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My Chiropractic Practice	
John F. Thie, D.C.....	4
In Pursuit of Wellness	
Elly Wagner.....	12
Free Advertising is the best	
Trevor Savage.....	18
Marketing To Specialized Populations	
Jean Bonde, R.N.....	22
Relationship of Touch for Health, Krieger's Therapeutic Touch and Bulbrook's Neurolymphatic Release	
Dr. Mary Jo Trapp Bulbrook, R.N.....	23
Short Cut Expanded Reactive Muscle Corrections	
Nancy Dougherty.....	27
I Can Touch For Health	
Paul Dennison, Ph.D. & Gail Hargrove.....	36
An Integrated TFH Energy Balance	
Riestead de Barra B. Sc A.T.O.....	38
A Memory System For Touch for Health I	
John Varun Maguire.....	43
Emotional Stress Release Using Eye Rotations	
Wayne Topping, Ph.D.....	50
Study Of Improper Fat Accumulation (IFA)	
T. Glynn Braddy.....	52
On The Balancing of Candida And Cryptocides	
Steven Rochlitz, M.A.....	57
A New Form Of Brain Hemisphere Repatterning	
Steven Rochlitz, M.A.....	63
Applied Physiology Hypo & Hyper Muscle Testing	
Richard Utt.....	69
The Treatment of the Acupuncture Meridian Network	
Tobjorn Hansen.....	72
Touch For Health Energy Balancing: Does it Strengthen?	
Heather Armstrong.....	78
Balancing Ionization	
Sheldon Deal, D.C., N.D.....	83
If You Can't Trust Your Spindle Cells, or Hyterton Muscles who can you trust?	
Frank Mahony.....	90
The Six Element Chart	
Orval Ladd, DC.....	97
Emotional Stress Release & Communication Skills	
Carol Hitz.....	105
The Art of Keeping It Simple	
Brian Butler.....	110
Five Stage Presentation Technique	
Brian Butler.....	112
Networking Touch For Health	
Brian Butler.....	114
Instant Superbalance	
Myrl Cole.....	117
Private Nursing Practice For Food Sensitivity	
Sandy Chadwick, R.N., N.H.C.....	120
Defusing Emotional States	
Gordon Stokes.....	129
Now You Can Eliminate Pain from Your Life	
John Lubecki, D.C.....	136
Using Emotions To Enhance your TFH Balance	
Wayne Topping, Ph.D.	143
Touch For Health Where Life Begins	
Bippan Norberg & Peter Szil.....	145

MY CHIROPRACTIC PRACTICE

John F. Thie, D.C.

During 29 years of chiropractic practice I have always attempted to find the most effective way of serving my patients and staff (including myself). I have developed many different formats of practice, each one built on previous experience accumulated through the use and study of other methods. This desire to be better prepared led me to learn about applied kinesiology from George Goodheart, D.C. From the time I first met him I have used AK and, in fact, organized the International college of Applied Kinesiology so that these methods could be available to my patients and others worldwide.

Our clinic's new brochure describes my philosophy of chiropractic care which we call "The One-Two-Three Approach to Health without Drugs or Surgery."

"One" represents the Thie Chiropractic Clinic. I want this clinic to be a true healing center. I want it to be a place where doctors, staff and patients can rely on the word of everyone else. I want it to be a place where people receive the rewards that they earn in just amounts. A place where healing takes place because hope is present and because scientific methods are utilized. A place where we give the kind of care we would extend to our own families, and where each person is treated uniquely.

I expect our clinic to be a facility where doctors,

of the consultation I will have determined whether or not I can meet the patient's needs and if he believes I can help him. I then outline the steps I would take.

In the usual case I will then perform a spinal examination and the muscle tests found in the Touch for Health manual. If I need further examinations before making a diagnosis, prognosis and treatment plan I will order postural x-rays and an orthopedic-neurological examination. Laboratory tests may also be ordered. The minimum laboratory is a lingual vitamin C test and a urinalysis, including the microscopic examination. I request that the patient fill out another questionnaire called a Symptom Survey of approximately 200 questions. This gives me information related to the organ system and the nutritional status and indicates what supplements might be needed. In gathering all the information I might order a toxic mineral analysis, an analysis of the hair for mineral storage or a computerized nutritional survey to determine the content of the patient's diet. A combination of these surveys reveals how foods are being digested and if particular supplementation is needed. Analysis of the blood can reveal hypoglycemia, anemia, hypercholesterolemia and other pathologies. In selected cases special computerized tomography, nuclear magnet resonance or dye studies might be indicated, but they are rarely ordered. Additional tests might include postural biomechanical evaluation of the person in standing, walking, running and seating postures and examination for orthotics. If indicated, another health professional's opinion might be sought.

Diagnosis, prognosis and a treatment plan should be determined before treating any new patient, and I will not proceed until I have made these determinations. Diagnosis must be stated in words that translate the patient's symptoms and signs into the common language of health professionals. Frequently I find that a person has more than one diagnosis and that the prognosis is different for each one. The overall prognosis is the time which I believe necessary for the person to achieve maximum improvement. It is my professional guess of the amount of improvement that can be expected for each condition if everything progresses in an ideal manner.

The treatment plan includes how often the patient needs to receive treatments and interim examinations. Usually I make recommendations only for the first interim exam. The decision to continue treatment depends on the patient's improvement or lack of improvement and his willingness to follow further instructions. The treatment plan may also include special exercises, diet and supplemental nutritional support with exact directions. Special orthopedic supports might be orthotics, cervical pillows, or cervical collars. For home care we also explain Touch for Health techniques and sometimes recommend taking a Touch for Health class.

The length of treatment varies. Persons in good health with an occasional problem may require only one or two treatments and a re-examination in one or two years. Patients with chronic conditions may need daily treatment. This is also true for accident victims and those with job-related injuries. Changes

are made in treatment plans to suit individual needs. Our goal is to inform the patient about the steps required to make maximum improvement in the minimum amount of time. This is an educational process, moving the patient from the common view of "I didn't have anything to do with how I got here," "It wasn't my fault," to assuming some responsibility for finding out what isn't working. The educational process takes place slowly and gently so that patients can learn to see themselves on a continuum where disease and injury are at one end, and optimum health is at the other. I want people to know that sickness and disease are not inevitable in old age -- that death can occur without trauma. I think that human beings should be able to die at home in their own beds with as little pain and suffering as possible.

The basic Touch for Health muscle balance is included in each treatment given at our clinic. This may be the total treatment, if that is all that is required for the patient to make improvement that day. Usually, however, a chiropractic adjustment of the spine and a check for cranial faults and other energy imbalances will be included, as well as advice regarding exercise, diet and changes in habits, attitude and lifestyle.

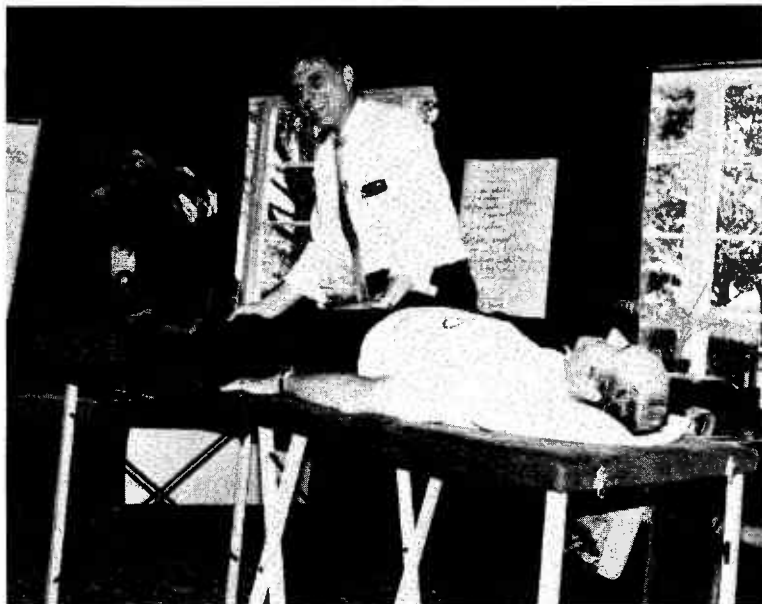
During re-examination patients fill out a feedback form in which they rate their progress and describe how they have followed their home care. This form also lets me know how well I have motivated them to follow instructions and how they feel about our services. I get very good feedback which often leads me in a different direction for further care.

I also compare results of the first and second examinations to determine what improvements have been made in the spine and body functions. Most frequently patients notice improvements in areas they did not believe were related to our care. Frequently breathing capacity is improved. Fat loss is found. Range of motion is improved and blood pressure is more normal. My conclusions lead to recommendations for further care. I update my diagnosis and revise the prognosis if required.

The patient is discharged when he and I agree that maximum improvement has been made (the goals accomplished to correct the original condition). For job-related or accident injuries, this means a state of health enjoyed before the problem occurred. Often when people do not recover from injuries as quickly as they would like, it is due to underlying conditions not covered by the third party insurance. This is why I attempt to determine underlying problems for acute injuries. Our treatment of the whole person relieves sprains and strains of the muscles and ligaments, allowing us to balance the energy of the entire person and correct underlying spinal problems.

In closing I believe that Touch for Health tools can be used to treat the whole person in many health care-givers, from skilled professionals to lay persons helping their own families. The effectiveness of Touch for Health depends largely on the person using that tool. I hope you will encourage others to open the TFH tool kit and benefit from these methods that so many of my patients have found valuable.

Dr. John Thie utilizes the basic muscle tests from Touch for Health prior to any type of chiropractic adjustment. All the doctors in his clinic use Touch for Health. They believe that the adjustments "hold longer, because of the balancing".



Dr. John F. Thie, a prominent Pasadena Chiropractor, is the Founder and president of the Touch for Health Foundation. He realized a growing need for people to take personal responsibility for their health and developed the Touch for Health technique as a usable tool for self-care and preventive medicine.

Dr. Thie received his Bachelor of Science degree from the University of Southern California, and his Doctor of Chiropractic from the Los Angeles College of Chiropractic. He was professor of Kinesiology and Sports Medicine at Pepperdine University in Malibu, and has taught at the University of California in San Diego and Riverside.

Articles by Dr. Thie have appeared in *Healthways Magazine*, the *European Chiropractic Journal*, and the *Journal of the California Chiropractic Association*. He is frequently interviewed on radio and television programs. You may have seen him on a recent edition of the popular television program, *Eye on L.A.* or *Viewpoint on Nutrition*.

Dr. Thie recently completed a European lecture tour, and we are delighted to have him home with us again, inspiring us with his dynamic energy and teaching special workshops here at the Foundation.



Elizabeth Gunn, Administrative Assistant for the Touch for Health Foundation with the map of scheduled TFH courses across the United States.

IN PURSUIT OF WELLNESS:
SEARCH FOR THE INNER MECHANISMS OF THE
HEALING RESPONSE

Abstract: A team of researchers is exploring the innate processes of humans which may lead to a new science of healing, revealing how psychological, physical, attitudinal, spiritual and other aspects of lifestyles may affect an inner self-repair system.

This paper deals with the origins of the WELLNESS concept and delineates the various components which are involved with WELLNESS.

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Sources:

Brain/Mind Bulletin, 3/25/1985
GROWING YOUNG, Ashley Montagu, PhD
Institute of Noetic Sciences Newsletter, Spring 1981
Mandala Holistic Health JOURNAL OF HOLISTIC HEALTH 1983
NEW AGE JOURNAL, From Outer Space to Inner Odyssey,
an Interview with Dr. Edgar Mitchell, May 1985

IN PURSUIT OF WELLNESS: SEARCH FOR THE INNER MECHANISMS
OF THE HEALING RESPONSE

Elly Wagner

How do we heal? What innate processes induce self-repair?
How does placebo, belief, or the will to live affect recovery?

These and related questions are being explored by a team of researchers whose aim is to develop a new science of healing -- a current project titled INNER MECHANISMS OF THE HEALING RESPONSE. The work is being funded by the Institute of Noetic Sciences (from the Greek "no-os" meaning mind or intelligence), under the guidance of Brendan O'Regan, vice president for Research.

Regan tells us that "a wide body of evidence suggests that extraordinary healing takes place, which implies the existence of an unknown self-repair system"; that "it's as important to discover the inner healing mechanism as it was to discover the nervous system and the immune system."

The WELLNESS concept in the holistic health movement evolved empirically. A highly successful University of California statewide conference was held about five years ago, titled IN PURSUIT OF WELLNESS, which included distinguished educational, health professionals and government sponsors.

The Conference was an outgrowth of exploration by many diverse factors, seeking to build a new methodology and conceptual structure for our understanding of health. Just as we have built an enormous body of knowledge on the ways of degeneration of the body, we may now begin to build the complementary body of knowledge regarding the ways of regeneration, self-repair and maximum health and well-being.

We are indebted to Dr. Edgar Mitchell, the astronaut who was the sixth man to walk on the moon in 1971. As his spaceship began its descent to earth, and seeing the earth floating in the vastness

of space he had, in his words, a "peak experience." He wrote that seeing "how peacefully, how harmoniously, how marvelously the earth seemed to fit into the evolutionary pattern by which the universe is maintained ... the experience of divinity became almost palpable, and I knew that life in the universe was not just an accident based on random processes." He resigned from the Navy shortly thereafter and a year later he founded the Institute of Noetic Sciences, to study the nature of human consciousness and human potential. It was Mitchell's Institute which took its first step in 1976 by funding a project called THE SEARCH FOR THE SUPERHEALTHY - an attempt toward a positive definition of health.

The concept of WELLNESS suggests a state of being - much more than the absence of pain or disease. It is a positive affirmation of life - the quality of feeling joyous, energized, hopeful and loving! And it is in this context that the fledgling concept of WELLNESS becomes most important.

We have gradually realized that the old adage of "an ounce of prevention..." is not just some nicety we'd like to tack on to medicine but it may well be the core of an essential next step in the evolution of our health care systems. Of course, part of the reason that people have regarded prevention as not much more than a "nice idea" was that people with an orientation toward disease found it hard to see how the "prevention" ideas could be transformed into something workable, with support from science, and the likelihood of its being applied. So one of the essential shifts in perception that had to happen was to make the connection between the idea of prevention and the concept of wellness.

So why is all this important, you ask? There are undoubtedly many reasons. One of the common denominators between why we have had a hard time conceptualizing a science of prevention and with building a conceptual structure for wellness, superhealth, or whatever choice you may prefer - is the missing link in all of this - that is, our inability to discern the nature and operation of regenerative processes in the human being.

True, we have been aware of ^{the capacity of} other species to regenerate, but it is only in recent years that scientific exploration of the capacity in humans has been undertaken. More recently still, have we been able to see self-repair in general, whether through psychological processes initiated through the placebo response - or by physical processes involved in fitness, nutrition or stimulation of the immune system. Spontaneous remission, for example, is the strongest demonstration of an internal self-repair system ... and what of the miracles we have seen through our work with TOUCH FOR HEALTH!

Many of us in the healing professions are familiar with exciting new and ancient techniques to facilitate the WELLNESS program. We teach them, practice them, lecture on them. Permit me to cite just a few of the myriad aspects involved in WELLNESS:

- * Through Biofeedback, Meditation, Hypnosis - we can control functions of the autonomic nervous system and functions heretofore considered involuntary, such as lowering blood pressure, decreasing heart rate, cooling or elevating the temperature of the skin;
- * Through Guided Imagery and Visualization - natural opiates for pain may be released such as endorphins and enkephalins (molecular

substances which produce morphine-like effects); also gross symptomatic dysfunctions may be alleviated;

- * Through Laughter - emotional stress as well as physical dysfunctions may be reduced (i.e., cardio-vascular and respiratory systems);
- * The honored role which Nutrition plays and its profound influences on allergies and other important dysfunctions;
- * Touching as a therapeutic agent: the pain/pleasure skin response;
- * Play - the research of Dr. Ashley Montagu, Anthropologist;
- * Love - emotional and physiological ramifications; effects upon babies who are deprived of love;
- * Breathing and Movement - importance of cerebro-spinal fluid, etc.;
- * Right/Left Brain function - functions for learning, creativity, memory, etc.; the emerging field of Psychoneuroimmunology which links the brain to the immune system;
- * The Biology of positive emotions, such as humor and hope - and the recognition that positive goals and purposeful work substantially contribute to a sense of Wellness;

and TOUCH FOR HEALTH - both for purposes of demonstration of many of the above, through muscle testing - attitudes, nutrition, touching, love, etc -- and for assisting in the self-repair process through techniques such as Cross Crawl, ESR, K27s, Meridian Tracing, etc.

And, finally, I am pleased to report that the holistic movement is moving out into the political and social aspects of global health. There is a growing recognition that we need to concern ourselves with - in addition to personal responsibility - social responsibility. From a significant paper delivered at the Mandala Conference two years ago,

titled Ecology, a Medical Political Perspective, Dr. Samuel S. Epstein, a medical doctor and Professor of Occupational and Environmental Medicine at the University of Illinois Medical Center; also an internationally recognized authority on toxic and cancerous effects of chemical pollutants in air, water, soil, food and the workplace, author of over 250 scientific publications - said, in part:

The principles of holistic medicine include the unity of the body and mind, the need to develop humanistic medicine, to supplement interventionist and orthodox medicine, not to replace it but to supplement it. Inherent in the principles of wellness and disease prevention, and paramount amongst them is the theme of personal responsibility.

However much personal responsibility you assume in your life, how can you prevent some madman pressing the nuclear button? However much personal responsibility you assume, what can you do to stop massive contamination of the planet, or air, water, food and the workplace?

Is it possible that emphasis on personal wellness and prevention has obscured the limitations of what you can do personally? If a young man goes to work in a chemical plant, he can eat yogurt, he can jog five miles a day, and he can avoid all known hazardous activities but he may be doomed to cancer or sterility from chemicals to which he is unknowingly exposed in the workplace ... Therefore it strikes me that it is necessary to extend the concept of personal responsibility into social responsibility.

So - all of us here are engaged in - and witnessing - a profound revolutionary paradigm shift in the knowledge, development and acceptance of a new science of healing. All of us can be deeply proud of the fact that we are among the pioneers in the holistic health field who are teaching folks how to tune in, turn on, and enjoy a richer quality of life through WELLNESS.

And all of this just points up what we've known for a long time now -- that we TOUCH FOR HEALTH-ers are among the most advanced, intelligent, and loving folks in the whole wide world!

FREE ADVERTISING IS THE BEST ADVERTISING-PRESENTING TOUCH FOR HEALTH AND EDUCATIONAL KINESIOLOGY TO THE MEDIA.

by TREVOR SAVAGE.

We are in the people business , so is the media. They are in the business of getting people's attention, generally to sell a product and hold ratings, whether T.V. , Radio, or newspapers. Much of the news items covered are generally bad news topics. We can offer them some controversial "good news" topics.

I am a Touch For Health and Educational Kinesiology Instructor as well as a Naturopath and after attending the 9th Annual Meeting here last year hearing Richard Byrne's dynamic presentation of "Breakthrough", I decided to sell my wholesale health food business and my Natural Therapy Clinic in Brisbane , Queensland in Australia and teach TFH and E-K full time-wow! What if it doesn't work? Well, I decided to approach it from a professional viewpoint and found out that there are a number of things one has to do to crack the professional arena to be successful! I feel I have been very successful in promoting TFH and E-K in Australia and New Zealand through the media. I realized that there is a lot more to TFH and E-K than just knowing the work, being a good teacher, and enjoying working with it, you also have to have a captive audience and people to teach or else your enthusiasm will die very quickly!

Because I have been through the ropes and learned a lot about marketing and promoting through the media , I felt that many of you would benefit from how I do it- just think of the possibility of 150 people in a workshop! It becomes a little embarrassing when that happens because sometimes venues are not big enough to hold that many people.

Well I am going to give you a few guide lines to follow to help you get started.

The FIRST rule is you have to know what you are talking about and you have to believe in it. The SECOND thing is you have to have a PLAN and be committed to some hard work and some hard knocks but if you follow my ideas , I believe you will get results, with less knockbacks!

RADIO

Firstly the Radio. This is the best free publicity you will ever get.

REQUIREMENTS.

You will need a profile about yourself to explain quickly and accurately who you are and what you do. Next you need some good promotional literature about what you are doing and talking about and a good source of this can be obtained from Dr. John Thie's office or the TFH Foundation Store. Any good articles about TFH or E-K will also help but don't send original, keep that and photocopy , maybe 20 or so to have some on hand.

Also Paul Dennison has a lot of relevant literature that is available and he will gladly forward to you if you request it. Should you have any written articles from newspapers such as editorials or advertisements for classes, photocopy and forward also. Next comes the letter. Address it to the manager of the radio station or the producer of the particular show that you would like to be on. In your letter you should point out the disastrous situation in our Education system, regardless of which country you happen to live in. Then mention the work (if E-K) stating that it is the results of many years research by a Remedial school teacher , Dr. Paul Dennison PhD. who wrote the book "SWITCHING-ON" The Holistic Answer To Dyslexia" which you would be happy to supply for them to review. Also include that he had been very Dyslexic and that he was able to overcome his own problems using these methods. You should also phone the station to intriduce yourself and ask if they would be interested in the work you are doing and whether their listeners would be interested in this research and results. Then you post the letter with all the information making sure you have included a stamped addressed envelope to encourage them to write to you to confirm an interview. Also include phone number in case they would like to check details with you. You can then give them about a month's notice and then state when you would like to do the interview. Some radio stations have talkback, in Australia anyway, and this will have the station's switchboard jammed. The other thing to have planned is a date and venue for a free lecture and demonstration about 1-5 days before a planned workshop. I have found free lectures are brilliant ways to intröduce people to both TFH and E-K. Should you be promoting TFH then concentrate on the individual respons-ibility aspect, that people can learn how to reduce visits to profession-al therapists unless really needed and have more energy and do better at sport, something everyone seems to be into these days. You might follow up about 10 days later and call on the station so that they are aware you are serious about your intentions and meet the people such as the producer , manager, announcer or newsreader. Remember , thousands of people out there don't read papers or watch Television but a lot listen to the radio while doing housework, office and factory work plus drive around in cars. Radio is your best resource to advise maximum number of people and in nearly all cases you will be greeted by the radio as a "Special Guest" and it will cost you no more than a phone call and postage and photocopy costs. When you visit for the interview do not wear wayout gear and don't go and hire a suit, go dressed in good casual clothes and present a good image. 19

NEWSPAPERS

The next best promotion and advertising media is the newspaper. It is usually read by thousands of people, on buses, teabreaks, before breakfast, at night after a hard day at the office etc, and can attract hundreds of people. Use the same approach to the Editor of your local paper or the one in the town that you are visiting and also speak to a journalist if you can as they are paid to write interesting articles and Health and Education are very much in the public eye everyday. Also mention that it would make a good visual or photograph to go with the article and ask for this to be done. Usually they will take 10-20 photos to pick a good one. Muscle testing or crosscrawling shots get people in so go for it. Give them the story to go in the paper between 1-5 days before the free lecture to allow time for people to decide to go as they will think about the printed word longer than the radio message which is an impact, here and now situation. After you have done the interview be prepared for the article to be a lot different from the interview because the journalist will slant the article to suit themselves and you may feel cheated; just be thankful that they did it. Experience is speaking now! Phone and thank the Editor for the article, it pays.

TELEVISION.

Next is T.V.. There are three main areas where you can use T.V. FIRST is news-sell them on the ideas of a new exciting program to fix backs, find food allergies, improve sports performance etc for TFH and for E-K, a program that gives very high success rate when done correctly, and is both simple and safe for even young children to do!

Point out that it is new and revolutionary and something that can be seen to bring about change in a few minutes in most cases, so that they can get good film coverage of you working on someone.

SECOND is Current Affairs of the day programs which deal with the news of the day in more detail and if you can crack one of these you have made it! Usually half-hour program will have 4 or 5 segments dealing with the investigative journalist checking deeper into what's behind the headlines. This will build credibility because people have time to think and evaluate as they watch the story unfold.

THIRD is the children's shows or special shows dealing in greater depth and should you get into this area, the whole country may see you. Your expertise will be stretched to the limit here as you will possibly find the T.V.'s direction is to try to show up any weaknesses in your story and you can't afford to blow it all seeing you have come this far!

These interviews should be planned 2-3 days before the free lecture to get the impact of live Television. Always write and thank or maybe phone

and thank the people for their assistance because you may like to come back some day.

This is the way I operate and during the last 12 months March 84-March85 I have lectured to about 5,000 people, taught TFH and E-K to over 1,200 people and been seen by most people in Australia on various T.V. Networks, and heard by possibly millions in Australia and New Zealand. Not only does this help me but TFH , E-K and everyone who is involved in these areas as well as the thousands of people who will one day learn these exciting concepts. Here now are two videos of interviews I have done , firstly on "State Affair" in Adelaide in South Australia , with a possible viewing area population of about one million people and then with "Good Morning Australia" shown live in every capital city in Australia(*8cities) plus many country stations with a viewing audience of possibly a million people. I hope this will help you to be motivated to lookfor success in your teaching, you all deserve it. Thank you all!

ARTICLE WRITTEN BY TREVOR SAVAGE
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1985 Chairman Joy Lindsey with the microphone and Dr. John Thie left and Instructor Peggy Maddox on the right.

MARKETING TO SPECIALIZED POPULATIONS

Jean D. Bonde

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The following ideas are being presented in hopes that they will help TFH instructors market classes to specialized populations. I have been teaching for 15 months under a contract with the Maryland State Office of Education and Training for Addiction Services a division of the Department of Health and Mental Hygiene. The method I used to secure this contract can be applied to any group with a particular focus. This is not intended to be an absolute nor exclusive method toward an end, but merely one that has been successful for me personally in my home state of Maryland.

1. Be alert to special interests groups that class members may represent.
2. Let class members know of your interest and willingness to come to a meeting of their group and share TFH as it can apply to any special interest.
3. DO YOUR HOMEWORK quickly learn as much as possible about this special interest activity and make relevant connections to TFH in your own mind.
4. Again, offer to meet with a whole group or perhaps their chosen representatives to explore the relevance of a TFH presentation. Be ready at this time to dialogue with them in their language and with at least two or three concrete examples for their interest.
5. Think through in advance, and be prepared to offer a mini-series, class or whatever you want. Do not be hesitant about fees, but be willing to compromise if you want the job. Consider other compensations if the fees are not what you want i.e. publicity, travel, education, or whatever.
6. Design the course to meet the needs and goals of the specific group. BE FLEXIBLE, but teach only Touch for Health if that is what is agreed upon.
7. Have group develop situations and specific uses for TFH in their own particular setting or area of interest. This is very important once the group accepts the instructor.
8. Never be afraid or embarrassed to say "I don't know, but I'll do my best to find out ...". Sometimes a specific interest group wants to challenge the knowledge of an instructor about their special area.
9. ACCEPT and VALUE participants where they are. RECOGNIZE and ACKNOWLEDGE them as people who are doing their best, often under very difficult, stressful situations.

10. Realize that every effort may not have the desired outcome from your perspective. Know that no matter what, you have made an impression on someone regarding TFH. Keep in mind that we can all benefit if your impression is a positive one!

TITLE: Relationship of Thie's Touch for Health, Krieger's Therapeutic Touch and Bulbrook's Neurolymphatic Release

Dr. Mary Jo Trapp Bulbrook, R.N.
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Memorial University of Newfoundland
Professor and Coordinator in Nursing
Touch For and Health Instructor

Abstract:

The purpose of the presentation/paper is to demonstrate/document the relationship of Thie's Touch for Health, Krieger's Therapeutic Touch and Bulbrook's Neurolymphatic Release. The theoretical similarities will be described with discussion of their clinical applicabilities and "teachability" to both lay individuals and a variety of health professionals.

Introduction:

The purpose of this paper is to illustrate the relationship between Thie's Touch for Health, Krieger's Therapeutic Touch and Bulbrook's Neurolymphatic Release. Each technique is theoretically/clinically powerful yet simple to learn, teach and apply. Research is needed however to scientifically document the power of each technique to clearly differentiate the technique of choice for the health/illness parameter and under what conditions it works.

The assumption operating in my work is that these three techniques are not "treating" diseases directly rather they "enhance" the body's attempt to heal and maintain itself in health. The phenomena that is activated is the TAO, the way to health enhancement through manipulation of energy which travels along meridians. Consequently, the techniques are labeled "self help" measures rather than a profession (such as nursing, medicine, etc.) aspect of care/treatment that "belongs" so to speak to the representative professional group. The techniques are like "brushing your teeth," "eating the right diet," they should be incorporated in one's daily routine of "taking care of self."

Definitions:

What is Thie's Touch for Health? Krieger's Therapeutic Touch? Bulbrook's Neurolymphatic Release?

Touch for Health (TFH) is a safe, simple, easy to use series of techniques for the general public to alter the body's energy balance to maintain an optimum well being. Developed by Thie in the early 1970's, it represents a synthesis of chiropractic, applied kinesiology combined with modern practice of ancient disciplines and knowledge in Oriental health management.

The basic procedure requires the process of testing 14 basic muscles to identify blockage in the body's energy. Heavy massage of points labeled neurolymphatics, and/or light touch of points called neurovascular and/or tracing the energy pathway called meridians are three techniques to correct blockages found through muscle testing. (Thie 1979)

Therapeutic Touch (TT) was developed by Krieger in the 1970's. It too is a synthesis of ancient health practices with modern concepts of health. Therapeutic Touch (similar to laying on of hands) acts to manipulate the body's energy through a conscious alignment of intent to health exchange of energy through the healer without touching the body directly, in order to influence the energy surrounding the body (aura). The hands are gently held over the body about 6 inches and slowly are moved over the entire body. When pockets of heat density, tingling or cold are felt, the healer concentrates on the area and gently "pulls" the energy away from the body. An "intuitive" exchange occurs between healer/heelee thus not necessitating a "required time or procedure" for working an area of the body. (Krieger 1979)

The practice has been taught by Krieger to thousands in nursing and related areas. It too has spread like the Touch for Health to other health and non health professionals as well as lay persons. (Bulbrook 1984)

Neurolymphatic Release (NR) is a modified version of the TFH technique developed by the author in May 1984. It too balances the body's energy. The procedure begins with muscle testing to identify the imbalanced, meridian and/or sore painful neurolymphatic reflex points. Then hold very lightly the neurolymphatic point with the corresponding either end of the meridian for those areas indicated as weak from muscle testing. For example if the CENTRAL neurolymphatic points are painful (the armpits in the front on and the back of the head), hold lightly the end of the central meridian (under the lower lip) and the painful neurolymphatic point by the armpit and the meridian and the back of the head. Within seconds the painful neurolymphatic is corrected and the muscle tests strong. All 14 muscles are then muscle tested and corrected. There is no need with this technique to utilize neurovascular points.

Theoretic Orientation of the Three Techniques:

All three practice, TFH, TT and NR are grounded in Eastern medicine and complements Western medicine. The focus is on Wholism (holistic health) in helping the client to deal with all focuses, internal and external, affecting his/her health and well being.

In this paradigm, physical and mental symptoms are considered only a small manifestation of the unitary energy and balance of the organism. This energy can be called electromagnetic or vibrational force, bioenergy, the chi, vital force or the life energy.

Kirlian photography developed by the Russians have captured this energy field on film through a form of high intensity photography. This photography process is used diagnostically detecting for physical

and psychological actual/potential illness states. The Mind/Brain Bulletin reports that in Madras India, a group of physicians from a general hospital have photographed the fingertips of 1,000 people. The characteristic pattern of the energy field of these fingertips had representative patterns to distinguish actual and potential illness states. (Ferguson 1984)

The energy manifested in this field around, in and through the body travels on channels called meridians. The meridians are connected by major channels called chakras located in various parts of the body.

TFH, Manipulates the energy through a variety of its processes: 14 and 42 muscles balance, Emotional Stress Release Technique, seduction/tonification accupressure, dyslexia correction, origin/insertion, etc.

TT on the other hand manipulates the energy through intent to heal and alternating the flow around the body.

NR also manipulates the energy by directly releasing the neuro-lymphatic point to the meridian, thus in a non painful way the body is balanced.

Relationship Between TFH, TT, NR:

All three techniques balance body's energy. All three are easy to learn by professionals and lay persons. They differ in the actual steps of procedure but accomplish the identical goal of promotion of health and well being by unblocking the energy.

To test this concept, I first muscle tested a client to identify meridian blockages. Then TT was applied and further muscle testing revealed the meridians were indeed balanced as manifested by the muscle testing strong. The same process was done utilizing NR with the same results - namely, the muscle tested strong.

Consequently, all three techniques are helpful to promote health and well being.

What then is the difference? The strategy at this level becomes what circumstances necessitated utilization of one technique over another?

My experience utilizing these three techniques can be summed up briefly as follows:

Touch For Health (TFH)

- one of the best techniques to actually see demonstrated the effects of change in the body's energy
- less threatening to accept than TT because you are actually touching the body
- appears "less" magical from moving your hands to and from the body as done in TT

Therapeutic Touch (TT)

- useful at any time and always handy without a book
- no need to memorize points or learn how to test muscles
- helpful for those who can't be actually touched such as burn patients
- some people prefer the more spiritual connection alluded to with this technique

Neurolymphatic Release (NR)

- can be used with or without muscle testing
- does require looking at a picture to see where to place your hands
- is not painful and relieves in almost all cases the pain in the affected neurolymphatic point

Closing:

In conclusion, these three techniques although very basic and easy to learn have changed lives dramatically and radically challenged the paradigm of illness/health care in the US, Canada and many other countries.

One can say human touch is one of the most powerful tools available to all of us. Used in a purposeful way, we can enrich our own lives, those of family members and friends and people interested in taking responsibility for regaining and/or maintaining health and well being.

"Touching" and "Caring" has transformed the world. Thanks to those who are in Touch For Health.

Dr. M.J. Bulbrook

BIBLIOGRAPHY

- Thie, John, TOUCH FOR HEALTH, Marina del Rey: DeVoiss and Company Publishers, 1979.
- Krieger, Deloas, THE THERAPEUTIC TOUCH: HOW TO USE YOUR HANDS TO HELP OR HEAL, New Jersey: Englewood Cliffs: Prentice Hall 1979.
- Bulbrook, Mary Jo, "Health and Healing In the Future," Beginnings - The Official Newsletter of the American Holistic Nurses' Association, Vol. 4, No. 3, April 1985.
- Bulbrook, Mary Jo, "Health and healing In the Future," The Canadian Nurse, December 1984.
- Bulbrook, Mary Jo, "Bulbrook's Technique fo Therapeutic Touch," The Canadian Nurse, December 1984.
- Bulbrook, Mary Jo, Advanced Nursing Practice In Women's Health Care, Unpublished, Manuscript 1985.
- Ferguson, Marilyn, editor "Kirlian Photo Forcast Illness." Mind/Brain Bulletin, California: Los Angeles, May 7, 1984.

WHAT'S NEW

with

SHORT CUT EXPANDED REACTIVE MUSCLE CORRECTIONS

By Nancy Dougherty

We are still having a lot of success in permanently alleviating the annoying symptoms that people experience when they react to foods, environmental substances, thoughts, muscle positions, etc. by correcting reactive muscles thoroughly.

However, it seems that we have always been pushed to search for answers for the few people whose problems do not completely clear up with the information available. It has been a blessing in disguise, I guess, in being able to work on so many hyperative children with their associated problems. When you have a hyper child on your table who feels like throwing up (and does) whose symptoms do not totally disappear when you finish correcting every test you know to date, you know there is more to discover somewhere out there and you keep looking for a faster way to correct.

During the past year we discovered how important it was to be aware of and constantly look for and fix conscious control problems which are present in a lot of children with these types of problems. We then stumbled on the electro-magnetic field's spins and figured out how to use them to do reactive muscles faster and detox substances, thoughts, etc. Now we find we are not really pressed so much anymore to search for further answers but only have a need to fully understand why what we are doing works so well.

We are really excited about the discoveries we have made this year and are happy to be able to share them with all of you.

THE ULTIMATE IN BODY LYING -- CONSCIOUS CONTROL VS. SUBCONSCIOUS TRUTH

Most of us have found at least one person who tests strong no matter which test we perform on them. Let's call them "Supertights." Even if we check a weak person surrogately through most "Supertights" they may test strong. Many "Supertights" will even test strong when they should go weak as on a hum or count, two parallel lines, I want to be sick, etc..... UNTIL they learn enough to know when they should be weak and strong and then they test correctly all of the time. Many (but not all) people are "Supertights" because they can consciously control the result of the muscle test and now we know to look for this to determine whether or not it is happening and if it is, fix it before we test further.

To find out if the problem of conscious control exists with the person you are testing, perform all of the tests you know and use the following procedure with each test. For instance, test the right supraspinatus. If the muscle is strong, retest it and say, ready hold.....this muscle is weak, weak, weak, and then test while you are

repeating the word weak. Then say, ready hold.....this muscle is strong, strong, strong and test while you are repeating the word strong. If the muscle obeys your suggestion and tests weak and then strong, the problem of conscious control is present and will need to be corrected before you can test accurately.

A person with conscious control doesn't have to be a "Supertight" If one thinks that they have a stomach problem and they know which tests are for the stomach, they will test weak to those tests. If you make the correction for the stomach and they believe it will correct, then they will expect to be strong, and so the muscle will test strong. Throughout this whole testing and correcting it may be possible that nothing is really wrong with the stomach at all.

There is usually one conscious controller in every T.F.H. I Course. Everyone is encouraged to test everyone else on one or two muscles near the beginning of these courses and a conscious controller can usually be spotted because they don't get the same result on testing a person that the previous testers got. This can, of course, be because an occasional beginner is reacting to another person's clothing or soaps, etc. but if someone consistently gets different results and not what I get when I double check the test, then that person should be checked for conscious control and fixed or they will be very confused by the results they get.

If you are a tester with this problem, you MUST correct it because you will never know whether your testing is accurate or lying to you. If you are testing on the skin of someone with conscious control, even though you don't have the problem, you will be able to control the test. It may even affect you if you are testing on their clothing. Many people who test all day long have well developed sixth senses or intuitions based on past successes. An intuitive tester with conscious control may accidentally hit on the real problem and really correct it. A conscious control tester will get exactly the result they expect when testing a muscle or area that causes a problem. They may miss the real problem.

I am not suggesting that a tester knows they are controlling the test. Most aren't even aware they are doing this. Most testers think they are in a neutral state of mind when they are testing. However, their minds are thinking and are aware of focusing on what the result should be, otherwise, they wouldn't know when the test was not right. Be suspicious if you find many people testing correctly, especially if they have problems or if what you suspected is the problem area turns out to be the problem area most of the time. Most conscious control testers are like the rest of us. They occasionally let a fleeting thought fly through, "maybe it's the liver," as the liver muscle is being tested and sure enough the liver muscle goes weak.

We also find that when you ask the body questions, you must be careful that either the question or a word in the question does not trigger a conscious control problem. To check this out just add weak, weak on the end of the question and again repeat the question

and add strong, strong. If it obeys you, just fix the word or thought by going in and finding the muscle that corrects it and do reactivities or spins (under the next heading of this paper) to correct it. Then ask your question again.

