

## PLEASE NOTE:

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## LOOKING FORWARD TO THE FUTURE

Dear Members of Touch for Health,

The talents of Touch for Health and E-K Instructors are unique and special. They are something that only you can offer. You have valuable skills that you can share with people who really need it or they can be used just for yourself! Are you developing them to the fullest? Do you enjoy a sense of accomplishment when you share information that really helps another human being?

### TAKE A PERSONAL GOAL INVENTORY

Have you taken stock of what really makes you happy? What are your plans for the remainder of this summer? How about 1986? 1990?

Touch for Health is in another futuristic planning stage and I have had to take this inventory. I have found that teaching and healing makes me happy. Touching for Health on others is what energizes me. By planning for the future, I am re-evaluating my priorities to be the best as a healer and educator. I do enjoy the sense of accomplishment of sharing and healing.

Touch for Health Instructors and now E-K Instructors are writing me on the positive feedback they have received from teaching their own classes. The feelings of offering a powerful self-care package for family, friends, clients and patients is a natural high. The reward ratio for someone who has knowledge is commendable. Do you fit into this category? If you can answer "yes" to this I salute you! If the answer is "no", then I suggest that you take stock, do an inventory, take some time for yourself.

### SET YOUR GOALS

I will be sharing at the 1986 Annual Meeting what seems to make a difference in my life, goals for the future, and my vision for Touch for Health.

I recommend that you (1) take an inventory; (2) make a plan; and (3) execute that plan. For example: TFH/E-K Instructors who have classes scheduled for a full calendar year usually are the most successful (even if some of the classes don't fill). People who order a case of TFH books (20) usually have an added incentive to the universe to have 15 to 20 people in their TFH classes. If you order 4 books what message are you putting to the universe? If you order 0 books what will your expertise in sharing TFH gain you or for TFH?

Take a quiet hour, in a pleasant surrounding to listen to the voice within you. Listen and hear what your special talents are and what will be the most nourishing for you. Many Instructors are so busy that they don't take time for themselves. Remember that you too are special and deserve renewal and rejuvenation.

I am looking forward to these six days at the 1986

Annual Meeting for my own personal renewal and rejuvenation. Chairperson, Gini Burns and her committee have designed an excellent program. TFH members from around the world are representing what is happening; their goals, aspirations, research, wins, struggles in this past year and their plans for 1987. I am looking forward to this week to renew and plan for the future.

Love,



John F. Thie, D.C.



**DR. THIE TEACHING IN POLAND**

## TFH OUTLOOK

Ensuring TFH's future mobility, enhancing the awareness of health education and improving the quality of our programs are among the important issues in 1986/1987.

Nineteen million people will be living in Southern California by the year 2000, three million more than today. We believe planning and preparing must begin now to assure that our program will have the best advantage of this projected growth.

One of our U.S. trainers and program coordinator, Phillip Crockford has developed an exciting plan to address the future. He has identified the critical areas where TFH training has peaked and fallen into the valley. Ideas are being developed to give a "new look" of the Foundation to ensure our future mobility; improve and establish regional TFH/EK leaders; enhance the national newsletter with regional news; have a professional management association oversee the general business of the Foundation; undertake a new teaching format with class modules to respond to quality and standardization of educational material.

The Foundation is also in progress on the new TFH book due to be published in 1987. A video proposal has been designed as an independent educational project. The prospectus of the video project is in the developmental stage. T.H. Enterprises are looking for financial investors for the video project. We have estimated that there will be a profit in this program.

A key Foundation goal of 1986-87 is to promote public awareness of and support for TFH/E-K. As you may recall, TFH adopted the Dennison's education model of E-K. The adoption of E-K has caused growing pains to the TFH family. We are setting up a new administration section to accommodate growth. Thousands of people are now exposed to TFH thru this new model. In essence, we are compiling a tremendous amount of data in response to the public's desire for care. We also urge everyone to undertake an effort to inform others about the benefits of both TFH/E-K programs.

To be part of TFH/E-K make sure we have you registered as a Certified E-K Instructor. Because of this merger we wish to have your file checked and updated at the Foundation.

Our computer fund is still growing. We will be more effective once we are able to afford this equipment. Please keep your donations coming in.

We now have a new battle on the front. There are people connected with religious fundamentalist groups who feel justified to attack progressive education.

Jan Cole a TFH Instructor and elementary school teacher was first to be "victimized" professionally by a religious group. She was lucky that her education department valued her teaching skills and provided support and direction into this battle. There are three interesting lectures on TFH & religion at this meeting. Jan Cole will share her experience, Rev., Dr. Jim Reid will provide an analysis of TFH, Holistic health and its role in religion. Finally there will be a forum for question and answers on religious



backlash later in the week headed by Rachael Bubblitz.

An "anti-quackery" M.D., Stanford University professor has attacked all alternative health programs. His efforts have convinced some directors and supervisory school personal to "remove unscientific educational programs that are harmful". He includes TFH, chiropractic, acupressure, massage or anything else that is not considered "medical". The data from his reports are full of inaccuracies. More information will be provided in future newsletters and Annual Meeting activities.

The Touch for Health World-Wide Annual Meeting again has an exciting schedule to offer.

By far, the most exciting is the exchange of ideas and friendship. We need to share what you are doing and where you would like to go with it. The sharing during these six days is very important. We will feel a fine balance of being a bit over-whelmed, highly renewed, refreshed and excited about all the possibilities.

