslow calls self-actualizing, that is, "a person who is more fully functioning and lives a more enriched life than does the average person. Such an individual is seen as developing and utilizing all of his unique capabilities, or potentialities, free of inhibitions and emotional turmoil of those less self-actualizing." (Shostrom's Personal Orientation Inventory Manual)

In simpler terms, the people Maslow selected for his study of healthier human beings felt safe and unanxious, accepted, loved and loving, respect-worthy and respected. He discovered that the more time competent people were, the more profound happiness, serenity and richness of the inner life they experienced.

If this is true, why aren't we all more time competent? Why aren't we willing to be happier? Thousands of pages have been written on this. "Thoreau noted in Walden that 'most of us will have so little respect for life that we will reach the point of death without ever having lived at all.' Erich Fromm echoed this fear when he stated that the greatest tragedy of life was the fact that most human beings died before they were fully born." (Buscaglia, Personhood)

We are so busy regretting, remembering, fantasizing, wishing, planning and pursuing that we forget to be in the process of doing, of being. We cannot die without the realization of giving up life. You must give up living in-the-now in order to die.

I had an uncle who had a stroke and was in the process of dying for more than 10 years. He bemoaned his miserable fate, but he lived on in the process of dying, never enjoying a moment. He outlived other seemingly healthier family members and friends. One day he went into a coma, and, as my aunt and cousin stood at his side, he waved goodbye and died. He gave up living.

Leo Buscaglia, in his excellent book, Personhood, says, "I cannot understand why, given a choice between joy and despair, people will so often choose despair. My daily experience brings me into contact with individuals who seem totally lifeless and frighteningly apathetic. Most of them dislike themselves and where they are, and would choose, if they could, to be someone else and somewhere else... They fear risks, lack faith and scoff at hope as if it were romantic nonsense. They seem to prefer to live in constant anxiety, fear and regret. They are too frightened to live in the present and almost totally devastated by the past."

I had one client who came to me two years ago extremely depressed and not wanting to live. Over this period of time we worked through her depression and she began feeling healthier and happier. She said to me as she left a session one day. "You know, I miss feeling depressed."

But overall, my observations are not quite as pessimistic as Buscaglia's. I see people who have developed coping styles that were appropriate at one time but no longer serve them. Once, the style had a payoff or was something that enabled them to survive. I saw a couple for marriage counseling, and the man could never state what he wanted. He always felt deprived yet he could not ask for satisfaction even though his wife was willing and eager to please him. He was the eldest of nine children, and when he was young, there wasn't enough love in his house to go around. Back then, asking or even knowing what he wanted or needed would have been met with rejection or frustration -- it was better not to know. This kind of behavior was appropriate then and inappropriate now. It allowed him to survive then and is killing him now.

It is like the little boy in a sleeping berth on a train who keeps saying over and over, "Boy, am I thirsty." The man next to him gets up and brings the boy a glass of water. He goes back to his berth and hears the little boy say, "Boy, was I thirsty."

Or like the woman on the bus who asks the driver if he is Jewish. The driver says, "No, lady, I'm not Jewish." The next day she boards the bus, sits down and looks at the driver for a long time. "Excuse me, sir," she says. "Are you sure you're not Jewish?" Out of frustration the driver says, "OK, OK, I'm Jewish!" The woman smiles and says, "That's funny. You don't look Jewish." (Stories by Jim Simkin in a Gestalt Workshop.)

We have an investment in holding on to behavior that has had a payoff in the past. We have certain basic human needs. One of them is to be attended to, paid attention to. If you get your attention by being sick, thirsty or asking questions, then you hang on to whatever works for you, even though it takes time away from getting on with a happier life.

Any behavior you desperately hold on to has a payoff. The payoff is obvious. If you examine your behavior and have no guarantee that any new behavior will have an equal or better kind of payoff, you get stuck. Risking, giving up the old ways and possibly losing the payoff, is painful, but if you aren't willing to put yourself on the line with what Maslow calls "feeling reactivity" (the sensitivity to your needs and feelings as they happen), then you will remain time incompetent.

Insecure or unloved people perceive the world as a threatening jungle. They build up defense patterns to prevent further loss of love or withdraw so that they will no longer be hurt. They may become dependent and submissive so that they will

challenge no one. These people live in the past.

"People who live in the future never catch up with the events for which they have prepared and never reap the fruits of their sowing. Their rehearsal for even the most unimportant situation may rob them of the ability to act spontaneously when it arrives." (Shostrom's Personal Orientation Inventory Manual) -- like my client who wanted a raise.

Another client of mine applied to a university as a freshman, but her grades weren't high enough, and the university turned her down. She went to a community college for two years and did well, but the university was the only place where she could pursue her major, and thus, her career and her ultimate happiness. She was afraid to reapply for university admission and she let two application deadlines go by. When she finally applied, she was immediately accepted. She became angry, then, because they had not accepted her three years earlier.

"The self-actualizing person is primarily time competent and thus appears to live more fully in the here and now. Such a person is able to tie the past and the future to the present in meaningful continuity; appears less burdened by guilts, regrets and resentments from the past than the non self-actualizing person, and aspirations are tied meaningfully to present working goals. There is an apparent faith in the future without rigid or over-idealistic goals." (Shostrom's Personal Orientation Inventory Manual).

Touch for Health forces people to focus on the now. We have all had the experience of trying to balance someone who isn't with us or who doesn't know what a muscle test is or wants to be touched and seems to be faking the muscle test to prolong the attention and touching. We must keep focusing them, saying to them, "Be with me now." When the body isn't in balance or when the muscles refuse to strengthen, the body is sending a message in the now.