Even someone who never seems to have a conscious control problem when being balanced, may have it occur when being tested for a food, thought, environmental factor or reactive muscle. It can turn up with any other kind of test you perform so please try to be aware of the possibility and check for it. It has been the answer for quite a few people whose problems we were having difficulty in solving.

I don't know for sure what is happening but it appears that a muscle can reach a level of imbalance so that it disturbs the meridian energy to the point that this problem of conscious control takes over. Usually it is only one or at the most two muscles that are the primary cause, but depending on how badly the energy is blocked or backed up, it can look like every muscle tested has the problem.

We have found a rather strange way of fixing a conscious control problem and I can only guess at what is happening. The muscle that is going weak on your command may not be the real cause of the problem. Keep testing this muscle while saying weak, weak while you press one by one on the correction points on page 70 in last year's Journal under the Short Cut Expanded Reactive Muscle presentation. One of these points should cause the muscle to stop obeying your command. Do a very light pineal tap between the eyebrows while holding the correcting point. Then retest the muscle by itself and the conscious control problem should be gone for the moment.

If the above procedure has not corrected conscious control, there is probably a fixation involved. This must be corrected before any other correction will take. An ionization problem can also keep a correction from taking and usually the first thing I do when working with a new client is to correct all fixation and ionization reactivities so moving muscles will not cause a fixation or ionization problem and then other corrections will take quicker.

To fix the conscious control problem more permanently, do all of the reactive muscle corrections you can to the muscle or area that corrected the problem or if this doesn't work, you can fix the area or muscle to the spins given in the next section of this paper. To date we have always been able to correct it.

We have discovered that a conscious control testee can not influence the test when the tester points the finger tips of one hand held vertically in toward the body all along the following areas where a strong muscle indicates a weakness: start at the center of the front between the feet and go up the middle of the front, over the head and down the middle back and under and between the feet; then start in the middle of the side and go straight up and over the middle of the head and down the middle of the other side and under the feet to the starting point. Usually the fingers are held only a

few inches from the body but they could be held as far out as seven or eight feet from the person and still register a weakness. Sometimes a simple pineal tap with the fingers pointing in towards the area that weakens a strong muscle may temporarily correct conscious control.

Occasionally, I have heard of medical professionals and others who say that muscle testing is OK up to a point but the tests can be psyched out. If everyone can be aware to look for conscious control and fix it, the credibility of Touch For Health with these professionals and others will remain high. Touch For Health, E.K., A.K., etc. are fantastic. They work and everyone using these methods should be able to have excellent results. When some have fantastic results and others don't, we need to dig in and find out why. Maybe checking for conscious control will be an answer for some.

DOING REACTIVES WITH THE BODY'S ELECTROMAGNETIC FIELD'S SPINS

In trying to find out why we could point our finger tips in toward areas of the body and have conscious control not be able to work, we have discovered what we think might be the body's electromagnetic spins. We thought at first it was chakra energy but then these spins go where there are supposedly no chakras. Pictures in my children's school books show the direction of the earth's magnetic flows and that of a magnet. I see a similarity with our spins and you may come to your own conclusions as to what energy this is but whatever it is, we know what it does and when it is OK and when it is not OK.

We have tested the directions of the spins in a number of people (everyone we could get our hands on). Those who were fairly healthy had most of their spins going in a certain direction and those who had problems showed disturbances in their spins. One newborn, whose mother had been balanced a lot during her pregnancy, had only the top of the head and a few neck flexors disturbing her magnetic spins and these were probably the result of the stress of birth. As people get older we find more disturbances. The directions of the spins in the bodies of well-balanced people that test out as strengthening rotate in small circles in the following directions:

1. Front and Back -- Up the right side and over and down the left side and under and up the right side going the whole length of the body in the center. Looking through the body from either the front or back, these spins go in the same direction.
2. Left and Right Sides -- Up the front and over and down the back and under and up the front side the length of the body at the center of the sides. Looking through the body from the side, these spins go in the same direction.
3. Head and Feet -- The above spins meet at the head and feet and so there are two spins that test strong in these areas. Use both hands and spin both sides of

the two spins at the head and feet in opposite directions. Looking straight down through the top of the head toward the feet, the head and feet spins will be going in the same direction for #1 below and in the opposite directions for #2 below. (Looking at them from any other direction and trying to figure them out may drive you crazy).

1. Start at the hairline at the center front of the head above the face and go straight to the back and separate hands to each side and come around sides to the front starting point and repeat.
2. Start at the right side halfway between the back and front and go straight across to the left side and separate hands to go to the back and front and continue around to the right side starting point and repeat.

The direction of the front and left side spins is the same and the direction of the back and right side spins is the same. These two spins must be attracted to each other like the positive and negative sides of a magnet. When the spins are OK, the body holds together and works fine. However, when any of the areas along the spins reverse, there is a pulling apart which spells trouble for that body.

To test the flow of these energies you must first locate a strong truthful muscle. Use the latissimus dorsi and put both sides in a testing position. The testee or tester then rotates a hand with the finger tips pointed in towards the body in small circles in the directions of the strengthening spins. There are positive and negative energies emitted from the fingertips and there seem to be positive and negative energies coming from the body along the areas we spin. Test each area on the correct spin with a strong muscle and it should test strong. Then reverse the spin and the muscle should test weak. Spin again in the correct direction to make sure the muscle is able to recover and test strong again. To speed up the testing we use sticks the length of the body and spin the whole area at one time and we check for conscious control by either pointing the finger tips in toward the center of the spin areas or by verbally using weak, weak or strong, strong.

If a test is not OK, we can in most cases do a simple fix by running the finger tips in a straight line around the body at the center of these spins while an area is being spun and the pineal point is being lightly tapped. Without the pineal tapping nothing corrects. When we correct this way, we don't know what it is we are correcting. It takes two to do this procedure quickly and comfortably. If this correction is not enough to cause the spins to test correctly, then do fixation corrections first while spinning and tapping and again run the finger tips around the body. If there is a fixation, the finger tip correction may not take. Another possibility for not correcting

is that the person may have so many reactive muscles that you may have to have them lay still and not move a muscle other than the one you are testing during the whole procedure.

If after checking and correcting fixations and ionization, and running the finger tips around the body while pineal tapping, the muscle does not correct, we say that a muscle somewhere has SPAZZED. To find out which muscle or area is spazzed, we spin and test while pressing on the correction points on Pg. 70 in last year's Journal under Short Cut Expanded Reactive Muscles. One of these points should cause the latissimus dorsi to tighten up on the correct spin, weaken on the reverse spin, and again to tighten up on the correct spin. Fix the point by pressing on it while pineal tapping or better yet, find the specific muscle connected to this point and put it in position and tap. If a muscle resists correcting, move it in the full range of it's position and it will probably correct. Place this correcting muscle on a list of muscles that need spinning out for this testee.

When the magnetic fields test thoroughly OK, we find that the following tests will show the following responses and we check both a right side and a left side muscle to check out each hemisphere of the brain:

1. Two parallel lines --- Will weaken the muscle on both left and right sides.
2. An X --- Muscles will stay strong on left and right sides.
3. Hum --- Muscle on left side will stay strong.
Muscle on right side will go weak.
4. Count --- Muscle on left side will go weak.
Muscle on right side will stay strong.
5. Statement, "I want to be healthy" --- Will cause both right and left side muscles to remain strong.
6. Statement, "I want to be sick" --- Will cause both right and left side muscles to go weak.
7. Statement, "This muscle is weak" -- Right and left side muscles should remain strong.
8. Statement, "This muscle is strong" --- Right and left side muscles should remain strong.

If we do not get the responses listed above, there is usually a part of a spin that did not correct. For instance, if the body indicated that it wanted to be sick by answering with a strong muscle test, we would keep saying I want to be sick and find what muscle or area made it go weak and correct it by pressing the area or putting the muscle in position and tapping while spinning the area. When the body is balanced for the position it is in, we find that testing the spins and asking the above questions show no disturbances in the electromagnetic flows. The ideal situation seems to be to keep these spins OK for every position one's body gets in, for every food that one eats, for every environmental situation one may move through, for every thought one may have, etc.

If a food is a problem, we can put the food in the mouth and spin all eight areas and when we are done, the food itself will usually not cause a reaction any more. This can also be done with most environmental substances and they usually do not cause symptoms any more.

Correcting thoughts or words that weaken someone by using the spins is extremely interesting. Before we were checking spins, we might find that sadness weakened many muscles in a person. We would first fix sadness to only the latissimus dorsi by thinking or saying sadness while giving a pineal tap or doing fixations to sadness if this was a problem and needed to be done to tighten the latissimus dorsi. Then using this strong muscle we would go back in age and note all of the years that sadness weakened. We would also T.L. the body to get an idea of how much of the body was affected by this emotion. We could do our short cut expanded reactives to each age and all of the muscles for that age would clear up. However, we found that if we corrected the earliest age that sadness affected, then most of the ages after that automatically corrected. If, for instance, eight yrs., twenty-two years, and forty years did not clear up, we would go back and perhaps find an ancestor maybe five generations back on the mother's side was affected by sadness and this was passed down through the genes and was causing sadness to be a problem in the person we were testing. When we corrected for this generation, the eight, twenty-two and forty years were automatically corrected for sadness.

When we started doing the electromagnetic spins with sadness at no particular age on people who showed sadness to be a problem at many ages including their ancestors, we found that every age cleared up from the present all the way to and including ancestors in one shot. So somehow the spins are getting genetic problems as well as problems caused in the present generation. They have to be tapping a pretty powerful energy source.

If we find a muscle that is causing the spins to be disturbed, we hold the same muscle on both sides of the body in the testing position and correct them to all of the eight spins so that these muscles will no longer disturb the energy when they are used. If we first check and find that a muscle has a lot of reactive muscles connected with it and then correct it to the spins, we can usually find no reactive muscles showing up on retesting for them.

It looks like spinning certain areas may be putting pressure on certain muscles or areas in the body that are connected to the spinning area. If there is a weakness, it shows up under this pressure just as when a specific muscle is put under pressure when tested. For instance, perhaps putting the psoas in position causes reactives with ten other muscles. These weaknesses then show up along the various lines of spins where they cause disturbances in the negative and positive energies. By spinning and testing we can find which areas and which muscles the psoas has stressed and fix them all quickly with the spin corrections. (We could also fix them all by the spindle cell method and then test the spins to make sure we got them all). Anything wrong in the body including things we don't know about and cannot test for probably shows up in the spin areas and we are probably unknowingly correcting these unknown problems.

It looks like fixing the muscle to the spins is the most important thing to fix first. We might test and find that ten foods, hate, and anger weaken the spins and they all cause symptoms of headache, stomach-ache, sore throat and fever. By using the methods described earlier we might find that the specific muscle that balanced all of the spins was the quadriceps.

We could spin out each food and emotion separately and none of these would cause their usual symptoms any more. However, the person would experience all of these symptoms whenever he or she used the quadriceps muscles as when sitting down. If we would first spin out the Quadriceps muscles and balance them to the electromagnetic spins, we could go back and retest the ten foods, hate and anger and we would find that they do not weaken the person any more and if eaten or thought about would not cause the usual symptoms.

In searching for specific muscles we have discovered many different muscle positions that correct spins. We know which meridian they get their energy from and we are anxious to find out the names of as many muscles as possible and their specific test.

We try to incorporate all of the knowledge gained from the many workshops attended and draw heavily from Paul Dennison's fascinating information. We check corrections for everything (systems, methods, muscles, foods, reactives, thoughts, environment, etc.) for conscious control and make sure it no longer disturbs the electromagnetic spins before it can be considered as corrected. We have had some very interesting results and I would like to share the following story.

A Race Against The Dialysis Machine

A week before he was supposed to go on a dialysis machine because of kidney failure, a man was brought by his wife to be balanced. (She is now a TFH student). He was also a diagnosed diabetic. He had been on a macrobiotic diet for about 6 months with many changes for the better in his general health, however, his kidney function kept getting worse.

During the past four weeks we have been correcting his muscles permanently and testing everything we know and checking it all to the spins. Not only is the kidney function improving but all of the other 15 or so tests he has taken every week have registered steady slow improvement with an occasional setback in one of them which usually recovers the next week.

The kidney specialists just don't ever see permanent improvement in kidneys that are this far shut down and they are absolutely sure he will be on the machine by summer but they are watching his improve-

ment with doubt. His water retention pill has been halved and his blood pressure medicine has been lowered, blood sugar level is normal and he feels well. We continue with blind faith to balance his energies into harmony with the surrounding energies and hope it is enough to allow his body to correct itself enough to get his kidney function out of danger.

WHAT WE ARE DOING WITH CANDIDA PROBLEMS

We were having difficulty solving candida yeast problems so we devised the following system which seems to work.

Getting all of the muscles balanced so they don't disturb the spins greatly helps alleviate yeast problems. Until this is done, the person has to be extremely careful of their diet and environment. We found that all of the yeast diets to date were not working. What we do is to take a bottle of candida albicans extract and touch it to the skin and then balance the body using the spins. (If you don't have this, use bakers yeast but it is not as accurate). Then we would test a food such as lettuce. If the lettuce tested OK to all the spins, we would then put the bottle of candida extract back on the skin and retest it. If the candida now tested weak, we would know that the lettuce caused the candida reaction and assume its use would multiply the candida. We tell the person that they do not react to lettuce electrically but that it increases the candida which produces their adverse reactions such as runny nose, bloating, etc. We find that acid foods are the biggest culprits that bodies tell us they don't want besides the common known yeast feeders. If the lettuce was not OK to the spins, we would fix it and then test it to the candida extract. Do this with all of the foods the person wants to eat.

If you have a chronic problem that is not clearing up with the tests you have done so far, you might want to try the above system with candida extract and also recheck for conscious control because you might have missed the main energy imbalance that was causing the yeast problem.

EXPERIMENTING WITH SUBLINGUAL DROPS, THE E.A.V. MACHINE AND MUSCLE TESTS

We have done experimenting in a medical facility with sublingual provocative and neutralizing drops and the E.A.V. electro-accupressure machine. When a reaction was provoked on people, our tests showed imbalances and when most of the neutralizing drops were used to counteract reactions, our testing showed that all of the magnetic spins were corrected to the position the body was in. In some people the drops held as they moved into other positions. One person lost the correction by moving certain muscles into another position. This other position corrected when they again took a drop while in that position. Maybe this is why some people don't see results with neutralizing drops until three or four weeks after they start taking them after they have had time to take the drops in many different positions.

There was one reaction that the technicians could not stop with a neutralizing dose because they didn't have a neutralizing dose of the right strength. We went in and corrected the person to the spins and the person was, in effect, neutralized and without symptoms. Interestingly enough, throughout this whole reaction the person was in the state of conscious control. This was an extremely interesting experience and shows how great it would be for sick people if the medical professionals would work together with accurate muscle testers. (Some technicians from this facility are taking my next TFH I course).

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I CAN TOUCH FOR HEALTH
by Paul E. Dennison, Ph.D. and Gail Hargrove

The E-K/Touch For Health family is a group of people who are dedicated to the therapeutic values inherent in touching. We seem to love to touch and to be touched. We balance each other, hug each other, and teach the benefits of touching in our classes. Indeed, touching is the cornerstone of our work.

There is a difference, however, between enjoying touching and enjoying the work that we profess to do. In counseling new instructors to teach E-K, we have discovered, through muscle testing, that sometimes our inner beliefs about touching and healing are in conflict. Many of our attitudes about touching are evidently formed in early childhood or are based upon unconscious responses beyond our overt awareness. Muscle testing, in our workshops, can help people to discover areas which need balancing and to anchor positive growth decisions.

The attitudes shared by instructors about touching can be divided into three categories:

1. ANALYTIC-BRAIN BELIEVERS
2. GESTALT-BRAIN BELIEVERS
3. WHOLE-BRAIN BELIEVERS

1. The ANALYTIC-BRAIN BELIEVER knows that E-K and TFH work. They learn the techniques and apply them diligently, studying, memorizing, and getting it "right". They know that, when E-K and TFH work, it is because they have done it correctly. They see the techniques as therapeutic; not themselves. They see themselves as technicians rather than as healers. They gain little satisfaction from their work, because they really do not see how they are playing any real part in it at all. Many never get started teaching E-K or TFH because they feel they are never quite ready enough. They just have to learn one more thing, attend one more workshop, or read one more book, then they will be ready.

2. THE GESTALT-BRAIN BELIEVER knows the healing power of the universe. She has known her special powers since she was a child. Perhaps she has had some psychic or other trans-personal experience. She has used her powers of touch many times, with her children or with animals, and believes they are a special gift. She knows that healing is done by the body, through some force beyond medicine or any system, even those as wonderful as E-K and TFH. She is afraid of these powers at a deep level, however. She believes they are not hers to use. They certainly are not powers for which she should charge a fee or make a living.

3. THE WHOLE-BRAIN BELIEVER knows that E-K and TFH are tools which help people because they help to communicate with the body's wisdom to know what it needs. They also know that they are indispensable in the healing process as a channel, bringing unconditional love to each situation so that an environment for healing is provided. They know that, the more they know and can give a person in need of help, the more effective they can be and the more they will receive from the universe, in return.

THE "TOUCH" TEST

We have introduced the "touch" test into our workshops, with amazing results. People who have been unable to get started in holistic health or to feel good about themselves through their work are finally attracting clients and classes, are finally earning money, and are finally doing something meaningful with their lives.

The "touch" test is simple, yet profound. Please check yourself on it and make the necessary corrections. You will be glad that you did.

The "touch" test

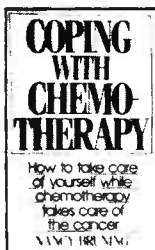
1. Test a strong indicator muscle in the clear
2. Version one (verbal)
Say, "I can touch for health." (Strong or weak?) If weak, go on to #3.
3. Version two (non-verbal)
Muscle test a friend. Now have a third person test your indicator muscle. (Strong or weak?) If weak, you are uncomfortable about touching for some reason. You may be in holistic health as an ANALYTIC-BRAIN BELIEVER or as a GESTALT-BRAIN BELIEVER. You need to be balanced to be a WHOLE-BRAIN BELIEVER.
4. If strong on #2 and #3 you are a WHOLE-BRAIN BELIEVER when you say, "I can touch for Health."

Correction: To clear the stress or over/energy which makes you test weak on #2 and/or #3, do the "positive points" or "Cook's Hook-ups" until you test strong, or work with an E-K instructor to make the correction.

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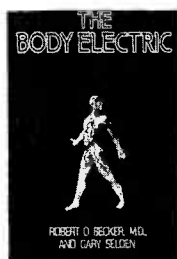
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An Integrated TFH Energy Balance.
(or, Why Bother With the 5 Elements?)

by

Risteard de Barra B. Sc. A.T.O.

Garrynoe, Kilmallock, Co. Limerick, Ireland.

SUMMARY:

Note: The term 'prechallenge' is used in the text to mean challenging before applying a strengthening technique.

Procedure:

1. Test and strengthen Supraspinatus and Teres Major.
2. Test Yin Meridian Indicator Muscles (YiMIMs) only, i.e. Latissimus Dorsi, Subscapularis, etc.
3. When the first weak muscle is found, retest while prechallenging corresponding NL, and then continue testing the YiMIMs.
4. When the next **weak YiMIM** is found, retest while prechallenging the previous strengthening NL or its own NL. Then continue testing the YiMIMs. Complete the circuit and retest early weak YiMIMs.
5. Find which NL or NLs strengthen all or most of the YiMIMs. Usually one but there may be two.
6. If no strengthening NL or NLs can be found for all (or most) of the weak YiMIMs, then repeat the procedure using prechallenge to the appropriate NVs, Acupuncture Energy Points, etc.
If still no success, then revert to standard procedures, e.g. fix-as-you-go, etc.
7. Test all Yang MIMs. If any are found to be weak then retest while prechallenging the best strengthening points found for the YiMIMs. Body Alert Procedure.
8. Test other muscles as required, e.g. Pie or the other 28, etc. If any are found to be weak then retest while prechallenging the best strengthening points found for the YiMIMs. Body Alert.
9. Balance/strengthen points identified in the prechallenging and testing phase.
10. Following standard procedures, retest all weak muscles and retest while challenging, etc.

11. Tidy up. Only odds and ends should be all that remains.
If any muscles are still weak after (10) above, then they most probably require physical strengthening techniques such as O/I, Spindle Cell, Golgi Tendon, etc.

Alternatively, try Nutritional rewards.

12. Standard TFH philosophy - Muscles which do not respond to TFH techniques are outside the scope of TFH and the person may need to consult a professional in the Health Care Field.

1. Ask - establish communication and cooperation.

2. Test and Balance the Supraspinatus and Teres Major.

3. Begin with testing the 6 Yin Meridian Indicator Muscles (YiMIM) only, i.e. Latissimus Dorsi, Subscapularis, etc.

(a) When the first weak muscle is found then RETEST WHILE PRECHALLENGING ITS NLs. There are two possibilities:-

- if still weak, take note and carry on with the testing of the remainder of the 6 YiMIMs.

- if now strong, take note and carry on with testing.

(b) When the second weak muscle is found, there are two possibilities from (a) above:-

(i) The first weak muscle had not strengthened on prechallenge,

- then RETEST WHILE PRECHALLENGING THE SECOND MUSCLE'S NLs,

- if still weak, take note and carry on testing.

- if now strong, take note and carry on testing.

Note: It is simplest not to retest the previous weak muscles with prechallenge at this stage. See below.

(ii) The first weak muscle had strengthened on prechallenge

- then RETEST WHILE PRECHALLENGING THE STRENGTHENING POINT FOR THE FIRST WEAK MUSCLE, then either

(I) the muscle is strengthened and you take note and continue with the testing, or

(II) the muscle is still weak, then RETEST WHILE PRECHALLENGING THE MUSCLE'S OWN NLs, and

- if the muscle remains weak, take note and continue with remainder of testing.

- if the muscle strengthens, also take note and continue with remainder of the testing.

Note: It is probably more efficient and less confusing to continue testing forward rather than rechecking previous muscles at this stage.

(c) When a third(or more) weak muscle is found, proceed as in (b) above, etc. and continue testing and prechallenging.

e.g. if a previous prechallenge point had strengthened all (or most) of the previous muscles, then RETEST WHILE PRECHALLENGING THAT POINT, if not, RETEST WHILE PRECHALLENGING THE NLs OF THE NEW MUSCLE, etc.

Note: The description may appear complex but in practice the procedure is very simple and time saving.

(d) When Anterior Serratus has been tested and prechallenged using the appropriate point if found weak, etc, then RETEST ANY WEAK MUSCLES IN THE EARLY PART OF THE CYCLE(Latissimus Dorsi, Subscapularis, etc.) WHILE PRECHALLENGING WHICHEVER NL OR NLs ARE MOST EFFECTIVE FOR STRENGTHENING ALL(OR MOST) OF THE MUSCLES.

Note: At this stage usually, one, (or at most two) NL has been discovered which strengthens all or most of the weak YiMIMs.

4. If no NL(or NLs) can be found to strengthen all or most of the weak YiMIMs, then repeat the testing procedure on the weak YiMIMs while using prechallenge to the appropriate NVs, Acupuncture Energy Points, etc.

If there is still no success, then revert to standard methods such as fix-as-you-go, etc. (This possibility is unlikely).

5. Test all Yang MIMs. If any are found to be weak then RETEST WHILE PRECHALLENGING THE BEST STRENGTHENING POINTS FOUND FOR THE YiMIMs. This procedure alerts the body.

(Optional). Test other muscles as required, e.g. Pie or the other 28 muscles, etc. If any are found to be weak then RETEST WHILE PRECHALLENGING THE BEST STRENGTHENING POINTS FOUND FOR THE YiMIMs. This procedure alerts the body.

If any of the weak muscles in this section do not respond to the prechallenging, then it is most likely that they will require physical muscle strengthening such as Origin/Insertion, Spindle Cell or Golgi Tendon techniques, etc. They might also be weak due to overenergy or other, non TFH, causes. In all cases, do not

apply any strengthening at this stage - rather complete the testing.

6. Balance the best strengthening points found for the YiMIMs.
7. Retest all weak muscles and retest with challenging. If a muscle weakens on challenging - follow standard procedures, i.e. use the next strengthening technique for either the muscle with the 'best' strengthening points or the strengthening points of the weak muscle.

Note: In practice it is often found that some muscles that do not give a clear strengthening response on prechallenging the best strengthening point are yet found to be strong when retested after the best point (or points) have been strengthened. Such phenomena may be due to overenergy(?).

8. A small number of muscles may not have strengthened. These are dealt with using standard TFH procedures, i.e. NLs, NVs, etc. However, it is probably most likely that what is required is physical muscle treatments(Origin/Insertion, etc.) or Nutrition, etc. The problem is likely to be localised.

Note: This can hardly be surprising as the NL(or NV) system has already been boosted and one is less likely to find any great response from the NLs or NVs.

9. Any weakness which remains may be outside the scope of TFH.

Notes:

- (i) If all YiMIMs remain weak and do not respond to prechallenging, then it would appear that a major energy lack is identified as quickly as possible.
- (ii) If no NL (or NV) prechallenges strengthen all or most of the weak muscles but say 2 (or even 3) strengthen all or most. This would indicate there are 2(or 3) major energy blockages which are independent of one another. Complete the testing before treating the points.
- (iii) If no NL(or NV, etc.) strengthens the weak YiMIMs then it would be worthwhile to cross-check with more prechallenging. For Example: If Latissimus Dorsi did not prechallenge successfully to its own NL or NV then these points could be tried for weak muscles found later in the cycle.
(I have had the experience of the NL for the Psoas (which

was not weak) strengthening Latissimus Dorsi and Gluteus Medius after I had failed to strengthen both of them using their own NLs and NVs on the prechallenge!).

- (iv) The tester could also seek strengthening prechallenge points in the NLs, NVs of the families of the weak YiMIMs or indeed the Yang MIMs, etc. However, if strengthening prechallenge points are not found quickly it would probably be better to revert to standard procedures such as fix-as-you-go, etc.

The **integrated** balance outlined seeks to find a major or primary energy blockage as easily and as quickly as possible. It is based on the following:-

1. Most muscle weaknesses respond to NL strengthening (90%?).
2. Major blockages are most likely in Yin meridian muscles.
3. Prechallenging.
4. In the body of the testing, muscle weakness that do not respond to prechallenging are ignored(as regards treating). These may be due to overenergy, physical muscle problems, etc. and are of no significance at that stage. They are merely distractions.

It is a matter of playing the percentages to find the major energy blockage. The amount of testing may be increased but this is more than offset by the decrease in the amount of balancing. Also, all unnecessary balancing is eliminated. (Overenergy, etc. ?).

The tester gets a definite picture of where the major energy blockage or blockages are. In practice, I find it easier, quicker, simpler and more satisfactory than using the Wheel, 5 Elements, etc. Such complicated theorising is not necessary for the layperson when he has a simple procedure to - ask the body!

The integrated balance outlined has the following advantages:-

- (i) Major energy blockages are identified.
- (ii) The number of points balanced is reduced.
- (iii) Unnecessary balancing is eliminated.
- (iv) A shorter time for testing and balancing.
- (v) The tester is alerted to the likelihood of physical muscle problems.

(vi) Complicated theory is unnecessary (Wheel, 5 Elements, etc.).
Neither is it necessary to bother with overenergy analysis.
All these are taken care of automatically.

All that is necessary is an understanding of a concept of
Major (Primary) and Minor (Secondary) Energy Blockages.

The testee seems to respond better to the integrated balance outlined, i.e. the balance seems more what the body needs. People balanced seem more comfortable and relaxed afterwards. This may be a consequence of less treatment and secondly, the body is activated to clear the minor blockages itself - it is stimulated to action.

Biography

John Varun Maguire is known for his lively and provocative presentations. As a Touch for Health instructor in Ohio, Florida, and Pennsylvania, he draws upon his studies of "whole brain learning" and his professional experience as an actor and comedian. He manages a full time massage practice and performs in a psycho-social drama group.

Description

A Memory System for TFH I

This paper describes an active imagination, whole brain approach to learning the basic information of TFH I. It uses key words to associate the order of the fourteen muscle test with images relating to each muscle and its related meridian, muscle test, meridian and muscle locations, and neuro-lymphatic and neuro-vascular points. The instructor can have students act out each of the images to increase the sensory impact of the technique and thus improve their recall. People learn best by being creative with the information rather than having it spoon fed. The key here is to be outrageous and have fun!

This paper describes an active imagination, whole brain approach to learning the basic information of TFH I. It uses key words to associate the order of the fourteen muscle test with images relating to each muscle and its related meridian, muscle test, meridian and muscle locations, and neuro-lymphatic and neuro-vascular points. Have students act out each of the images to increase the sensory impact of the technique and thus improve their recall. People learn best by being creative with the information rather than having it spoon fed. Be outrageous and have fun!

Get a clear image of each picture with lots of detail and visualize or enact each group of associated images as a story. Look in the TFH book to clarify the location of all points, meridians, muscles, and muscle tests.

The first two sets of associations are written in sentence form for you to see ways of connecting the various images. Follow this pattern for the other sets using your imagination and creating your own images and associations.

The number **one** rhymes with **sun (son)**. Picture the sun in the center of the solar system - **Central Meridian**. The **meridian location** is on the center line of the body- from the pubic bone to the lower lip. The son of man is Jesus Christ Superstar - the **muscle name** is **Supraspinatus**. Imagine Jesus opening his arms to a child - the position for the **muscle test**. For the **muscle location** picture Jesus carrying the cross and think of where the cross rested **on top of the shoulder blades**. The **neuro-vascular points** are half way between the eyebrows and hair line near where the Catholic touches when making the sign of the cross, and on the top of the head where a baby's soft spot is (anterior fontanel). The **neuro-lymphatic points** are on the chest just inside the shoulders where a Catholic touches when making the sign of the cross and lateral to the spine at the top of the neck just under the skull.

The number **two** rhymes with **sky blue**. Picture an Air Force officer named Teres who is a **Major - muscle name**. See an image of Teres bending his elbows and pulling them back to form wings - starting position for the **muscle test**. The **muscle location** is from the scapula (which are wing shaped) to the upper arm to pull the wings back. In addition to being a major, Teres is a governor - **Governing Meridian**. Being a major and governor, Teres is the back bone of the fleet and state - the **meridian location** is up the spine from the tip of the tail bone to the upper lip. To remember the neuro-lymphatic and neuro-vascular points think of the key word two - the **neuro-lymphatic points** are between the 2nd and 3rd ribs 2" from the sternum and between the 2nd and 3rd ribs in the back just lateral to the spine*. The **neuro-vascular points** are two fingers width in front of the top of the ears.

*Neuro-lymphatic points on the back are between the same ribs as the ones in front and are one inch to each side of the spine unless stated otherwise.

One – Sun

Meridian - The "center" of the solar system - **CENTRAL**.

Meridian Location - Center of the body from the pubic bone to the lower lip.

Muscle Name - Son of man - Jesus Christ Super Star - **SUPRA SPINATUS**.

Muscle Test - Jesus opening his arms to a child.

Muscle Location - on top of shoulder blades where Jesus carried the cross.

Neurolymphatic (NL) - Near the shoulders where one touches when making the sign of the cross and at the top of the neck just under the skull.

Neurovascular (NV) - Half way between the eyebrows and hair line near where one touches when making the sign of the cross, and on the top of the head where a baby's soft spot is (anterior fontanel).

Two – Sky Blue

Muscle Name - TERES is a **MAJOR** in the Air Force.

Muscle Test - Teres bends his elbows and pulls them back to form wings.

Muscle Location - From the scapula to the upper arm pulling the wings back.

Meridian - Teres is the governor of a state - **GOVERNING**

Meridian Location - Being a major and governor, Teres is the back bone of the fleet and state -up the spine from the tip of the tail bone to the upper lip.

NL - Key word Two - between the 2nd and 3rd ribs 2" from the sternum and between the 2nd and 3rd ribs in the back just lateral to the spine.

NV - Key word Two - 2 fingers width in front of the top of the ears.

Three – Tree (PMC tree)

Muscle Name - Think of picking a peck of major claviculars (like apples) - **PECTORALIS MAJOR CLAVICULAR**.

Muscle Test - Arms straight in front, perpendicular to the torso, thumbs down, move like branches swinging down and out.

Muscle Location - From the clavicle to the upper arm.

Meridian - Eating lots of claviculars gave you a **STOMACH** ache.

Meridian Location - Begin under the eye, move down and out, then go up and over the eye, down the front of the neck, under half of the clavicle, straight down to inside the nipple; curve in and go straight down to the pubic bone, curve out and go down outside the knee to the second toe (stomach and second begin with 's').

NL - Nursery rhyme: "Five, six - pick up sticks" and none are left (lots of sticks fell while climbing the tree to pick the claviculars). Between the 5th and 6th ribs on the left side from the sternum to lateral of the nipple; on both sides of 5- 6 on back.

NV - Key word Three - three fingers distance above the eye brows (frontal eminence).

Four - Door

Muscle Name - A Dutch door with lattice work on it - **LATISSIMUS DORSI**

Muscle Location - A "lateral" muscle on the "dorsal" part of the body running from the low to mid back to the upper arm.

Muscle Test - Arm straight along the side of the body, palm facing out pushes the door open to the side.

Meridian - You lean into the door to open it - **SPLEEN**

Organ Association - Your pant crease gets closed in the door - **PANCREAS**.

Meridian Location - Begin at the big toe and go up the leg staying inside the knee, up the torso to outside the nipple to the shoulder, then straight down the rib cage to a point lateral of just below the nipple. Stubbing the big toe when closing the door, then bumping the shoulder when bending down to touch the toe.

NL - Nursery rhyme: "Seven, eight - close the gate" (on the left). A point between the left 7th & 8th ribs around the nipple line.

NV - An inch above the ears - keen sense of hearing (rhymes with spleen).

Five - Live

Meridian - An organ that keeps us alive - **HEART**.

Muscle Name - A scarecrow can scare the birds to death. His arms point down - sub (submarine) - A polaris submarine emerging from the white caps of the ocean - **SUBSCAPULARIS**.

Muscle Test - The scarecrow hanging on the rack with his arms bent at the elbows, hands pointing down, swings the forearms up to frighten the crows.

Muscle Location - Under the scapula to the upper arm.

NV - A crow lands on top of the scarecrow's head at the soft spot.

NL - The crow pecks two to three times on the scarecrow's chest - No. 2-3.

Meridian Location - To scare the crow away, the scarecrow strokes from under his arm out to the little finger.

Six - Steps

Muscle Name - Four steps = **QUADRICEPS**

Meridian Name - The steps are on a small incline - **Small Intestine**

Muscle Test - Stepping up to climb the steps and then pushing the thighs down to straighten the leg.

Muscle Location - Runs the entire front of the thigh (the hand pushes on the muscle to do the test).

Meridian location - From the small (little) finger runs down the outside of the arm to the shoulder, drops down the outside of the shoulder blade then goes up to the middle of the top of the shoulder blade. It then goes up the back of the neck to below the ear (small opening) and forward toward the eye and back towards the ear.

NL - Two quads make eight plus three more to eleven - back NL's rib spaces 8 - 11. The front ones run along the cartilage at the bottom of the ribs from the sternum to the 10th rib - like a descending stairs.

46 NV - The width of four fingers above the ears.

Seven – Heaven

Meridian - You climb a ladder to get to heaven - **BLADDER**

Muscle Name - Climbing the ladder, you bump both of your knees (pair of knees) - **PERONEUS**

Muscle Location - From behind and outside of the knee, down the calf to the top of the foot.

Muscle Test - Climbing the ladder you bring the foot rotated out and the little toe up towards the ear. The range of motion is rotating the foot in and down simultaneously.

Meridian Location - From the top inside of the eye go up and back towards the sky down along the spine to the tail bone, up and in 2", then around the cheeks of the hips to the top of the thigh. Pick your hands up and start again from the top of the back and curve out and go straight down the middle of each side of the back, down the center of the thighs, curve out before the knee, then in to behind the knee; straight down the top half of the calf then curve out and down to the little toes.

NL - L (for ladder) 5 last vertebra before the sacrum in the back. Pubic Bone (think of the rung of a ladder) and one inch lateral to the navel (eye of the abdomen).

NV - Top and inside of the eye sockets (where the meridian starts) and on the frontal eminences (same as PMC).

Eight – Starting Gate

Muscle Name - The donkey about to run the race is sore (sore ass) **PSOAS**

Muscle Test - When the donkey brings his legs forward and out it makes him hurt.

Muscle Location - The pain runs from the front of the lumbar spine through his pelvis to the top inside of his leg.

Meridian - The donkey skids on his knees - **KIDNEY**

NV - The jockey hits the donkey with a feather on the lower part of the back of his head where his skull has a ridge.

NL - After skidding on his knees the donkey got into a hole. He gets out of the hole by inching up and out (one inch up and out from the navel). He comes in 12th place (T12) which is dead last (L1).

Meridian Location - The jockey was told to start on better footing. Start on the bottom and move up and inside; stay on the inside all the way up and you will stay ahead and come in first (ends at the first rib head).

Nine – Wine

Muscle Name - **GLUTEUS** is a brand of wine. It is medium dry - **MEDIUS**

Meridian - A little wine can increase the circulation. Too much wine will increase the sex drive - **CIRCULATION SEX**.

Muscle Test - Pulls the leg straight out; the range of motion is pushing it back in. Think of a wino teetering back and forth.

Muscle Location - On the side of the hip.

Meridian Location - From the tip of the nipple to the tip of the middle finger.

NL - Same as the lower bladder points (top of the pubic bone and L5).

NV - Same as the quadriceps (four fingers above the ears).

Ten – Bin

Muscle Name – TERES is a MINER in the coal bin.

Meridian – In the mine it is triple warm – TRIPLE WARMER

Meridian Location – Three rings from the ring finger up the back of the arm to the ear ring and make a ring around the ear goes toward the eye.

Muscle Test – To cool off, Teres fans himself with his arms. The elbows remain bent at 90 degrees around three inches from the side of the body. The range of motion is forward with the forearm, the hand moving towards the navel.

Muscle Location – From the scapula to the back of the upper arm.

NL – 2-3 days in the mine.

NV – 2 fingers in front of the ears (same as the NV of big brother, Teres Major), and three fingers over the throat where the thyroid is located.

Eleven – Heaven (higher than seven's heaven)

Meridian – You need a tall ladder to get to this heaven – GALL BLADDER

Muscle Name – The anterior portion of each rung is shaped like a delta – ANTERIOR DELTOID

Muscle Location – Front of the shoulder cap. Think of padding there to avoid bumping the shoulders on the ladder.

Muscle test – The arms extend straight in front at 45 degrees and go down to climb up the ladder.

Meridian Location – Think of "I see the man in the moon over my shoulder for today". Starts lateral to the eye (I see) and goes down three times and up two making the shapes of an 'M' and crescent moons (man in the moon) in the following manner: drops in front of ear, goes up and loops forward, then down behind ear, loops up again to hairline, then back down for the third time. It then curves around the back of the shoulder cap, and down the side of the chest to a point on the cartilage at the bottom of the rib cage lateral to the nipple line. Then it drops back to the twelfth rib, and curves forward around the front hip bone (ASIS), then drops down the outside of the leg to the fourth toe (for today).