In the course of this conference there will be three 1986 Journal papers presented on "change". I believe this is significant as the membership of TFH/EK is ready to reach for a new level of expansion. The Foundation is especially proud of your efforts in helping us achieve and maintain our goals. When you send in a roster, a registration, membership or even a donation to TFHF we, as a network are able to reach a whole new group. Think of how many lives we have changed for the better.

Picture a time frame from where TFH was eleven years ago and where it is now. It certainly has been exciting. We have trained close to 5,000 TFH Instructors alone. We have had over 8,000 members of TFH. Our current mailing list has been a steady 30,000 people who have expressed an interest in pursuing TFH. In these next two years please pay especially close attention to TFH/EK. We expect some exciting changes and look forward to your help. You are TFH/EK family. Help us ensure our mobility, enhance TFH/EK's awareness of health education and be a part of improving the quality of our programs and peoples lives.

On behalf of the Touch for Health Foundation and it's International Affiliations, we thank you and welcome you to experience the best of all conferences.



Kim A. Vieira  
Director



'The Meridian Figure'  
without the L.E.D's on.

Front View



Back View



TOUCH FOR HEALTH  
ANNUAL MEETING COMMITTEE  
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To whom this may concern:

I recently heard of the TOUCH FOR HEALTH CONVENTION that will be taking place at The UNIVERSITY of SAN DIEGO JULY 7-13/86, through RICHARD UTT, an Applied Physiologist. Richard advised me to get in touch with KIM VIEIRA in regards to the following proposal. Kim in turn, advised me to write to the ANNUAL MEETING COMMITTEE for my request. He, himself was excited about the following information.

On May 2,3, I participated in an Advanced Muscle Testing Workshop with Richard, here in Toronto. At the workshop I performed an original dance piece called 'THE MERIDIAN FIGURE', for the class. The performance was very well received and blended wonderfully with the direction of the event.

The 'MERIDIAN FIGURE' is a dance, danced in darkness. It incorporates the use of lights (L.E.D.'S- Light Emitting Diodes) on a body suit. Red and amber L.E.D.'S are used to represent the acupuncture/shiatzu pressure points along the 14 main meridians of the body. 356 acupuncture points are illustrated in the suit. (Photos included)

In the darkness, the L.E.D.'S, through the use of a specially designed electronic circuit board pulse light at a very high rate. The effect visually, creates spirals, trails and multiple images in space, while I am dancing.

The dance is 8 minutes in length and progresses through 7 sections along with the music, yet it has a continuous flow to it as do the meridians of the body.

Richard has acknowledged the performances' integrity and thought it would be appropriate to perform 'THE MERIDIAN FIGURE' at the convention.

## HOW TO TAP INTO AND TAP OUT OF YOUR FOOD ALLERGIES!

by Trevor Savage N.D. TFH & EK Inst.

PRESENTER: Trevor Savage , a Naturopath from Brisbane in Queensland, Australia works as a Health Resources Consultant travelling extensively throughout Australia and New Zealand teaching TOUCH FOR HEALTH and EDUCATIONAL KINESTIOLOGY to a large cross section of the general public both professional and lay people. Trevor first learned Touch for Health in April 1979 and became a Certified E-K Instructor in July 1984. He has taught about 2500 people since that time.

SUBJECT: Balancing the body for food intolerances.

### REFERENCES:

Touch For Health Manual by Dr. John Thie D.C.

"Five Minute Phobia Cure" by Roger Callahan PhD.

Advanced Edu-Kinesthetics Workshop Manual by Dr. Paul Dennison PhD.

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Many people who learn Touch For Health sometimes are a little overwhelmed with the amount of knowledge that there is out there for them to learn about how our bodies work or sometimes don't work. I would like to present a subject that hasn't been "proven" yet but I feel that you will be able to grasp the general idea and use even with only Basic EK and Touch For Health I & II training.

You are what you eat , drink and think! Someone once said " as a man thinketh so shall he be."

We get energy from the foods that we consume regardless of whether we call it health food or junk food! The difference is the balance and presence of nutritional factors and the bio-availability of the nutrients in the food and the effect the food has on our bodies.

We can also consider the response the body has to the food, and this we can do with Touch For Health muscle testing. Usually when doing food testing ,if we find a food causing a strong indicator muscle to "switch-off" and go weak, we say "Don't eat that food!" So what happens if we find many good , wholesome foods doing this? Should we not be able to eat these for ever? No! That is not the answer and here is a possible way to attack this dilemma.

Last year at the Annual TFH Conference here at San Diego, we were exposed to a new technique developed and researched by Roger Callahan PhD. to "Cure Phobias" by Meridian Tapping- THE 5 MINUTE PHOBIA CURE. In the Advanced Educational Kinesiology, taught by Dr. Paul and Gail Dennison, we also learn Meridian Tapping in Priority when balancing someone for a Goal.

In November last year in Townsville Nth Queensland a lady came to see me with her 6 yr old daughter who was affected by a large number of allergies causing many health problems. There did not appear to be any learning difficulties or behavioural upsets, such as hyperactivity. Her allergies had been confirmed by two of our top Medical "Allergy" Doctors who use blood tests , rotational diets and Orthomolecular Vitamin and Mineral Therapy but to no avail for about 3 years. The lady was desperate , she had been to many people, but still no answers.