When we balance someone and then do Emotional Stress Release (ESR) and the body reacts to the thoughts, even the mere mention of persons and activities: the body becomes more time competent. We hold points 11 and have them come to a conclusion -- any conclusion. Have you thought about it? We are saying, "Be here now, that is all you have." When this happens, the person gets out of the hurt of the past or worry about the future, the body relaxes and the muscles remain strong. We have in that moment demonstrated powerfully the importance of time competence.

Are you time competent? An inventory is included at the end of this paper for you to "test yourself." You probably already know. For those of you who aren't using your time as competently as you would like, here are a few suggestions:

1) Know how you allocate your time. Try this exercise: write down the things you value, the way you visualize your life could be based on your values. Then keep a log of the way you spend your time for two blocks of five days, counting 20 hours per day. If you awaken at 6 a.m., then count your day until 2 a.m. If you rise at 10 a.m., count your 20 hours until 6 a.m. the next day. Include a weekend in one of the blocks of time. Then count up the number of hours you spend in each activity and compare how you're spending most of your time with what you value most. Do they coincide?

2) Begin filling in the holes in your personality in order to form a whole. The holes are aspects of ourselves that we've learned to reject, having been taught that

we shouldn't be dishonest, grouchy, aggressive, greedy, selfish or whatever. We are anxious to isolate these characteristics out there and only see them in someone else. You condemn someone else's greediness and can't get in touch with your own. Anyone who knows how to cook knows you can't bake a cake without all the ingredients. Become aware of the gaps in your personality, accept them andcome to appreciate them. Quit worrying about aspects of yourself that you think youdon't like --they may be the vanilla or the baking powder for your cake.

3) Become aware. There are wonderful awareness exercises that we do here in Touch for Health. If you want more, the best book I have seen on the subject is Jeanette Rainwater's <u>You're in Charge.</u>

TIME USAGE INVENTORY

1. I do not feel it is necessary to defend my past actions.

2. I do not feel it necessary always to predict what will happen in the future.

3. I do not have feelings of resentment about things that are past.

4. People need not always repent their wrongdoings.

5. I do not worry about the future.

6. I prefer using good things now rather than saving them for the future.

7. Living for the future is as important as living for the moment.

8. Wishing and imagining can be bad.

9. I spend more time actually living rather than in preparing to live.

10. Only when living for the future ties intoliving for the present does my life have meaning.

11. I do not feel bound by the motto,"Don't waste your time."

12. What I have been in the past does not necessarily dictate the kind of person I will be.

13. It is important to me how I live in the here and now.

14. I do not feel the need to be doing something significant all of the time.

15. I do not suffer from memories.

16. I do not like to withdraw from others for extended periods of time.

17. I like to withdraw temporarily from others.

18. I do not regret my past.

19. For me, the future usually seems hopeful.

20. My past is a stepping stone for the future.

21. "Killing time" is not a problem for me.

22. For me, past, present and future is in meaningful continuity.

23. My hope for the future does not depend on having friends.

Adapted from Everett Shostrom's Personal Orientation Inventory (EDITS)

CHECK YOU TIME COMPETENCE

Number True	
21-23	You are faking - no one is that good!
18-20	You are Time Competent! Congratulations.
15-17	You could use your time better.
12-14	You are in the present the same amount of time as in past or future. (The ideal time in present to time in past/future is a ratio of 8:1).
0-11	Time Incompetent. You are missing the now.

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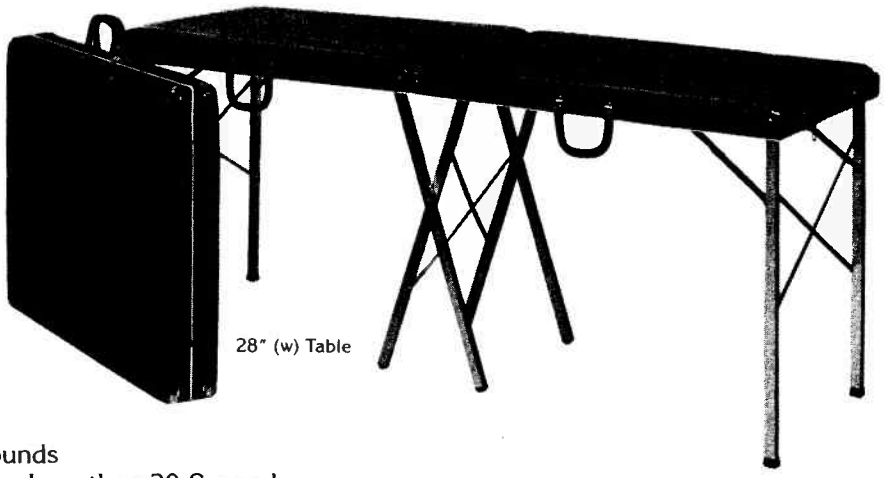

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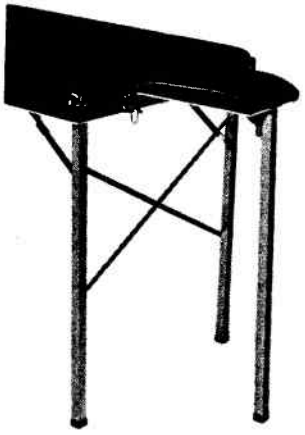

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