NV – Climbing the ladder you bump your head on the soft spot (anterior fontanel).

NL – Touching your head causes you to lose your balance and you slide down the 3rd, 4th, and 5th rungs (between 3 - 4 and 4 - 5).

Twelve - Shelves

Muscle Name - On the shelves is a peck of major (large) sternals - PECTORALIS MAJOR STRENAL (PMS)

Meridian - The sternals start to melt and form a river -LIVER

Muscle Test - To keep the river from dripping down on you, you bring your arms up in front, perpendicular to the torso with the palms out (same starting position as PMC) and move them up and out to deflect the drips.

NV - Despite your effort, the river of melted sternals manages to drip down onto the hairline about 1 1/2 inches to each side of the center.

Muscle Location - It then drips down onto the front to the shoulder and runs to the sternum.

NL - 5 to 6 drops run down the right side of the chest - the entire rib space under right breast (5-6) and between T 5-6 one inch to the right of the spine.

Meridian Location - The drops run down the inside of the leg. You wipe them up by starting at the lateral side of the big toe and coming up the inside of the knee, then slant out on the abdomen to the eleventh rib, and move up and in onto the chest to the alarm point for the liver.

Thirteen - Hurting

Muscle Name - Two men get into a fight. One moves in front of (anterior to) the other and pulls out a serrated knife - ANTERIOR SERRATUS (the anterior edge of the muscle is in the shape of a serrated blade).

Meridian - He "lunges" attempting to stab his opponent - LUNG

Meridian Location - and cuts him from a point on his chest just inside the shoulder, down the inside of his arm to the thumb nail.

Muscle Location - His opponent pulls a sword out of a sheath wrapped around the side of his rib cage and attached to his shoulder blade.

Muscle Test - He raises the sword up over his head and brings it straight down.

NV - And strikes his opponent on the soft spot of his head (anterior fontanel).

NL - Then stabs him in the chest 3 to 5 times (between 3-4 and 4-5).

Fourteen - Morphine

Muscle Name - Dr. Fascia has a patient in a "lata" pain - FASCIA LATA

Meridian - He decides to give the patient a large injection of morphine - LARGE INTESTINE

Muscle Location - He injects it into the lateral portion of the patient's thigh.

Muscle Test - The injection hurts so much that the patient's legs raise up and out with his feet turned in. The doctor pushes them back down.

NL - To calm the patient down, the doctor rubs the outsides of his thighs from the knee cap, moving up to the hip. He also rubs a triangular area on both sides of the spine from L2 to L4, and the highest part of the hip bones.

NV - The patient starts to get dizzy from the drug and holds both sides of his head - Parietal eminence (same as quadriceps and gluteus medius).

Meridian Location - His nose starts to run, so he takes his index finger to his nose, but being high, misses it and ends up just to the side of it (from the index finger up the outside of the arm, toward the mouth, then lateral to the nose).

EMOTIONAL STRESS RELEASE USING EYE ROTATIONS

Wayne W. Topping, PhD.

Wayne W. Topping, PhD., LMT, uses Touch for Health, Biokinesiology, and Educational Kinesiology within his full time Alternative Health practice in Bellingham, Washington. He also teaches extensively throughout the Western United States and Canada, as well as Europe. Dr. Topping is author of the books, "Balancing the Body's Energies," Biokinesiology Workbook," and "Stress Release," and is co-founder of the Topping International Institute along with his wife Bernie, thus increasing the focus on Health Through Education.

Abstract: The Emotional Stress Release technique is very simple yet one of the most effective tools that we teach as a part of Touch for Health. In this paper we present a modified version of the technique which has greatly increased its range of effectiveness.

Over the past nine years I have taught and used the emotional stress release (ESR) technique very frequently, with many outstanding results. Yet on some occasions it was not completely successful and we didn't know why. What was the difference between those times when we applied the technique very successfully and those times when it may have helped somewhat but the person still had the phobia?

We found part of the answer when we were working on my wife's fear of dogs. Apparently Bernie's problem with dogs extended back to a situation when she was nine or ten years old. At that time, a boy that she had a crush on was attacked by a german shepherd. As he was running away the dog tore into his calf muscles resulting in the boy being laid up for the summer. Bernie hadn't seen the incident; she hadn't seen the injuries; but hearing of the accident and seeing the scars at the end of the summer was sufficient to create within her an intense fear of dogs. Her four-year-old son John, was also afraid of dogs. As an experiment we decided to use the ESR technique on Bernie's fear of dogs without letting John know what we were doing. As expected, John's fear of dogs disappeared without us having to do any work with him.

I have observed, while working with many young children with allergies, that if the mother and child (0-4 years old) share the same allergy we can use biokinesiology techniques to correct the imbalance for the mother and often correct the allergy for the child simultaneously without having to make any correction on the child. Apparently, when we are very young we can pick up energy imbalances from parents quite readily. It doesn't have to be the mother, although it usually is because she commonly spends more time in close contact with the child than does the father.

Although Bernie's fear of dogs was no longer apparent it was still present in one specific situation - whenever she went running. She repeated the ESR regarding dogs but did not resolve the problem. Why was the ESR about 95% effective? Why not 100%? What were we missing? Several months ago we found a missing key. We were doing some work on ourselves and I was testing the pectoralis major clavicular on my wife while she thought about seeing dogs coming towards her, touching a dog, getting in touch with internal feelings regarding being around dogs, etc. When I said "hear a dog barking" the indicator muscle weakened. It was so simple! In her ESR concerning dogs she had not actually focused in on the sounds dogs make. Looking back in retrospect it is easy to see why running would still elicit a stressful response concerning dogs. If dogs were in front of you, you could see them. However, if they were behind you so that you could not see them you would have to rely on your hearing to have knowledge of them. Unfortunately, the sound of your feet would cover the footfalls of any dogs approaching from behind. It was amazing to us that in her ESR concerning dogs Bernie had not actually stress-released the auditory component. However, it was a valuable incident in that it showed us that where the ESR technique was not totally effective it might be because the recipient needed to focus in on a specific sense - visual, auditory, taste or tactile - to clear stress related to that sensory input. More important though, it opened up another avenue of research for us.

Sometime when you are engaged in conversation with a friend begin to observe how eyes move in different directions depending upon whether they are describing things from the past, building up word-pictures concerning future plans, etc. Alternatively, without alerting them as to what you are doing you may wish to observe their eyes while you ask them different types of questions. As an example, ask them, "Can you remember the very first car you had as a family? What type was it? What color?" Which way did the eyes go? Up to their left? Then say "If you were well-to-do so that money was no object, what type of car would you own?" Where did the eyes go? Up to their right? Finally you could say "Just imagine that you own that (porche, cadillac, or whatever type of car they indicated) and that you are sitting behind the wheel. What would it feel like?"

We are not so much interested in the specific eye directions here as we are with the general concept that we can look in different directions to access different parts of the brain. In Neuro Linguistics Programming this is used to determine how a person processes information to show them how to more effectively communicate with others. Being aware of what NLP did with eye directions I decided to find out which particular eye direction accessed the part of the brain where my wife stored memories of the sounds of dogs. It happened to be down to the right. If Bernie thought of dogs the pectoralis major clavicular was strong except when she looked down to the right. She then placed her fingers over the frontal eminences and stress released while visualizing dogs and looking down to the right. After about a minute we retested the muscle to find that it remained strong (1) when she imagined hearing dogs, and (2) when she visualized dogs while looking down to the right. Her fear of dogs was now gone when she ran. Subsequent research showed that whenever someone thought of a specific stressful subject or incident there were many different eye directions that would allow a strong indicator muscle to weaken, presumably each accessing a part of the brain where a stressful memory was stored regarding the subject or incident being focused in on. Doing ESR while the eyes were held in those positions eliminated the stress without us having to determine exactly what the situations were. This was a great breakthrough for us.

In our biokinesiology therapy we determine which of the seventy possible programs (called Creative Health Programs) are currently out of balance for the client. Each represents a different Psychological/Physiological (mind/body) breakdown and allows us to determine the emotions, acupressure points and possible nutrients to be used in order to restore the client to balance. Each program has five different emotions to work with. We would show the client how to work with the positive emotions but they were not always able to work successfully with those emotions. For example, let's say that you tend to be very insecure in many aspects of your life. Having you imagine yourself as being secure would sometimes have the opposite effect. It is almost like the contrast between feeling secure and your current position re-emphasized for you just how many insecurities you really had, making you feel depressed or hopeless about your situation. This is partly why we incorporated into our therapy work the other techniques outlined in my new book "Stress Release: Identifying and Releasing Stress Through the Use of Muscle Testing." Often the imbalances that we were endeavoring to correct with the Creative Health Programs were initiated by a specific traumatic event or period of time that the client went through. We found that if we stress released that event and any subsequent events that involved the same emotions before sending the client home to work on the positive emotions we obtained faster results still. This was a time consuming process for us particularly if we were working back in a person's childhood and they couldn't recall very much of that part of their lives. Now with our new technique we could release the stress involved with some of those traumatic events without having to identify them. Suppose that the client had been very badly hurt by having a close friend betray them when they were young and that more recent examples of disloyalty on the parts of other friends had "pushed the same buttons." We used to use the muscle testing to uncover those events then stress release them. Now the client could either get in touch with what it felt like to be betrayed or say "I feel betrayed" under the breath as they had fingers on the frontal eminences stress releasing as they very slowly rotated the eyes in a large circle first one way then back the other

way. These rotations picked up all positions where the eyes accessed parts of the brain with memories involving betrayal regardless as to what the situations were. We then had the client repeat the procedure with the opposite positive emotion, in this case "I feel befriended."

Frequently clients, when they begin doing the eye rotations, will go too fast and not release all the stress. It is thus a good idea to use your finger to pace them the first two or three times so that they get a good idea on the speed of rotation. The quickest way to verify that the ESR has been completed is to test both pectoralis major clavicular muscles. Then, have the client say the positive emotion, e.g. "I feel befriended" while testing first one arm with the eyes open, then closed, then repeating for the other arm, eyes open then closed. If the muscle weakens on any one of the four tests then there is still some stress to be released and the eye rotations will need to be repeated.

In Biokinesiology, we place aluminum foil over various parts of the body - navel, crown, under arch of foot, etc - to obtain different types of information or to place the body under stress to detect subclinical imbalances. After many weeks of research we have found that we can increase the effectiveness of the ESR technique by placement of aluminum foil on the center of the forehead over the reflex to the pineal gland, and under both heels, while the person does the ESR with eye rotations.

As a further example let me explain that there was a fire where Bernie was living in Seattle, last year about two months before we were to be married. She lost essentially everything that she owned. Since that time she has not enjoyed shopping. (Now, when you find a woman who doesn't enjoy shopping and spending money that is a real problem)! Apparently shopping reminded her of the shopping that she had to do to replace items lost in the fire. Even grocery shopping was difficult. She couldn't plan meals at all, just cooked one day at a time. As soon as we discovered where to place the metals Bernie did the ESR with eye rotations regarding shopping and the fire. The next day she went shopping and actually enjoyed it, planned and bought food for an entire week, and spent a lot of money (I wonder if these techniques can be reversed)?!

Reference: Topping, Wayne. "Stress Release: Identifying and Releasing Stress Through the Use of Muscle Testing," Bellingham, Washington: Topping International Institute, 1985.

PAPER FOR PRESENTATION - TOUCH FOR HEALTH FOUNDATION 10TH ANNUAL
WORLDWIDE MEETING JULY 9-14 UNIVERSITY OF SAN DIEGO, CALIFORNIA

PRESENTER: T. GLYNN BRADY (SYDNEY, AUSTRALIA)

SUBJECT:

A Study Of Improper Fat Accumulation (IFA), Related Theories And
An Original Solution: The IFA Program.

PREMISE:

Fat distributes in the human body according to degrees of
Acidosis and Alkalosis in the systemic bloodstream.

BACKGROUND:

A total of 1257 participants in the IFA Program (AUG82-MAY85)
showed that the patterns of improper fat distribution in the
upper and/or lower body were commensurate with patterns of
Acid-Alkaline imbalance and divisible into 4 main categories
(detailed later). Acid-Alkaline ratio was assessed by muscle
test responses directed to Sympathetic-Parasympathetic Dominance
and symptomology as indicated by Acidosis-Alkalosis, respectively.

Normalisation of fat distribution followed Ph correction of the systemic bloodstream. After marginal results during the first three IFA Programs, a success rate of 94-96% has since been achieved in the subsequent Programs. Results show that weight loss and fat distribution are independent of food quantities and caloric intake.

Statistics relating to 'rebound' weight gain have yet to be assessed - but early indications (in the first year following completion of any Program) are that significant resumption of weight is as low as 2 -5% and may well be one of the most valuable aspects of the IFA Program.

SAMPLE:

Of the 1257 subjects 1143 were female, 114 were male. Fat distribution for the females was mainly in the lower body. 12 of the females were obese, 4 were anorexic. Most males most showed improper fat accumulation around waist; a few wished to gain weight and two were body builders (related statistics are presented later in this paper).

The sample was taken from a broad spectrum of age (16 to 72), income levels, nationalities (mainly Caucasian) and climates (Program was conducted in 4 capital cities of Australia: Sydney, Melbourne, Canberra and Brisbane).

HISTORY:

In August 1982, 15 volunteers (14 female, 1 male) were accepted into a trial program and completed after four months of extensive muscle testing (mainly 5 Element Analysis/42 Muscle Test), trial of various dietary regimes (including fasting), exercising, meditation-visual imagery etc. etc. Methodology was conventional and results were equivocal: considerable changes in six, lesser changes in five, no change in four. Eleven of the subjects showed excessive fat distribution in the lower body; of these only four showed significant improvement (ie. loss of 3-4 inches/75-100mm off each thigh).

A second Program was initiated, this time with twelve subjects. Results were again non-conclusive but new understandings of weight loss and fat distribution emerged. Further muscle testing was conducted and the Program upgraded.

A new Program was formulated along the lines of what was to be the conceptual basis of the current IFA Program. Success rate was high and public interest intensified - despite the fact that the Program has never been advertised, nor have offers of media exposure been accepted.

Class levels are now exceeding 150 per Program in Melbourne and Sydney. The IFA method has been amended and upgraded through a series of nine Programs during which the four divisions of Acid-Alkaline imbalance - with corresponding patterns of improper fat accumulation - have emerged. These are:

- IFA TYPE A - EXTREME ALKALOSIS
- IFA TYPE B - MODERATE ALKALOSIS
- IFA TYPE C - MODERATE TO EXTREME ACIDOSIS
- IFA TYPE D - FLUCTUATING ACIDOSIS-ALKALOSIS

A fifth Program (IFA TYPE 5) is currently in the experimental stage and explores the possibility of Acid-Alkaline correction without inducing weight loss and is applicable to athletes. This Program may also be of value to those individuals who have an elevated Basal Metabolism and are unable to gain weight.

A sixth Program will be developed in the later part of this year for those whose Acid/Alkaline imbalances are psychosomatic in origin.

A SUMMARY OF CONCLUSIONS IN RELATION TO IMPROPER FAT ACCUMULATION IN THE LOWER BODY (IE. PROGRAM TYPE A, TYPE B AND % TYPE D).

The following regimes, disciplines etc. - when conducted intensively - will disturb Acid-Alkaline balance and accelerate the problem of weight gain, especially around hips and thighs.

1. DEPRIVATION OF FOOD AND/OR CATEGORIES OF FOOD, INCLUDING FASTING.
2. DIETARY INTAKE OF RAW FRESH FRUIT AND VEGETABLES.
3. DIETARY INTAKE OF HIGH POTASSIUM/CALCIUM/B-COMPLEX SUPPLEMENTS,
4. DIETARY RESTRICTION OF SODIUM (NOT SALT).
5. VIGOROUS/REPETITIVE EXERCISING.
6. REPETITIVE INTAKE OF ANY FOOD.

SPECIAL NOTE:

- A. ANY OF THE ABOVE FACTORS WILL CREATE CRAVINGS ESPECIALLY FOR SUGAR PRODUCTS AND PREDISPOSE WEIGHT 'REBOUND'.
- B. 'POSITIVE' AFFIRMATIONS DELIVERED IN THE PRESENT-AFFIRMATIVE AND FUTURE-AFFIRMATIVE MODES ARE NOT ACCEPTED IN THE AUTONOMIC NERVOUS SYSTEM AND GIVE LITTLE OR NO PSYCHOSOMATIC ASSIST TO PROPER FAT DISTRIBUTION.

DESCRIPTION OF THE IFA PROGRAM

The Program consists of twelve weekly Phases conducted over thirteen weeks. Fifty percent of the 3 hour lecture time nightly is given to the progressing IFA formulas which change each week; the balance of time given to lectures on nutrition, biology, psychosomatics and exercise to enhance self-management.

The breakdown of the twelve Phases is as follows:

- A. Initial five Phases establish Acid-Alkaline balance by:
 - i) dietary revision appropriate to Type.
 - ii) supplementary intake appropriate to Type.
 - iii) rebuilding of digestive capability especially pancreatic enzymes, hydrochloric acid, bile and saliva enzymes.
 - iv) IFA Minimum Movement Exercises initiate general lymph flow and re-establish integrity of abdominal and gluteal group muscles.
 - v) beginning detoxification process.

B. Phases Six to Twelve include:

- i) cleansing and detoxification of liver, kidneys, small and large intestine and gall bladder according to Type.
- ii) examination/restructuring of mental attitude.
- iii) reinstatement of pelvic and pectoral musculature by IFA Minimum Movement Exercises.
- iv) continuing supplementary intake appropriate to Type for maintenance of Acid-Alkaline balance.
- v) continuing dietary adjustment to eliminate repetitive patterns in food intake.

NOTE: At mid-Program Phases a one-day Workshop is conducted in basic muscle testing.

RELIEF OF SYMPTOMOLOGY

At the conclusion of IFA Programs 4, 5 and 8 participants in all States were invited to complete a questionnaire, part of which requested details of symptoms which had undergone complete remission during the Program. The following is a list of the most frequently reported remissions:

Improper fat distribution	Bloating after meals
Back pain	Constipation
Constipation alternating with diarrhoea	Flatulence, gas
Hypoglycemia	Fatigue **
Feelings of unreasoning apprehension	Sagging abdominal wall
Breast tenderness	Hiatus hernia
Acid indigestion and food reflux	Burning foot syndrome
Cigarette addiction	Depression
Bad taste in mouth	Poor night vision
Poor eye sight	Dry skin, dry hair
Neck and shoulder tension	Hypertension
Low blood pressure	Loss of libido
Excessive libido	Compulsive masturbation
Premenstrual syndrome	Adult acne
Alcohol dependency around 5.00PM	Herpes simplex
Insomnia	Hair Psoriasis
Gall Stones - 60-70% of every class reported passing gallstones during the Gall Bladder Phase.	

** In relation to fatigue the IFA Program has established that correction of Acid-Alkaline balance according to Type will relieve fatigue in minutes and is independent of rest-recovery concepts, especially where there has been no physical exertion.

Males enjoyed a remarkable success rate - losing significant centimetres off waist and regaining abdominal tone quickly. The two body builders (mentioned earlier) took part in competitions subsequent to the Program without 'cutting-up' and were amongst the place-getters. Fellow competitors were amazed when they learned that one of the IFA participants had dined out the night before! Both body builders reported that body changes were among the most effective in their careers.

Some participants reported they had been experiencing as many as 3-5 of the above symptoms. Included hereunder are statistics relating to more pronounced conditions:

- Obesity (12 cases - 10 remissions)
- Rheumatoid arthritis (4 cases - 3 remissions)
- Agoraphobia (1 case - 1 remission)
- Anorexia nervosa (4 cases - 4 remissions)
- Tenosynovitis (5 cases - 5 remissions)
- Autoimmune Disease (1 case - 1 remission)
- Diabetes (3 cases - all reported a 20-25% reduction of insulin intake)
- Epilepsy (1 case - 1 remission)
- Multiple Sclerosis (1 case - 1 remission)

IFA/TOUCH FOR HEALTH

The last 6 IFA Programs were followed by a basic Touch for Health Workshop. Class size averaged 72% of IFA enrolment. Subsequent follow-on to Instructor Training Workshop was significant: at the time of writing (MAY85), 76 IFA students have graduated as Touch For Health Instructors and a further 25 are enrolled to complete Instructor Training by mid-June '85.

An additional 17 IFA participants are enrolled in or have completed Instructor Training but undertook Basic Touch for Health with other TFH Instructors.

The majority of graduates declared their intent in pursuing TFH to Instructor level was to acquire the complete 'canvas' of Touch for Health to expand personal efficacy, self-management and true home care. Eighty-one percent of these ITW graduates are female, mostly housewives.

BIOGRAPHY

Glynn Braddy was born in Australia and graduated from Melbourne University with the degree of Bachelor of Architecture, 1966. A student of nutrition, altered states of consciousness and alternative medicine in five countries over 15 years, he completed Touch For Health Instructor Training with Dr. Bruce Dewe in New Zealand, 1982. The IFA Program was subsequently formulated in Australia '82-85. Glynn currently lives in Sydney with his wife Julie and their 7 year old son Jason James.

ON THE BALANCING OF CANDIDA ALBICANS AND PROGENITOR CRYPTOCIDES:
A TRIUMPH OF THE SCIENCE OF APPLIED KINESIOLOGY

BY STEVEN ROCHLITZ, M.A.

Abstract

The role played by Candida and Cryptocides in chronic degenerative and immunological illness is detailed. Muscle testing for imbalances due to the presence of these organisms is described. The author's discovery of, and complete procedures for, the now-celebrated Candida Balance (and for the Cryptocides Balance) are reported. Since Nov. 1983, it has been possible to rapidly balance the body (electromagnetically or meridian-wise) for imbalance due to these organisms. The body can then heal itself. After the Candida Balance, it is found in many cases that a "balancee" has lost nearly all chemical and pollen sensitivities and about half of the food sensitivities. Positive case studies and explanations for possible failures are cited. A tie-in with anti-oxidant and ageing theory and a new test to determine if amalgam (mercury) removal is a priority are reported. A more extensive text, written by the author, will be published later this year.

CAUTION: We in TFH, unless licensed physicians, only test for meridian balance or imbalance and not for disease. Similarly, any Balance described herein is not a treatment of a disease; rather, it is a meridian balance only. When the body's meridians and energies are properly balanced, the body can better heal itself. This is understood to occur in all case studies or recommendations to follow. Only physicians can diagnose, prescribe, or treat disease. Consult your physician for this work. We in TFH only test for and correct (balance) meridian imbalance. The present author has performed all this work under the aegis of licensed physicians.

It has previously been reported in this Journal¹ that allergy is often at the root of chronic, degenerative, physical and "mental" illness. C. Orian Truss, M.D. in 1977, demonstrated that the yeast or fungus, Candida Albicans, was often the etiological agent that caused or mimicked the allergic reactions.² At present, most clinical ecologists recognize that Candida, or the toxins it secretes in the body, weaken the host's immune system. They believe this can result in multiple, systemic allergies or ecological illness (and its manifestation -- chronic, degenerative illness). In addition, autoimmune disease; e.g., lupus, and even cancer, are being attributed, at least in part, to Candida by these physicians.

William Crook, M.D. notes³ that Candida can cause or aggravate gastrointestinal dysfunction (from bloating to colitis), skin disorders (including psoriasis), PMS, headache (including migraine), neurological disorders (including M.S.), arthritis, bladder frequency and pain, vaginitis, "emotional" disorders (including schizophrenia), fatigue, overweight, sinusitis, ear infections, poor memory or learning disorders. Complex endocrine disorders can also result.

Clinical ecologists usually prescribe the antifungal drug, Nystatin; failing this, Ketocanazole and then Amphotericin B. Some also recommend tabeebo tea (a.k.a pau d'arco/ipe roxo) or garlic. Special diets are often utilized. No yeast or mold containing foods are allowed, and no simple carbohydrates (sugars) are permitted. Nutritional supplementation and allergy avoidance/rotation diets are usually employed. A potentially serious side effect in killing off Candida is the Herxheimer or die-off effect -- as the Candida dies, excess toxins are temporarily secreted -- the host may be sicker for a short time. Beware! We must remember that Candida is in all of us, all the time; only unchecked overgrowths cause illness.

The large percentage of the population with some manifestation of Candidiasis is attributed to the following: antibiotics (which kill the Acidophilus bacteria which control Candida in the intestines), birth control pills, cortisone drugs, excess sugar intake, mercury from amalgam dental fillings.⁴ Bacteria in the mouth convert mercury into methyl mercury which is neurotoxic, immunotoxic and antibiotic. Nutritional deficiencies, environmental molds and emotional stress can also be causative in Candidiasis.

Another potentially devastating, albeit less notorious microorganism, is Progenitor Cryptocides. Since the 1940's Virginia Livingston-Wheeler, M.D. has isolated and worked with this organism and has concluded it is the cancer causing microbe!⁵ Most of the time it acts like a bacterium. However, it can change size and shape and maybe even function. It can shrink down to viral size and shoot through cell membranes. It can also exist in a fungal spore-like state. Dr. Livingston reports using an attenuated Cryptocides vaccine for 15 years with 80% effectiveness on cancer patients! Cryptocides is found in its virulent form in all the tissues of inorganic chicken. In 1970, Dr. Livingston made the astounding discovery that Cryptocides is carried by human sperm! It secretes choriogonadotropin (CG) hormone -- a growth hormone necessary to life and fetal growth and survival! So like Candida, we all have Cryptocides within us and it is only unchecked overgrowths that can cause problems.

Returning to Candida, many have benefited from Nystatin and then there are many of us that received no permanent significant improvement. By Nov. 1983, I had been a "hopeless" ecologically-ill individual for seven years -- actually my entire life as I look back (to 1951). Joan Hulse had "switched me on" and she recommended I take the advanced EK workshop. Unconvinced that I needed a workshop on learning disorders, I called Paul Dennison, Ph.D. He said he had a technique that could balance me for an allergy -- one at a time. I went to Pennsylvania. During the seminar I was reacting to perfume, nail polish remover, and even the chemicals emitted from the wonderful, but new, automated cross-crawl machine.

When Paul asked for a volunteer to demonstrate the allergy work, I did not hesitate. But immediately, out of desperation and from my knowledge, I asked myself the very daring question: if the body could tell you what it needs to be balanced for an allergy, why couldn't we go way beyond that and ask what it needed to be balanced for the organism causing allergies -- Candida? And, might this not then rid the body of most allergies at once? I was extremely anxious and "overenergized." If it worked, I would be well and I would have discovered how to balance Candida with many ecologically and immunologically ill people waiting! I did not tell Paul what I was doing.

In lieu of a Candida extract, brewer's yeast was used. It has similar antigenic properties, I reasoned. I also imagined that I was getting a Candida Balance. I later realized that either method worked, but an actual extract is always preferable. My body said it needed some TFH meridian work and then ESR. During that one minute of ESR from Paul, my face turned red and I felt as if I was burning up (a possible Herxheimer effect).

I got off the table and passed by the fellow who added fresh cologne to his person several times a day, always making me sick. IT DID NOT AFFECT ME! I drove home to New York and for the first time in my life, petrochemical fumes did not bother me! I went to stores and opened up every bottle of perfume, ink, or petrochemical around -- no reaction. I ate alfalfa sprouts without a reaction! Alfalfa had made me very sick -- it is a grass like the pollens in the air that made me very ill systemically every summer of my life. I reasoned that this meant I had lost my spring and summer pollen allergies. This later proved to be the case!

I set out to make sure I was no fluke, that I could safely offer this work to the world. I had my first client within a week. Ellen was a desperate ecologically-ill person who originally came to see me with severe, documented hypoglycemia. Her knees would buckle (adrenal exhaustion) if she didn't have beef every 45 minutes. She was a

universal reactor with fatigue, depression, skin and sinus conditions. I performed the world's first deliberate Candida Balance. She informed me that later that day she was able to eat all foods and that chemicals and molds didn't bother her. Soon, all her symptoms cleared up and haven't returned at this writing. She has unbounded energy and well-being, going from 12 to 5 hours of sleep, and from rotating organic food to eating anything she wants. Thus was born in Nov. 1983 the Rochlitz Candida Balance.

After several more exciting cases, I informed Paul of my work and the Candida Balance became one of the mainstays in the EK arsenal. Paul estimates 4000 people around the world have received it. Several things were immediately obvious to me: 1. Instead of balancing the results of infectious microorganisms with TFH/AK, we can ask the body what it needs to be balanced for the organism itself. 2. Only specific asking will work. I had received ESR many times before, but only as part of a Candida Balance did it alleviate Candidiasis in me. 3. The manner of asking may not be crucial. I did Ellen "all wrong". As I had been the one worked on in Pennsylvania, I did not recall Paul's checking for chakra imbalance and corresponding alarm pt. corrections. I simply asked her body what work was needed for the Candida Balance. At the seminar, I first learned of the now 10 year old method of asking the body questions via muscle testing. Although at first mind-boggling, it is on a par with biofeedback techniques. Skin response testing (GSR)⁶ reveals the body knows all the things we ask via muscle testing. In general, we should follow the procedure as taught by Paul for optimum balancing.

Additional case studies. Barbara came to me with various metabolic disorders. A 24-hour urine assay for amino acids had 17 of 30 out of the normal range. We did the Candida Balance. Another assay had only 7 out of 30 abnormal! Even "asymptomatic" people usually have about 8 of 30 abnormal. I didn't know what had happened. Some time later, an article by Dr. Truss appeared.⁷ He reported that after lengthy Nystatin therapy, amino acid metabolism began to normalize as judged by the same assays I did. (Pollen allergies were also eliminated, at least in part.) I was working on the frontier of knowledge and didn't quite know what had occurred.

Bill, age 55, had severe hives and potentially life-threatening throat swelling after eating. Several allergists were unsuccessful, via RAST and skin testing, to find the culprits. After avoiding food sensitivities based on my scheme of testing, he had no more reactions. After the Candida Balance, nearly all pollen and chemical sensitivities no longer showed up. Two-thirds of the food allergies met with the same fate. He was balanced for the remaining ones. He has been able to eat all foods without reaction and feels "like an eighteen year old".

A Candida Balance has helped one person to overcome Herpes cold sores. This agrees with the view of clinical ecologists that Candida weakens the immune system and then other stressors wreak their havoc. Elaine, 14 years old, had psoriasis for two years. Several dermatologists and my diet and supplements were of no benefit. After the Candida Balance, she was worse for five days, but in a month her skin was virtually normal. The validity of the Candida Balance is being authenticated by several practitioners via cultures, blood tests, or Voll measurements.

Several people I've seen with thyroid disorders test as having a Cryptocides imbalance. This would be a new finding if verified by pathologists. Two people who had had cancer years ago, reported feeling much better after the Cryptocides Balance. In one case, it was the only thing that improved cerebral functioning. Usually though, a Candida Balance clears both Candida and Cryptocides imbalances. This indicates that the Candida imbalance appears first! Many physicians have noted that cancer patients have a history of either oral thrush or fungal nails. The Candida and Cryptocides "camps" can thus be united!

If verified, I may have discovered that Candida imbalance ties in with the ageing process via anti-oxidant theory. In the body, highly reactive substances called free

radicals attach themselves to anything. In the long run, this is believed to accelerate ageing. In the short run, it is part of the internal disorders of the ecologically ill, according to new research. Anti-oxidants; e.g., some nutrients, are the body's natural defense against free radicals. The body says that imbalances due to Candida overgrowth are simultaneous with loss of anti-oxidant capacity! We can check with more than just asking the body. Peroxide, held on the thymus is the test for loss of anti-oxidant capacity, if weak on testing.⁸ But, 100% of the time I have found this correlates with weak response(s) on Candida imbalance testing with a Seroyal dilution on the organs or meridians. Thus, the peroxide-thymus test has become my quick test for Candida imbalance. This would imply that even if one is not ecologically or immunologically ill, the Candida Balance may be an anti-ageing modality. I intend to have biochemists follow up this new lead. (As there are many strains of Candida, physicians can test and balance with a mucosal culture from the patient.)

In testing for Cryptocides imbalance, I was using inorganic chicken tissue in lieu of an actual dilution. In light of Dr. Livingston's discovery of Cryptocides in sperm, I began testing with a semen sample! It has given 100% correlation with the chicken testing, so I use both.

If these Balances do not hold, it may be due to the following reasons: #1. A.K. problems, inaccuracies, improper testor-testee pairing, not a priority, etc. #2. Nutritional depletion. The Candida Balance is only a meridian balance, but it will then allow the body to fight Candida in a more harmonized way. However, anti-oxidants are needed by the immune system for this task. It has been found that phagocytes (white blood cells) can surround Candida cells, but they cannot kill the fungus with their enzymes if they are low on selenium.⁹ I always attempt to balance the body chemistry before the Candida Balance.

I usually perform complete AK sensitivity testing (foods, chemicals, and pollens) before doing the Candida Balance. Just as Candida can lead to multiple allergies, I believe autotoxins secreted during an allergic reaction can weaken the immune system to the advantage of Candida again. After the Balance, most pollen and chemical sensitivities, and about half or more of the food sensitivities, no longer test as being present. However, based on studying immunology, I ask the body, "due to the half-life of white blood cells or antibodies, what period of avoidance must be followed regarding the foods that now test strong?" It is usually 4 - 8 days. You see, even though a substance tests strong, there are still antibodies in the body to that substance. They do not vanish! This must mean what we are testing via AK is the generation of present electromagnetic fields pertaining to some abnormal type of antibody. This is also the case in Candida imbalance testing. Apparently, a balance halts this generation, but we must still wait for the degradation of the "improper" antibodies of "former" sensitivities. Therefore, #3. Insufficient period of avoidance of "former" sensitivities.

After 4 - 8 days, I retest all sensitivities. For most people, sugar (sucrose) and mold containing foods still test weak. Failure to comply is reason #4. (I am presently working on the solution to this.) Part of the problem may be mercury or methylmercury killing acidophilus in the intestines. Replacement of amalgam with porcelain may be a priority. If T.L. of an amalgam tests weak, it can be corrected by laser (Sheldon Deal, D.C.) or demagnetizer (Victor Frank, D.C.). It will test strong. I have demonstrated that in many people this is insufficient as follows: T.L. the acidophilus body point (4 fingers around the right rib cage). If weak, strengthen with acidophilus held on the body. Now, run saliva along an amalgam that was "corrected" and T.L. it. In some people the strong, previous response now goes weak! This indicates mercury or methylmercury would kill acidophilus as soon as it were ingested, thus leaving Candida a foothold again. This is the Rochlitz amalgam-acidophilus test. A weak response is a possible indication of amalgam replacement/sugar avoidance. Consult your holistic dentist.

Finally, reason #5. Failure to avoid caffeine and menthol or salicylate substances,

in some cases. These substances are known to interfere with a constitutional homeopathic remedy; I believe the same healing "levels" are reached in the Candida Balance. This brings us to the nature of the Candida Balance. It is, as noted above, an electromagnetic balance only. Overgrowths are not directly or immediately affected in any appreciable amount. This is fortunately the case! Otherwise, we might harm the host. We make an analogy with Vitamin C and cancer. When this was first tried, it was found that Vitamin C worked so well that tumor "toxins" accumulated in the liver in sufficient amount to kill the host.

But, after the Candida Balance, the body can then go after overgrowths perhaps assisted by Nystatin/taheebo/garlic/Caprystatin from a physician. In lieu of a culture test or skin test or, best of all, the newer antigen-antibody blood test (all these tests having their own inaccuracies), we ask the body questions. Periodically, ask, "since the Balance what percentage of actual overgrowth is no longer present?" Always take this methodology with a grain of salt. However, when 60-70% of maximum overgrowth (which was determined by a physician) no longer tests as present, this is when I find pollen and chemical sensitivities no longer affect the "balancee" as determined experientially. So, the Candida Balance appears to afford a "deep", homeopathic-like healing. But here, no foreign substance and no external "prescriber" is needed! No other person can know the body or remember its symptomatology as well as the balancee's own internal "biocomputer". Now, always make clear the distinction between what I call the electromagnetic effect and the mass effect, to the balancee. The former occurs immediately and in some people immediately affords loss of some sensitivities. This implies that the effects of Candida or its toxins were causing electromagnetic problems (like switching) in the body and this has been halted. Take as much time as needed with diet/life changes and go for 100% on the mass effect and work with the balancee's physician, especially with regard to any Herxheimer effect. And, do your TFH!

The Rochlitz Candida Balance and the less frequently needed Cryptocides Balance are great achievements for me. More importantly, they are triumphs for EK/TFH and for the very science of Applied Kinesiology. Clearly, they demonstrate that instead of correcting the myriad of imbalances due to an opportunistic organism's effect on the body, we can balance the body for the organism and its cause. With this Balance, over-energy is halted, generation of improper antibodies may cease, and what we observe is a unified, harmonized body then healing itself regarding the organism. While I still perform these Balances in my own modified EK version, any AK system of tapping into the human "biocomputer" will work. I am pleased that Richard Utt, founder of Applied Physiology, and Nancy Daugherty have included the Candida Balance in their own methodologies.

These ideas and the more recent discoveries in the subsequent paper are expounded upon in my two-day seminar: Human Ecology Balancing Sciences. These papers are excerpted from the forthcoming book, Towards A Science of Healing, copyright 1985. Nutrition, human ecology, and AK are the sciences utilized in the seminar and book. For further information contact the author at P.O. Box 1134, Setauket, New York 11733.

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References

1. Rochlitz, Steven: "Recent Innovations in Allergy Testing." International Journal of Touch For Health. 1984, 2:126-136.
2. Truss, C.O.: "Clinical Observations on Candida Albicans." Paper presented at the Eighth Scientific Symposium, Academy of Orthomolecular Psychiatry, Toronto, 1977.
3. Crook, William G.: The Yeast Connection, 2nd Ed. Jackson: Professional Books, 1984.
4. Russell-Manning, Betsy: How Safe are Silver (Mercury) Fillings? Los Angeles: Cancer Control Society, 1984.
5. Livingston-Wheeler, Virginia and Addeo, Edmund G.: The Conquest of Cancer: Vaccines and Diet. New York: Franklin Watts, 1984.
6. Brown, Barbara B.: New Mind, New Body -- Biofeedback: New Directions for the Mind. New York: Harper and Row, 1974.
7. Truss, C.O.: "Metabolic Abnormalities in Patients with Chronic Candidiasis." Journal of Orthomolecular Psychiatry. 1984, 13:66-93.
8. Hefferman, Michael: "Questioning the Necessity and Validity of the Cytotoxic Test." Nutritional Consultant. February, 1984.
9. Levine, Stephen A.: "Yeast Infections and Food Allergies: In Support of Your Immune System." Allergy Research Group Newsletter.
10. Green, G.M.: "Phagocyte Activity". Science, 1968, 162:810-84.
11. Levine, Stephen A. and Kidd, Parris M. "Antioxidant Adaptation: A Unified Disease Theory." Journal of Orthomolecular Psychiatry. 14:19-38



STEVEN ROCHLITZ, M.A.

A NEW FORM OF BRAIN HEMISPHERE REPATTERNING; THE CANDIDA-ACETALDEHYDE,
FORMALDEHYDE AND CRYPTOCIDES HYPOTHESIS; NEW POSTULATES OF HEALING

BY STEVEN ROCHLITZ, M.A.