In tackling this problem I thought to myself; if a Phobia creates a Meridian Overenergy and always puts a person into a pattern of "Statebound Consciousness", then this is really the same thing happening with the body's programmed response to certain foods.

So I decided to give this approach a go with this young girl and it worked! It really worked! I could not believe it. She was now testing strong on about 30 fruits, vegetables and dairy products for possibly the first time in her life!

The following week at a TFH class in Townsville I did the same with a friend who had a severe allergy to carrots. While in the army he ate carrots at each meal and suffered from a number of health problems and one day had to be taken to the hospital for anti-histamine injections to halt the reactions. He was tested and found to have this allergy to carrots. After he left the army and married his wife, being the good cook that she was, occasionally cooked carrots and each time his tongue would swell up and he would have to go to the doctor for an injection. After I did this procedure he was able to immediately eat carrots raw, cooked and juiced with no side effects. Boy was he pleased. I checked with him just recently and he said still no worries except that he still can't stand the taste!

I have used this procedure with many of my friends and clients and all have responded with predictable results rapidly and permanently.

I decided to present this paper for you all to experiment and maybe give me some feedback if you get consistent results. Maybe then I'll write my book!!!

I am not aware that anyone has presented this procedure as a paper before and I am because I was so excited when it worked for this little girl who no one had been able to help for 3 years!

This is a safe technique to use and can be understood by anyone who has taken only TFH I (for muscle testing and Acupuncture Meridians), TFH II (for Overenergy/Alarms) and EK Basic I (for Brain Buttons and Cooks Hook-ups). It is quick, easy to perform and can be done anywhere, anytime.

The following is my simplified rationale of what is happening and why it works.:

When a food is placed in the mouth or on the Navel, in the body's energy field, the body's response mechanism works like this. The Aura (which consists of your chakras and Acupuncture Meridian energy) will go into a pattern of "Statebound Consciousness" immediately and do the same everytime that particular energy vibration enters the field. The Bio-computer mode is set to signal energy flow to each particular organ as necessary. However, if the body's Bio-computer signals are such that too much energy is channeled to a particular organ (for many reasons), then the energy will flow over and a reversal of flow will occur which tell the Bio-computer that the substance is now toxic and the body will respond accordingly!

What we are doing is putting the body into this "alarm state" mode and by isolating the Overenergy, or reversal, we are then able to give the body the opportunity to disperse this excess energy to

all the organs. In doing so, if we trust the body's wisdom through the muscle test , it will now anchor a new "Statebound Consciousness" or Bio-computer mode for that food and from now on will always respond favourably and digest the food as normal and the STRESS Response will have disappeared.

I believe that we cannot successfully change the environment and stimuli but we can change the body's responses and that is what we are doing.

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Here is the TAPPING TECHNIQUE which I have simplified to a STEP-BY-STEP procedure. The best Indicator Muscles to use are Anterior Deltoid, Latissimus Dorsi , Pec. Major Clavicular and Pec. Major Sternal.

### PROCEDURE

STEP 1. Test for a Clear Indicator Muscle ( I.M. )

- (a) DEHYDRATION- Pull hair and test IM.
  - (b) SWITCHING - Test arm with one hand , then the other.
  - (c) REVERSAL - Zip Up Central/ Test IM=Zip Down Central/ Test IM
- CORRECTION if (a) , (b) or (c) are out.
- (a) DEHYDRATION- Drink a glass of clean water.
  - (b) SWITCHING - Hold Navel and RUB BRAIN BUTTONS (K27's).
  - (c) REVERSAL - Do Cooks Hook-Ups and retest Zip Up/ Zip Down.

STEP 2. Place food in mouth or on navel and test IM. Leave food in place for about 1 minute and retest. If IM is now strong , there is a possibility a food sensitivity , maybe from consuming too much of that particular food. You should give the body a rest from it. If however the first IM test was weak and remained weak you may possibly have an allergy. In either case this procedure seems to apply.

STEP 3. TAP around the navel about 10 to 12 times clockwise to you. This will temporarily balance the under energies present.

STEP 4. Keep food in place, and TL to all 12 TFH Alarm Points on the body and look for the weak IM now responding STRONG when TLing to the relevant Meridian ( Organ ) Overenergy. Here a WEAK IM + WEAK TL to Alarm point will give a "Switched-On" circuit (including the food) and show a STRONG IM. (-) + (-) = (+)

STEP 5. TAP BOTH ENDS (beginning and end) of active Meridian 35 times in a waltz ONE -two-three, ONE-two-three rhythm. Use the middle finger on index finger nail on each hand to TAP to cancel out - or + polarities. While you are TAPPING , the person rolls their eyes in a clockwise and then anti-clockwise direction 360°. Person can also hold relevant N.V. on head as there is an emotion usually involved also.

STEP 6. After you have finished tapping , first retest active Meridian and then retest all Meridian Alarm Points again to make sure that no other Meridians are still involved. Also the muscle test anchors that the body can now handle the food.

STEP 7. Retest in 3 days , to further anchor that it has held.

STEP 8. Discuss other foods which may strengthen relevant organ/s (refer TFH Manual) nutritionally- Test these foods also and clear.

Thats all there is to it! If the allergy does not correct , I believe that it is not the first priority and Candida , CSF blockage, malnutrition, congested lymph system , underactive ileo-caecal val syndrome, Phobia or emotional Stress may be the cause and more work would be required. I trust this technique will be of assistance to you and many of your friends and clients. The person can be shown the points to TAP should any situation arise. Remember we are not curing anything , just Balancing the Body's energies and resetting the Bio-computer to send accurate signals. Thank you all.