Abstract

It is hypothesized for the first time, that lack of proper brain hemisphere patterning (integration) and any resultant learning or other disorders are due to the presence of the following substances in the body, especially the brain. These include Candida toxins, especially acetaldehyde; the chemically-related, ubiquitous formaldehyde; endogenous formaldehyde and/or related substances; and the toxins of Cryptocides. The author's 1984 discovery of a more permanent brain hemispheric repatterning is reported -- the author's previous discoveries, the Candida and Cryptocides Balances, can intrinsically integrate the brain hemispheres. The Dennison Laterality Repatterning (DLR) will be only temporary if the above toxins are present; sufficient levels may not even allow for DLR at all. The DLR is discovered to be an electromagnetic Candida Balance of the brain; the cloacals is revealed to be a similar Balance of the rest of the body (of less permanence than the usual Candida Balance). New uses of DLR are revealed. The Candida Balance demonstrates new postulates of healing. This work also reveals the unity of the work of Rochlitz (Candida Balance), Dennison (DLR), Hulse (Thymo-Kinesiology Balance), and Ferrari (cranials and cloacals). Also herein are the Rochlitz Aldehyde-Dyslexia Hypothesis and the Rochlitz Aldehyde Balances Types I and II.

CAUTION: The author's CAUTION at the beginning of his previous article is considered to be in effect here too.

The author's first in-depth exposure to the nature of learning disorders, dyslexia, and brain hemisphere balance and integration was in the Edu-Kinesthetics class of Nov. 1983. The great advances made by Paul Dennison, Ph.D. (founder and instructor in E-K) were evident. Paul attributed the far greater proportion of dyslexics in western society (as opposed to say the Middle East) at least in part to the stress of reading from left to right. Due to my personal and professional expertise in nutrition and human ecology, I suspected there were other causative factors. From the outset, I suspected allergies and Candidiasis may be the leading culprits in learning disorders.

Most of the people who see me for consultation are suffering from obvious effects of allergy and Candidiasis. (This may temper or skew some of my results.) After taking Richard Utt's advice -- utilizing the Bach Flower remedies Gorse/Pine on ST 12 to neutralize my expectations -- I saw that in many of my clients the Dennison Laterality Repatterning (DLR) was not holding. They needed to be repatterned (DLR) again. Simple cross-crawl would not do it. This and other evidence led me to suspect that allergic mediators or Candida toxins or Cryptocides toxins continually secreted in the body caused the loss of repatterning (integration). In some of my worst cases, DLR proved impossible. Since Nov. 1983, I reasoned to myself that if allergies/Candidiasis can wreak such havoc in the body, as they are known to do, why couldn't they be responsible for lack of brain integration? It is known that if a mother harbors Candida in utero, or vaginally, the fetus may turn out to have allergies/Candidiasis. Couldn't a similar scenario hold for learning disorders and dyslexia at least some of the time?

By December 1984, many things became clear to me. If lack of brain hemisphere

integration is a result of Candida toxins or Cryptocides toxins, could a Candida/¹ Cryptocides Balance intrinsically repattern (integrate) the brain hemispheres?! This would be repatterning without repatterning!! In the above month, I had my first case.

Jacob was a former, brilliant computer scientist; but was unable to think for several years when I first saw him. After employing Gorse/Pine, what Jacob had known all along became obvious to me -- DLR had not held and all the cross-crawling he had done was making him worse! After realizing this, I asked his body how often he needed to be repatterned. It was twice a day! With great difficulty, the former genius wrote down the instructions so he could do it himself. He called several times to make sure he understood the DLR. He later reported his first improvement. Now, I had done a Candida Balance on him and it held. A clue was that his family owned a large chicken processing company and over the years he truly consumed "mass quantities". Was he a candidate for a Cryptocides Balance and would this Balance intrinsically repattern / integrate his brain hemispheres permanently?

A Cryptocides Balance was performed. The brain hemispheres integrated without any repatterning per se! This integration has proven to be "permanent" to date; he hasn't needed to repattern himself since. Within 2 months he read a book for the first time in 5 years.

In Jan. 1985, 10 year old Julie came to see me. Julie was a very energetic gymnast who would get dizzy every time she had to spin or tumble on the balance beam. (She also had episodic asthma.) Dennison laterality testing indicated her right brain hemisphere was indeed "switched off". Tracking and all other tests verified this. No DLR was ever attempted. Instead, I did the Rochlitz Candida Balance. Laterality testing, tracking, etc. all indicated the right hemisphere switched on. The ultimate tests are, of course, experiential. She was asked to tumble. After several tumbles, she said that for the first time in her life there was no dizziness after each tumble! Thus, the Rochlitz Candida Balance/Cryptocides Balance can intrinsically repattern (integrate) the Brain Hemispheres. This repatterning, without repatterning, effect, will henceforth simply be called Rochlitz Repatterning. For reasons that will soon be obvious, the Candida/Cryptocides Balances will be called Rochlitz Aldehyde Balance Type I.

Shortly after hypothesizing this latter type of repatterning, what may be the final piece of the puzzle became known to me. In a seminal article, C. Orian Truss, M.D. hypothesized that acetaldehyde, secreted by Candida Albicans, is the toxin that weakens the immune system, endocrine system, nervous system, and a host of other metabolisms and tissues.³ Now, acetaldehyde is the next larger aldehyde (in the aliphatic chain) after the simplest one -- formaldehyde. Back in Dec. 1984, before my toxic, volatile acetaldehyde arrived, I decided to test what I now call the Rochlitz Aldehyde Dyslexia Hypothesis. I would use formaldehyde, in lieu of acetaldehyde. I reasoned that I had seen the gestalt or right brain hemisphere (in most cases) "switch on" in as little as 2 cross-crawls with the eyes to the upper left (DLR). Was it not probable that infants look in that direction while crawling for just a short time? Could acetaldehyde in the blood or brain prevent infants from attaining integration? A plausible AK test would be to tape formaldehyde to the gestalt hemisphere and see if DLR would take place. In Dec. 1984, I had my first subject. DLR would not take place -- no integration! The formaldehyde was taken off and DLR then occurred! A month later when I was able to obtain acetaldehyde I repeated this experiment with the same results!

But, the formaldehyde experiment yielded information on its own accord. Firstly, formaldehyde is a temporary metabolic product in the body -- endogenous -- before it

is broken down in the liver. Secondly, in the misbegotten, modern, artificial view held by many in this country, what is a baby likely to crawl on? A new rug -- emitting large amounts of that ubiquitous toxin formaldehyde! Thus, I hypothesize that acetaldehyde from endogenous Candida and endogenous or exogenous (external) formaldehyde can prevent hemispheric integration from occurring naturally in infants. The continual secretion of these chemicals may also keep DLR from being permanent. Now, Cryptocides usually exists as a bacterium which apparently doesn't secrete acetaldehyde. This microbe is, however, able to assume fungal form.⁴ Perhaps, then, it can secrete acetaldehyde or, perhaps, it secretes another toxin that interferes with hemispheric integration.

In piecing these ideas together, I realized that if DLR does hold, it may hold because it is actually an Aldehyde Balance! Ten people have had the following experiment performed on them. One or both brain hemispheres yielded a weak response when tested with acetaldehyde, formaldehyde or Candida extract. Candida and acetaldehyde often yield the same result with muscle testing. This may mean that at least some of the time, the Rochlitz Candida Balance may be an Acetaldehyde Balance. DLR, when it held, always yielded a strong response on retesting the two aldehydes and Candida extract, as I expected.

This means that DLR is a Candida/Aldehyde Balance of the Brain Hemispheres. In fact, as part of the entire puzzle I am piecing together, I hypothesize that DLR occurs because it is an Aldehyde Balance! It is the Aldehyde(s) that prevent integration, and any technique that balances the brain hemispheres and possibly the liver simultaneously for the aldehyde block, will automatically allow the hemispheres to integrate. The whole body Candida/Cryptocides Balance intrinsically integrates the brain hemispheres because it does for the whole body what DLR does for the brain -- it Balances Aldehyde(s).

Armed with these discoveries, I set out to see if I could integrate the different schools of brain integration itself. In addition to EK, there is Joan Hulse's Thymo Kinesiology (TK) and Carl Ferrari, D.C.'s dyslexia cure. TK includes DLR and cloacal corrections. Ferrari's work includes (among other corrections) cranial (especially sphenoid) adjustments and cloacals. I then postulated that (i) the cloacal corrections may be an Aldehyde/Candida Balance of the body below the neck/head; and (ii) the Ferrari cranial work may be an Aldehyde/Candida Balance of the brain hemispheres -- and because of this it probably allows the hemispheres to integrate in the same manner that I may have demonstrated the DLR works. At this writing, I have tested 5 subjects with the cloacal hypothesis. In all 5, cloacal corrections balanced (strengthened) previous weak responses to the Aldehydes or Candida. In one case, to date, Arthur Cushing, D.C., under my direction, performed the Ferrari cranial work on a subject. Acetaldehyde and Candida tested weak before the cranial adjustments and were strong after. Dennison laterality testing was not done before and after; I will have the results of this on other subjects at the annual convention. But, I hypothesize that the Ferrari cranial work is an Aldehyde/Candida Balance of the brain hemispheres and, as with DLR, this will intrinsically let the hemispheres come together. Thus, the TK Balance (DLR and cloacals) and the Ferrari work (including cranial and cloacals) are full body Aldehyde/Candida Balances. Note that I believe unless massive overgrowths of Candida, if present, are eliminated, both the DLR and the Ferrari work will prove not to be permanent. In the case of the Ferrari work, I have already spoken to one D.C. who has told me this work has often needed to be repeated. Even the Candida Balance itself will not hold if massive overgrowths are not actually eliminated, such as in diet/Nystatin or taheebo therapy from a physician. The Candida/Acetaldehyde Balance, after all, is electromagnetic in nature and cannot immediately destroy all overgrowths. This may be why in some of my clients, after one episode of ingestion of sucrose, they lose the Candida Balance. Candida metabolizes sucrose (and other sugars) to acetaldehyde. Sucrose is the most harmful.

If this work is correct, we understand why DLR works -- it is an Aldehyde Balance. But, how does it work? Cross-crawl would activate the corpus callosum. Looking to the left activates the right brain hemisphere. Looking to the upper left activates the third cranial nerve which activates the spine and would innervate the visceral organs.⁵ Could the DLR work because it activates the corpus callosum, the gestalt brain and the liver -- where aldehydes are degraded? There are several ways to help verify this hypothesis: 1. While a subject is attempting to repattern with DLR, a testor could place a weakening magnetic field on the liver or do some weakening via the Golgi tendon or spindle cell technique on the Pectoralis Major Sternal muscle. If integration would not occur, the same weakening technique could be performed on some other organ/meridian. As only the liver should be involved with degrading acetaldehyde, the latter weakening should not stop DLR from working.

2. An alternative would be to devise some other repatterning. A simultaneous cross-crawl (eyes straight ahead) with a humming and Goldi/spindle strengthening of PMS or magnet use would activate the corpus callosum, right brain, and liver. Would this integrate the brain hemispheres? I hope to have the answers by the time of the convention. If it does, we have the possibility of an infinite number of repatterning methods which I call Rochlitz Aldehyde Balance Type II (only the brain). Type I is for the entire body. If integration is not achieved, DLR will be more unique -- all visceral organs energized from the third cranial nerve?

I have discovered new uses for DLR: 1. It appears to potentiate homeopathic remedies and possibly prevents side effects of constitutional remedies when performed as indicated below. It also appears beneficial when the only known source of a nutritional supplement is allergenic. It also may help in reestablishing acidophilus when performed. The DLR creates a normalizing resonance for the nutrient or remedy. Perhaps, as per Joan Hulse, cloacals should also be done after the DLR for those results to achieve "full-body resonance." 2. It can be used as a "fix" for food sensitivities. In accord with Hans Selye's stress discoveries,⁶ there are three phases of food allergy stress: (i) an allergic reaction can actually energize you; (ii) an addictive and somewhat "run-down" type of response; and (iii) extreme reaction -- completely debilitating. This technique should not be tried with foods in class 3, unless done by a physician. This technique, I believe, may only degrade an allergic reaction one step, say from class 2 to 1 or 1 to 0. I'm not sure you can go from 2 to 0 or 3 to 0 at this point. This is why I call this technique Rochlitz Allergy Degradation via Dennison Repatterning, RADDR (pronounced RADAR). If the food tests weak when held on the gestalt hemisphere, place it there and/or under the tongue and immediately perform DLR. I have seen it work wonders on some people, but is not foolproof. (Consult your physician.) You can prioritize the correction.

Another discovery I have made is that if one corrects all energy "feeders" to the brain in the Dennison scheme and saves DLR for last, the "mental fitness energy" is always 27. This means that the brain counts 1/3 of its energy from each of the hemispheres and a full 1/3 from the integration of the two. Testing on over 50 subjects has verified this.

Let us go over some of these new and tentative ideas here. It is hypothesized that acetaldehyde from Candida, and less frequently endogenous or exogenous formaldehyde and presumably some aldehyde from Cryptocides prevent hemispheric integration from occurring and can make DLR correction untenable in some cases. Presumably, the brain, especially the connection of the gestalt hemisphere to the corpus callosum is very easily adversely affected by aldehydes. So, this will be the first tissue feeling the affects of aldehydes. The liver, where aldehydes should be metabolized, might be the second organ affected. Aldehyde catabolizing enzymes, after all, are not infinite in amount or capability. The pancreas and other organs may follow suit. Now, if the amount of aldehyde is small and/or the infant has a genetic predisposition towards "strong" internal organs, only the brain integration might be affected. The

infant/child also has the benefits of youth. As the dyslexic gets older, does he not develop allergies or other immunological or chronic degenerative problems?

The Rochlitz Candida Balance may really be the Rochlitz Acetaldehyde Balance much of the time. This and the Cryptocides Balance may intrinsically allow for hemispheric integration., (Both Candida and Cryptocides have been found in brain tissue by William Philpott, M.D.) This effect -- Rochlitz Repatterning -- was not seen before due to the nature of A.K. If an effect is not in the "universe of possibilities"* as a philosopher might say, it won't take place in all probability. You have to ask the body first, in some manner. I believe ultimately this will be considered to be a quantum mechanical effect. Asking (measuring) the system alters the subsequent probability states. I do not perform DLR on a dyslexic if the Rochlitz Aldehyde (Acetaldehyde, formaldehyde or Cryptocides) Balance will achieve integration. However, you must do all the other EK corrections that you would do after DLR ordinarily. The Rochlitz Repatterning effect implies that lack of integration is a result of aldehyde affecting the corpus callosum and gestalt brain. I believe it is the connection that is affected.

The Rochlitz Aldehyde Balance Type I (which can intrinsically integrate the brain hemispheres) is a full body Aldehyde Balance. This can be any modality that enables the body to properly catabolize or eliminate production of aldehydes. This could include the Rochlitz Candida/Cryptocides Balance, a formaldehyde balance, lengthy Nystatin therapy from a physician, diet/life changes, colonics, fasting, etc. It may also include the combination of DLR and cloacals (TK balance from Joan Hulse) and the Ferrari work (cranials and cloacals). Due to the lengthy work on muscles and the presumably balancing effect on the corresponding organs, the lengthy Candida Balance should be more beneficial towards achieving a more lasting Aldehyde Balance. Apparently, the cloacals causes a resonance below the neck/head similar to the resonance attained by DLR for the brain. This was somehow intuited by Joan Hulse. The cloacals is intrinsically corrected if the Candida Balance is performed; again indicating this is superior and is the priority.

In actually performing the Rochlitz Candida Balance, the EK way, we observe new postulates of healing which are to some extent variations of Herring's Law of Cure. First test to find meridian/organ imbalances due to Candida or Acetaldehyde. The Candida Balance will involve corrections working back in time on the meridians/organs affected by Candida/Acetaldehyde imbalance. Every hypoglycemic and diabetic I have seen tests as having this imbalance in the pancreas. In carrying out the Balance, the latissimus dorsi will "ask" to be balanced, in the way I perform it. Usually, this is also the case for P.M.S./liver. The latter usually gets worked on near the end of the balance in agreement with the hypothesis that the liver would be one of the first organs affected by acetaldehyde. The frequent top to bottom sequential muscle balancing "asked for" is a possible indication that the pitch "computer" may be ⁸ affected by Candida/Acetaldehyde imbalance. Probably, the Roll and Yaw "computers" are also affected. Occasionally, the last muscle to be worked on is the hamstrings, presumably in accord with the large intestine where Candida feeds and harbors very early in the disease process as noted by clinical ecologists. Often, the EK techniques of muscle stripping/cobra are the last form of body work required. These techniques can correct spinal and cranial imbalances (sound familiar?). This would be in accord with the hypothesis that the brain (or its integration) is often the first organ affected by Candida/Acetaldehyde. ESR is sometimes the first and/or the last technique required. This indicates emotional stress can be a result or part of the cause of the problem. Indeed, any time body work is asked for, it may help balance Candida/Acetaldehyde. The body may say, in effect, "yes, I have this problem and I'll put this energy you're giving me towards correcting my #1 problem." Paul Dennison reports most people getting EK body work report much improved bowel

movements. Clinical ecology would tell us what the usual culprit, in faulty bowel movements, is.

This work, if verified, reports a new, more permanent form of brain hemispheric repatterning. We have a plausible explanation of why and how DLR works. We have integrated the different "camps" of dyslexia correction and have seen how they all work -- hemispheric or full-body Aldehyde Balances. The Rochlitz Candida Balance may often be the Rochlitz Acetaldehyde Balance. (Note any dilution of Candida should also be a dilution of a product is "sits in", namely acetaldehyde.) New postulates of healing may be uncovered by this work. I intend to share these results and the Rochlitz Aldehyde-Dyslexia Hypothesis with the leading clinical ecologists and to have a book out shortly. Other researchers are asked to repeat these experiments.

References

1. Rochlitz, Steven: "On the Balancing of Candida Albicans and Progenitor Cryptocides." This Journal.
2. Rochlitz, Steven: Ibid.
3. Truss, C.O.: "Metabolic Abnormalities in Patients with Chronic Candidiasis." Journal of Orthomolecular Psychiatry. 1984, 13:66-93
4. Livingston-Wheeler, Virginia and Addeo, Edmund G.: The Conquest of Cancer Vaccines and Diet. New York: Franklin Watts, 1984.
5. Private Communications with Heller, Irwin, D.C. Student, National College of Chiropractic.
6. Selye, Hans: The Stress of Life, 2nd Ed. New York: McGraw Hill, 1976.
7. Philpott, William and Kalita, Dwight K.: Brain Allergies. New Canaan:Keats, 1980
8. Utt, Richard. "Pitch, Roll and Yaw and Electromagnetic Switching." In this Journal or through IIAP.

APPLIED PHYSIOLOGY

HYPO AND HYPER MUSCLE TESTING

by
Richard Utt

It is nice to get a chance to reach out to all of you and share some of the new concepts that have been developed at my research laboratory in Arizona. One of the earlier discoveries I made several years ago was that each muscle can be tested for its hypo- and hyper-active conditions with simple manual muscle testing. This discussion was presented at the 1984 annual meeting in San Diego, California. Unfortunately the amount of information to be covered was not consistent with the time available, and too many new concepts were presented all at once. After looking at the marvelous article on facilitation by Gordon Stokes and Daniel Whiteside in the October-November 1984 issue of the *In Touch for Health* magazine, I have decided to give the information to you in bite-sized pieces rather than all at one time. In this article I will be discussing the hypo condition and the hyper condition for any given muscle.

To make a long story short we activate not only the Golgi tendon organs (GTO) and the spindle cells in the belly of the muscle whenever we muscle test, but also other sensors (or proprioceptors) are brought into play: the Pacinian corpuscles, the Ruffini end organs, and the Golgi organs in the joint. These proprioceptors send signals to the spinal column and the central nervous system and then on to the brain from each given muscle and corresponding joint structures. The brain's response is sent to the central nervous system and then back to the muscle and to all corresponding antagonist muscles to make a change. The details are quite complicated. Rather than getting into a lot of medical terminology at this time, trust that this process does happen. And when I say trust, I assume that you trust that the GTO and spindle cell technique discovered by Dr. George Goodheart does exist and works on the same principle. (It is this discovery that originated the science of Applied

Kinesiology.)

To go further we already know from *Touch for Health* that in the process of testing a muscle we put a muscle in its contracted state. We put the limb into such a position that the muscle is contracted and not twisted so that the fibers are as even as they possibly can be. When the muscle does not hold its locking position it is said to be hypo, "weak", or "underenergy". This concept is basic to muscle testing. This is the process we know as manual muscle testing. It is taught in *Touch for Health*, the *International College of Applied Kinesiology*, and "Muscles, Testing, and Function" by Kendall and McCreary.

The new Applied Physiology concept that we present here is that the muscle is not tested just from contraction towards extension. We also test the muscle from extension towards contraction with the muscle now extended to near its fullest with all its fibers as close to alignment as possible without many of the fibers being twisted. This is the opposite condition to conventional manual muscle testing. In the usual muscle testing theory we understand that we are not testing the muscle that has been extended because we can only test the muscle in its contracted state. This is true, but the muscle in its extended state is still isolated. I interject this thought at this point: it is the proprioception of the isolated muscle that sends signals to the central nervous system, to the brain, and back from the brain to the central nervous system and to the antagonist muscles. Now testing the extended muscle from extension back towards contraction is in reality testing the antagonist muscles as a group. In some instances it is a direct antagonist, such as adductors to gluteus medius, hamstrings to quadriceps, biceps to triceps. But in many other instances we are bringing into line groups of muscles. For example when we test the pectoralis major clavicular (PMC) in extension back towards contraction, the antagonist muscle group includes the latissimus dorsi, supraspinatus, subscapularis, and all other muscles attaching to the opposite side of the humerus from where the PMC muscle inserts onto the humerus. In a normal or homeostatic condition, the antagonist muscles individually or as a group should

lock, i.e. test "strong". If they do not lock and test "weak", then we say that the isolated muscle being tested in extension towards contraction is hyper.

For example, let's test a muscle, say the biceps, that has a single direct antagonist, in this case the triceps. We extend the biceps so that the arm is at approximately a 160-degree angle (we don't want to lock the joint since we would not get a true indication from the triceps muscle). Now we test the biceps from extension towards contraction, which is the same as testing the triceps from contraction towards extension. If the test indicates a "weak" or unlocked triceps, we then say that the triceps appears as hypo, but we can also say that the biceps are hyper.

But to understand this concept more fully, we are going to bring into play Dr. Goodheart's Golgi tendon technique. For a demonstration sedate the biceps by pushing on the tendons in a direction away from the belly of the muscle to create a hypo condition. You will notice now that when you test the biceps in its contacted state towards extension, the muscle will now unlock (i.e., test "weak"). Now let's put the biceps back to its homeostatic condition by tonifying it by pushing on the tendons in the opposite direction towards the belly of the muscle (or by using any other of the standard TFH techniques for strengthening a "weak" muscle). Or if there is a direct antagonist (triceps in this case), sedating this "strong" or hyper muscle works just as well. Now the biceps will again appear to be "strong" to manual muscle testing from contraction towards extension. At this point go to the extended position and test the antagonist, which is the triceps. The triceps should hold. We now have a muscle combination that tests strong from contraction towards extension and from extension towards contraction; this is a homeostatic condition, not hypo, not hyper.

(Note that in an actual therapeutic situation it is always preferable to correct an unbalanced condition by tonifying the "weak" muscle rather than sedating the "strong" muscle, a basic principle of TFH.)

Understanding this principle is very important because now what I would like you to do is to go back to the Golgi tendon organs

and push them together, tonifying the isolated muscle and creating a hyper condition. When you test the isolated muscle from contraction towards extension, the biceps in this particular case, it will test "strong" or locked. If you put the biceps into an extended state and now test from extension towards contraction, you will find that the triceps, as you test, will appear to be unlocked, and of course the biceps from extension towards contraction is now unlocked. This is the opposite condition to the previous experiment; it can be corrected by the opposite procedure, sedating the isolated muscle, the biceps, or tonifying the antagonist, the triceps.

It gets a bit more complicated when testing a muscle that has a group of antagonist muscles, such as the PMC, in its extended state. As I said before, all the muscles that attach to the opposite side of the humerus are antagonists as we test the PMC from extension back towards contraction. Now when the isolated muscle, in this case the PMC, is hyper, the antagonist muscles are unlocked, "weak", or hypo as a group, even though each muscle in the group may be in a homeostatic (i.e., "balanced") state as an individual isolated muscle.

What is this telling us? This is telling us that the proprioceptors in the isolated musculature and the joint that we are working with are sending the signals to the antagonists to lock and unlock. This is exciting, dynamic. This now gives us information beyond our wildest dreams as far as muscle testing goes. We now do not have a muscle that is "on" or "off". We have a muscle that can be tested for a hypo condition, a homeostatic condition, and a hyper condition. This will show where many times the alarm point will not show. One of the reasons the alarm point may not show when a muscle is in a hyper state is that there are two hyper muscles on the same meridian, for instance a hyper PMC and neck flexor, which both fall into the stomach acupuncture meridian. Two negatives as an unlocking signal now show as a positive locking signal. When you have an even number of hypers in a circuit, the alarm point will not show an activity on that particular meridian, consequently giving us what we might think is faulty information. Actually the body

is spitting out the real information, but we have just not been intelligent enough to ask the proper question to this point in time.

What is the benefit of checking muscles for hyper as well as hypo condition? The reason is that unless the entire circuit is in balanced homeostatic condition, we cannot get accurate readings from the muscle when it is used as an indicator in muscle testing. For example, when using the Touch for Health 1 Emotional Stress Release (ESR) technique, if the indicator muscle is in an unbalanced hyper state, it may not unlock (i.e., go "weak") when the testee is experiencing emotional stress correctable using the ESR neurovascular points.

These are three of the seven possible conditions that each muscle has an opportunity to be in at any given time. I will talk to you in future articles about the remaining four conditions, the frozen hyper, the frozen hypo, the paralyzed hyper, and the paralyzed hypo.

In the courses Applied Physiology 1 and 2, each a two-day workshop, I teach not only this process but also hundreds of other fascinating questions that we have failed to learn to ask the body biocomputer. This gets us into a deeper and truer understanding of what muscle testing is all about. The science of Applied Physiology takes the information we can learn from Touch for Health, the International College of Applied Kinesiology, and any and all other applied knowledges from acupuncture to herbology to muscle testing itself, applying it and watching the results thereof, as it turns a nonfunctioning physiological condition into a functioning physiological condition.

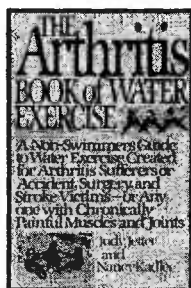
I will be presenting Applied Physiology 1 and Applied Physiology 2 after the annual meeting in July. The four-day workshop will be very exciting and is open to all Touch for Health instructors. You can sign up for these courses through the Touch for Health Foundation.

Institute
of Applied Physiology, 101 W. Ajo Way, Tucson,
AZ 85713, tel. (602) 889-3075.

Source Bibliography:

- G. J. Goodheart, "Charts for Applied Kinesiology (The Neuro-Lymphatic Reflex and Its Relationship to Muscle Balancing)"
- F. P. Kendall and E. K. McCreary, "Muscles, Testing and Function"
- J. F. Thie, "Touch for Health"
- D. S. Walther, "Applied Kinesiology, Vol. 1, Basic Procedures and Muscle Testing"

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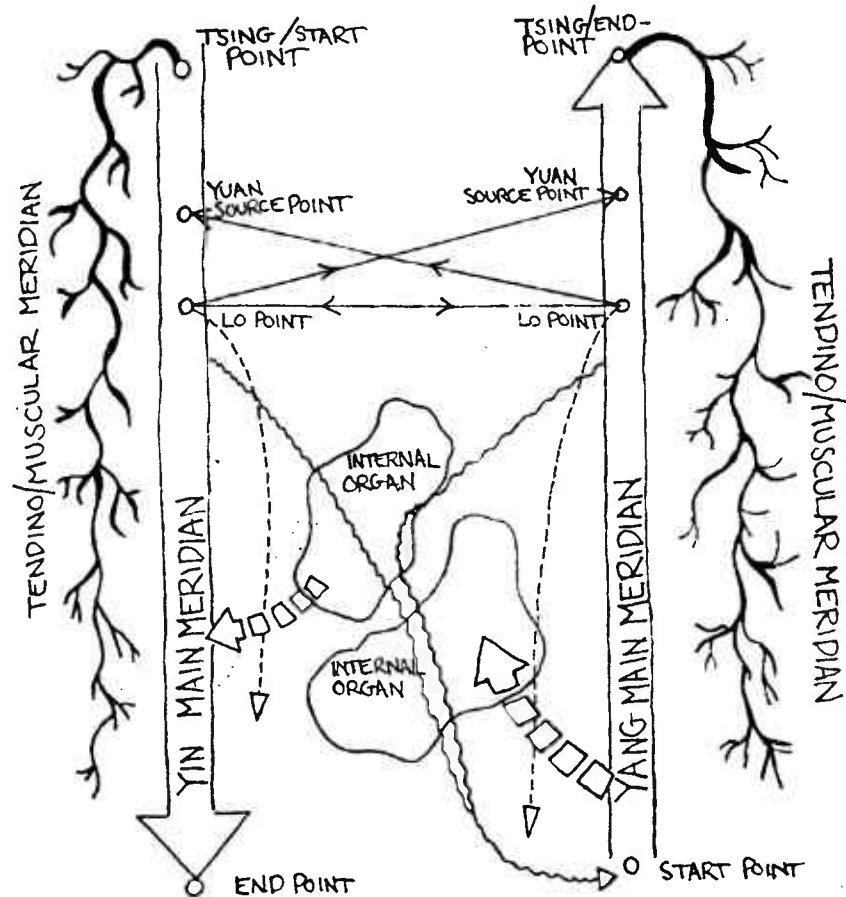
As an acupuncturist, I have enjoyed the system called Applied Kinesiology for three years. By learning about A.K. and developing my sensitivity in the tests, I have grown a thousand times as a therapist. Because of the magnitude of the system I have also broadened my spectrum of therapies much faster than I could have dreamt possible. Since I started with A.K. I have always thought that the importance of the acupuncture aspect of the system has been underestimated. This is why I have taken it upon myself to compile research to broaden the understanding of the system. I believe in comparing the body to an incredibly complicated computer that we have just begun to comprehend. We are just beginning to learn to ask the right questions, obtain the right answers, and treat our clients accordingly with increasing success.

As I once heard one of my acupuncture teachers say, "The body is complicated in an easy way, and easy in a complicated way."

May the following shed some light of understanding.

Illustration #1

This could illustrate any of the coupled leg meridians. The arm meridians are the same with the exception that the yang meridians start at the tsing point and the yin meridians end at the tsing point.



—————> = TRANSVERSE LO (MERIDIAN) THERE IS TWO THEORIES
 - - - - -> = LONGITUDINAL LO MERIDIAN #1 THIS MERIDIAN GOES FROM
 ~~~~~> = DIVERGENT MERIDIAN #2 IT GOES FROM LO-POINT  
 □□□□> = EXTENDED MAIN MERIDIAN TO INTERNAL ORGAN TO YUAN SOURCE POINT

The chinese believe that the acupuncture channels were a network that cover the body completely to nourish every part with qi(energy). For the meridian system to be able to do this it has to cover more than the regular 12 bilatateral main meridians, govenor and central meridians.

The chinese believed that each one of the 12 main meridians were connected to four additional meridians:

1- The longitudinal lo-meridian. Without any points of its own, it starts at the main meridians lo-point and roughly follows the course of the main meridian though it has a symptomatology of its own. There are 15 longitudinal lo-meridians, one to each of the 12 bilatateral meridians, one each to the central and govenor meridians and the fifteenth is the spleen great lo-meridian which starts at Sp21 and is connected to all 14 yin and yang longitudinal lo-meridians. This meridians condition cannot be estimated through traditional, pulse, or Applied Kinesiology diagnostic methods.

2- The transverse lo-meridian. This is not truly a meridian, but more of a link between two meridians, connecteing, for example, the lung main meridian to the large intestine main meridian and visa-versa.

3- The divergent meridian. In an element there is a yin and a yang main meridian. Only the yang main meridian reaches and nourishes the head, while the yin meridian only reaches up to the level of the chest. There is one divergent meridian connected to each yin and yang meridian(as with the 12 bilateral main meridians), the divergent meridian leaves the main meridian above the knee and/or elbow and travels deep into the body to connect to the organ associated with it. In some cases, the divergent meridian also unite with other organs. From the organ it travels to meet with the divergent meridian of the opposite polarity. The yin and yang divergent meridians meet in the deep of the body and the two divergent meridians unite with the yang main meridian at the neck and travel with the yang main meridian to the end or start point. The main purpose of the divergent meridian is to supply the head with yin energy.

4- The tendino/muscular meridian. This meridian supports only the superior level of the body; skin, muscles, tendons ligaments and joints. The energy in this meridian is to protect the body from outside "evil" forces such as climate and to supply the muscles with qi thereby enabling them to contract. The qi is also supplied to the tendons, ligaments and joints to support them in their work. There is one T/M meridian to each of the 12 bilatateral main meridians. The T/M meridian has no points of its own and starts at the tsing point, the most distal point located at the nail corners on the main meridians. The T/M meridian roughly follows the path of the related main meridian.

The illustration shows the entire network.

An energy blockage could occur in any of the meridians, organs, or any connections between the two. This offers one explanation as to why you can get different readouts when testing pulses, alarm points and muscle in A.K. and T.F.H. Some practitioners deem it impossible to have an excess of energy in pulse or alarm points and a related muscle that is hypnotic at the same time. I assert that it is possible based on the complexity of the network outline on the preceding pages.

Pulse tests could show many deficiencies without a corresponding weakness in the muscles. By studying the illustration on the preceding page we can begin to understand where the energy excess'/deficiencies are hiding. The purpose of this paper is to outline a fast and easy way to find and remedy energy blockages in the meridian network.

In health, the energy level in the meridian network should be normal in the organ, main meridian, longitudinal lo-meridian, divergent meridian, T/M meridian and the transverse lo-meridian should be clear. The energy should flow freely, without any blockages and be strong and vital.

Due to the magnitude of the five element points, good results can be achieved using this system. This research is done to give you a better understanding of what is happening in the meridian network to increase your success rate.

I have found, through experience and research that pulses and alarm points show the organs energy condition only if the organ is hypo or hyper. In many cases the main meridian could also be hypo or hyper, but it doesn't have to be. When a muscle tested is hyper- or hypotonic the organ could be also, but it doesn't have to be. When testing for hypertonic muscles, I use the Richard Utts technic: a muscle tested from contraction toward extension and tests strong, it only shows that it is not hypertonic. Then the muscle is tested from extension towards contraction, which is actually a test for the antagonist muscle. If it is strong, the first regularly tested muscle is normal in tonus, if it is weak, it means that the first tested muscle is hypertonic and the antagonist muscle is hypnotic. When a muscle is hypertonic, it's antagonist muscle is almost always hypnotic, and visa-versa.

#### HOW TO FIND WHERE THE ENERGY BLOCKAGE IS

The first step is to establish that acupuncture treatment is first priority by using shortcut tests for acupuncture (five fingers on torso, right or left hand in navel, or the hand computer mode: thumb against the little finger- if any of these tests are positive then acupuncture treatment is a priority). Use the navel clock challenge to decide which element the main energy blockage is in.

Now, let the patient neutrally TL the following points:

- 1- The alarm point-for disturbances in the organ. It

is important to use a neutral TL.

2- The element point- to see if the energy blockage is in the main meridian. For example, If you are working with the lung meridian, let the patient TL Lu8? metal point of yin metal meridian.

3-The lo-point- to see if the disturbance is between the yin and yang main meridian or if it is in the longitudinal lo-meridian.

4- The tsing point- to see if the energy blockage is in the T/M meridian or between the main and T/M meridian.

#### TREATMENT OF THE MERIDIAN COMPLEX

1- When you have a disturbance you only have two accupuncture points to choose from, the alarm point or the associated (back-shu) point. Decide whether the alarm point should be treated with northpole sedation or with southpole, or any other tonification by using positive or negative TL.. Decide whether the treatment of the back-shu point should be a tonification or a sedation, most of the time the treatment of the alarm point and the back-shu point would be the opposite.

2-When you have a main meridian disturbance you decide whether the meridian is over or under active by using positive or negative TL on that meridian's element point.(Note that only underactive main meridian shows on the related indicator muscles.) Decide to stimulate or sedate. Since the main meridian has many points of its own, the energy blockage is usually found on points below the knee and elbow, and very often found in one of the five element points, though it could possibly be in any one of the meridian points.

3- Test to show the energy blockage in the lo-point. By using a negative and positive TL challenge on the point you can decide whether it is hypo or hyper-active. If it is hyper-active, you are going to choose any sedating treatment. (Note that it is often enough to just stimulate that point in any way. The body seems to know for itself what kind of blockage it is it just needs help adjusting the energy to correct the imbalance.) You are correcting one of the following: A- an excess of energy in the longitudinal lo-meridian connected to that point.

B-an excess of energy in that main meridian compared to a deficiency in the coupled main meridian, correcting the imbalance between the yin and yang main meridian of that element.

4- Treatment of tendino/muscular disturbances. It is aid that when a T/M meridian is in excess the main meridian should be in relative deficiency and visa versa. ( Please note that there are exceptions to every rule.) A muscle

shows a hypnotic condition, this could mean a hypocondition in the T/M meridian that nourishes this muscle, it could mean that a hypocondition in that muscles related main meridian, it could also be a pathological state in a related organ that has manifested a reflex disturbance in the main (and T/M) meridian, or finally the muscle hypotony could be due to a disturbance in the link between the two connected yin and yang main meridian.

This sounds very complicated but it is a practical way to deal with the problem as long as acupuncture is the priority. By neutrally T1 the four points mentioned above you can pinpoint exactly where the energy blockage is in this complicated network.

#### TREATMENT OF T/M MERIDIAN DISTURBANCES

Excess in T/M meridian and deficiency in the main meridian.

1- Put the south pole of a magnet on the tsing point. Other tonification methods such as laser and acupuncture needling works well.

2-Apply ice/north pole/needling(with specific technic) or any othersedative method on shi-points\*in the muscle belly, tendons or over the joint.(\*a-shi is chinese for "ouch that is painful" and refers to when the therapist is palpating a tender spot. The chinese say that wher there is a tender spot, there is an acupuncture point.) This treatment is to make the the a-shi point contract and close. (Note the similar treatment of trigger points with cold spray in Walther's A.K. volume I.)

Deficiency in the T/M meridian and excess in the main meridian.

1- Put the north pole of the magnet on the tsing point. ( acupuncture needling, cold spray also work well) This is the main therapy, steps two and three make it even more effective.

2- Moxibustion or other heat enforcement on a-shi points to expand and open them.

3-The use of the alternating hot and cold on muscle injuries is obviously an old tradition.



YIN  
NORTH POLE & ICE.

contracts  
pain relief  
anti inflammatory  
decrease circulation

Used for:

# 1 Sedate/"closing" acupuncture points. North pole or ice on a acupoint will make it contract.

# 2 Decrease the activity in an organ.

# 3 Turn off the energy/qi circulation from T/M- to main-meridian, i.e this means that the circulation could only go one way, from main- to T/M-meridian which creates a state were you have a relatively excess off energy in the T/M- compared to the main-meridian. North pole or ice on the tsing-point makes muscles feed by its T/M-meridian hypertonic.

# 4 North pole or ice on a muscle-belly makes the muscle fibers to contract.

Generally said north pole and ice sedates.

YANG  
SOUTH POLE & HEAT.

expands  
increase biochemical reaktivity  
increase circulation

Used for:

# 1 Tonify/"open up" acupuncture-points. South pole or heat on a acupoint will make it expand.

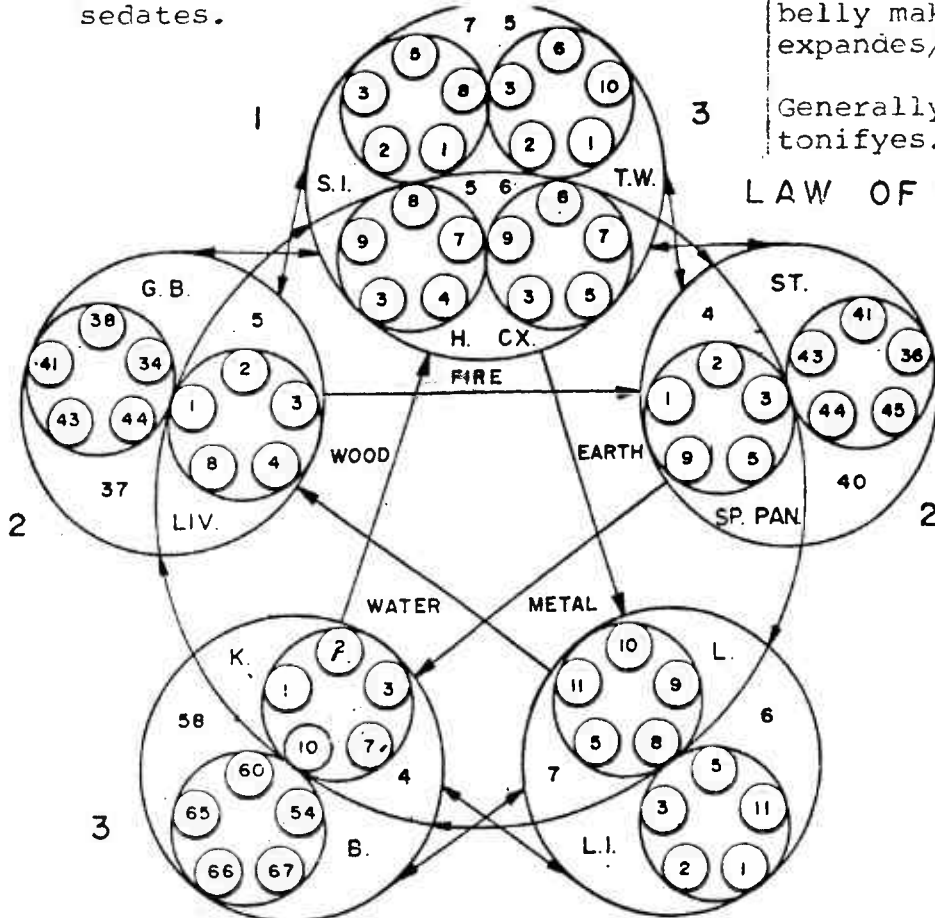
# 2 Increase the activity in an organ.

# 3 Turn on the energy/qi circulation from T/M- to main-meridian, i.e this means that the circulation could only travell one way, from T/M- to main-meridian which creates a state were you find a relatively excess in the main- compared to the T/M-meridian which is relatively in deficiency. South pole or heat on a tsing-point makes muscles feed by its T/M-meridian hypotonic provided that there were a homostatic relation between T/M- and main-meridian to start with.

# 4 South pole or heat on a muscle-belly makes the muscle fibers to expandes/relaxe.

Generally said south pole and heat tonifies.

LAW OF THE FIVE ELEMENTS



LUO POINTS.  
ENERGY DIRECTION.

# HEATHER ARMSTRONG

## AN EXPERIMENT

*The following is part of my university thesis from Lakehead University, Thunder Bay, Ontario, Canada. There is an interesting story that goes along with this thesis because it almost wasn't. It all started back in 1983 when Touch for Health entered my life. It interested me so much that I decided to do an experiment. Dr. Jane Crossman, Dr. Norm LaVoie, Dr. Larry Leith and Dr. Jim Widdop were curious about the subject but not all of the above agreed it was a viable topic for a Physical Education thesis. I proceeded to demonstrate the balancing techniques to a few of them: Dr. Crossman being the most skeptical. She was totally against the whole idea.*

*One day during swimming class I walked up to her and tested her anterior deltoid muscle. It was strong. Then I touched the alarm point that related to the time of day that would make a muscle "weak". Well, it certainly did go "weak". She could not believe it and exclaimed, "Do it again!" I did, with the same results. She was so mystified that she was sold on Touch for Health. The barrier to do research was gone and I proceeded with my experiment. Thanks Jane!*

## References

- 1. Unpublished data of the Canadian National Cycling team 1984. Sports Medicine Clinic, Thunder Bay. Personal communication - Dr. Norm LaVoie.*
- 2. Perry, Dr. Leroy Jr.; Sports Medicine for Everybody. In Touch for Health; June 1980.*

## TOUCH FOR HEALTH ENERGY BALANCING: DOES IT STRENGTHEN?

### DIRECTLY OR INDIRECTLY?

PURPOSE: To determine whether Touch for Health (T.F.H.) balancing has an effect on the strength of muscles: specifically, the quadriceps and hamstrings.

#### Method:

A cybex machine II made by a division of Lumex Inc. was used to determine the strength of the quadriceps and hamstrings of subject's dominant leg. The subjects were male and female physical education students of Lakehead University in Thunder Bay, Ontario Canada. The strengths of the quadriceps and hamstrings were recorded during a pre-test and post-test which occurred one week apart.

There was a control group (Group A) which had no "balancing" done and was the group that controlled all the variables of the experiment such as consumption of food and drink, not eating breakfast and school stress.

The experimental group also did a pre-test and post-test but before they did their post-test, Lynne MacDonald and I "balanced" the subjects through surrogate testing.

Touch for health balancing uses muscle testing as a means to determine energy blockages in the body and involves various techniques to eliminate those blockages. Techniques used include neuro-lymphatic message points, neuro-vascular holding points, acupuncture holding points, tracing meridian pathways, origin/insertion technique, golgi tendon apparatus and spindle cell technique.

Surrogate testing was used to maintain consistency in muscle testing and guaranteed reliable data.

#### Results:

1. There was a significant difference in strength for both groups on the pre-test for quadriceps; quadriceps being more significantly different for Experimental Group (Group B).
2. There was no significant difference in strength between pre-test and post-test of control group for hamstrings. Although there was no significant difference for the experimental group, there was a strength increase in the hamstring from pre-test to post-test; post-test being stronger.
3. There was a significant difference at the 0.01 level of significance in the quadricep /hamstring ratio: the post-test having the closer 1:1 ratio.

#### Discussion:

Does touch for health balancing strengthen directly or indirectly? The answer lies in the results. Touch for Health balancing did not seem to strengthen the strongest muscle of a pair of opposing muscles but it did strengthen the weaker muscle showing an equalization of strength in the opposing muscles.

This experiment measured strength not performance but the optimum performance for cyclists, cross-country skiers, swimmers and defensive football players occurs when their quadriceps and hamstrings are at a 1:1 ratio.<sup>1</sup> In all the sports mentioned above, the hamstring plays a major part in performance. Therefore it stands to reason that these

sports would benefit from a "balancing" experience.

Not only would "balancing" have a benefit but also an awareness of good posture to keep the energy flowing.<sup>2</sup>

In this experiment, quads and hams were measured for strength individually as well as together as a ratio. Individually the quadriceps were stronger in the first test in both Groups A and B but the quads of Group B decreased more than Group A. The hamstrings of the Group A stayed the same while that of Group B increased. The results illustrated a true balancing effect. Fig. 1

If endurance was measured, there might have been a significant difference in pre-test/post-test results.

If Touch for Health balancing occurred on a regular basis over a period of time (two - three months, for example) there may have been direct strength increase as a ratio for both quads and hams at a 1:1 ratio.

Recommendations & conclusions:

Future experiments could measure performance as it relates to strength by measuring the distance of a ball throw, a football punt or a soccer kick, each time using a cybex machine test and each time using balancing techniques.

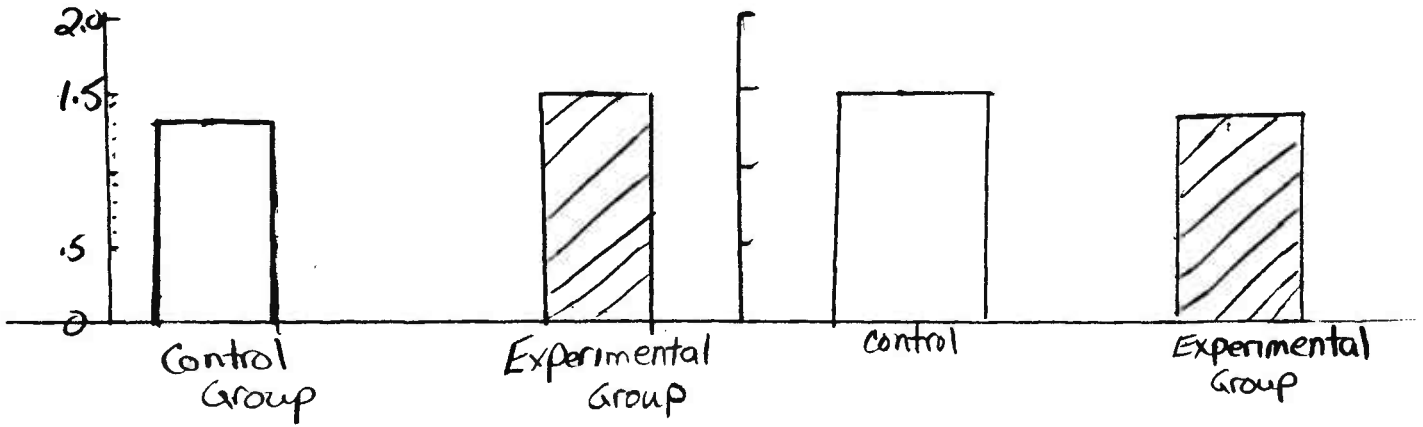
Endurance can also be measured on a cybex machine. As it stands, this experiment proved that there is an indirect strength improvement made through the balancing/equalization of antagonistic muscles through T.F.H. techniques: quadriceps and hamstrings. Therefore, T.F.H. techniques could be beneficial to sports or other activities having hamstrings as the major muscle.

Figure 1

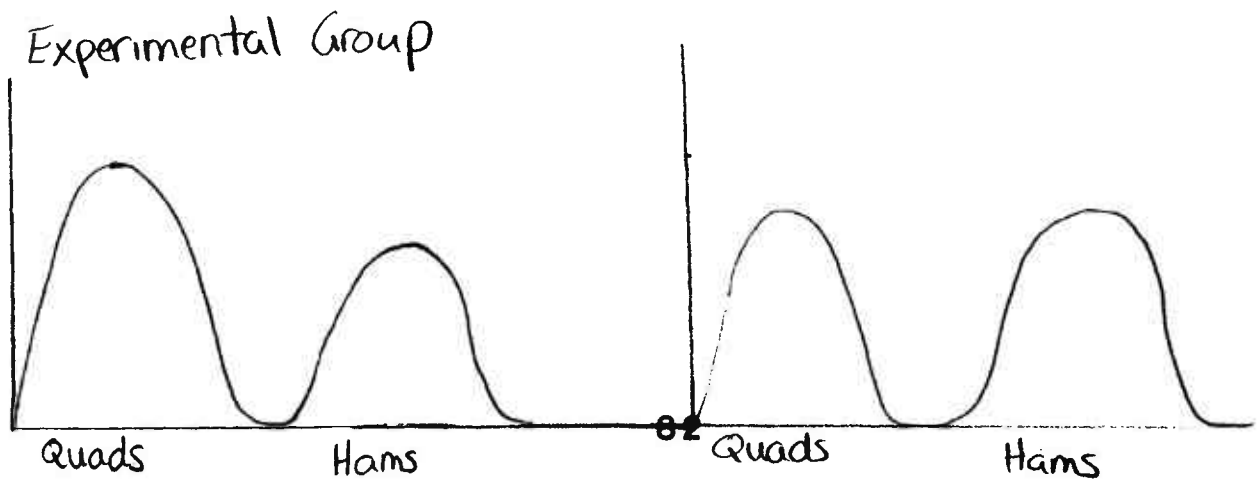
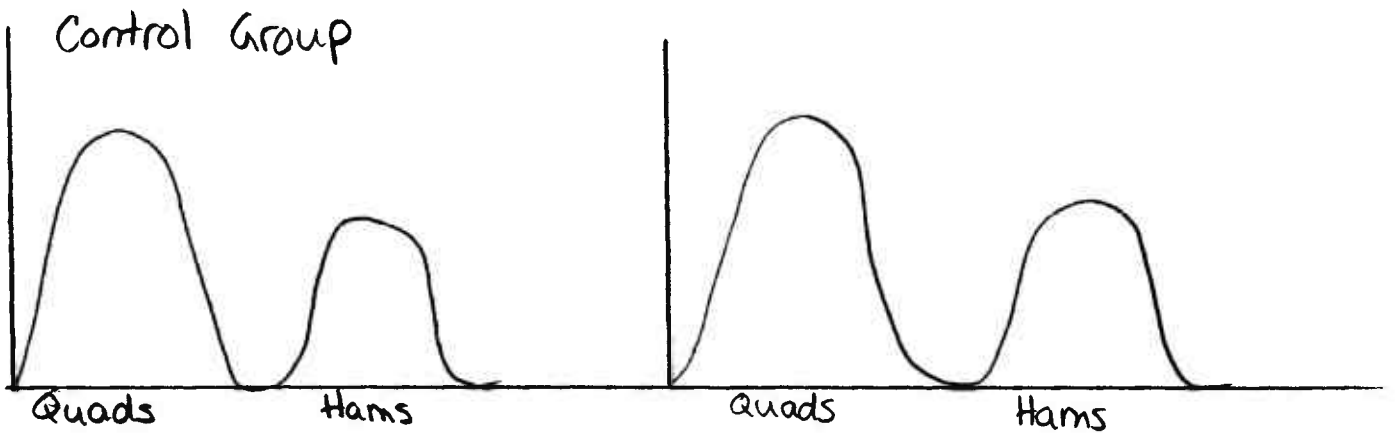
# RATIOS

Pre test

Post test



## Relative Differences



## BALANCING IONIZATION

by

Sheldon C. Deal, D.C.

**ABSTRACT:** Herein lies a method of balancing positive and negative ions by the use of mineral supplementation. A distinction is made whether the problem is due to too many positive ions or not enough negative ions; which was previously treated as the same problem. Or it could be the other way around, meaning too many negative ions or not enough positive ions. This balancing is accomplished by using four (4) different kinds of minerals which include two (2) types of calcium and two (2) types of potassium.

### HISTORICAL:

It was Dr. George Goodheart who first made us aware of ionization as it pertains to applied kinesiology by his famous example of chronic clonic tonic intermittent toricollis.<sup>(1)</sup> He stated that if he had the patient breathe in through one nostril only for one hundred or more times it would afford the patient a period of relief from this devastating condition. This was based on the conclusion that the right nostril specialized in positive ions and the left nostril specialized in negative ions. The treatment was very affective but of short duration because when the patient resumed breathing through both nostrils the preponderance of one ion or the other was lost. At that time there were comments; such as, it was not by accident that the human body was designed with two nostrils rather than one. When the comment was made that we would look funny if we only had one nostril the person was reminded that we would not look funny if everybody only had one nostril instead of two, because we would not know it any other way.

In the field of otolaryngology it has been shown by instrumentation that the nasal cycle changes approximately every 20 minutes<sup>(2)</sup> meaning that we receive a perponderance of our air we breathe in through one nostril for 20 minutes and then it changes over to the other nostril for 20 minutes ect., ect. This would explain why we all have had the experience of having one nostril occluded during an episode of acute rhinitis only to find that suddenly, with no apparent explanation, the occluded side opens up and the previous patent side becomes occluded. This research also showed that the amount of air passing through the nostril was not dependent on nor in porportion to the size of the lumen of that nostril.<sup>(3)</sup> This same instrumentation showed that positive ions came through the right nostril and that negative ions came through the left nostril. Thus it became established that the turbinates of the right nostril form an ionization chamber specializing in positive ions and the turbinates of the left nostril form an ionization chamber specializing in negative ions.<sup>(4)</sup>

OBSERVATIONS:

The above data is a good basis for why it is important for us to have a balance of positive and negative ions in our body to start with. There are many conditions in our world where we are exposed to a predominance of either positive or negative ions. Such as a weather front moving through the area where we live which is preceded by an abundance of positive ions and succeeded by an abundance of negative ions, or being around electrical equipment or internal combustion engines which gives off an abundance of positive ions. If we have a balance of ions in our body to start with then we are not bothered by a temporary exposure to a perponderance of one kind



or another of ions. But if we have an imbalance of positive or negative ions to start with and then we are exposed to a condition such as above where there are a perponderance of one kind or another of ions. Then we become further imbalanced as the original condition becomes exaggerated.

Another interesting observation in the field of personanology is that people who are predominately negative in their habits, attitudes and personality have a larger opening of the left nostril and people who are predominately positive in their habits, attitudes and personality have a larger opening of the right nostril. The idea is that we need a balance in our lives and therefore we should have equal sized nostrils.

In applied kinesiology it has been established that if a patient breathes in through the left nostril and out through the right nostril and this weakens a previously strong indicator muscle, that patient is low in positive ions. An interesting observation in this patient is that they will therapy localize with the palms against the body only. If the condition is reversed, meaning that breath in through the right nostril and out through the left nostril weakens a previously strong indicator muscle that patient is low in negative ions and will therapy localize only with dorsum of the hand against the body.

So for therapy localization purposes only, it is important to establish whether or not there is an ionization problem in the patient. I have had a few patients who were low in negative and positive ions and hence would neither therapy localize palms up or palms down!

When you fix this kind of patient that other doctors have failed on, you are a hero. The obvious advantage here, is if you will establish ionization first in your patient then you do not have to therapy localize everything twice, meaning once palms up and once palms down.

I have had some remarkable success with patients who remarked to me that their symptoms came only when it rained or that they felt particularly elated or particularly depressed at the beginning of a storm or at the end of the storm, or that weather changes always made a difference in how they felt, just by checking and correcting ionization.

As mentioned earlier the original correction for this condition was to have the patient breathe in through one nostril only according to which side they showed a need for. More recent investigation shows that breathing in through the right nostril only, activates the left brain and thus is conducive for stressing left brain activities and vice versa, meaning that breathing in through the left nostril only activates the right brain and is conducive for stressing right brain activities.<sup>(5)</sup> The catch to all this is that it has a temporary effect only.

It was Dr. John Stoutenburg who established in the early 1970's that the taking of calcium would provide positive ions and that the taking of potassium would provide negative ions. The big advantage being that now the correction would stay fixed.

One time when I had presented the above evidence in a lecture at the University of California at Davis Medical School, I was asked why did that

since calcium and potassium were both positive ions. My answer was that since calcium had a valance of plus two and potassium had a valance of plus one, that calcium was twice as positive as potassium and potassium was twice as negative as calcium and thus the difference was a relative one. To date I have not found a better answer and so I still use that same explanation.

CURRENT OBSERVATIONS:

Since I do alot of work with nutrition in my office and I have been exposed to the work of Dr. Herschel Robertson from Higgensville, Missouri, I became aware that there is a difference between having too many negative ions or not enough positive ions, which previously was treated as the same condition. Or vice versa, that there is a difference between having too many positive ions or not enough negative ions which also was previously treated as the same condition.

This can be established kinesiologically by having the patient breathe in through one nostril only and testing your indicator muscle and then having the patient breathe out through one nostril only and testing your indicator muscle. Whereas before this was all one test. Now we can establish if the condition is due to too many positive ions (breathe in through the right nostril only) or is the condition due to too few negative ions (breathe out through the left nostril only). Perhaps the condition is due to too many negative ions (breath in through the left nostril only) or it could be due to too few positive ions (breath out through the right nostril only).

It has been established that one form of a particular mineral has a positive reaction in the body whereas another form of the same mineral has a negative reaction in the body. It was on this basis

that I established which form of the mineral to use by breaking down the ionization testing into the above four (4) parts. By following these methods I found that too many positive ions would respond to potassium gluconate, but would not respond to potassium citrate for example. I found that too many negative ions would respond to calcium gluconate, but would not respond to calcium lactate for example. I also found that too few positive ions would respond to calcium lactate, but would not respond to calcium gluconate for example. And finally I found that too few negative ions would respond to potassium citrate, but would not respond to potassium gluconate for example. I keep saying for example here because there are other forms that will work.

For the purposes of learning this phenomenon and using these principles in your office I have devised the following chart:

| NASAL IONIZATION AND MINERAL BALANCE |                                               |                                                                                             |
|--------------------------------------|-----------------------------------------------|---------------------------------------------------------------------------------------------|
| Condition                            | Indicator muscle changes when patient breaths | Corrected by:                                                                               |
| Excess Negative Ions                 | In through the left nostril                   | <u>Positive Calciums</u><br>Calcium Oxide<br>Calcium Carbonate<br>Calcium Gluconate         |
| Deficient Positive Ions              | Out through the right nostril                 | <u>Negative Calciums</u><br>Calcium Lactate<br>Di Calcium Phosphate                         |
| Excess Positive Ions                 | In through the right nostril                  | <u>Positive Potassiums</u><br>Potassium Oxide<br>Potassium Carbonate<br>Potassium Gluconate |
| Deficient Negative Ions              | Out through the left nostril                  | <u>Negative Potassiums</u><br>Potassium Citrate<br>Potassium Aspartate                      |

CONCLUSION:

We now have a kinesiological method of more precisely balancing the ions in the body and the minerals used to do so not only bring about a lasting effect, but also greatly help to balance the patient's chemistry. We previously knew that the acid or negative calcium lactate was preferred if the urine Ph was over 6.4 and that the alkaline or positive calcium gluconate was preferred if the urine Ph was under 6.4. So now we have another piece of the jigsaw puzzle to help us determine kinesiologically which calcium to use.

REFERENCES:

1. Applied Kinesiology Workshop Procedure Manual, George Goodheart, Thirtieth Edition, 1977.
2. Handbook of Ophthalmology and Otolaryngology, American College of Ophthalmology and Otolaryngology, 1970.
3. I.B.I.D.
4. I.B.I.D.
5. Brain Mind Bulletin, Marilyn Ferguson, Volume 10, No. 1, 1984

IF YOU CAN'T TRUST YOUR SPINDLE CELLS,  
WHO CAN YOU TRUST?

OR

HYPERTONIC MUSCLES - THE GREAT DIS-ORGANIZERS

BY

FRANK MAHONY

OBJECTIVES:

USING HYPERTON-X To demonstrate the cause and effect of releasing Hypertonic Muscles and their relationship to the energy systems.

USING THE ALARM POINTS to identify Hypertonic muscles, and monitor correction progress.

THE IMPORTANCE OF CLEARING THE INDICATOR MUSCLE, and how this phenomenon supports the contention of HYPERTON-X that Hypertonus causes confusion in neurological communications.

USING HYPERTON-X TO CORRECT COLOR SENSITIVITY.

A HYPERTONIC muscle is a muscle in a confused, or agitated state due to trauma, injury, or exertion, and thus becomes over tonified in response to the Spindle Cells reacting to the situation. A multiplicity of hypertonic muscles bombards the nervous system with "static," thus jamming neuro signals and causing dis-integration. This has been found to be the case in those who are learning impaired and/or homo-laterally organized. By releasing or correcting the hypertonic state by resetting the Spindle Cells via HYPERTON-X, the individual integrates and the barriers to learning disorders are greatly reduced.

SPINDLE CELLS are neuro-transmitters located throughout the muscle with a higher concentration in the central belly of the muscle. They are less concentrated in skeletal support muscle fibers (extrafusal) than in the control, or movement fibers (intrafusal).

Basically, spindle cells have two main functions; monitoring the amount of change in a muscle, and the rate of speed at which the muscle changes. This information is transmitted at different rates of speed to different parts of the brain. Recognizable muscular movement patterns are well ingrained in the central nervous system

having begun being learned from the day of birth and, perhaps in a limited way, before. Therefore, if something happens to disturb that pattern, such as whip lash, or sudden slip, fall, injury, etc., the lag time in neuro information from the different spindle cells can cause an erroneous interpretation by the central nervous system as to the condition of the muscle, or muscles, and in order to protect the muscle from further "injury," pain is registered when in fact no injury may exist. This is quite possibly the source of chronic, lingering pain that miraculously disappears after muscle balancing, or some form of therapeutic manipulation. The spindle cell mechanism has simply been reset to normal, and the confusion removed.

In other cases, where there is no pain factor involved, but dis-integration is present, such as in the case with learning disorders, the spindle cells have accepted an erroneous modality as "normal" due to repetitious physical activity, perhaps related to job, recreation, life style, et al. Bicycle riding, bowling, archery, golf, pitching in baseball, running, typing, operating computers, drill presses, or any activity that requires great repetition of movement in consistent patterns can cause a multiplicity of hypertonic muscles, all of which can cause a wide variety of problems, including; dyslexia, postural deviations, pain, loss of flexibility, stress, emotional distress, etc., ad infinitum. In short, Hypertonic Muscles can be the source of a great many problems.

#### CLEARING THE INDICATOR MUSCLE

An Indicator Muscle (IM) is any muscle that tests strong in the clear. The question arises that if hypertonus causes confusion in the energy systems, how accurate is the information we are getting if the IM is hypertonic to begin with? This question was put to me by Dr. Richard Utt at the Touch For Health International Conference in San Diego in 1984, where he made the following demonstration:

1. Using an Indicator Muscle, test the Acupressure Alarm Points for over energy, and record, as in standard TFH Five Element Balancing. (See Chart)

2. Test the IM for Hypertonicity. Clear the IM\* if results are positive.

\*See HYPERTON-X CORRECTION BELOW

3. Retest the Alarm Points and compare results.

If the IM tested positive for hypertonus, there will be a difference in the number of Alarm Points that test weak, usually many more, after the IM has been cleared. Since using the Alarm Points to identify and correct hypertonic

muscles is an integral part of HYPERTON-X, incorporating Dr. Utts' observation into this method has proven invaluable, not only in terms of being more precise in identifying hypertonic muscles, but in further demonstrating how hypertonic muscles can cause confusion and erroneous information.

The Alarm Points that test positive (the IM tests weak when the alarm point is touched lightly) indicates that a muscle, or muscles, related to that Alarm Point is/are hypertonic, and are causing some upset in the energy systems. Using HYPERTON-X methodology, release the hypertonic muscle(s) and retest the related Alarm Point.

#### EXAMPLE

The Stomach Meridian Alarm Point tested weak (Positive). Test the Pectoralis Major Clavicular. If Hypertonic, correct using HYPERTON-X, and retest the Alarm Point. If the Alarm Point tests strong, retest other Alarm Points that were weak before. If the Stomach Point still tests weak, test and correct other muscles on the Stomach Meridian until a strong response is achieved. Use the same procedure with each Alarm Point that tests weak.

#### FRANK MAHONY HYPERTON-X TEST AND CORRECTION METHOD

**HYPERTON-X TEST.** The muscle is placed in a position of MAXIMUM EXTENSION, WITH OUT PAIN OR DISCOMFORT, by the testor (therapist, etc.) at which point the Indicator Muscle is tested. IF THE IM GOES WEAK, THE MUSCLE IS HYPERTONIC!

**HYPERTON-X CORRECTION - CONTRACTION IN EXTENSION.** The muscle is placed in a maximum extended position by the testor, as in the test position above. THE TESTOR NEVER USES FORCE. THE MUSCLE IS SIMPLY RESTRAINED FROM MOVING OUT OF MAXIMUM EXTENSION AS THE MUSCLE IS CONTRACTED USING ONLY FIRM PRESSURE. Contraction is sustained for approximately eight (8) seconds as the subject exhales. Exhaling during contraction better isolates the muscle in question as this reduces the chance of recruiting other muscle groups when the breath is held during exertion. The subject is also better able to focus on the muscle. This process is repeated three times as a general rule, however, more repetitions may be necessary. After each CONTRACTION IN EXTENSION, there is almost always an increase in the range of motion of the muscle. The therapist should GENTLY, but firmly AID IN EXTENDING THE RANGE, but WITHOUT USING FORCE! Neither the therapist nor the subject should ever use hard force. ONLY FIRM PRESSURE is applied by either party, and pain and discomfort should be avoided. In working with a pain problem, special attention must be paid to minimize the discomfort as some pain may be unavoidable, but intense pain will cause the



muscle to go hypertonic even more so. One must communicate attentatively with the subject if this be the case so that the subject can contract the muscle in a controlled manner, which he may not be able to do if in great pain. Particular attention should be given when testing or correcting the Hamstrings, as this muscle can be particularly sensitive, and range of motion can vary widely from person to person.

#### CORRECTING COLOR SENSITIVITY USING HYPERTON-X

Materials required: Color samples.

Any color samples will do. Color marking pens are very suitable for this as they come in a wide variety of colors. Simply have the subject look at the colored cap or body of the pen. Hold aside those which test weak.

METHODOLOGY: TEST. After clearing the IM, the subject looks at each color sample, one at a time, as the Indicator Muscle is tested. A weak response indicates color sensitivity to that particular color, and the sample is set aside.

CORRECTION #1. USING THE ALARM POINTS. The subject looks at a color that tested weak as each Alarm Point is tested until a strong response is found. Using HYPERTON-X, test for hypertonic muscles related to the Meridian and correct accordingly. Retest for color sensitivity. If the IM still tests weak, test other Alarm Points and repeat the process.

CORRECTION #2. USING "ASKING THE BODY QUESTIONS" technique, determine if there is a hypertonic muscle related to the color in question. When the muscle is revealed, test and correct using HYPERTON-X.

EXAMPLE: Using the Indicator Muscle, ask several simple questions that can be answered YES OR NO ONLY, testing the IM after each question. Do this until a yes/no response is clearly established. Then ask if there is a hypertonic muscle related to the color in question. If "yes," ask in what part of the body is the muscle located, above the waist, below the waist, between hips and shoulders, above the shoulders, front, back? etc., until it has been narrowed down to a portion of the body small enough that specific muscles can be named. When the muscle has been identified, correct the hypertonic state using HYPERTON-X. Retest the IM with the color in question. Repeat the process if further correction is necessary until all colors test strong.

CORRECTION #3. HYPERTON-X GENERAL CORRECTION. Using the HYPERTON-X Complete Systems Evaluation Form, test and correct accordingly in stages. This would first deal with the SEVEN PRIMARY MUSCLES, after which the colors would be retested. If all colors then tested strong, there would be no need to go further, which is often the case. If some colors still caused a weak response, then the SEVEN SECONDARY MUSCLES would be dealt with, and the colors would then be retested. If colors still caused a weak response, other muscles would then be tested and corrected until all colors tested strong.

The following are muscle groups that are found to be most involved in body/mind dis-organization and energy systems integration. By testing and correcting these muscle groups using HYPERTON-X, a most profound positive effect is realized. However, individuals differ and a key muscle for the individual may not be listed here. But once these muscles are corrected it is very easy to identify the key muscle, which the person may already be aware of.

#### KEY MUSCLE GROUPS

##### PRIMARY

Flexor Hallicus Longus  
 Flexor Digitorum Longus  
 Gastrocnemius  
 Soleus  
 Hamstrings  
 Gluteus Maximus  
 Upper Trapezius

##### SECONDARY

Quadriceps  
 Piriformis  
 Gluteus Medius  
 Psoas  
 Abdominals  
 Sacrospinalis  
 Sterno-Cleido-Mastoid

There are two muscle listed under Primary that are not among those used in Touch For Health, namely the Flexor Hallicus and Digitorum Longus. Both are located under the Gastrocnemius and Soleus. The Hallicus flexes the big toe downward, and the Digitorum array flexes the other four toes downward.

##### SUMMARY

It is evident that muscles in a hypertonic state can cause a variety of seemingly unrelated dis-functions in our bodies, ranging from pain to audio-visual perception, mental emotional processes, restricted range of motion, color and food sensitivities, homo-lateral switching, and others. It is not clear which is cause and which is effect, or in other words , which came first; the chicken/Hypertonic Muscle or the egg/disorder which may have manifested as an Hypertonic muscle? Stay tuned to this station for further developments!