Trevor Savage N.D.  
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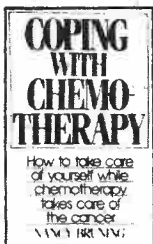
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This paper is for inclusion in TOUCH FOR HEALTH INTERNATIONAL JOURNAL and is to be presented at the 11th Worldwide Annual TOUCH FOR HEALTH CONFERENCE JULY 1986 at USD. San Diego Calif.  
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Touch for Health International Conference, July 8-13, 1986  
Abstract of Research Paper

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#### ABSTRACT

#### "Re-Discovering Learning": The New E-K Consultant's Manual and Workshop

The new E-K Consultant's Manual, written especially for those working with people of any age who have difficulty with academics, is being written and will soon be available at Advanced E-K "Re-Discovering Learning" Workshops planned for the fall of 1986. Academic areas covered in the Manual include reading, writing, spelling, speaking, listening, math, and study skills. Contents of the Manual include goals, pre- and post-tests, and high energy materials with directions for skill-building mini sessions to follow an E-K I or E-K II balance. Slides and a description of the Pilot Project, using the new Manual with an eight year old boy who has schooling difficulties, indicate the many rich possibilities for the use of this book. Samples of one of the pre-tests and some of the high energy materials from the Manual's reading unit will give the participant a taste of what will be taught in the three-day "Re-Discovering Learning" workshop.

Touch for Health International Conference, July 8-13, 1986  
Outline of Research Paper

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"Re-Discovering Learning": The New E-K Consultant's Manual and Workshop

I. Introduction

A. Self introduction

1. Educational background and experience: how and why I got into E-K
2. Why we must avoid using the negative medical terms "dyslexia" and "learning disability"

B. What I'm going to speak about today

II. The New Manual: "Re-Discovering Learning: The E-K Consultant's Manual"

A. Purposes for the manual

1. To be used only by E-K Consultants who have attended the Workshop which goes along with the manual
2. For those E-K Consultants who plan to work with people of all ages who want to improve their functioning in reading, spelling, writing, speaking, listening, math, and study skills
3. To provide a way for E-K Consultants to do a balancing and a skill-building session at the same time

B. Uses of the manual

1. Complete E-K balance for one of the goals
2. E-K I or E-K II mini-balance for a goal, plus short skill-building session
3. Combining 2. above with oversight of another person working with the client in skill-building sessions, using the Brain Gym plus the high energy material suggested in the manual

C. Contents

1. Goals for the E-K Balance
2. Muscle testing: the full E-K balance, the E-K I or II balance
3. Pre- and post-tests
  - 1) Samples of a few pages (handouts) and how they can be used
4. Materials and directions for skill-building mini-sessions
  - 1) Samples of a few pages (handouts) and how they can be used

III. A Pilot Project for the Manual

A. Description of the project

1. Piloting the manual
2. Using the E-K Balance and mini skill-building session with BJ, a young 8-year old boy who has difficulty in reading, writing, and spelling

B. Case study of BJ, his educational ups and downs

C. Slides of the project and overheads of BJ's work

V. Conclusion: Possibilities for this Work and Promise for the Future

A. Educational possibilities

B. Workshops

C. Promise for the future

Touch for Health International Conference, July 8-13, 1986  
Research Paper

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"Re-Discovering Learning": The New E-K Consultant's Manual and Workshop

I wonder how many of us there are who have come into E-K through the education door. As for me, I have taught in elementary and secondary schools, as well as at the college and university level. The areas of my expertise are Elementary Education, Psychology, Special Education, and especially Reading/language Arts. However, my 20 years of teaching and studying in traditional academic settings did not answer the questions I have always had about human beings and learning. Why is it, I have often wondered, that children can be so bright and learn so poorly? From everything I could read and observe, it seemed that this was due to poor educational practices in providing an excellent learning environment for these children. And so I taught in the classroom for years to provide just such an excellent learning environment for my students. And then I taught for some more years to teach teachers how to provide excellent learning environments for their students. However, it wasn't enough. Things change very slowly in the huge monolith that is the school system.

Probably the straw that broke the camel's back and caused me to leave the traditional educational system was the rampant practice of labeling children "learning disabled" and "dyslexic". It seemed grossly unfair to me that the schools should provide poor learning environments for some children and then turn around and blame these same children for not learning and call them disabled. In the popular mind and press, "learning disabled" and "dyslexic" people transpose letters and numbers, and have "something the matter" with their brains. I actually heard a teacher explain to her "LD" labeled children that there were some connections in their brains that weren't working. She was an excellent teacher. I was shocked. Did she have any idea what she was doing to these young people? I found out later what some of them were thinking about it. One boy confided in me that his brain didn't work right; several others told me that they were teased and called "retarded" (Lenk 1982). Under these and similar circumstances across the country, it seems reasonable to assume that youngsters who have been labeled "learning disabled" and "dyslexic" could easily believe that there is something the matter with their brains, something permanently wrong.