What is known is, that by releasing, or resetting the Hypertonic State through HYPERTON-X, the conditions listed above are affected in a positive manner and most often to a dramatic degree. The length of time that corrections "hold" is related to how much the individual subjects his/her body to the stresses and abuses that can cause muscles to become Hypertonic. My experience is that if attended to on a regular basis the individual stays very much in balance for longer and longer periods with fewer and fewer problems, especially if he/she use the MAHONY SELF CORRECTION exercises. In closing I would like to say, "I never met a muscle I didn't like!".....and, "The only good muscle is an un-hypertonic one!"

# # # # #

THE PROGRAM will consist of lecture and demonstration supported with visual aids. The audience will be invited to pair off and test each others Alarm Points, clear the Indicator Muscle, retest and compare results.

TIME: 1 HOUR.

FRANK MAHONY, creator of HYPERTON-X, is also an instructor of Touch For Health, Edu-Kinesthetics, Acupressure, and Holistic Stress Release. In September of 1982 he became Director of The Burbank Office of Valley Remedial Group/Edu-Kinesthetics, founded by Paul Dennison, Phd. Frank serves as a Learning Consultant for the Valley West Chiropractic Group and also has a private practice. He regularly conducts workshops at Santa Monica College on Dyslexia Correction Through HYPERTON-X, and Touch For Health. In 1984, Frank served as an advisor to the Santa Monica Puma-Energizer Track Club, working with nationally ranked track stars preparing for the Olympic Trials. He has also conducted lectures and workshops for professional educators including The California Association of Resource Specialists. Frank has assisted Dr. Paul Dennison in conducting E-K Workshops in Burbank, San Diego and Berlin, and several of his concepts regarding Cerebral Spinal Fluid, Sacral Articulation, and Self Correction are included in the E-K Manuals.

He has conducted HYPERTON-X WORKSHOPS In Burbank - (Three And One Concepts - Gordon Stokes), Pasadena - (Touch For Health Foundation), Bellingham, Wa., (Wayne Topping International Institute), Vancouver, Canada, Berlin, Amsterdam, and London, and is currently working on a book on the subject.

MERIDIANS AND RELATED MUSCLES

GOVERNING

Teres Major

CENTRAL

Supraspinatus

LUNG

Deltoids  
Diaphragm  
Anterior Serratus  
Coracobrachialis

Circ./Sex

Gluteus Max  
Gluteus Men  
Piriformis  
Adductors

HEART

Subscapularis

STOMACH

Neck Ext/Flxrs  
Levator Scapulae  
Pect Maj Clavicular  
Brachioradialis

LARGE INT

Hamstrings  
Quad Lumborum  
Facia Lata  
Flxr' Digitorum  
Longus

TW

Gastrocnemius  
Soleus  
Sartorius  
Gracilis  
Teres Minor  
Flexor Hallicus -  
Longus

SMALL INT

Abdominals  
Quadriceps

BLADDER

Sacrospinalis  
Peroneus  
Tibials

LIVER

Rhomboids  
Pect Maj Strml

GALLBLADDER

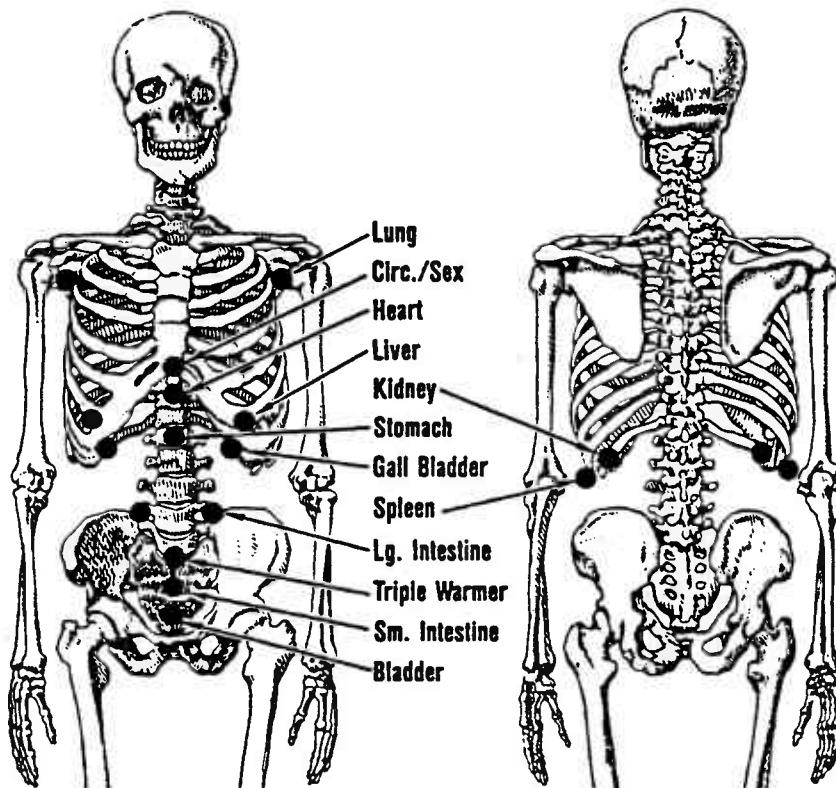
Anterior Delt  
Popliteus

SPLEEN

Trapezius  
Latisimus Dorsi  
Opns Pls Lngs

KIDNEY

Upper Trapezius  
Psoas  
Iliacus



## ORVAL LADD, D.C.

### The Six-Element Chart.

Part I: Philosophy and Development.  
Part II: Use and Interpretation.

#### Part II: Use.

"The Chart" is a graphic depiction of physiological relationships among organs, muscles, energies, meridians, acupuncture points, polarities, vertebra, time of day, attitudes, emotions, stress and health.

The development of the chart was made possible by the discovery of a means to identify and/or verify the elemental (wood, fire, earth, etc.) nature of the successive points along each of the twelve major acupuncture meridians. (Drs. Alan G. Beardall and Orval S. Ladd)

The orderly elemental sequence that was found necessitated that there be at least six elements instead of the traditional five, and since the twelve major meridians fell conveniently into a six-element pattern, the chart was eventually arranged as you now see it.

Step 1: Test each of the 13 major muscles. Mark the chart for each weak muscle.

Since a viable body tries to maintain itself as functional as possible, it is most likely that the muscle weaknesses you observe are in muscles which are, in fact, donors of energy

to a more serious problem, so that the real culprit still appears strong - a "hidden Major." So observe, on the chart, a pattern emerge - a strong muscle around which all (or most) of the weak muscles balance or oppose.

Example: weak ST, Li, Lu, LVR, GB. The most likely problem lies at BL. Nine times out of ten, if you correct whatever is necessary for BL (in this example), all muscles and energies will be corrected (a simple case).

Step 2: Test all alarm points for energy and record on the chart as N (normal), C (cold, under), H (hot, over). This information gives you a good clue as to how you may successfully borrow or move energy. Example as above: BL 67 connects BL to the metal element li/Lu. In turn, LiB and Lu 9 $\frac{1}{2}$  connect to the water element BL and K. Be sure when involving an element that its two parts are balanced.

Step 3: Now turn patient onto stomach and locate all vertebra that need attention. Use whatever method you like. (I prefer polarity, or Van Rump, or Tofness.) Here too, usually one or two vertebra will be the major and control all the other vertebra. The major vertebrae will usually correspond to the major organ, muscle, meridian already established. (Note: you cannot depend entirely on the accuracy of the traditional associate points or Merick system; the chart disagrees in some aspect with both.

Step 4: Other information listed in upper part of the sheet:

H<sub>2</sub>O<sub>2</sub> is a chemistry test. If Hydrogen Peroxide fails to

cause a strong testing muscle to become weak, it indicates a probable developing degenerative condition involving peroxidase, free radicals, etc.

CR (cranium) test for cranial faults, as you see fit; they are very important. Test also for Rt/Lt Brain, TMJ and Teeth (mercury very devastating to some people).

Respiration: (inhalation/exhalation) important to know in making adjustments and in which phase to adjust.

XX (cross crawl): whole books have been written on this subject! Right, left, bilateral, standing, prone, supine, gait, etc.

Eyes: many problems are associated with eye position, also test for pathology (eyes need adjustment too. Excellent for glaucoma).

Emotional points: great help to know.

Hiatal: most are diaphragmatic slip spasms, a few are for real.

Ileo-cecal valve: frequently associated with AV valve, pyloric valve, GB, back problem, achy joints, and/or emotions.

Piriformis muscle: this and its associated obturators, levator ani and iliacus/psoas are especially important in female problems. Could save some hysterectomies.

Note: the  $\Delta$  shaped figure in the lower left of chart sheet is a carry-over from the early acupuncture work done by Drs. Beardall and Ladd (making the chart possible), showing the sequence of elemental points found along a meridian, and also along the lower costal border of the rib cage, starting

alongside the base of the zyphoid (wood), and going along the lower border of the cartilage to the tip of the 12th rib (metal).

## Part II: Interpretation.

Most of the following information is a condensation of thoughts and experimentation over many months of regular research efforts, guided and encouraged by Drs. Ladd and Püllella. Many others have contributed at various times, among the more faithful - Dr. Art Belski, DMD, Ruth Smith ....

If the patient still needs help after you have adjusted the proper vertebra, stimulated the correct acupuncture points, and perhaps also the NL/NV points, consult the chart for more information to consider:

1. The adrenals lie at the chart center and the numbers around the center are the adrenal connecting points to the various organs. Example: Lu4 is the Adrenal point for Lung, etc. Many times it is expendant to move energy via the adrenals.

2. Notice the bold-face  $\nabla$  Lu CX H (negative) and its positive counterpart LiTW Si. These three elements (six meridians) comprise the "less physical" (originating - causative) elements (forces). I strongly suspect "metal" is a mistranslation.

The other bold-face  $\Delta$ , earth, wood, water represents the more physical (action) elements.



Metal, air, fire may be considered "cause." Earth, wood, water may be considered "action" (of the cause), and cause+ action → effect.

In light of the above concept, it is interesting to speculate as to the nature of the patient's problems.

3. Many writers associate the following attributes with colors:

|        |         |                                                   |          |
|--------|---------|---------------------------------------------------|----------|
| Yellow | (li/Lu) | mind, intelligence, WORD                          | 3-7am    |
| Orange | (Sp/St) | intellectual power, mental productivity, research |          |
|        |         | mental action, thought, ideas                     | 7-11am   |
| Red    | (H/Si)  | vitality, strength, excitation                    |          |
|        |         | power, MOVEMENT                                   | 11am-3pm |
| Purple | (K/BL)  | dedication, humanitarianism                       | 3-7pm    |
| Blue   | (Tw/CX) | love, SPIRIT, universal life force                | 7-11pm   |
| Green  | (Lv/GB) | wisdom, growth, renewal                           | 11pm-7am |

When our patient's weaknesses and strengths are considered in this light, more understanding comes forth.

Example: a college professor would probably be strong on mind/intelligence, may also be strong physically, but low in real love/spirituality. A national hockey player would be strong on vitality/strength, and very dedicated, but weak on growth/wisdom.

The ideal situation would be to balance the three factors in each  $\Delta$  and then tie the two together - very exciting results are obtained.

4. Suggestion: we are so accustomed to thinking in terms of duality that we frequently miss the supreme importance of trinity. We are body, mind and spirit (strength/power - intelligence/mind - love/spirit/universal life force, respectively). We must balance

these three energies and connect them to the remaining trinity (wisdom/growth - mental productivity/thought - dedication).

5. "Time of day" as know in traditional acupuncture and shown on the chart becomes quite logical when considered in reference to above associations.

|                |                                                                                                                                        |
|----------------|----------------------------------------------------------------------------------------------------------------------------------------|
| Yellow (metal) | we awaken 3-7am, mind, thoughts.                                                                                                       |
| Orange (earth) | 7-11, we get into action, planning.                                                                                                    |
| Red (fire)     | 11am-3pm, strength/power.                                                                                                              |
| Purple (water) | 3-7pm, slowdown and reflection on our day and purpose.                                                                                 |
| Blue (air)     | 7-11pm, most valuable time to renew soul and prepare for sleep.<br>Important to fall asleep with thoughts directed to higher channels. |
| Green (wood)   | 11pm-3am, growth/wisdom/renewal - contact the higher self.                                                                             |

6. In the circumference of the wheel, each meridian has a C F E or H. This is for quick reference to know where a meridian starts and stops.

Example: K - starts on the foot, F, and ends on chest, C  
CX - starts on the chest, C, and ends on hand, H  
TW - starts on the hand, H, and ends on eye (head), E  
GB - starts on eye (head), E, and ends on foot, F, etc.

It is well to keep in mind the smooth flow of energy and its change of polarity. Each element has two halves (meridians), one goes out, changes polarity, and the other returns.

Most developing serious problems are "hidden." the body tends to borrow support wherever it can; an over-simplified example is muscle "recruiting" and "reactive" muscle. These are attempts to "keep going."

After you have truly found "the major," by two-pointing with it, ALL the weaknesses found will test strong. There are times when a major will not reveal itself until you find a way to break through the patient's defensive shell.

The complexity of human problems is unbelievable; the hope for correction is infinite.

Thoughts worth considering concerning relationships in the chart:

Webster's Dictionary says: cause (spirit - word - motion) --- that which gets, happens, or exists in such a way that some specific thing happens as a result; the producer of an effect (renewal - thought - dedication). In this concept, "effect" is not the final product, but is one ingredient of it.

Genesis says: --- and darkness was upon the face of the deep.  
And the Spirit of God moved upon the face of the waters.  
And God said, Let there be light and there was light.  
--- and God divided the light from the darkness.  
--- and the evening and the morning were the first day.

Note: The three underlined words comprise the etheric  $\Delta$  (Trinity) which is "cause" of creation. Creation is the response to spirit, thought (word), and motion (cause), and is an eternal progressive action into more light. There were six days to creation. There are six creative elements in the chart - 2 groups of 3 parts each (duality and Trinity).

BL 13  
T 3/4

BL 18  
T 9/10

BL 19  
T 10/11

**NAME**

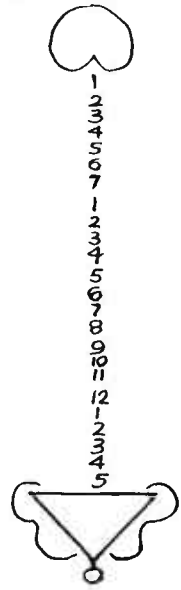
**DATE**

Cat.

Lig.

Polarity

|         |    |        |    |
|---------|----|--------|----|
| CV      | GV | H2     | O2 |
| CR      |    | XX     |    |
| Inhal   |    | Endo   |    |
| Exhal   |    | Brn    |    |
| TMJ     |    | Lymph  |    |
| MTP     |    | Emot   |    |
| CSF     |    | Hiatal |    |
| Mening  |    | Ileo   |    |
| Flowers |    | Eyes   |    |
| Scent   |    |        |    |
| Color   |    |        |    |



BL 25  
L 4/5

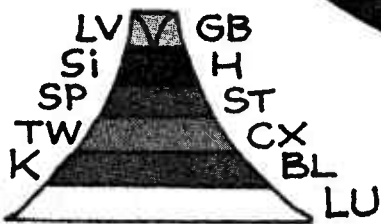
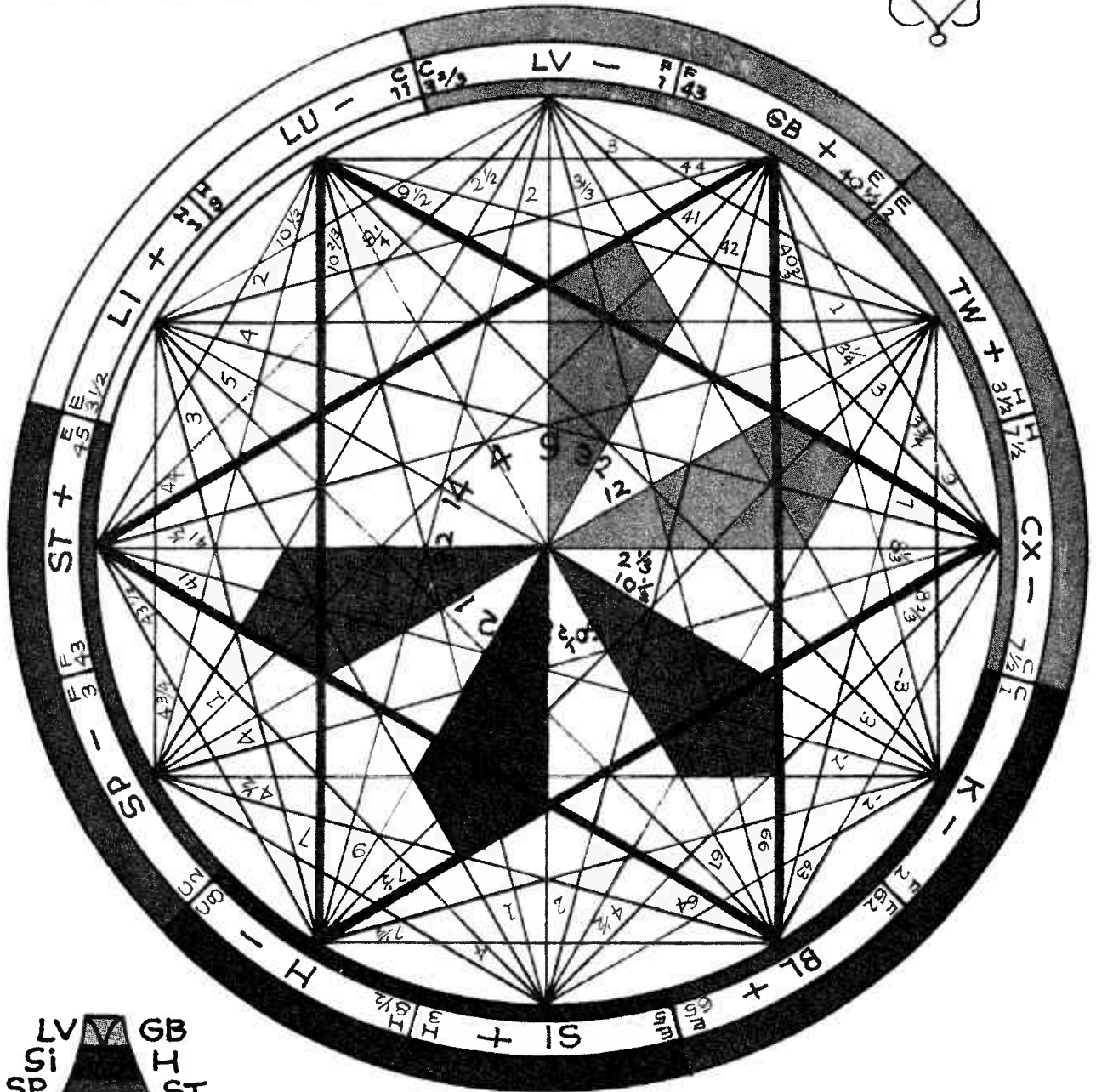
BL 22  
L 1/2

BL 21  
T 12/L

BL 14  
T 4/5

BL 20  
T 11/L

BL 23  
L 2/3



BL 15  
T 5/6

BL 27  
L 5/S1

BL 28  
S 2/3

By Carol Hitz

## EMOTIONAL STRESS RELEASE

The procedure for Emotional Stress is as follows:

1. Select the pectoralis major clavicular or supraspinatus muscles as the indicator muscle since the stomach is often in knots in stressful situations and supraspinatus is associated with central which empowers the brain with the life current.

Option: If using One Brain tools, before beginning, clear one of five muscles in contracted and extended states so there is a clear neurological circuit, check for switching and centering. One Brain tools include holding ESR and backbrain simultaneously using emotional barometer, age recession, digital determinator, active listening. Refer to One Brain and Advanced One Brain books by Gordon Stokes and Daniel Whiteside.

2. Have your client select a negative thought, experience or problem situation. Before ESR check if there is any reason they need to keep their pain, or if their pain has a message. Have them rate their pain on a scale of 1-10 before and after ESR. Therapists also have problems and conflicts that will come up as they deal with their client and as we work with others, new insights, ahas and wins will manifest in both the client and therapist life. We teach what we need to learn and know more than we think we know and we can trust the body and the process as we work through problems and conflicts, sometimes we will find that change is easier than we think it is. With this in mind we can now ESR as well as hold back brain simultaneously while the client relives this chosen situation from beginning to end and lets you know when he/she has come to the end by taking a deep breath. Option: if the client has a pain, first rate pain on scale of 1-10 and give the pain a color, shape and weight repeatedly until the pain has dissolved or is weightless. Or the pain can have a male, female and child part that can dialogue with the three parts until they give insights as to the conflict. After the negative situation is well in mind have client go through two or three times from beginning to end. After ESR with subsequent muscle testing you will note strength to muscles. The experience no longer has the power to weaken their energy field. Pain is excess of energy and once energy blocks are released and dispersed the pain lessens or goes away entirely.

Other possible applications are:

Create in your mind's eye a T.V. or movie screen. Put a video tape of this problem in position and a remote control in your hand and settle back comfortable positioning yourself and run this scenario through from begin-

ning to end stopping the picture at any time to look from different vantage points. Observe your feelings, sound, color, forms visions, insights that surface. Give your self full permission to feel your feelings and experience fully both positive and negative aspects of this situation you are recounting. Notice the areas that are uncomfortable and are difficult to face head on. Can you get an insight into those old patterns that continue to manifest presently? Are you not feeling ok about yourself and indulging yourself in that not okness based on past conditioning or are you claiming your God given birthright that is wholeness. You can take your video cut when you get to end and cut it up and replay back in a jerky fashion. By doing this, old patterning in the neurons of the brain are being broken up and defusion is taking place. In future you can recount the experience without all of the emotional trauma. Option: You could also give this situation a jewel or a color. If your orientation is Christianity, breathing in the Father, Son, and Holy Spirit into every cell and fiber of your being and permit that unconditional love and light to heal and soothe. As you breathe out, release the stress tension and negative emotions and give them form outside of your body. If we can think a negative feeling than we can also think the positive. It is helpful to identify what what we feel/want/willing to have different. If we can create what we want to be different, what would that be? In my book, CHOOSING TO WIN, is a feeling barometer with both negative and positive legitimate feelings.

FEEELING BAROMETER  
OPPOSITE

I FEEL

Primary feelings are

LOVE/JOY

Secondary feelings are

SAD

MAD

GLAD

CONFUSED

DISAPPOINTED

SCARED

ANGRY

I AM

FEAR

CHEERFUL

CALM

DISAPPOINTED

CLEAR

DELIGHTED

CONFIDENT

FEARLESS

Anger is secondary emotion. Under anger is fear, which is a primary emotion. Fear can include, fear of loss, abandonment, rejection, loss, success, failure, change, growth, responsibility, fear, fear of pain, pain. Clue When you observe an angry person you can know they have one of the above fears. That person may need empathy and acknowledgement of

their fear. Claim the demons of fear, anger, resentment, jealousy and they will no longer have the power to control life.

Therapists are saying that kids who grow up with alcoholic parents or parents get three messages and they are "Don't talk, don't feel and don't trust." Many young people get these and other messages from adults and authority figures. The more we understand feelings, identify and express them, the more we can avert pathologies.

Depression happens to any of us when we depress, repress and don't express our feelings or deny them in the precious present.

The formula for staying out of game playing and communicating straight so everyone is a winner and get their feelings/wants/willingnesses heard are like this:

I  
Feel/Want/Willing

You  
Paraphrase or hunch for  
other person using the  
Feel/Want/Willing. The  
individual has right to  
agree or disagree with  
your hunch or paraphras-  
ing.

Example:

I feel scared when I hear parents discounting their children and not listen to their feelings, needs and rights to be part of the decision making process in their family. I want or would like to see parents everywhere from the time a baby is small to learn communication skills and techniques for facilitating self-esteem and healthier self images. I am willing to share these tools first with my family and those who would choose to learn them in person or in my book.

The paraphrasing can go like this, "Sounds like you are feeling scared when you hear parents who discount their children and you would like to see change and you are willing to share your insights. I am wondering if I heard you correctly. First person can acknowledge that indeed they heard you correctly.

Whenever we are being bugged by a controlling parent who thinks they know what is best for everyone, a simple response like thank you for that information is all that's needed in most every instance.

Our goal can be atonement with the Source, ourselves and others, and the more we love ourselves the more we can love others. Acknowledging our feelings silently or audibly rather than stockpiling or gunnysacking for one big blast or explosion. We are equal to every situation with our new tools

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for problem solving using active listening and the feeling barometer.

Having an understanding of our three ego states and the Karpman triangle can be enormously helpful as we unravel our archaic scripts that no longer have relevancy, keeping the positive and diffusing the negative for productive now living. Affirmations of a positive nature in place of negative can change us on conscious, subconscious and body levels.

Three distinct ego states that include adult, that receives, analyzes, processes and integrates information, parent that will be either controlling with lots of oughts, shoulds, better as opposed to nurturing that gives lots of permissions and support. The child will come across as adapted, natural, rebellious or free. The natural part is spontaneous, fun loving, carefree, and manipulative. There is a positive and negative use for each ego state.

Karpman triangle brings to awareness that in game playing we will come across as rescuer, victim, persecutor. Using active listening will keep us off the triangle. Victim perceives everything is hopeless, unwilling to see or make change. Rescuer rather than being a supporter or empathetic, is out to solve other people's problems, make life better for others by doing for another what one can do for themselves. Persecutor, which is victim in first place after being rescued will turn on rescuer and persecute by being revengeful sarcastic, or get even in some unique way that only victim can figure out and on and on around the triangle till one or both get tired of that activity and utilize active listening which will change the context of the whole conversation if only one person will do so.

2. Role playing. Use a muscle where the neurological circuit has been cleared, which includes switching and centering test. You can now ask the body anything you'd like to. Track a negative experience back to beginning and use word describing a negative state like insecure and let all of the experiences surface when you felt insecure to the beginning and then track forward using experiences when you felt secure. Make experiences up if you can't recall, because our brain doesn't know the difference between reality and fantasy. Use ESR and backbrain holding as you do this. Use any set of negative and positive combinations like unloved/loved, unforgiven/forgiven, unnourished/nourished, healthy/unhealthy.. You can use age recession going back in increments of 10 from present age and stopping when muscle weakens to exact age when certain emotion occurred. Stokes uses an Behavioral Barometer. After tracking back on negative and forward on positive usually the muscle test will be strong.

3. Another option for learning which state is weakening or strengthening a client is to use the 5 element wheel. Test and as you hold check with following words and use role playing tools as mode of correction.



| Meridian              | Element | Pos./Neg. | Emotion                  |
|-----------------------|---------|-----------|--------------------------|
| Li., Lu.              | Metal   | Grief,    | oppression<br>Acceptance |
| Ki., Bl.,             | Water   | Fear      | Assurance                |
| H t. Si., Cir/Sex TW. | Fire    | Joy       | Joyless                  |
| St., Sp., Pancreas    | Earth   | Sympathy  | Empathy                  |
| GB., Liv.;            | Wood    | Anger     | Fearless                 |

Therapists and clients can begin their work by taking deep diaphragmatic breaths, breathing in love and out fear. Three questions to ask are: 1. How would I like this situation or problem to be different? 2. What am I going to do to change it? What are my resources? 3. When am I going to do it? Is this kind, necessary and true and is this the most loving thing I can do in this situation? We have drivers and allowers that we have received from authority figures and they are; be perfect or be yourself, please me, or consider and respect myself, try hard, or do it, hurry up or take your time, be strong or be open and finally instead of be careful, take care of yourself.

I know the following list to be helpful personally and professionally.

1. People are okay (self and others.)
2. There is a reason for everything.
3. Each person is in charge of his/her own head.
  - a. Nobody else is.
  - b. He/she is not in charge of anyone else's head.
4. All problems have solutions.
5. People get better when they decide to.
6. People (I) think can feel and think both at the same time.
7. Feelings are ok., (sad, mad, glad, confused, disappointed, scared and angry.) The opposite of each feeling is possible once the negative is acknowledged and expressed. One aspect of love is that it is the acceptance of all feelings based on commitment. Happiness is being real with our feelings.
8. People have needs and those needs can be met.
9. People can know what they need to know, stand what they need to stand and do what they need to do.
10. There is a world with lots of people in it doing lots of things.
11. When people solve their problems they get their needs met.
12. When people get their needs met, they don't have problems. Along with solutions comes new problems.
13. Life is dynamic process not static.
14. Now means no other way.
15. God couldn't have made a more perfect world. We transact imperfectly based on limited understanding.
16. We are in the right place at the right time to learn the best possible lessons for our individual growth. There probably are no accidents.
17. Children are important and need to be seen and heard.
18. We can teach an old dog new tricks.
19. The good can get gooder.
20. Go as far as you can and when you get there you'll be able to see further.
21. There is a truth in both ends of everything.
22. We have thinking/feeling natures, an essence that is love and a male female aspect.

CHOOSING TO WIN, is what can happen when we choose Touch for Health.

# ON THE ART OF KEEPING IT SIMPLE.

BY BRIAN H. BUTLER

## 1. BEWARE THE OVERWHELM OF TOO MUCH NEW INFORMATION.

WE LIVE IN A TECHNOLOGICAL AGE. PEOPLE ARE IN OVERLOAD WITH TOO MUCH INFORMATION. WHEN CONFRONTED WITH NEW CONCEPTS, THE BRAIN CAN SHUT DOWN IF THE INFORMATION IS TOO DIFFICULT TO RELATE TO. WE NEED TO CONNECT NEW INFORMATION WITH WHAT WE HAVE SOME KNOWLEDGE OF ALREADY.

IN TOUCH FOR HEALTH, WE HAVE INFORMATION WHICH IS MIND-BOGGLING. WE KNOW WE DO. WE TELL PEOPLE IT IS AMAZING STUFF. WE OBSERVE FOLK IN OUR CLASSES GETTING REALLY EXCITED, AND THEN GOING INTO OVERWHELM. IN A STATE OF OVERWHELM, LEARNING STOPS. THE BRAIN CIRCUITS "BLOW A FUSE" WHICH PREVENTS FURTHER OVERLOAD.

A WAY TO AVOID THIS IS TO LINK THE NEW INFORMATION WE ARE TEACHING INTO CONCEPTS ALREADY UNDERSTOOD. FOR INSTANCE, WHEN EXPLAINING MUSCLE TESTING WE CAN SAY THAT DOCTORS USE MUSCLE TESTS. THEY SHINE A LIGHT INTO THE EYE TO WATCH THE CONTRACTION OF THE IRIS, AND MAKE ASSESSMENTS OF THE NERVOUS SYSTEM; OR USE A RUBBER HAMMER JUST BELOW THE PATELLA FOR THE KNEE JERK TEST.

ANOTHER USEFUL PLOY IS TO USE ANALOGIES. PUTTING SUGAR IN THE GAS TANK OF A MOTOR CAR IS AN EXCELLENT WAY OF ENSURING THAT IT DOES NOT WORK PROPERLY! PUTTING SUGAR INTO THE HUMAN FUEL TANK, THE STOMACH DOES NOT DO IT MUCH GOOD EITHER!! GRAPHIC ANALOGIES OF THIS NATURE HELP PEOPLE TO CREATE VIVID MENTAL IMAGES WHICH MAKE IT EASIER TO ABSORB NEW MATERIAL.

## 2. BEWARE THE OVERWHELM OF ENTHUSIASM!

IN EVERY SPHERE OF LIFE, OUR GREATEST ASSETS CAN TURN INTO LIABILITIES. TOO MUCH ENTHUSIASM FOR OUR WONDERFUL INFORMATION CAN TURN OUT TO BE A PROBLEM. STUDENTS CAN GET ON A SORT OF INFO-HIGH, BUT IF THE RESULT OF THIS INHIBITS THE PROPER USE OF THE MATERIAL, WE HAVE FAILED IN OUR JOB AS COMMUNICATORS.

ENTHUSIASM IS A VITAL AND VALUABLE INGREDIENT WE NEED TO SPREAD TOUCH FOR HEALTH. YET, HAVE YOU EVER BEEN OVER-SOLD? HAVE YOU EVER WISHED SOMEONE WOULD TURN THE "ENTHUSIASM VOLUME" DOWN? QUIET OR NOISY, INTENSE OR RELAXED, YOUR PERSONAL TYPE OF ENTHUSIASM IS O.K., IN FACT ENTHUSIASM IS GREAT... SO LONG AS IT DOESN'T OVERWHELM THOSE AROUND US.

THE ORIGINATION OF THE WORD IS INTERESTING. IT MEANS THE SPIRIT OF GOD WITHIN. TRUE ENTHUSIASM DOES NOT FORCE ITSELF ON OTHERS, IS NEVER OFFENSIVE, DOES NOT PUT PEOPLE OFF. IT IS THE RADIATION OF YOUR SPIRIT FROM WITHIN. SPIRIT IS LIGHT. LIGHTS SHINE, THEY DO NOT MAKE A LOT OF NOISE, UNLESS THEY ARE ABOUT TO GO WRONG OR BURN OUT. A HYPED UP OVER-ENTHUSIASTIC APPROACH IS NOT EFFECTIVE TEACHING, IT MERELY PUTS PEOPLE OFF.

### 3. BEWARE THE OVERWHELM OF TOO MUCH MATERIAL.

AS TEACHERS WE WANT TO GIVE OUR STUDENTS AS MUCH AS THEY CAN ABSORB. OR MAYBE A LITTLE LESS THAN THEY CAN ACTUALLY GRASP DURING THE TIME OF THE CLASS. IN THIS WAY THEY CAN LEAVE THE CLASS WANTING MORE.

ONE THING I ALWAYS IMPRESS ON MY CLASSES IS THE NEED FOR CAUTION WHEN THEY RETURN HOME. SO MANY OF US HAVE GONE HOME AFTER A CLASS, ONLY TO GUSH THE ENTIRE CLASS CONTENT WHICH WE HAVE TAKEN TWO DAYS TO RECEIVE OVER OUR LOVED ONES IN HALF AN HOUR!

THE EFFECT OF THIS IS TO PUT THEM INTO OVERWHELM ALSO. INSTEAD OF WINNING ANOTHER FRIEND FOR TOUCH FOR HEALTH, WE CAN PUT SOMEONE OFF FOR LIFE! WHAT A PITY THIS IS. WE MAY PREVENT THAT PERSON GETTING IN TOUCH WITH THE WONDERS OF THEIR OWN BODY FOR YEARS TO COME.

### 4. BEWARE THE OVERWHELM OF BIG INDIGESTIBLE LUMPS OF INFORMATION

WHEN TEACHING, ONE IMPORTANT FACTOR IS TO "CHUNK IT DOWN" AS PHILIP SAYS. DIVIDE THE MATERIAL UP INTO SMALL SEGMENTS. PRACTISE GIVING THE INFORMATION IN TFH CLASSES IN BRAIN-SIZED PACKETS. ALLOW TIME FOR EACH PIECE TO BE DIGESTED BEFORE OFFERING ANOTHER CHUNK.

LOOK AT YOUR CLASS OUTLINE AND CHECK THAT YOU HAVE KEPT ALL THE SEGMENTS SIMPLE AND TO THE POINT. MAKE SURE THAT YOU GIVE THE CLASS ONE IDEA AT A TIME. IT IS TOO EASY FOR US WHEN WE KNOW THE MATERIAL WELL TO JOIN IDEAS TOGETHER IN A STREAM. THE CLASS IS STILL DOING THEIR BEST TO GET TO GRIPS WITH WHAT YOU STARTED OUT SAYING. IF YOU HAVE FLOWED INTO MORE NEW AND DIFFERENT TOPICS, EVEN IF THEY ARE CONNECTED WITH YOUR INITIAL IDEA, IT WILL BE VERY DIFFICULT FOR THE CLASS TO ABSORB.

### 5. BEWARE THE OVERWHELM OF NO REST.

WHEN WE TEACH CLASSES OVER A WEEKEND, OR EVEN IN A SERIES OF EVENING SESSIONS, IT IS A TRAP TO KEEP THE CLASS "BUSY" ALL THE TIME. THE HEART MUSCLES WOULD SIEZE UP IF THEY HAD TO WORK ALL THE TIME WITHOUT RESTING. THE HEART PUMPS AND RESTS, PUMPS AND RESTS. DURING THE REST PERIOD, NOURISHING BLOOD FLOWS INTO THE MUSCLE FIBRES AND FEEDS THEM FOR THEIR NEXT CONTRACTION.

THE BRAIN NEEDS TO RELAX AFTER EFFORT IN THE SAME WAY. USING THE NEURO-VASCULAR POINTS FOR THE SUPRASPINATUS, CAN HELP TO RELIEVE THE PRESSURE ON THE CLASS PARTICIPANTS. EVERY NOW AND THEN, HAVE THE CLASS DO A FEW CROSS-CRAWL MOVEMENTS, THEN HOLD THE POINTS BEFORE CONTINUING WITH THE NEXT SEGMENT.

ANOTHER USEFUL INTERLUDE IS TO HAVE THE CLASS LIE DOWN ON THE FLOOR FOR JUST A COUPLE OF MINUTES WHILE YOU PLAY SOME BAROQUE OR OTHER CLASSICAL MUSIC. THE TYPE THAT IS USED FOR SUPER LEARNING SESSIONS IS IDEAL. AFTER EVEN A BRIEF TIME, THE GROUP IS READY TO TAKE MORE MATERIAL ON BOARD. [ ]

# FIVE STAGE TECHNIQUE FOR TEACHING ONE POINT PRESENTATIONS

BY BRIAN. H. BUTLER

ONE OF THE MOST USEFUL TEACHING TECHNIQUES TAUGHT BY GORDON STOKES IN HIS INSTRUCTOR TRAINING WORKSHOPS IS THE REPEATED USE OF THE "ONE POINT" FORMULA TO PRESENT EACH SEGMENT.

EACH NEW PART OF THE CLASS OR WORKSHOP IS PRESENTED IN A PATTERN WHICH ENSURES THE CLASS HAS THE BEST CHANCE OF ABSORBING THE MATERIAL. EACH TECHNIQUE, OR CONCEPT IS TAUGHT USING FIVE STEPS:

1. INFORMATION
2. DEMONSTRATION
3. PARTICIPATION
4. PRACTICE
5. ALTERNATION & FEEDBACK.

HERE IS HOW EACH STEP WORKS:

## 1. INFORMATION

WHEN WE GIVE INFORMATION TO A CLASS, IT NEEDS TO BE IN THE FORM OF "ONE POINT" SEGMENTS. WHEN OFFERING NEW CONCEPTS TO OUR STUDENT'S MINDS, THE SIMPLER THE WAY WE IMPART IT, THE MORE LIKELY THEY ARE TO RECEIVE THEM. WE WANT THEM TO BE ABLE TO ABSORB, REMEMBER, AND MOST IMPORTANT OF ALL - USE THE INFORMATION.

ACCORDINGLY, WHEN TEACHING, GIVE A SPECIFIC "ONE-POINT" PIECE OF INFORMATION ONLY. THERE IS ALWAYS THE TEMPTATION TO GO ON TO ANOTHER IDEA, OR TO ADD MORE INFORMATION THAN IS ABSOLUTELY RELEVANT TO THE SUBJECT AT HAND.

KEEP IT SHORT. PEOPLE'S ATTENTION SPAN IS AT THE MOST TWENTY MINUTES. AFTER THAT EVEN IF THE INFORMATION IS EXCITING, THEY WILL BEGIN TO FIND IT RATHER HARD TO CONCENTRATE.

ALSO IT IS WELL AT THIS TIME TO RECOGNISE A BASIC FUNDAMENTAL OF HOW THE MIND WORKS. THE MORE SENSES USED WHEN INPUT IS GOING TO THE BRAIN, THE MORE LIKELY IT IS TO RETAIN THE INFORMATION. APPEAL TO MORE THAN ONE SENSE BY USING DIAGRAMS OR A BLACKBOARD TO INVOLVE THE EYE AS WELL AS THE EAR.

USE THE POWER OF ASSOCIATION, LINK IN TO WHAT THEY KNOW ALREADY. IT ALSO HELPS CONCENTRATION IF THERE IS SOMETHING DYNAMIC TO WATCH, SO DEMONSTRATE.

## 2. DEMONSTRATION

SHOW HOW THE INFORMATION MAY BE USED IN PRACTICE. HAVE THE CLASS WATCH, WHILE YOU DO IT. INVOLVE THEM, BY DISCUSSING WHAT YOU ARE DOING. WHENEVER POSSIBLE USE A PERSON AS A LIVE EXAMPLE. DEMONSTRATE THE TEST, OR THE CORRECTION OR WHAT HAPPENS WHEN YOU DO SOMETHING IN A PARTICULAR WAY. A PICTURE, OR A VISUAL IMAGE IS WORTH A THOUSAND ELOQUENT WORDS. IT RAMS THE POINT HOME IN A WAY THAT NO AMOUNT OF TALKING CAN EVER DO.

## 3. PARTICIPATION

WHEN WE HAVE THE CLASS DO SOMETHING, THEY ARE UTILISING YET ANOTHER SENSE. AS THEY WATCH YOU GO THROUGH THE STEP AGAIN, AND FOLLOW THROUGH THEMSELVES, THEY ARE HEARING, SEEING AND TOUCHING.

IT ALSO GIVES THEM A SENSE OF REALITY. THERE IS NO SUBSTITUTE FOR EXPERIENCING THE FEELING WHEN A MUSCLE CHANGES STRENGTH. NO AMOUNT OF EXPLANATION GIVES THE SAME IMPRESSION. ALTHOUGH THIS IS A POWERFUL WAY TO LEARN, BE SURE TO GO SLOWLY ENOUGH AND DIVIDE UP THE ACTION INTO MANAGEABLE STEPS TO AVOID OVERWHELM.

## 4. PRACTICE.

ONE OF THE LAWS OF MEMORY IS REPETITION SO GIVE THE CLASSES PLENTY OF OPPORTUNITY TO PRACTICE. AFTER THEY HAVE PARTICIPATED UNDER YOUR DIRECTION, LET THEM DO THE SAME THING ON THEIR OWN. LET THEM USE THE BOOK AND PRACTICE ON EACH OTHER. RECOMMEND THEY CHANGE PARTNERS FOR EACH DIFFERENT ACTIVITY. THE MORE BODIES ANYONE WORKS WITH THE BETTER THE EXPERIENCE.

## 5. ALTERNATION & FEEDBACK

EVERY TIME YOU CHANGE THE ACTIVITY FROM THE CLASS LISTENING, TO PARTICIPATING, TO PRACTISING, TO SUPERLEARNING, TO CROSS CRAWL, TO ESR, TO MORE INFORMATION, TO NEW TECHNIQUES, YOU ARE USING "ALTERNATION". OR WHEN THEY CHANGE POSITION FROM SITTING TO STANDING, TO LYING ON THE FLOOR, THIS IS "ALTERNATION".

CHANGING THE TYPE OF ACTIVITY RESTS THE MIND. "A CHANGE IS AS GOOD AS A REST!" IF EVER THE ENERGY IN THE GROUP GETS LOW, GIVE THEM SOMETHING TO DO THEMSELVES. THIS WILL RAISE THE ENERGY OF THE GROUP FAR MORE EASILY AND QUICKLY THAN ANYTHING WE CAN DO.

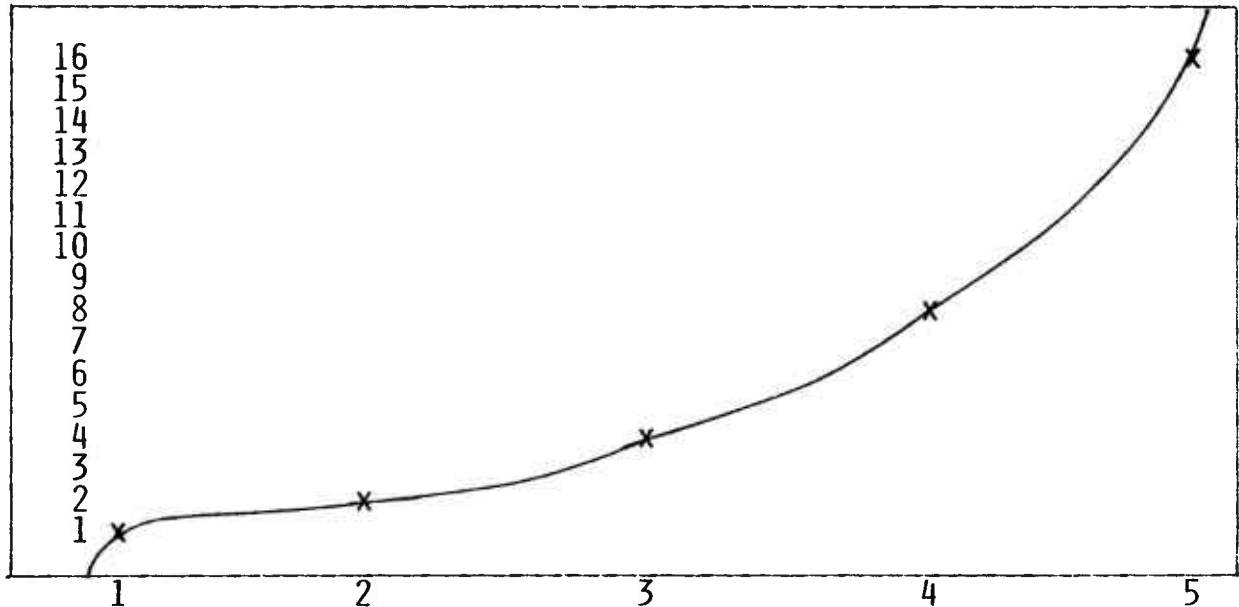
USING CIRCLES TO GET FEEDBACK FROM THE GROUP IS A VERY POWERFUL TECHNIQUE. IT HELPS YOU SAMPLE THE CURRENT FEELING IN THE CLASS. IT HELPS AND RE-INFORCES EACH INDIVIDUAL AS THEY HEAR OTHERS EXPRESSING WHAT THEY THEMSELVES ARE FEELING.

IT WOULD BECOME RATHER HEAVY GOING RUNNING A CIRCLE AFTER EVERY SEGMENT. USE THEM AT THE BEGINNING AND END OF EACH SESSION. ALSO, YOU CAN RUN "QUICKY" CIRCLES AFTER A PARTICULAR ACTIVITY, SAY LIKE FOOD TESTING FOR MILK SENSITIVITY, TO LET THE GROUP COMPARE RESULTS. USE THE FEEDBACK TO HELP YOU PLAN THE NEXT PART OF THE CLASS, YOU'LL TEACH BETTER, AND THEY WILL APPRECIATE IT. [ ]

## NETWORKING TOUCH FOR HEALTH.

BY BRIAN H. BUTLER.

ALMOST EVERYTHING IN NATURE SEEMS TO FOLLOW THE MATHEMATICAL LAW OF THE EXPONENTIAL CURVE. SUCH A CURVE IS PLOTTED ON A GRAPH WHEN YOU DOUBLE EACH NUMBER TO FIND THE LOCATION OF THE NEXT POINT.



IT STARTS OFF VERY SLOWLY, BUT IT SUDDENLY TAKES OFF FAST AFTER THE FIRST FEW TIMES IT DOUBLES. YOU CAN SEE FROM THIS ILLUSTRATION THAT THE NEXT DOUBLING WOULD TAKE US TO A POINT WHICH ALMOST GOES STRAIGHT UP! IN TOUCH FOR HEALTH WE ARE AT A CRITICAL GROWTH POINT, WE HAVE TO BE READY FOR GREAT EXPANSION.

THERE WAS AN OLD STORY ABOUT A YOUNG MAN WHO WAS OFFERED A MILLION, OR HE COULD HAVE A PENNY ON THE FIRST SQUARE OF THE CHESS BOARD, AND DOUBLE IT ON EACH SQUARE. HE CHOSE THE MILLION, AND MISSED OUT ON THE FORTUNE THAT WOULD HAVE ACCUMULATED FOR HIM AFTER THE 21ST SQUARE! ...AND THERE ARE 64 SQUARES IN ALL !!

WHEN WE WORK TO START SOMETHING NEW, IT OFTEN SEEMS VERY SLOW AT FIRST. I HAVE BEEN WORKING IN ENGLAND WITH TOUCH FOR HEALTH FOR NINE YEARS, AND GROWTH WAS VERY SLOW AT FIRST. WITH SLENDER RESOURCES, WITH LITTLE OR NO BUDGET FOR ADVERTISING OR MARKETING IT HAS SEEMED AT TIMES THAT ONE IS GETTING NOWHERE FAST!

NOW WE HAVE EIGHTY INSTRUCTORS IN BRITAIN, SOME OF WHOM ARE VERY ACTIVE INDEED. BY NEXT YEAR THERE WILL BE ANOTHER THIRTY OR FORTY. SO ALTHOUGH IT SEEMED SLOW TO START WITH, WE ARE NOW TURNING THE CORNER OF THE CURVE. SINCE THE ESTABLISHMENT OF INTERNATIONAL FACULTY, THERE ARE TFH INSTRUCTOR TRAINERS ALL OVER THE GLOBE. THIS MEANS MORE TFH INSTRUCTORS BEING TRAINED THAN EVER BEFORE. TOUCH FOR HEALTH IS TAKING OFF AROUND THE EARTH.

EACH TFH TRAINED INSTRUCTOR WILL INFLUENCE MORE PEOPLE AND SO THE EXPONENTIAL GROWTH CURVE WILL NOW QUICKLY GO THROUGH THE CEILING. WHETHER YOU ARE A TOUCH FOR HEALTH INSTRUCTOR, SOMEONE WHO HAS JUST TAKEN A BASIC CLASS, OR YOU ARE MERELY INTERESTED IN PREVENTIVE HEALTH CARE, THE FACT THAT THIS WONDERFUL CONCEPT IS REACHING SO MANY PEOPLE IS EXCITING TO ALL OF US.

IT IS ALMOST A SIGN THAT TOUCH FOR HEALTH HAS "MADE IT" SINCE A "PIRATE" EDITION OF THE BOOK HAS NOW BEEN PRODUCED IN THE FAR EAST! PRINTED WITHOUT THE SANCTION OF THE FOUNDATION, SOMEONE HAS REALISED THAT IT IS A WORTHWHILE BOOK TO MARKET, AND HAS GONE AHEAD AND PRODUCED IT.

EACH YEAR THAT GOES BY, THE NUMBER OF PEOPLE WHO HEAR ABOUT TFH IS MORE THAN DOUBLING. IN THE EARLY DAYS, A DOUBLING OF TWENTY OR FIFTY OR A COUPLE OF HUNDRED DID NOT MAKE MUCH IMPACT. NOW THERE ARE SEVERAL THOUSAND IN BRITAIN, AND UNCOUNTED THOUSANDS AROUND THE WORLD WHO HAVE BEEN TAUGHT IN CLASSES OR HAVE BEEN EXPOSED TO A TALK OR LECTURE/DEMONSTRATION ON TFH. THIS MULTITUDE COLLECTIVELY IS HAVING A REAL EFFECT ON THE HEALTH CONCIIOUSNESS OF OUR WORLD. A FAR MORE WIDE REACHING, POSITIVE FORCE-FOR-GOOD THAN MAYBE WE REALISE.

NOW THOSE OF US WHO HAVE LEARNED TFH NEED TO MOBILISE AND ORGANISE OURSELVES AND ASSOCIATE TOGETHER IN GROUPS. ON OUR OWN, IN ISOLATED LOCALITIES, WE CAN HAVE ONLY A LIMITED IMPACT. BANDED TOGETHER, WE CAN REALLY MAKE OUR PRESENCE FELT, AND GIVE WHAT WE HAVE TO FAR MORE PEOPLE. RICHARD BYRNE IN HIS ADDRESS A COUPLE OF YEARS AGO WARNED OF TFH'ERS BECOMING A "COSY CLUB OF HUGGERS" AND ASKED US TO BEWARE OF THE "THEM AND US" SYNDROME. A TIMELY WARNING, AND ONE WHICH APPLIES EVEN MORE TODAY. TOUCH FOR HEALTH CAN SEPARATE US FROM OTHERS, BUT THAT IS NOT THE IDEA!

LAST YEAR I MADE THE SUGGESTION THAT EVERYONE WHO ATTENDED THE ANNUAL MEETING MAKE THEMSELVES RESPONSIBLE FOR BRINGING ANOTHER PERSON TO THE MEETING THIS YEAR. THIS WOULD MEAN A DOUBLING OF LAST YEAR'S ATTENDANCE IF WE HAD ALL ACHIEVED THAT AIM. I WONDER HOW MANY ARE HERE WHO WERE URGED TO DO SO BY SOMEONE LAST YEAR.