There are a number of educator/researchers who join me in deploring this labeling. They point out that "dyslexia" is a term which means only "not being able to read" and that other meanings have been stuck to it over time. The added meanings only cloud the issue and are not helpful in figuring out how to teach such children and adults (Preston 1968, Botel 1969). It is the same with "learning disability", a term which was redefined by the federal government for funding purposes to include difficulty in all school subjects, not just reading. However, labeling children in this way has masked other causes for schooling difficulties, such as poverty, poor nutrition, lack of sleep, food additives, and the

tendency of the school system to sort children into categories which do not necessarily fit either their way of learning or their culture (Coles 1978, McDermott 1982).

We in the field of E-K and Touch for Health must be especially sensitive and aware of the hazards of labeling people. "Disability" and "dyslexia" are both medical terms. Since "dis" or "dys" means "not" in Latin, obviously these terms are negative as well. I propose we start using the terms "learning differences" or "learning difficulties" and stop using the negative medical terms "learning disability" and "dyslexia".

Thank goodness I discovered E-K! Actually it found me, when my daughter-in-law, Patti Steurer-Lenk, taught an E-K Basic I class at my home. This home has now been transformed into the Center for Educational Integration, where my partner and I teach E-K and Touch for Health classes and sponsor advanced E-K workshops! Now it has become clear to me that the way we are going is to help people "switch on" so they can learn in all kinds of environments. It has just struck me that as we balance teachers and teach them how to use the Brain Gym (Dennison & Dennison 1986) in their classrooms, they themselves will think in more integrated ways and so be able to provide more conducive classroom settings for their students to learn in.

The rest of my talk today will focus on the new E-K Consultant's Manual: "Re-Discovering Learning", the Pilot Project using the new manual, the workshop which will introduce it to all of you who are already E-K Consultants, plus some concluding thoughts about the promise of this E-K work for the future of education and humankind. And for those of you who have yet to enter the exciting world of E-K Consultants, I invite you to "listen up" and see what is in store for you!

Do you have a client---or maybe you have a few---who wants to improve some academic skill such as reading, spelling, writing, speaking, listening, math, or study skills? The new E-K Consultants' Manual, "Re-Discovering Learning", will provide guidelines, materials, and directions for you to help these clients in very specific ways. How many children have you balanced and then said to yourself, "Oh, if there were only somebody to teach this child properly, now that she is so ready to learn!" This manual is designed especially to enable you to do an E-K balance and a mini skill-building session at the same time. In our 3-day workshop you will learn how to use it and become familiar with materials for your skill-building sessions.

There are several options you have for an E-K private session. Through the use of the muscle test, the client will choose whether for this particular goal---it may be "To spell better"---he will have a full E-K balance, or an E-K I or II balance and a mini skill-building session. You might also want to do a few balances with skill-building sessions and add to it oversight of another person (e.g. parent, teacher) teaching the young person using the Brain Gym plus some high energy materials suggested in the manual. There will surely be many more ways to use this book as it gets out into your creative hands and minds.

The contents of the manual include goals for each section, such as this

goal for spelling---"To make words work for me"---and this one for reading---"To make the story my own as I read." Then there are pre- and post-tests. This particular Cloze Test to be used as one of the reading pre- and post-tests, is one I have developed especially for this manual. It draws on a person's total knowledge of written language. She must draw on everything she knows about language and use all the clues from the rest of the passage to fill in the blanks in the sentences. The post-test is another selection from the same story. These stories are from graded readers so the E-K Consultant can tell which pre-test to use by following the explicit directions accompanying the pre-test. In the manual there are also high energy materials for the skill-building sessions. The samples you have in your hands have been chosen particularly for improving reading with simultaneous brain processing. This means that both right and left hemispheres are functioning at the same time. As you can see, the directions are clearly written on the side of the page. You won't be able to resist playing these games with your young client! At the end of the manual there is a source list so that you can order other good materials for skill-building sessions.

I thought it would be a good idea to do a pilot project for the new E-K Consultants' manual to check out any 'bugs' in the system. Since I had been working with a young 8 year old boy, BJ, I asked him and his parents if they would do some research with me. They were delighted, and so we began. We agreed that BJ and his mother would come over once a month for a balancing for each one of the goals, and each time we would do a mini skill-building session. BJ would help by evaluating each session ("What went well, and what would you have liked more of and less of?"), giving instant feedback and thus reshaping the next session.

BJ has had reading difficulty since first grade in W.School, a private school where his father teaches and his mother taught up until this year. He has had a series of tutors until he began to get stomach aches and his parents decided it wasn't helping his reading anyway. When I first balanced him in August of 1985, he was instructional at the first grade level, but read without expression and without stopping for punctuation. As September turned into October in his third grade classroom, BJ encountered great difficulty with spelling, and was highly frustrated in Social Studies class, not being able to read the textbook at all. Temper tantrums and an episode of running away from home scared his parents, and his mother called me up frantically to see if I could do another balancing. BJ himself, although originally interested and cooperative, seemed to distrust the muscle testing process and refused to do any of the brain gym exercises. He appeared to want to ignore his difficulties, and be just "one of the gang". In sports he was a star, having won some soccer trophies already at the tender age of 7. His best friend was not only a star in sports, like BJ, but also at the top of his grade academically. BJ could not understand why he was having trouble, and compared himself continually to his best friend.

BJ actually progressed a year and a half in his reading level after the two balancings that I did with him, so that by April 1986 he was instructional at the 2-2 level. He was by this time only a year below grade level in his reading. This is considered excellent progress in the field of Reading. Unfortunately, however, the average child in his third grade was reading at about the 5th grade level! At a school conference in April

1986, Master A, BJ's teacher, informed BJ's parents that he probably would have to repeat 3rd grade. The teacher also suggested that BJ might go home and be tutored by his mother for a half hour every day during silent reading period. It looked like BJ was so embarrassed by what he couldn't read that he was beginning to be a behaviour problem in the classroom during silent reading time. This was an option that I had suggested at the beginning of the year, since BJ lives right next to the school. So now the perfect set-up was at last at hand.....the family ready to work with me on an ongoing basis, BJ open to helping me out with the research, and 20 minutes every day with his mother to do some high energy learning.

As of this writing, the Pilot Project is going very well. BJ has proven himself to be an excellent and enthusiastic researcher, and is now doing his brain gym in school, for he was reprimanded by Master A for doing Lazy 8's before writing---he thought BJ was scribbling! BJ said he would explain to his teacher why he was doing it. His mother is working with him every day, and they are both enjoying this very much, partly due to the high energy material that they are working with. But the best part of the Project is that, because the learning seems to be so much easier after the balance, BJ has dared to be encouraged at his own progress, even though he still compares himself to his friends. This encouragement in turn keeps him at his brain gym, which in turn makes him better at his learning. His parents are taking heart again, and though the progress might not be as fast as BJ would like, it is steady.

The educational possibilities of this work are many. According to BJ's parents, E-K so far is the only thing that has really worked with BJ, and they are pleased with his progress. And so, to parents with children who, like BJ, have some schooling difficulty, we can offer this program with the assumption that immediately after a balancing, when everything is working simultaneously, learning will be faster and more efficient. Other possibilities are that children will tell their teachers about E-K so that more educators will learn about it and use it in their classrooms. But the most important possibility is that young people will enjoy the balancing, the high energy materials, doing the brain gyms. and be encouraged by their own progress.

Gail and Paul Dennison and I offer this Manual and Workshop, knowing that you will use it, and enjoy it, as will the people you work with. The possibilities are limitless, only bounded by our imaginations. It is good work, important work, inspirational work, and world-changing work that we are doing. What promise for the future of our planet---people re-discovering their own curiosity, ability, creativity, excitement and joy in learning.

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## SUBCONSCIOUS REPROGRAMMING

--Wayne & Bernie Topping

Wayne W. Topping, PhD., LMT, teaches workshops in Touch for Health, Biokinesiology, Educational Kinesiology and Stress Release extensively throughout ten countries. He is author of the books "Stress Release," "Balancing the Body's Energies," and "Biokinesiology Workbook." Two years ago Dr. Topping, and his wife Bernie, formed Topping International Institute to increase the focus on Health through Education. Bernie is also a Touch for Health Instructor, a former commodity broker, and is in charge of finance and marketing at the Institute.

### Abstract:

The Emotional Stress Release technique with eye rotations, use of aluminium foil, brain integration technique, and a new challenge technique, are all very simple to apply, yet, in combination, provide a very powerful way to reprogram the brain in regard to habit change. In this paper we briefly describe how to combine these techniques and we use weight loss statements to exemplify their application.

At last year's conference we described a modification of the regular Emotional Stress Release technique whereby the person being stress-released would rotate the eyes in one complete circle clockwise and one counterclockwise, while holding the frontal eminences and thinking of the stressful event. The evidence from our research, neuro-linguistic programming, and REM (rapid eye movement) sleep suggests that different eye directions access different parts of the brain. The eye rotations are thus a way to scan different parts of the brain while the person thinks of the event to ensure that we are stress releasing all aspects of that event.

Our research has further shown that a more complete clearing of all stress can be achieved by doing the eye rotation technique as described above while the person has aluminium foil under both heels and a small piece (e.g. 3/4" X 3/4") over the lower central forehead. If the client or friend is sensitive to aluminium, stainless steel, or some other metal, could be used instead.



The use of metal appears to clear stress to a much deeper level and we would advise caution when dealing with a traumatic situation. In such cases it would be better to stress release using eye rotations without foil, then to repeat the same procedure with aluminium foil to clear the remaining stress.

When working with habit change it is faster and more effective to define the stress by use of statements. For example, if a person feels insecure he/she could stress release while feeling insecure. It is more instructive, however, to muscle test an indicator muscle such as the pectoralis major clavicular bilaterally while the person states, "I feel secure in regard to money," "I feel secure in my relationship with my wife/husband...children...boss," etc. Those statements causing a bilateral weakness in the indicator muscle are statements that are eliciting a stressful response from the brain. Doing eye rotations in both directions while repeating the statement should relieve the stress.

Sometimes the statement will cause one indicator muscle to weaken but not the other side. One brain finds no problem with the statement, the other brain says "yes, that statement generates a stressful reaction." Thus, the two brains are not agreed or integrated on the statement. It doesn't matter whether it is the logic brain of the gestalt brain, the left brain or the right brain, that doesn't agree with the statement: the correction is the same. Have the person extend both arms horizontally to the sides. Imagine the left brain to be in the left palm, the right brain in the right palm, and see or feel them come together, into an integrated state, as the arms are brought forward and the hands firmly interlocked. This brain integration technique is simple, yet very effective in bringing the left and right brains into agreement. Usually the indicator muscles will now test strong bilaterally on the statement. Sometimes, however, both arms will now weaken. True, the two brains are now in agreement, but they agree that there is a problem. We would now do eye rotations on that same statement. Then recheck to ensure that both indicator muscles remain strong on the statement.