REMEMBER THE SUGGESTION OF A DOLLAR A DAY IN THE JAR TO PAY FOR SOMEONE ELSE TO ATTEND? MOST THOUGHT IT A GOOD IDEA AT THE TIME, I WONDER HOW MANY FOLLOWED IT THROUGH. ANNUAL MEETINGS ARE INSPIRING OCCATIONS, AND THE ENTHUSIASM THAT IS ENGENDERED IS WONDERFUL. THE HARD PART IS TO FOLLOW THROUGH ON THE INTENTIONS AND THE DECISIONS WE MAKE AFTER THE GLOW HAS FADED A LITTLE.

IN ALMOST EXACTLY THE SAME WAY, PEOPLE WHO TAKE TFH CLASSES GET REALLY "TURNED ON" BY THE EXCITING NEW CONCEPTS AND IDEAS. ONLY IF WE ENCOURAGE THEM TO MEET WITH OTHERS ON A REGULAR BASIS WILL THIS JOY PERSIST. OTHERWISE, LIKE THE TENDER PLANTS OF THE PARABLE, THEY WILL WITHER, OR DRY UP, OR OTHERWISE LOSE THE NEW ZEST FOR LIFE THEY HAD FOUND.

WE NEED A PLAN OF CAMPAIGN, A FRAMEWORK TO HELP US STICK TO THE RESOLUTIONS WE MAKE TO OURSELVES AND EACH OTHER AT SAN DIEGO.

## IDEAS FOR NETWORKING TOUCH FOR HEALTH

1. WE AS INSTRUCTORS NEED TO KEEP IN TOUCH WITH ONE ANOTHER. WE NEED THE ENCOURAGEMENT OF COMRADESHIP WITH EACH OTHER TO KEEP OUR LAMPS BURNING BRIGHT.
2. WE CAN KEEP A CAREFUL WATCH ON OUR CLASS ROSTERS, NOTING THE GEOGRAPHICAL ARE EACH STUDENT COMES FROM, AND MATCH THEM WITH SOMEONE WHO HAS ALREADY TAKEN THE CLASS WITH US OR WITH ANOTHER INSTRUCTOR.
3. ENCOURAGE THOSE WHO HAVE TAKEN A CLASS AND LIVE NEAR EACH OTHER TO MEET FROM TIME TO TIME, AND EVEN THINK ABOUT FORMING A PRACTICE GROUP. PRACTICE GROUPS REALLY WORK. THEY CAN BE HELD IN A DIFFERENT HOME OR AREA EACH TIME. THEY HAVE TO BE HELD OFTEN ENOUGH TO KEEP THE ENTHUSIASM GOING. IT IS ALSO A GOOD PLAN TO KEEP THEM AS INEXPENSIVE AS POSSIBLE. GET THOSE WHO HAVE TAKEN CLASSES TO BRING FRIENDS AND RELATIVES ALONG WHO HAVEN'T SO THAT THEY CAN SEE TOUCH FOR HEALTH IN A GROUP SETTING.
4. PRACTICE THE ART OF ENCOURAGING ALL YOU TALK TO ABOUT TOUCH FOR HEALTH TO TALK ABOUT IT TOO.
5. INVITE PEOPLE YOU MEET TO COME ALONG TO YOUR CLASSES AS A GUEST FOR THE FIRST TWO HOURS. I WARN THEM THAT IF THEY WANT TO STAY AFTER THAT, THEY WILL HAVE TO PAY THE CLASS FEE! THIS WAY PEOPLE CAN SEE TFH IN ACTION WITHOUT NECESSARILY COMMITTING THEMSELVES.
6. PUT ALL THOSE SPORTS GROUPS, HEALTH FOOD SHOPS, HEALTH CLUBS, YOGA GROUPS, AEROBICS TEACHERS, RUNNING CLUBS ETC., THAT ADVERTISE IN YOUR LOCAL PAPERS AND JOURNALS ONTO YOUR MAILING LIST. SEND THEM ALL YOUR SCHEDULE, AND COPIES OF YOUR LEAFLETS EACH TIME YOU DO A MAILING.
7. PUT ALL THOSE WHO SEND YOU UNSOLICITED MAIL ON YOUR MAILING LIST ALSO. I HAVE NEVER DONE A MAILING THAT HAS NOT PAID FOR ITSELF DIRECTLY FROM THE RESPONSE TO THAT MAILING.
8. GET DR. THIE'S LEAFLET ON "ORGANISING FOR HEALTH". THERE ARE SOME USEFUL POINTERS IN THERE FOR US ALL. HE OFFERS SOME USEFUL SUGGESTIONS UPON HOW WE MIGHT START FORMING GROUPS WHERE NONE EXIST AT THE MOMENT.
9. WRITE TO ALL THE INSTRUCTORS YOU KNOW IN YOUR GENERAL AREA, AND SUGGEST A JAMBOREE GET TOGETHER WHEN YOU KNOW THAT THE WEATHER WILL SUPPORT YOU. A PICNIC, AGAIN WITH FRIENDS AND RELATIVES INVITED, IS A WONDERFUL OCCASION TO ENGENDER THE SORT OF SPIRIT WHICH WILL ENCOURAGE OTHERS TO WANT TO BE PART OF THE ACTION.
10. INVEST IN BETTER LEAFLETS, HAVE THEM PROFESSIONALLY TYPESET, THEY PAY DIVIDENDS. INVEST IN BETTER CLASS EQUIPMENT AND AIDS TO HELP YOU TEACH. INVEST IN THE GROWTH YOU WILL CAUSE!



## INSTANT SUPER BALANCE A POSSIBILITY!

117

Also To Leave Manual Existence for an Auto Programed Brain

Researched and Developed by Myrl M. Cole and Associates

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Dire needs, difficulties, impossibilities and super goals furnish the background for successful research, discoveries and virtually foolproof answers!

**History:** It certainly was no accident when I was surprised, informed and introduced to some of the possibilities offered by Touch For Health. Dr. John F. Thie, D.C. was the main opening speaker at a rather small National Health Federation Convention held in San Bernardino, California in November, 1973. What he said and so convincingly demonstrated really made a lot of sense. I was ready for something new and better having searched most of my life for my personal health needs, then for my wife's more difficult problems.

Dr. Thie caused me to seriously consider Touch For Health as a possible answer. After carefully looking over the newly published manual, I decided not to purchase, until I could convince my wife. However, that totally failed until Dolores personally heard Dr. John Thie at the National Convention of the Health Federation in the Anaheim Convention Center, 10 A.M., January 18, 1975. After she personally talked with Dr. Thie, we purchased the manual, then took our Basic Workshop in Dr. Thie's office in Pasadena, Calif. Dolores really got excited and became the 38th person to register for an Instructor Training Workshop. Her only brother-in-law suddenly passed away with a heart attack, so Dolores persuaded me to take the Instructor Workshop instead of her. There were 21 in that workshop and we had our graduation banquet in the Huntington Hotel in San Marino, August 3, 1975. That workshop was far from easy for me, being a long time Electronic Engineer, until it suddenly dawned that this was really brain and body electronics. Volunteers were solicited to instruct Touch For Health with the International College of Applied Kinesiology in Pasadena that Labor Day week end. I offered with others.

That was my real initiation and I was actually surprised to find myself taking to the whole program as a duck would to water. I was extremely anxious to learn everything possible and quickly made many friends of the Doctors, Instructors and Researchers with the International College of Applied Kinesiology. I took a friend to Dr. Geo. Goodheart with an appointment arranged by one of the local Doctors. Other friends and students were taken or sent to other Doctors. I carefully watched everything to learn to better help my wife.

I immediately conducted Touch For Health Demos and Workshops every month in the Anaheim Sheraton Inn. There were only 4 in our first Workshop — 2 R.N. Nurses and a husband and wife couple. One R.N. had 3 or 4 severe cancer operations and requested that she not be touched because of adhesions and excess fat. Just how can you have a Touch For Health Workshop and have a "touch me not" student? We started by running her meridians about 2 inches above her body, the neuro vascular light touch points on her head and the acupressure holding points on her extremities. She got so much benefit from those, that she begged to have all of the rest. She became the only one to have all 35 muscles test strong in the clear. She later used Touch For Health on nearly all employees in a good sized factory. The husband had a ball with everyone. He previously stopped truck driving because of a heart attack. As a dispatcher, he drank too much and had a cerebral hemorrhage and a severe stroke soon after the workshop. When he was able, I took him to one of the International College Research Doctors. His successful techniques were very valuable info.

Besides Anaheim Sheraton, I held demos in service clubs, churches and schools. I also traveled to Health Conventions with Touch For Health and my Distillers, holding demos, seminars and workshops. I was often sponsored by numerous Health Stores, Athletic Groups, Therapy Centers, Clinics, Research Centers, Chiropractic, Osteopathic and Naturopathic Groups as well as continued education workshops for Chiropractors, Naturopaths and Nurses. A number of Doctors and Insurance Companies have used me for insurance cases, stroke patients, mental patients and severe accident victims in I.C.U. I've worked with Wrestling Teams, athletic problems and injuries, besides almost continuous long hours with nearly unbelievable number of consultations with individuals concerning their needs and perplexing problems.

**Research:** Concerning the major problems with my wife, I appealed personally to Dr. Thie several times at our First Touch For Health Annual Meeting held in Asilomar State Park, near Carmel, California, July 10-18,

1976. I really wanted to know if there were any better ways to obtain more results. Dr. Thie asked all 23 of us to research for the best ways to proceed with our corrections, also research the 12 muscle wheel for testing the 12 or 14 meridians. Half of us were to start with the 12 o'clock noon heart meridian and the rest of us were to start with the 8 o'clock stomach meridian. We were to test 100 persons and make our report. I had the stomach meridian and I really got carried away, doing over 2,000 persons. I often did the person's 12 muscles several times in rapid succession causing a greatly increased energy flow until 7 or 8 or even 9 or 10 muscles would test weak in the clear.

In January 1979, we began getting our first squares that tested weak in the clear. This indicated that there was sufficient energy to show the internal energy flow in the counterclockwise direction. The first square was the heart, kidney, gall bladder and large intestine meridians. Being counterclockwise, we would correct the Fascia Lata Muscle's Neuro-Lymphatic areas, retest it, then retest the gall bladder, kidney, and the heart meridians. All would usually test strong in the clear, so would any remaining weak muscles in the clockwise direction. Whether we had 1, 2 or 3 squares, correcting the Fascia Lata muscle — Large Intestine Meridian, would also usually correct all muscles in the reverse squares. This pointed the Fascia Lata or Intestine Meridian as the starting point or trigger muscle for all muscle deterioration or the first cause of nearly all body problems as well as the instant indicator that one's body muscles are operating manually.

We found an easier way for a fast energy pump instead of using the rapid 12 muscle wheel tests repeated several times. It even works on those who can't have their muscles fast tested. Very lightly touch one's frontal eminences (the forehead bumps) with the finger tips for about 1 1/2 minutes or until a slight pulse is felt, then instantly reverse the hands and return to the first position. This furnishes a 2 x energy boost each time this is done and may also be used at the same time to deprogram any mental negatives that one thinks about. Do this several times or until the person may start to feel light headed or even slightly dizzy. Then one may do the 12 muscle wheel, even slowly, only once, and usually get 1, 2 or 3 squares to test weak in the clear.

We also found that one's body muscles could be locked in to run automatically strong without a single one of the 12 meridian muscles to test weak for 14 days (exceptions may be injured muscles or those not testing strong because of wearing metals, jewelry or battery operated things). This was accomplished by carefully setting all 6 walking gait receptors or proprioceptors on each foot. Dr. Thie demonstrated these in one of our earlier Annual Meetings that had been discovered by Dr. Alan Beardall, D.C. of Lake Oswego, Ore. instead of only the 4 shown in our Revised Manual. This proved Dr. Beardall's findings that hard sole shoes were the reason that the walking gaits couldn't function causing one's brain to turn off the normal automatic functions of the body muscles for them to barely exist with sluggish manual functions. This usually happens 14 days after an infant starts wearing the first pair of hard sole shoes and usually, most everyone, continue with weak and easily tired muscles ever after. On the other hand, if one sets his gait receptors and resets them before the 14th day turn off, one may enjoy almost constant health and super energy!!!

Working with wrestlers and athletes, this turn off has actually caused some surprising defeats. One may be super strong and far ahead in points and advantages, experience the 14 day muscle turn off, his opponent just seems to easily take over and he is quickly pinned for a loss. Almost like a former wrestler who had his man in an airplane spin for his last match for the U.S. National Amateur Title, when he actually fainted. His opponent had no trouble pinning for the Title! I've also had runners, who I was working with, but not at that race, have the bottom drop out as they would say, and others easily passed them to win. If I, my associates or any coach that we have trained was on the spot, such turn offs would not happen. We have also developed a demagnetizer mat, originally to demagnetize one's magnetized hour of birth meridian for a permanent 3x energy boost. It can be subsequently used to obtain 10 x energy boost for about 24 hours for all controlled body muscles associated with the 12 meridians. Enterprising athletes, muscle builders, motivators, shrewd individuals and businesses have used these demagnetizer mats to daily maintain super energy levels and minimize sick leaves!

By using certain muscles as surrogates, they will test many other muscles or several meridians at the same time. Whenever it is impossible or not practical to use the 12 muscle wheel, and sometimes for simplicity or need to save time, we use the diaphragm to test the heart and lung meridians. Have the person touch the front center point just below the sternum bone with the tips of his right fingers as his left arm muscle is tested. Should the left arm shoulder muscle not be usable, you may use left thumb and little finger. We use the rectus abdominis muscle to test the 7 meridians related to one's chemical, circulation, repair

and reproduction (or stomach, spleen, small intestine, bladder, circulation, tripple warmer and liver). The person places his right palm flat on the center of his abdominal muscle just below his navel as his left arm or his left thumb and little finger is tested. To test the 3 elimination meridians (kidney, gall bladder and large intestine), we test the iliacus muscle. The person places his right finger tips in the soft area below the ribs and just above the right hip as the left arm or left thumb and little finger is tested. This is extremely foolproof way of testing that does not require increased levels of energy to obtain positive tests, and usually takes less than one minute!

There are also easier and faster ways to obtain the automatic turn on benefits of all body muscles related to the 12 meridians for various desired amount of time. Instead of setting all 6 walking gait receptors on both feet, just one master reflex point on one foot for bilateral persons and the same single reflex point on both feet for all homolateral persons—provides the same 14 day automatic total muscle control without a single muscle testing weak (with the above exceptions). This master reflex point is located on the bottom center of either foot, exactly half way between the center of the metatarsal arch and the center of the longitudinal arch at K 1 1/2. This reflex point or master receptor is next to the bone and is only about 1/8 inch in diameter. Pain level 1/4 inch from it is normally severe, but exactly on it is more! However, do not rub it afterwards or all benefits will be canceled! The pain is much less and of shorter duration than the total ordeal of the 6 walking gaits on both feet. The negative trauma may be deprogramed by touching one's frontal eminences. Our demagnetizer will accomplish the same benefits without any pain for a' bout 24 hours. Some users stand on their mats, less than 10 seconds, twice daily for assured results. One may simply tap 12 taps around one's navel in a clockwise direction for bilateral persons and counterclockwise for homolateral persons for 12 hours of the above benefits. And we also instruct another method that only furnishes 6 hours of the benefits, that is used by athletic coaches and others for very special purposes.

Results: What is most exciting and even more thrilling is that anyone may actually use any or all of these to put himself in instant automatic super balance for virtually the above mentioned times. Besides all this, at the same time one is a perpetual automatic surrogate, who may also instantly and automatically super balance anyone that is touched, who may also enjoy the above benefits for approximately 6 hours. This may be done to one or a number of individuals who may then join hands and the whole group be used as a powerful surrogate to actually super balance difficult special needs. This may all sound too good to be true, and may not be believed—until it actually happens to the doubter. It has often almost made me angry when one of our students found this-out and had touched everyone in a workshop, and all were balanced, so that not one single person was left to demonstrate how or what happens when one was being balanced.

All of our research, findings, experiences, demonstrations, consultations and coaching are purely instructional information that is being shared entirely for the personal benefit of the user. It is not in direct competition with any other techniques or instructions. Should we find or anyone show us anything reasonably better, we'll gladly drop the best so far and certainly go for the better!

NU-LIFE CENTER, Box 2529, Salmon, Idaho 83467 — 24 Hour Phone (208) 756-2953 or 1-800-4 NU-LIFE

Private Nursing Practice  
for  
Food Sensitivity Testing

You are what you eat.  
You are what you drink.  
You are what you think.

How true these words are. What you put into your body determines what comes out; good health and happiness, a vibrant person, or ill health and disease, depression, temper, etc.

Allergy may present itself as a runny nose, hay fever, asthma, hives, eczema, or contact dermatitis, but it can also be digestive disturbances (ie. compulsive eating, compulsive drinking, duodenal ulcers, colitis, diverticulitis, diarrhea, constipation, colic, etc), respiratory disturbances, (ie. asthma, bronchitis, emphysema, etc.), fluid retention, hypertension, rheumatic fever, arthritis, urinary tract symptoms, nephritis, anemia, hyperactivity, learning disabilities, autism, retardation, multiple sclerosis, depression, schizophrenia, epilepsy, obesity, etc.--the list goes on.<sup>1</sup>

Personally, I prefer the term "sensitivity" rather than "allergy" mainly because people don't think of the wide range. They think only of stuffy sinuses, runny noses and hives. We ought to think further.

We as nurses, see these symptoms all the time. The hospitals, doctor's offices and clinics are filled with people voicing these complaints. As a nurse, although I efficiently performed the daily tasks of reducing these symptoms, I found that something was missing. I wondered at the answer and realized we were working to help alleviate the symptoms but we were not dealing with the cause. And, until we work on the cause of the problem, the symptoms will keep coming back. We all have seen the "revolving door syndrome."

An Austrian pediatrician, Clemens von Pirquet coined the phrase "allergy" in 1906. It is derived from two Greek words and meant "altered reactivity". An "allergy" was literally a response to a substance which affected one person but not another.<sup>2</sup>

The first apparant allergy was recorded in the year 3,000 B.C., when the Emperor of China, Shen Nung, ordered pregnant women to refrain from eating fish, chicken and horsemeat. Ulceration of the skin was thought to be due

to eating these foods. Hieroglyphics on Egyptian tablets record the death of King Menes in 2641 B.C. from the sting of a hornet.<sup>3</sup> The well-known saying, "one man's meat is another man's poison" (Ut quod ali cibus est abiiis fuat acre venenum) was expressed by Lucretius in the 1st century B.C.<sup>4</sup>

Aretaeus, in 110 A.D., and Galen, in 139-200 A.D., described migraines. The Old Testament speaks about dietary restrictions and Hippocrates wrote about "asthma", stating that it is a bad thing to give milk to persons having headaches.<sup>5</sup>

In the 19th and early 20th century, work was done describing symptoms caused by reactions to grass pollen, plants, trees, etc. In 1905, Francis Hare, an Australian physician wrote, "The Food Factor in Disease", detailing numerous cases in which common ailments, including apparant "mental" problems were caused by eating common foods. In 1912, a New York pediatriician diagnosed an allergy to eggs in a child, the first time in modern medicine that a common food had been linked specifically to allergy. In the 1920's, Albert Rove published his first observations on how to eliminate suspected foods from the diet in order to detect allergies to them.<sup>6</sup>

In the 1930's, Dr. Theron G. Randolph decided he did not favour the conventional skin tests, which are still done by some doctors. He preferred to concentrate on food ingestion tests. However, his hospital privileges were removed and he was deprived of his position at the medical school with which he was affiliated.<sup>7</sup>

Unfortunately, there are some in the medical profession who feel quite threatened personally and professionally because what is being discovered is quite different from what they are being taught in medical school.<sup>8</sup> "Doctors are a product of what they are taught in school." As Dr. Jean Mayer of Harvard University has explained, nutrition is a nonsubject in most medical curricula."<sup>9</sup>

"Any important 'new idea' has to go through three stages: first ridicule, then discussion, and finally, general acceptance." The idea that a host of physical, mental and emotional problems, are actually rooted in improper diet and nutrition, now appears to hover somewhere between the stages of ridicule and discussion.<sup>10</sup>

Dr. Arthur F. Coco, who said "You don't catch colds--you eat them," discovered that the scratch, prick-puncture and intradermal methods are unreliable in the diagnosis of food allergy. Because of this, new methods of testing were necessary. Drs. Lawrence D. Dickey and Guy O. Pfeiffer tried testing people for allergies by placing a tiny drop of extract of various foods, beverages, dusts, molds, pollens, and chemicals, to which the person may be allergic, under their tongue. They found that it worked and within minutes.<sup>11</sup>

As for myself, I still do some nursing (relief) in the hospital setting, but also I have started the Centre for Wellness in Toronto, Canada. For the last few years I have taken classes in alternative therapies, which include Reflexology, Bioenergy and Nutrition, Diet and Nutrition, Iridology, basic Herbology, Colour Therapy, Touch for Health and Edu-Kinesthetics. My nursing knowledge is an excellent background.

I was fortunate enough to train as a Touch for Health therapist under the instruction of Charles Potter, until he closed his clinic to retire and write a book. I then, as of November 1, 1982, opened the Centre for Wellness. Here, I am able to pull together a lot of my knowledge to help the individual. Since then I have become an instructor of Touch for Health, Basic Edu-Kinesthetics and Reflexology. I also do some Reflexology and Touch for Health in the hospital setting whenever I can.

With my work at the Centre for Wellness, I feel that much of people's problems are food-oriented and when you do further detective work, stress is the underlying factor.

We have observed that when we have some emotional problems, when we are overworked, or when things don't go as we expect, our allergies are worse. If we enjoyed a period of time in which there is little stress or strain, our allergic disorder usually improved.

Often the solution to a difficult problem is right in front of our noses, but we cannot see it. As to food, the source of the problem is literally in front of you, in the form of some commonly eaten substance which is bringing on and perpetuating chronic symptoms.

Some people are aware of certain foods giving them problems, but these foods generally are rarely eaten, eg. seafood, cashews or strawberries.

However, foods that are commonly eaten are not so readily detected or avoided. In the acute stages, the reaction may have been a rash or a cough. In time, if the allergy was not recognized and controlled, the symptoms may have become more generalized and less easily detected. One day's symptoms blur into the next day's as you continue to eat that particular food.<sup>13</sup>

Just like alcoholics we have foodaholics. We abuse food by overeating it. If a food is eaten in any form once in three days or more frequently, it is being abused and may become a problem. Especially because some people have bowel movements only once a day or even once a week, it takes a few days for a meal to make its way through the digestive tract, the person is not free of that food before another dose is added to the system.<sup>14</sup>

The chief reason these reactions to commonly eaten foods are not readily recognized is that they are part of a pattern of constant reactions in which periods of heightened stimulation may give way to periods of letdown or "withdrawal" effects. By eating a particular food as often as necessary, this "up" effect may be maintained for a relatively long period of time. It is only when such foods are not eaten regularly, that a kind of "hangover" or withdrawal reaction, occurs.<sup>15</sup>

The acute symptoms have been suppressed because of the constant nature of the exposure and the body has reacted by attempting to adapt itself to the problem. You will reach either a period of no symptoms or chronic symptoms, such as headaches, depression, arthritis, etc. The acute symptoms have been suppressed because of the constant nature of the exposure and the body has reacted by attempting to adapt itself to the problem.<sup>16</sup>

The food addict may not consciously crave any particular food, but may simply arrange his eating schedule so that it always includes the unknown addicting substance. One has an unconscious need to consume a particular substance in order to feel relatively well. Being deprived of that substance brings on a feeling of illness. As stated by Don Marquis, the American humorist, "ours

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is a world where people don't know what they want and are willing to go through hell to get it. The food addict doesn't know the exact nature of the food he craves, but is willing to eat compulsively to the point of addiction in order to get it."<sup>17</sup>

As many others do, I find that the main food culprits seem to be: cow's milk, yeast, wheat (rye, oats), sugars (including honey), potatoes and tomatoes (peppers and eggplant), (tobacco), tea, coffee, corn, cocoa, mushrooms, and eggs.

I also find people have problems handling fruit and I feel that it may be because, (1) their pancreas is overworked from too much sugar (hypoglycemia--diabetes problems) or (2) they are growing Candida Albicans somewhere in their body and sugars help yeast to grow.

When you look at an average person's diet, you see these foods eaten daily. North Americans have become largely unaware of what goes into their stomachs. The increased consumption of prepared foods, including restaurant food, often leads us to eat blindly. Many people still do not read labels and labels are often incomplete or inaccurate, eg. ingredient "sugar", but is it cane, beet, or corn sugar.<sup>18</sup>

Since the craved food results in pleasure or at least the absence of pain when it is eaten, the confirmed foodaholic may indignantly reject the suggestion that his "favourite" food or drink is bad for him. Why, that's the very food that makes him feel good! One's best friend, foodwise, often turns out to be one's worst enemy.<sup>19</sup>

Removal of the food which is giving you problems can bring on withdrawal symptoms and so you unconsciously learn to keep yourself on a maintenance dose. Example: milk; drink of milk, chocolate milk, cheese, ice cream, butter, yogurt, chocolate bar, baking, etc. Or, corn; corn kernels, corn-on-the-cob, corn flakes, corn bread, cornstarch, corn syrup, corn oil, alcohol made from corn, etc.

Some people sleep late Sunday morning and wake with a headache, which usually goes away when they eat or have a cup of coffee. The reason for this is a physical need for some food, eg. coffee, which is normally taken daily early in the morning. Since the delayed withdrawal effects can usually be controlled



by eating some form of the same food, the whole cumulative process of reaction can be called "food addiction."<sup>21</sup>

There may be (1) an immediate improvement of chronic symptoms to illness eg. tiredness, headache, fatigue, or aches and pains, when the food is eaten and then, (2) delayed hangover unless the addicting food or drink is taken on schedule. By taking the addicting food, the addict keeps himself in a relatively "high" state and postpones feelings of letdown, hangover, or pain which follow withdrawal of the addicting food.<sup>22</sup>

I find it beneficial to begin with E-K (Edu-Kinesthetics), which was developed by Dr. Paul E. Dennison, PhD, Education. E-K is known as the holistic answer to Dyslexia and learning disabilities. We are all, to some extent, "learning disabled", in that we are not using our full potential. We have two brains, the right hemisphere and the left hemisphere, each having their purpose. They should be integrated, or working together, allowing the energies to flow properly between our brain and body.

Through Touch for Health muscle testing, we can measure if the energy between the eyes and brain and the ears and brain is "switched on", the energy is flowing properly to help us perceive what we see or hear, or if we are "switched off", often our body's response to stress. I feel that E-K helps the person become more aware of their body. After all, when we know ourselves, we are able to know what food, supplement, etc. is beneficial for our body at that time.

E-K helps us determine the person's dominant eye, ear, and brain and thus see the dominance pattern formed. It helps me understand why the student is excelling at sports, while failing academic subjects, or why the executive hates his (her) job and their work performance is poor.

I feel that because we are all energy-beings and we are working with energy (chi: the primary or universal energy which is the origin of all things and of life itself)<sup>23</sup> we are measuring if the energy of the food, or whatever is being tested, is in harmony with the body: whether it helps the energy stay "on" in the meridian or whether it shortcircuits that energy flow, thus causing the muscle to test weak.

The food samples are placed on the alarm points so any overenergy, as well as underenergy, can be detected. Listen to the person's complaints for example, they state they have problems handling sugars, therefore, I use the spleen alarm point. If they tell you of problems involving their lungs, test on the lung alarm points; or if they tend to have constipation, use the large intestine alarm points. Listen and determine which alarm points best to use, using three or four.

Often, I use the latissimus dorsi, supraspinalis, or pectoralis major clavicular muscle for muscle testing.

When testing sugar or sweetener, I would first place the food sample on the spleen alarm point, or when testing a salty food, first place it on the kidney alarm point. This is because it is most likely to test "weak" on this point and it saves extra pulling on the muscle, thus saving their energy as well as yours. As soon as the muscle tests "weak", no further testing for that food is necessary. Obviously, that food helps block the energy in that part of the body and we want the energy flowing through the meridian uninterrupted.

Sometimes, people come suffering from adrenal exhaustion. Test their Sartorius, Gracilis, Soleus, and Gastrocnemius muscles and strengthen as needed.

The adrenal glands, one perched on top of each kidney, secrete at least 32 chemicals (hormones), mainly adrenalin and cortisone. They maintain life; without them we could not live, for they are the prime regulators of the chemical processes which convert what we eat and drink from chemical substances into useful materials for the functioning, repairing, and rebuilding of our bodies.<sup>24</sup>

Proteins, fats, carbohydrates and minerals which we ingest are converted into energy and body tissues. The involuntary (automatic) nervous system and the endocrine system work together most intimately.<sup>25</sup>

When the body is under stress, the nerves send a message to the adrenal cores, which then secrete adrenalin into the bloodstream. This steps up the heart action and narrows the blood vessels so that the blood can be pushed through them with more force; simultaneously, relaxing and opening the air passageways to the lungs so that more air can reach the lungs quickly. Adrenalin also stimulates the pituitary, master gland, to send out hormones which cause the adrenal cortex and thyroid to secrete chemicals. Instantly this process prepares both body and mind to deal with the stress. It accounts for somewhat superhuman feats of strength and quick thinking and acting in an emergency. Soon we see how weak

and damaged adrenals are responsible for tired, worn-out, irritable and depressed feelings.<sup>26</sup>

There is now a new breed of doctor, clinical ecologists, who are saying that viruses and bacteria are around us but whether the person succumbs to them will depend upon his overall health and resistance.<sup>27</sup>

We live in a very stressful world, much of which we are not aware. It is no wonder people are having great problems with their adrenals. When people present themselves and their adrenals are functioning poorly, I would start the treatment by balancing their energies (start with ESR-Emotional Stress Release, if the person needs to be calmed) and then, instead of testing them on the main foods, I suggest they remove certain foods from their diet. These foods are mainly breads, milk, sugars, potatoes-tomatoes, and whichever ones they are overeating. Ask questions as to what they usually eat, what foods they have noticed give them problems, and what foods they love or can't do without. You get ideas from their answers.

Within a couple of weeks I have noticed great changes in the person and we are able to test them on foods, getting a more proper test.

Proper food combining and rotation diet of once every four or five days is also taught. I feel the whole goal is to get the person to know their body and its needs.

E-K is used on subsequent visits to help the person overcome the food sensitivities. There are many realms to choose from, but I find a lot of work is done with the individual in the emotional realm. With my nursing background in psychiatry, I find I communicate with the person to help them reach their own conclusions as to the underlying factor. Once this level is reached and the emotion appropriately released, the person's health greatly improves.

As to the number of visits needed, it depends on the individual; how well they follow the suggestions made (some people remove the culprit foods from their diet at once, and others do so gradually, and still others, don't change their lifestyle yet expect to have improved health). It can also depend on how deep-seated their problems are. I find it interesting that most of the people coming for treatments are women. Very few men come and I feel it's mainly due to their ego, that they refuse to admit there may be a health problem.

As nurses, we have the professionalism and sound medical knowledge, the desire to help and the ability to have empathy and show we care. We can use Touch for Health muscle testing and techniques in our work, whatever the setting, even if it's a few moments of ESR. There's a whole world open to us and we can share our knowledge with other health professionals, so we can all work together.

FOOTNOTES

BIBLIOGRAPHY

AN ALTERNATIVE APPROACH TO ALLERGIES  
Theron G. Randolph, M. D. and  
Ralph W. Moss, PhD.  
Bantam Books, 1982

PSYCHO DIETETICS  
Dr. E. Cheraskin and  
Dr. W. M. Ringsdore, Jr.  
with Arline Brecher  
Bantam Books, 1978

5-DAY ALLERGY RELIEF SYSTEM  
Dr. Marshall Mandell and  
Lynne Waller Scanlon  
Pocket Books, New York, 1979

ALLERGIES, WHAT THEY ARE AND WHAT TO DO  
ABOUT THEM  
Jack A. Rudolph, M. D. and  
Burton M. Rudolph, M. D.  
A Jove Book, 1983

HOW TO CONTROL YOUR ALLERGIES  
Robert Forman, PhD  
Larchmont Books, 1982

GOODBYE ALLERGIES  
Judge from R. Blaine  
The Citadel Press, 1982

TOUCH FOR HEALTH MANUAL  
Dr. John Thie, D.C.

1. 5-Day Allergy Relief System, p. 3, 4; and Allergies, What They Are and What to do About Them, p. 15.
2. An Alternative Approach to Allergies, p. 4.
3. Allergies, What They Are and What to do About Them, p. 26.
4. An Alternative Approach to Allergies, p. 4; and Allergies, What They Are and What to do About Them, p. 26.
5. Allergies, What They Are and What to do About Them, p. 26.
6. An Alternative Approach to Allergies, p. 4.
7. Ibid, p. 5, 6.
8. 5-Day Allergy Relief System, p. 4.
9. Psycho-Dietetics, p. 4.
10. Ibid, p. 1.
11. 5-Day Allergy Relief System, p. 35, 38.
12. Goodbye Allergies, p. 12.
13. An Alternative Approach to Allergies, p. 20.
14. Ibid, p. 21.
15. Ibid, p. 21.
16. Ibid, p. 23.
17. Ibid, p. 25, 26.
18. Ibid, p. 25.
19. Ibid, p. 26.
20. Ibid, p. 25.
21. Ibid, p. 21.
22. Ibid, p. 26.
23. Touch for Health Manual, p. 17.
24. Goodbye Allergies, p. 24.
25. Ibid, p. 24.
26. Ibid, p. 25, 26.
27. How to Control Your Allergies, p. 21.

From: UNDER THE CODE by Gordon Stokes/Daniel Whiteside

## THE BEHAVIORAL BAROMETER

### THE PROGRESSION FROM CONSCIOUS TO SUBCONSCIOUS AND BODY MEMORY

Conscious, subconscious and body-memory are etched by the intensity of emotion felt at the time. Nothing is forgotten, everything is accessible through one of these memory levels:

CONSCIOUS MEMORY - what we choose to believe, remember, feel or imagine to be true.

SUBCONSCIOUS MEMORY - what we have felt/decided/imagined-is-true in the past, which is just as impactful whether we deny/suppress that "truth" or not.

BODY MEMORY - the total truth, unvarnished and un-judged as experienced by the whole organism at the time.

EMOTION is the common denominator of these three levels of memory. And each lobe of the brain has a center for the specific sensations attached to any given memory.

For instance, what we HEARD is remembered in the temporal lobe of the brain; so is the memory of what we felt emotionally. The parietal lobe remembers the part touch, temperature and pain played in the experience. The frontal lobes remember how that experience related to fear, while the occipital lobes recall what we saw.

What's more: all these "partial" memories are categorized according to specific states of emotion. Antagonism, anger, resentment, hostility, fear of loss, guilt and grief, indifference and separation are the SURVIVAL CODE COMMANDS of our mental computer. So are specific forebrain states of mind: acceptance, willingness, interest, enthusiasm, assurance, equality, attunement and oneness.

However, since these positive STATES OF MIND lack the INTENSITY of negative emotional experience, they're much more difficult to remember or be felt as "real". So for most of humanity, it's the NEGATIVE that takes primary focus - because that's how we were "done in" or did ourselves in, which is why it's so important to DE-FUSE THEN-impact on our NOW awareness.

Every time something traumatic happens in the "now", ALL similar recorded events/sensation are IMMEDIATELY programmed into our Common Integrative Area (CIA) for inspection. Consciously, we aren't aware of the enormous memory-bank read-out flashing in micro-seconds within our CIA, but that's what's going on. Only the traumatic experiences will be recalled in order to trigger survival reactions. Still, all the rest ARE there, too - especially the subconscious (read: "suppressed") memories we most want to deny.

It's hard to escape this past-into-present pattern. And that's another reason why it's so important to de-fuse as many subconscious suppressed trauma experiences as possible. With each defusion, the mental computer has "more room" (read: "ROM") for new, positive input.

Until we've cleared up our mental garbage, our conditioned reactions are bound to be at least partially invalid to the needs of NOW. (In computer parlance: "Garbage In/Garbage Out".)