Several months ago we discovered that if you or the client/friend placed the pad of a finger on the lower central forehead and the positive statement is repeated one or both indicator muscles will

sometimes weaken. In this case rewording the statement and doing eye rotations or brain integration as indicated clears this imbalance.

The statement has the form of a double negative, apparently to release the hold of a negatively held belief. For example, "I believe I can lose weight," would become "I no longer believe that I can't lose weight."

Using and clearing the double negative, what we have termed the reprogramming statement seems to speed up the effectiveness of using the positive affirmation.

The reprogramming statements and positive affirmations for weight loss included with this paper will give you some experience working with these techniques. Although allergies and incorrect food combinations, etc., also can contribute to weight problems, we have found that many of our clients and class participants have lost weight after working with these statements.

A summary of the technique is outlined below.

1. Test self and client for switching. Correct if required.
2. Test a strong indicator muscle, e.g. pectoralis major clavicular. Retest each arm after person states positive affirmation.
3. If one arm weakens do brain integration on positive statement.

Recheck muscles. If both arms are strong go to step 5.

4. If both arms weaken do eye rotations on positive statement. If both arms are still weak, then make the statement more specific. For example, "I feel secure" might become "I feel secure financially," or "I feel secure in my marriage." When bilaterally strong, go to 5.

5. Either testor or testee touches one finger to lower central forehead (under aluminium foil) and both arms are tested while person repeats positive statement. If both arms weaken do eye rotations on the reprogramming statement. If one arm is weak and one is strong do brain integration on the reprogramming statement. Recheck arms on statement to see if they are now both strong while touching the point on the forehead. If so, you have now finished work on that statement. Alternately the testor or testee could touch one finger to the lower central forehead, under foil, and test arm while testor makes statement, "you are clear on that statement." If either or both arms weaken, then do eye rotations or brain integration, whichever is needed.

## WEIGHT LOSS STATEMENTS

### Positive affirmation

I eat to live.  
I believe I can lose weight.  
I want to lose weight.  
I like my body.  
I can have a perfect body.  
I can be slim.  
I deserve to lose weight.  
I am worthy of a good figure.  
It's fine if men/women find my body attractive.  
I like myself.  
It's okay if I feel hungry.  
I can maintain a perfect weight.  
I'll get along fine without using my size to keep people at a distance.  
I feel safe without using fat as a protective covering.  
I'll get along fine without using my size to determine my power.

### Reprogramming Statement

I no longer live to eat.  
I no longer believe that I can't lose weight.  
I no longer don't want to lose weight.  
I no longer don't like my body.  
I no longer believe that I can't have a perfect body.  
I no longer believe that I can't be slim.  
I no longer believe that I don't deserve to lose weight.  
I no longer believe that I'm not worthy of a good figure.  
I no longer mind if men/women find my body attractive.  
I no longer don't like myself.  
I no longer feel deprived when I am hungry.  
I no longer fear gaining weight.  
I no longer use my size to keep people at a distance.  
I no longer need to use fat as a protective covering.  
My size no longer determines my power.

## HEART AND BRAIN. INTEGRATION: A NEW, UNIFIED APPROACH

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**Abstract:** Recently Dr. Goodheart has developed a procedure called "second brain" which dramatically improves circulation by normalizing some heart parameter(s). Here an individualized testing scheme demonstrates that an integration of the heart or second brain is actually occurring. Furthermore, a less stressful correction-- a simple exercise--is revealed whereby a subject can integrate his own heart hemispheres. These methods are shown to follow from the Rochlitz Aldehyde Dyslexia Hypothesis (RADH). Any muscle/meridian/organ can undergo an Aldehyde Balance. If there are hemispheres, integration intrinsically occurs.

The human circulatory system contains many unsolved riddles, such as the lack of unison among the four heart valves and wrist pulses that differ from heartbeats. Soviet research indicates the heart has holographic or "second brain", regulatory functions. Western researchers see the heart as an endocrine organ, not just a pump. Briefly, from Drs. Goodheart and Deal: The Goodheart technique is appropriate for chronic conditions and should be used only when needed to avoid any possible negative consequences. Testing is as follows. If an indicator muscle (in an area of circulatory difficulty) weakens upon counting or humming, a "heart-as-brain" problem exists. Correction is made by thumping, front and back, over the appropriate heart hemisphere. Right if weak on hum, left if weak on count.

At the July, 1985 TFH Convention, the author immediately realized a different approach. There are several reasons for alternative testing and correcting. 1. It is not individualized enough to assume everyone has count/hum in the left/right hemisphere, respectively. 2. The correction may cause harm to the ribs, especially in older women. 3. There should be a procedure which can not possibly cause circulatory harm and which the subject can perform on himself.

Now in Human Ecology Balancing Sciences (HEBS), dyslexia has been attributed to the effects of formaldehyde and acetaldehyde on the corpus callosum--the RADH.<sup>3</sup> We postulate, analogously, that the heart hemispheres are "dis-integrated" also by the aldehydes. Here the septum between the heart valves would be equivalent in function and possibly dysfunction to the corpus callosum. (Of course, causes other than aldehydes may be found, someday.)