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Our business in UNDER THE CODE is getting a handle on the emotional experiences which socked limited perception into our consciousness. And the first step in defusion is understanding the pattern we used to do ourselves, in on the negative side of life. Once that's been accomplished, we can access positive, affirmative memory inherent to our human experience. So let's start taking a look at the negative emotional steps by way of which we descended from the heights of ONENESS into the pit of SEPARATION.

#### ANTAGONISM UNRESOLVED LEADS TO ANGER

In the "now", we're clearly aware of feeling ANTAGONISM. It's a conscious emotional state. Someone steps on our toes, we say "Ouch". Someone denies help or aid, someone isn't doing the job "right", someone threatens our "control" and we're off and running, doing our best to keep things in equilibrium. Hopefully we manage to de-use the conflict when it happens. Should we succeed in resolving such clash-of-values incidents before they get out of hand, we're free to continue on our merry way, unscathed.

But if we remain in ANTAGONISM for any length of time without doing something to resolve it positively, we're bound to become ANGRY at ourselves or the unfortunates who are "the cause" of our distress.

#### ANGER LEADS TO RESENTMENT

However, ANGER in our cultural belief system is a no-no. We're not supposed to get angry, be angry, act angry or think angry, are we? Oh no, "perfect people" don't act that way! Besides, overt anger means direct confrontation and since such knock-down/drag-out confrontations are so thoroughly I Win/You Lose, they're risks we're not often willing to take after the initial tantrum stage of childhood. This being the case, we learn to suppress our ANGER.

And even when we do express it, we don't usually deal with the real issue - our hurt. So telling other people how they did or did not meet our expectations causes miscommunication, and usually backfires. The result? RESENTMENT.

#### RESENTMENT LEADS TO HOSTILITY

RESENTMENT is withdrawal. We vote with our feet and take our business elsewhere, or elect sullen silence and general avoidance. Even when we know how unproductive and terminally foolish RESENTMENT is, it's hard to break out of its paralyzing grasp. If we don't, however, we'll think up some covert way of expressing our suppressed ANTAGONISM-grown-into-ANGER. That "way" is HOSTILITY.

#### HOSTILITY DEVOLVES INTO FEAR OF LOSS

In HOSTILITY we've decided to come out fighting, but not so overtly we might lose the war. Our agenda is fairly well hidden. We "act out" positives while really being negative - "performing" according to social expectations, all the while getting our digs in to let "them" know "who's really boss". Oh sure, "they" react with some hostility of their own when we snipe, jibe and belittle them (and/or their efforts). But that's somewhat satisfying, isn't it - if only "somewhat". Even so, it's better than getting a left hook to the jaw. We're out to get them without "being gotten".

This "gotcha" level of life is a miasma of uncertainty with lots of "Oh I forgot to tell you", missed appointments and deadlines, late arrivals and departures, snotty responses and sarcasm - not to mention practical jokes which make others look like fools, or sexist jokes which demean, plus endless "time later" spent reviewing "what I should have done" and "what I should have said". While there are minor victories along the way (read: "successful inconveniences to the enemy"), it's not a comfy way to handle life. Shame and blame backfires. So does bitching and back-biting. And since it's all based on suppression, repression and covert oppression of our own real feelings, we finally realize HOSTILITY's never going to win the war. And that means giving way to FEAR OF LOSS.

FEAR OF LOSS underlies all ANTAGONISM, ANGER and HOSTILITY of course! Why else would we be antagonistic, angry or hostile if we weren't afraid of losing CONTROL? That is loss's bottom line. And FEAR is LOSS's prime concomitant. The prior levels of lock-on are shams obscuring deeper feelings.

And in our subconscious mind, FEAR OF PAIN (as real as pain itself) lurks to nag and chide and confuse as well. There's no difference between FEAR and FEAR OF PAIN. They're one and the same. To lose a loved one is to fear losing all other loved ones. To lose a job is to fear losing all other jobs. More accurately, to lose ASSURANCE is to doubt we'll ever be assured again. Day after day, we find ourselves losing (whatever) and each new LOSS adds to the FEAR we'll never be all right or acceptable or loved.

#### FEAR OF LOSS DEVOLVES TO GRIEF AND GUILT

When we surrender to FEAR OF LOSS, GRIEF AND GUILT are sure to follow. We've failed "them", we've failed ourselves and so we grieve. We've accepted victim status (or, more accurately, we've achieved victim status). Feeling victimized, "unfairly condemned" to suffering, we either give up and give in, or we start a mad campaign to justify ourselves. On the one hand, we may become cruel and petty tyrants to those over whose lives we have some small degree of control. On the other hand, we most likely feel that none of our efforts will be satisfying because we aren't worthy of success.

GRIEF AND GUILT are too painful to allow into consciousness most of the time. So now, for the most part, our focus is clearly on what THEY do wrong. In fact, GRIEF AND GUILT is a total focus on the WRONG. We're into "shaping them up for their own good" here. No matter the pain, no matter the sacrifice of love, we "make" them do what's RIGHT. And the same applies to us. At whatever emotional cost, we can't let ourselves be WRONG. Change, insight, expanded consciousness? Not on your life! Discipline is everything. Punishment is required.

#### GRIEF AND GUILT BECOMES INDIFFERENCE

All of which is too overwhelming to deal with directly, so at some point the choice is made for INDIFFERENCE - indifference to suffering (theirs or our own or both). It seems the only way to by-pass the horror, by-pass the pain. While illustrations like the Nazi empire's INDIFFERENCE to the suffering it caused are obvious, how about our CHOICE as children to go indifferent to our parents, or to learning, or to our peers or to ourselves - or to LIFE ITSELF?

Operating off the level of INDIFFERENCE nothing matters, nothing is important. Functional zombies, we maintain according to "the letter of the law". And whose law?

"Theirs." Failed marriages, relationships and partnerships can "go on" for lifetimes of unspeakable, numb misery. All because FEAR OF LOSS led to GRIEF AND GUILT and thence to apathetic, bleak INDIFFERENCE.

What's most appalling about all these CHOICE-less emotional states is that we're still functional while in them. They have nothing to do with innate intelligence or talent or even accomplishment.

To whatever degree we still allow ourselves the freedom to be, do and have, we operate effectively. We can be "on" at the office and "off" at home. Or vice versa, to some degree. But "home is where the heart is" and that's the primary field of battle. Parent and child, personal one to one relationships of all kinds, "committed relationships", marriages and family ties - all these are the focus of usual emotion. The very relationships in which we want (and expect) the BEST bring out our WORST.

And yet there IS hope. At some point during INDIFFERENCE we may decide to clear up the mess, go back upscale, and handle what's upsetting us. Or we may opt for the only other alternative remaining: SEPARATION.

#### SEPARATION IS AN OLD BEGINNING

The truth is that we never separate from another. We separate from ourselves.

SEPARATION, for most of us, is simply the ultimate proof we've failed. Saying goodbye to the painful condition - getting up and getting out - ends nothing. The memory of our failure lives on in our brain, coloring every new relationship and situation. Now we anticipate failure in all succeeding situations. Plus we anticipate failure in handling our own or others' feelings.

And all because we forgot we had a CHOICE.

Way back at the beginning, in our womb-world, we were making choices all the time - and happily. In that protected, nurturing environment almost everything was choice - the choice to move, to experiment with our developing bodies, for instance - THE CHOICE TO BE BORN.

What we knew in the womb-world was that we were in charge of the universe, our universe, ourselves. Oh certainly we "heard and saw and felt" what was going on around us outside our mother's body. But because we were so at ONE with that world (just as we were at ONE with mother's body) we felt protected to a great degree. Then came the terrible pain of birth and in that agonizing moment we forgot that CHOICE was our very nature. From then on, we were in reaction to pain and fear of MORE pain.

Not the prettiest of pictures, eh? Especially when it doesn't "have to" be that way.

What if we reverse the whole human process of reaction to life and start acting in life? What if we remember that our highest good takes place when we CHOOSE TO CHOOSE? What if we elect CHOICE?

THE CHOICE IS OURS



Rather than allowing our usual reactions to take over with CHOOSING TO CHOOSE as our modus operandi - we change and our world changes, too. Instead of confronting threats with instant ANTAGONISM, we can choose ACCEPTANCE of the situation as it IS right now.

In ACCEPTANCE, there's flexibility.

Choosing to accept the situation exactly AS IT IS RIGHT NOW offers myriad options and alternatives. When un-plugged from TRYING TO CONTROL that situation (or people or person), we're free to find new ways to deal with he/she/it/them. ACCEPTANCE has no expectations.

What it has is a salutary sense of responsibility. We're in charge of ourselves, we're making choices, we can adapt. In fact, with the increased awareness ACCEPTANCE guarantees, we find ourselves WILLING to deal with situations and people which in the past would drive us bananas!

And being WILLING, we see, hear and feel different - free, unfettered. In accepting a portion of our own true power, we find ourselves more WILLING to re-evaluate our ANGER. Situations and people that "made us angry" in the past now become challenges. The enemy-element de-fuses. ANGER is examined realistically - meaning objectively, without prejudice.

"They" aren't enemies anymore. They're just what they are, no more, no less. And the situations which "made us angry" are just that: situations to be examined WILLINGLY in order to de-fuse them, or our reactions to them.

WILLINGness boots RESENTMENT out of the mental picture, too - replacing it with INTEREST.

That's right: having made the CHOICE to view a situation/person with ACCEPTANCE and be WILLING to create new responses, we're bound to take a genuine INTEREST in putting those new responses to work! That's really INTERESTing - fascinating, actually. And INTEREST is infectious, too. When we become INTERESTed in someone or some situation, he/she/they/it becomes INTERESTed in us. Farewell RESENTMENT for being over-looked or passed-over or not being heard! No more sullen sulking. Hello participation and cooperation!

All of which is fun - and FUN = ENTHUSIASM.

ENTHUSIASM cancels the nonsense of past HOSTILITY. When we're enthusiastic, there's nothing to be acted out. We NATURALLY do/say/feel "right" (according to our needs and the needs of the situation/relationship). Instead of struggle, there's a natural FLOW to life. And the more ENTHUSIASM we find in/for life, the more ASSURANCE we have.

With ASSURANCE, FEAR OF LOSS unplugs from consciousness - and fear of pain as well.

ASSURANCE is what we've been wanting to feel and now it becomes our usual response to what life dishes up for dinner. Sure, there are moments when the old "chronic" fear state flashes on our mental screen - but now we know how to handle it: we go back to CHOICE and start climbing the levels of ACCEPTANCE, WILLINGness, INTEREST and ENTHUSIASM again - taking each step one at a time until we reach ASSURANCE. That way nothing is as painful or fear-producing as previously. Our dark moods get handled in comparative jig time.

ANTAGONISM and ANGER have now become positive adjuncts to our "allowable" emotions, too. We express them appropriately when that's what we're feeling - we're over and done with them post haste. They don't get "masked" or devolve into RESENTMENT or nonsensical HOSTILITY because we're playing the game by OUR own rules now.

In ASSURANCE there's no I Win/You lose; we're beyond victim and victor. The only "win-over" is winning-over negative reactions within ourselves. And when we've turned that trick, we graduate from ASSURANCE to EQUALITY. Now we feel equal to almost every challenge. More importantly, we feel equal to ourselves - the best in ourselves.

In EQUALITY, GRIEF AND GUILT (our own or others') aren't of much interest - except to identify and de-fuse their negative effects. What's more, we're in very close touch with our emotions now; there's very little subterfuge taking place subconsciously. We're free to grieve when grief is valid. We're free to acknowledge guilt when that guilt is ours - and to state honestly, without shaming or blaming, another's "breach of contract".

EQUALITY is a free state, a pivotal state. And the more we're really equal to our own potential (and to the challenges of life), the more we begin to feel a real ATTUNEMENT to ourselves and life.

ATTUNEMENT is a "humming along" state of mind - a shared vibration with whomever or whatever's going on. It's such a high vibration, in fact, that it seems almost like extra sensory perception. The more attuned we are, the more aware we are. And that awareness is of the positive, the beautiful and healing. When it continues as our "often if not actually usual" state of mind, we naturally begin to gravitate toward ONENESS, true kinship with all life in its highest and best manifestations.

ONENESS is highly rarified state, a state of BEING rather than a state of mind. Most of us only glimpse it for seconds at a time. But it's different than "Cosmic consciousness" or what Hindus call it samadhi - divine bliss discovered in deepest meditation. The ONENESS we're speaking of is ambulatory, a state of awareness that embraces everything. We don't have to check out of life to have it.

After all, we were born to live - to function positively and creatively right here in the so-called three dimensional world - not to retreat from that world, or deny our physical beings. Why else would we have chosen to be born?

#### ONENESS/SEPARATION/CHOICE

And what happens when ONENESS is the basic? SEPARATION.

Feeling at-one-ment, we're that much more vulnerable to ALL levels of the Barometer. And reaching ONENESS means that SEPARATION is right around the corner. As the Hindu Shiva Principle points out, destruction precedes creation, just as what is created has begun its own destruction.

Life's a fluid state of continual change and challenge. Beyond the moment, there's no such thing as stasis. To maintain the upscale mental levels, CHOICE needs to be exercised all the time. Any slip up and it's ALL the way back down to the bleak despair of SEPARATION - and fast! Nobody knows - or IS - wise enough to be at ONENESS all the time. The best any of us can do is take responsibility for CHOICE in the moment.

## A NOTE ON RESENTMENT, ANGER AND ANTAGONISM

Keep in mind that these are CONSCIOUS emotional states, which makes them secondary to the SUBCONSCIOUS feelings which prompt their expression in present time. Deeper, more threatening emotions underlying ANTAGONISM, ANGER and RESENTMENT. They're the effects of which HOSTILITY, FEAR/LOSS, GRIEF/GUILT are the cause. (People into INDIFFERENCE or SEPARATION rarely "rise" to ANGER; they've given up response.)

When you - or someone else - expresses antagonism, gets angry or withdraws into a resentful sulk, TAKE A LOOK "DOWN UNDER" for the real emotion being denied. Especially if it's YOU, check out the PRIMARY feeling; don't be content to be angry, when you're really afraid or ashamed. Identify and DE-FUSE the feeling which preceded conscious emotion. This is all-important if we're ever going to stay in present time.

THE "PROBLEM" IS RARELY THE PROBLEM. Take responsibility for finding out WHAT IS!

Whenever possible, clear up your own case with a partner, using the dyslexic identification and defusing skills here in UNDER THE CODE.



Left: Gilbert Cuevas handles the shipping and Grace Baldrige looks forward to taking orders for the TH Enterprises Store

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NOW YOU CAN ELIMINATE PAIN FROM YOUR LIFE

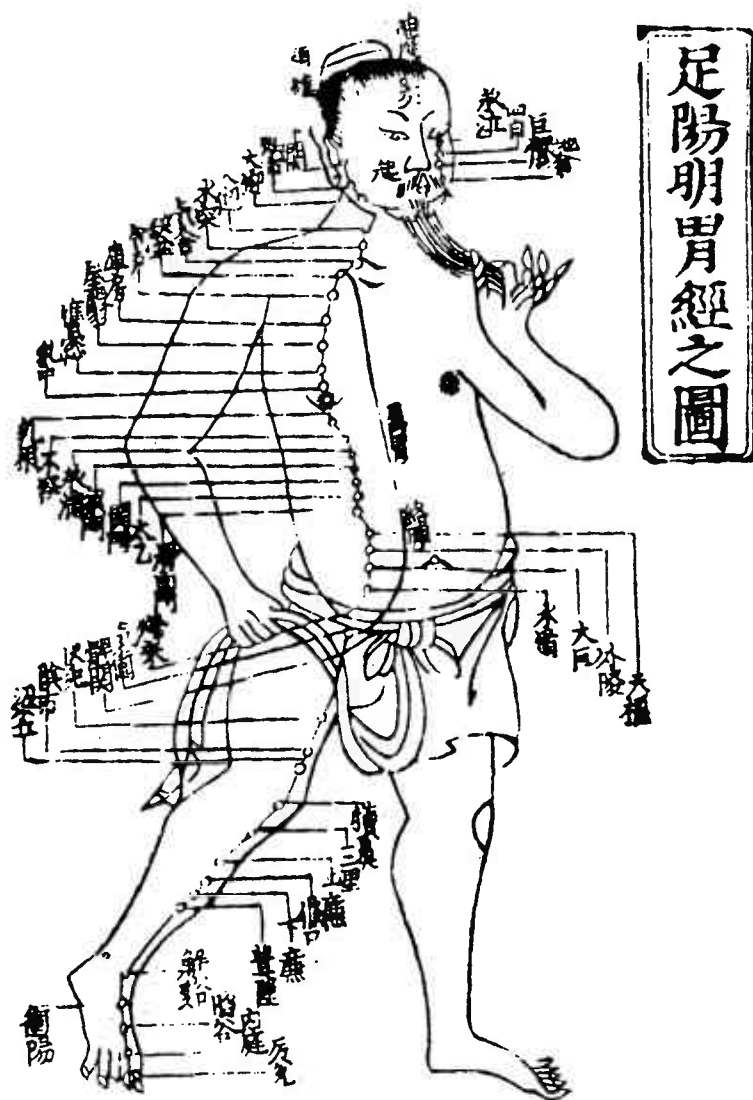
**JOHN LUBECKI, D.C.**

For thousands of years, the Chinese have practiced preventive medicine. Instead of going to their doctors when they were already sick, the way that we are used to doing, the Chinese went to their doctors while they were still well (before they were aware that there was anything wrong with their health). The Chinese doctors could then correct physical malfunctions in their earliest stages, before any damage had been done, or symptoms, such as pain or weakness, had time to appear.

The following quotation from the NEI CHING, the classic of ancient Chinese medicine written over four thousand years ago, is a good illustration of the importance the Chinese attached to prevention. The NEI CHING says, "The superior physician helps before the early budding of disease. The inferior physician begins to help when disease has already developed; he helps when destruction has already set in. Since his help comes when disease has already developed, it is said of him that he is ignorant."

Ancient Chinese medicine was based on the theory that the main cause of health problems is an imbalance of energy in the body. The Chinese were the first to discover that energy passes to all parts of the body along invisible channels (now known as meridians) and that almost all common health problems are caused exclusively by interruptions in the flow of energy along these channels. The main purpose of the treatments by Chinese doctors was, therefore, the maintenance of normal energy flow in the patient's body, by removing any factors, as soon as they occurred, which might interfere with this energy flow. The Chinese doctor knew from experience that as long as the flow of energy along the meridians remained normal, energy imbalances could not occur and the body would remain balanced and function perfectly. The NEI CHING states, "A healthy and well balanced person is not affected by disease."

The Chinese found that if interferences with the normal flow of energy were not removed quickly, some of the meridians would become oversupplied with energy while others would have too little. As a result, the structures which receive energy from these meridians would either receive too much or too little energy. Abnormal function



This is a drawing of an ancient Chinese acupuncture chart which shows the points on the stomach meridian. This chart is believed to be over three thousand years old.

The Chinese discovered that there are altogether twenty-six meridians which carry energy to all parts of the body. Twelve on each side of the body and two in the center. It is important to understand that the meridian flow is a continuous energy stream. The meridians are interconnected and form a continuous energy pathway. It is amazing that the Chinese had already discovered many thousands of years ago that the energy in the body circulates along these invisible channels.

would then immediately follow and if nothing was done to correct the reasons for the energy imbalance, so as to restore normal flow of energy along the meridians, symptoms and health problems would inevitably develop.

The Chinese discovered that there are six pulses on each wrist—twelve altogether. They found that each of these twelve pulses corresponds to one of the twelve acupuncture meridians. By palpating the pulses the Chinese doctor could, therefore, immediately determine whether the energy was flowing smoothly in the patient's body, or if imbalances were developing because something was interfering with the normal flow of energy along the acupuncture meridians.

Pulse diagnosis made it easy for the Chinese doctors to discover imbalances of energy in their earliest stages. Therefore, they could prevent health problems without difficulty. Consequently, they were paid only as long as their patients remained well. If a patient became sick, this meant that the doctor had made a mistake in diagnosis. He had failed to discover an imbalance in the patient's body in time and the patient had been allowed to become ill. The doctor, therefore, had to treat the patient without charge until he recovered.

#### SUPERIORITY OF THE CHINESE METHODS

The Chinese methods were superior in many ways to most other ancient forms of healing, and in some respects even to our modern methods. They offered a far better solution to most health problems. The main reason why our doctors cannot prevent health problems the way the Chinese doctors did is because they have failed to recognize the part that imbalances of energy play in causing sickness. Since the existence of the meridians cannot be proven scientifically, modern doctors have disregarded their existence altogether. Modern medicine also has no quick means for determining what should be done to improve general body function.

The different forms of muscle testing offer an ideal solution in this respect. Chinese pulse diagnosis is so difficult that trying to learn it is out of the question. However, muscle testing is so simple that anyone can learn to use this simple tool.

For instance, since muscle testing first began to be used it has been found that deficiencies of minerals and vitamins are often the most important cause of a slowdown in the flow of energy along the meridians, and of pain. In fact, it now seems likely that in many instances pain can be stopped almost immediately if deficiencies of vitamins and minerals can be corrected quickly.

This is one of the most important reasons why modern, scientific methods cannot be used effectively in preventing simple, everyday health problems. It often takes too long to get the results of lab tests. Since deficiencies can vary drastically from day to day, if we have to wait for the results of lab tests or other tests, the information they provide may no longer be correct. We have to have a means of discovering IMMEDIATELY what nutritional supplements a person with pain should take.

#### PASSIVE MUSCLE TESTING

Passive muscle testing is a new form of muscle testing which was developed when the posturometer shown in the photos began to be used. The posturometer was designed for measuring differences in hip level. At first it was taken for granted that if it showed a person's hips to be uneven this was due to misalignments of the hip bones themselves. However, when lower back X-rays of the same patients were taken an unexpected discovery was made. In many cases, the tilt of the pelvis seen on the X-rays was opposite to that found with the hand posturometer.

Initially, no explanation could be found for these unexpected inconsistencies in measurement. However, it soon became obvious that the posturometer only detects differences in the degree of muscle contraction. Misalignments and tilting of the pelvis cannot be measured with this instrument. It is so light weight that it rests on top of the hip muscles and does not penetrate through to the hip bones themselves.

For instance, if the muscles of the right side of a person's body are more tense and contracted than those of the left, they will lift the posturometer higher on that side. The tilt of the posturometer will then create the illusion that the right

hip is higher than the left. In fact, the left hip bone itself may be higher than the right.

Once this was clearly understood, it soon became obvious that differences in the degree of contraction of the hip muscles can only be caused by imbalances of energy. For instance, if the right side of a person's body is oversupplied with energy while the left is undersupplied, the muscles on the right will be more tense and contracted. On the other hand, the muscles on the left side will be weaker and more relaxed.

Checking for differences in the degree of contraction of the hip muscles involves no active participation on the part of the "patient". He is not aware of the changes in the degree of contraction of his muscles. This procedure has therefore been given the name "passive muscle testing". This new method provides the easiest, fastest and most accurate means for determining deficiencies, misalignments, allergies and other causes of many health problems.

#### HOW TO CHECK FOR DEFICIENCIES WITH PASSIVE MUSCLE TESTING

It is now known that any stimulus, no matter how slight, which tends to improve the rate of energy flow along the meridians also causes a temporary disappearance of the differences in muscle tension. Therefore, each time such a stimulus is introduced, the posturometer levels out, since the hip muscles on the two sides of the body become equally relaxed.

For example, if a vitamin or mineral tablet a person is deficient in is placed in his hand, this improves the rate of energy flow in his body and the differences in muscle tension immediately cease. Therefore, all we have to do to check what deficiencies a person may have is take each vitamin and mineral tablet separately and place them, one by one, on his hand. All those he is deficient in will cause the posturometer to level out. Those he is not deficient in will cause no change and the posturometer will remain tilted.

This procedure is so simple and accurate that it seldom takes more than a few minutes to find out exactly what deficiencies a person has, and exactly how much of each supplement he should take.



## HOW TO DETERMINE THE EXACT AMOUNT NEEDED

When it has been established that a person has a certain deficiency, we can easily discover exactly how many tablets he needs by adding one tablet at a time. When too many tablets of the needed supplement are placed in his hand the differences in the degree of contraction of his hip muscles will begin to reappear. The more the exact amount the person needs is exceeded the greater these differences will become and the more the posturometer will tilt. Too much of a good thing also obviously causes imbalances of energy.

Therefore, the exact amount of a nutritional supplement a person needs is the largest amount which does not cause a return of the differences in the degree of contraction of the hip muscles.

## PATTERNS OF SYMPTOMS CAUSED BY CERTAIN DEFICIENCIES

Passive muscle testing makes it possible to check for deficiencies with a degree of accuracy which has been impossible in the past. Now that it has been used for some time, and many thousands of persons have been checked by using this simple method, it has become clear that symptoms caused by deficiencies fall into well defined patterns. HEADACHES result from a deficiency of one or more of the following: iron, zinc, copper, chromium, iodine, pantothenic acid, inositol, thiamine and the trace minerals found in montmorillonite. By correcting these deficiencies it is possible to prevent headaches and migraines in many people.

LOWER BACK PAIN is usually the result of a deficiency of manganese, iron or inositol.

KNEE AND WRIST PAIN is almost uniquely caused by a deficiency of manganese.

NECK AND SHOULDER PAIN is usually caused by deficiencies of calcium, potassium or vitamin C.

MUSCLE CRAMPS are often the result of deficiencies of the vitamins C, E, A, D and calcium and potassium.

In many cases, pain will stop within an hour or two if the needed minerals and vitamins can be taken as soon as discomfort is noticed. If the pain is allowed to continue for some time, the affected tissues may become irritated and this can retard recovery considerably.

For a fuller description of the uses of passive muscle testing, and how it can be used to discover imbalances and prevent health problems, please refer to the book LIVING WITHOUT PAIN. This book is available from the TOUCH FOR HEALTH book store in Pasadena.



When the hand posturometer was first placed on this patient's hips it was found that the hip muscles on the right side of her body were more tense. As a result, the posturometer showed her right hip to be higher. When a zinc tablet was placed in her hand, the posturometer did not even out. This indicated that she was not low in zinc.



When a manganese tablet was placed in the same person's hand, the differences in the degree of muscle contraction immediately disappeared and the posturometer became level. This indicated that she needed manganese.

USING EMOTIONS TO ENHANCE YOUR TOUCH FOR HEALTH BALANCE

You've done Touch for Health balances for a friend and consistently found the same indicator muscles testing weak. You suspect that positive emotions are required but don't know how to determine which ones. This paper will outline a method whereby you can get this information.

When a specific indicator muscle tests weak, the related neuro-lymphatic points, neuro-vascular holding points, or meridian, requiring stimulation to restore balance, will also be out of balance. Get the testee (person being tested) to touch one of the neuro-lymphatic points while you test the muscle. Is it now strong? If not, have the testee touch one of the neuro-vascular points. Is the muscle now strong? Whichever reflex was touched when the muscle tested strong is the point to be massaged or held to restore the muscle-meridian circuit to balance. If neither strengthen the muscle, you can have the testee touch either end of the meridian to determine whether tracing the meridian would be beneficial.

The next point to remember is that whenever an indicator muscle is brought into balance any other imbalances that are a consequence or secondary to this imbalance will correct simultaneously.

Thus you can test the fourteen indicator muscles in the usual manner noting which ones are weak. Check the alarm points to determine any "over-energies." Examine the pattern of imbalances in light of the 24-hour meridian cycle and the five-elements model. Take an educated guess as to which muscle to correct to bring all of them into balance. Have the testee touch the neuro-lymphatic points for this muscle. If it now strengthens retest the other muscles to see if they are strong. If all are not strong select another starting point until you find one that corrects all imbalances.

Now that you've determined which muscle-meridian circuit to correct it is time to determine the positive emotion to work with. In the table I have listed the major positive and negative emotions for each of the 12 regular and eight extra meridians. To use a positive emotion to temporarily strengthen a weak indicator muscle either you, the testor, or the testee point the finger tips of at least one hand directly into the top of the head on the midline above the ears and say audibly "You feel ...." inserting the relevant positive emotion. This should temporarily strengthen all muscle tests. Saying "neutral, neutral" or "weak, weak" while pointing into the top of the head would restore the imbalanced conditions.

Sometimes the regular meridian corrections will not hold because of an imbalance in one of the extra meridians. You could do muscle tests for the eight extra meridians along with the regular meridians (as described in "Balancing the Body's Energies"), as one of the former will usually correct all imbalances. Alternatively, you could say each of the positive emotions for the eight extra meridians while one of you is pointing into the top of the head, testing your selected indicator after each to see which emotion strengthens it.

After the positive emotion has been determined there are a number of things that can be done. We can do the emotional stress release technique (preferably with eye rotations) on any situations involving the negative emotion. We can stress release while the person says under their breath "I feel ....(the positive emotion)." Finally, we can have the person focus in on a past or current situation (or imagined, if neither of the others is possible) that is thought likely to generate the positive emotion. Then retest all muscles. They should all be strong.

I would then suggest that the client take two or three minutes three times a day to get in touch with that particular feeling and begin to incorporate it into his/her life.

The emotions given in the table are the primary emotions used in Biokine-

siology for the 20 major meridians. For a listing of over 200 emotion pairs associated with these meridians refer to either of these books by the author:

"Biokinesiology Workbook," Bellingham, Washington: Topping International Institute, 1985.

"Stress Release: Identifying and Releasing Stress Through the Use of Muscle Testing," Bellingham, Washington: Topping International Institute, 1985.

| <u>REGULAR MERIDIANS (ORGAN)</u> | <u>POSITIVE EMOTIONS</u> | <u>NEGATIVE EMOTIONS</u> |
|----------------------------------|--------------------------|--------------------------|
| Stomach                          | Reliable                 | Unreliable               |
| Spleen (Pancreas)                | Approved                 | Rejected                 |
| Heart                            | Secure                   | Insecure                 |
| Small Intestines                 | Appreciated              | Unappreciated            |
| Bladder                          | Assured                  | Futile                   |
| Kidney                           | Loyal                    | Unloyal                  |
| Circulation-Sex (Reproductive)   | Satisfied                | Worried                  |
| Triple Warmer (Thyroid)          | Serving                  | Humiliated               |
| Gall Bladder                     | Humble                   | Proud                    |
| Liver                            | Content                  | Distressed               |
| Lung                             | Cheerful                 | Depressed                |
| Large Intestines                 | Mercy                    | Exasperated              |

EXTRA MERIDIANS

|                                                                            |               |              |
|----------------------------------------------------------------------------|---------------|--------------|
| Central (Eye)                                                              | Successful    | Overwhelmed  |
| Governing (Ear)                                                            | Supportive    | Unsupportive |
| Mobility Yin (Skin)                                                        | Harmonious    | Uneasy       |
| Mobility Yang (Thymus)                                                     | Calm          | Troubled     |
| Belt (Pineal)                                                              | Communicative | Speechless   |
| Vital (Hypothalamus)                                                       | Pleasant      | Undesirable  |
| Regulating Yang (Spleen, Parotid, Anterior Pituitary, Posterior Pituitary) | Happy         | Unhappy      |
| Regulating Yin (Adrenal Medulla, Adrenal Cortex, Parathyroid)              | Peaceful      | Anxious      |

# TOUCH FOR HEALTH WHERE LIFE BEGINS

Bippan Norberg & Péter Szil

Touch for Health as a movement is about finding new groups of people to bring our knowledge to. The number of such groups is of course endless.

One is **pregnant mothers, their mates and their newborn babies before, during and after childbirth.** Working with them is a wonderful thing, both for us and for Touch for Health. For us, because there are few things which are as inspiring as to be in touch with the mystery of life. For Touch for Health, because in this way we reach out to whole families and to several generations of them. Also we have a chance to introduce Touch for Health in the life of people at the very beginning, making it what it should be for everyone: not only a part of everyday life, but a way of life.

If you are interested in working with this group, here follow some suggestions.

Pregnancy is a very special time in life, when women takes care of their health better than otherwise. They have the motivation of taking care of someone else at the same time. If I want to get pregnant couples interested in Touch for Health, what do I show to them? The best thing, of course, is to get them into a basic class, so they get the whole package of **balancing** the body's energies.

Bippan has been teaching classes for pregnant women and their men for many years and she, of course, uses a lot of Touch for Health in those classes. There are such classes in every community, so why don't you walk up there and ask them if you can present a few things?

**Foodtest** will definitely be something interesting for pregnant women. All of them know today that nutrition is an important part of a healthy pregnancy and childbirth. But it can be nice to be able to know what that means for them as individuals.

An other thing almost everyone in those classes is preoccupied with is how to assure a smooth delivery. You are of course aware of how their fears and negative expectations counteract this desire, so why not show them **ESR**? You can let them go through their fears, all the terrible stories they might have heard, eventual bad memories from earlier deliveries or, for those who expect their first child, the more or less unconscious fears related to becoming a mother.

Please, don't forget the fathers! Nowadays, at least in Sweden, it is quite natural for them to participate at the delivery, but that doesn't necessarily mean that they feel altogether comfortable about it or that they are confident enough to assist their partner the way they wish. You can let them use **ESR**, but you can also give them more confidence by teaching them some Touch for Health-tools to use under the delivery (and after it). A man can hold the forehead on his woman, he can run her meridians, balance her (with a surrogate if needed). He can also balance the newborn child a few hours after

birth, then using the mother as a surrogate if possible.

So why not cooperate with your local teacher of prenatal classes by setting up a basic Touch for Health-class in conjunction to the prenatal class, or at least include one evening of Touch for Health in it?

A couple who have learned Touch for Health during the pregnancy (or earlier) have a great tool to help the woman to get back in shape. A tired mother who nurses her baby perhaps both day and nights, really appreciates a balancing every day! Although the baby can also use some surrogate-balancing, please don't forget to take the baby away from the mother while balancing.

Foodtest comes to one of its best uses when a child begins to get other food than mother's milk. The normal rule is to give the baby one thing, for example potatoes, for one week, than carrots for the next one and so on and see if the baby gets any allergic reactions. Hardly any parent would not appreciate a tool which can save such eventually unpleasant reactions for the baby, specially if they suspect that the baby can have predisposition for allergies.

Parents who have learned about **cross-crawl**, will not unintentionally damage their children by helping them to stand up and walk earlier than they would do it by themselves, but they will let the child to crawl long enough.

The most rewarding thing about assisting the beginning of life with Touch for Health is to see a child growing up into a person who takes Touch for Health for a completely natural ingredient of life. Our four years old son doesn't ask: "I want to have this stuff!" but "Can you please muscletest this on me!". He reminds his overloaded parents about balancing and he makes sure to get a meridian-massage if he hurts himself. He will not need to take a Touch for Health class and although we know that instructors need to fill up their classes even in the future, we also wish that there will be more and more children for whom Touch for Health is like playing: something you just do and have fun with.