One can test for a "switched-off" or "dyslexic" heart in two ways. 1. A weak response when the aldehydes are held over a heart hemisphere indicates that hemisphere is switched-off. This is analogous to the HEBS dyslexia testing scheme. 2. Place 5 fingers over the heart. (The hand over the heart tells the "biocomputer" that we're assaying heart, not brain, integration.) This should test string. Next, hold up an "X". If weak, the heart or second brain needs integration. One can even determine the "Heart Fitness Energy Level" out of 40. Also, as noted by Margaret Hewes, R.N., there should be muscles that are homolateral to the "second brain". (See the HEBS correction below.) Often, the right heart is switched-off, apparently.

Now for the correction. As with brain integration, there are probably an infinite number of ways of doing this. Again, first the theory. The RADH states that brain integration occurs when there is simultaneous innervation of the corpus callosum, gestalt brain hemisphere and liver;organs or meridians. The Dennison Laterality Repatterning is seen to work because of the action of the hand touching the opposite knee. (A Frank Mahony suggestion.) This works not because it crosses the midline, but rather because it activates the rhomboids (liver) muscle. Also the supraspinatus (brain) is activated. Likewise, to achieve heart integration, a rotation to the opposite side-- to innervate the rhomboids--while employing the subscapularis muscle will do the trick!!

More explicitly, the correction is as follows. You TFHers recall that the subscapularis muscle is tested<sup>4</sup> or employed by bringing the elbow to the level of the shoulder, with the hand down in the plane of the rest of the body. Then simply rotate the wrist (and arm) upwards. Now do this in cross-crawl fashion. First, with the hand vertically down, rotate the elbow to the midline. This is just a rotation at the shoulder. Next, at the midline, employ the subscapularis--flick the wrist and arm to the horizontal. Do the latter, while bringing up the opposite knee. Do both sides, of course. This would probably test weak, until you add a hum or look opposite to the side that is switched-off. HEBS utilizes the humming because it will automatically access the gestalt hemisphere without the need to even determine which half is switched-off! This should finally test strong. Make it flow, you can play music. Repeat about 10 times. Then, without humming, continue this exercise with the eyes going around a circle completely one way, then the other.

This should switch-on or integrate or repattern the heart hemispheres! As a corollary of the RADH, it also integrates for the first time, the brain hemispheres too! In HEBS, it is called the Rochlitz Simultaneous Heart and Brain Integration Exercise. You will note there is no "extinguishing of the homolateral" phase. Neither does the author perform it for brain integration exercise. This is an error. The author, all along, noted that very healthy people test strong on both "X" and "H"; as do people after receiving full body Candida and Aldehyde Balances. This was confirmed by conversations with Frank Mahony. (Heart Integration can also be achieved intrinsically by the latter balances, if tested first.)

Note: Many people, when first told to perform the Dennison Repatterning, swing their hands over with their elbows high! The author believes this is the innate wisdom of the body attempting to integrate the heart hemispheres--probably a priority. Unfortunately, until this work, the subject was usually talked out of this variation?!

Before and after testing of blood pressure in the extremities and range-of-motion testing, e.g. leg abduction, indicate increased blood and nerve energy "flow" throughout the body. I have seen systemic blood pressure normalize after this correction. Sometimes it is immediate, but it may take several days with concomitant dietary restrictions of monoamine foods (aged or fermented foods, citrus, beans, chocolate, coffee, bananas, etc.) It has worked wonders on every M.S. client who received it. One client, had her leg unswell in seconds after the Exercise and was able to walk normally for the first time in 15 years. (She had previously received brain integration.) Caution--since this is an exercise, if one is so compromised cardiovascularly as to have problems with it--it may be wiser here to perform the Goodheart correction. Either way, the aldehydes or the "X" should test strong on the heart.

As always, how long this correction lasts depends on ascertaining and avoiding or eliminating the cause. With formaldehyde and acetaldehyde (presumably from Candida), this can be a very complex issue. Full body balancing for these substances will be of great benefit.

This brings up the issue of the ecologically ill or multiple allergy/Candidiasis sufferers. It is the author's hypothesis that much of the unfolding of illness in these people begins with the loss of (or lack of ever attaining) brain and heart integration. As the nervous system interacts with the immune system, immunological disorders can ensue or, more likely, worsen, from lack of brain integration. And circulatory problems can arise from lack of heart integration. Both can now be reversed (with the same exercise). Many ecologically ill people have cold hands and feet and often look pale. (Does this ring a bell regarding your young, dyslexic clients?) With these symptoms, many find their physicians prescribing thyroid medication even though thyroid blood tests are normal. I have found the cold hands and feet often revert to normal after the correction. Cardiac arrhythmia can improve too. Mine certainly did--this was the impetus for my devising the exercise in the first place.

The author believes there is an intrinsic, homeostatic hierarchy in the body. As loss of heart integration is more immediately necessary for survival, it would likely occur after loss of brain integration. So you may see many, young, otherwise-healthy dyslexics who haven't yet lost heart integration. But I would suspect the majority of those without heart integration, also do not have brain integration. It may take a greater blood level of aldehydes (and/or other mediators) to affect heart

integration (fortunately).

Some final observations now. Even after the exercise allows for integration, its continued use can lead to further improvement. Examine carefully the marching of Soviet troops. They march cross-crawl fashion, but more precisely, they flick the arm in subscapularis manner!! Returning to Homolateral Muscles (discovered by Paul Denison), this new work leads to a vast improvement here too. Instead of correcting brain and heart homolateral muscles separately, do them both at the same time by cross-crawling in the subscapularis manner rather than "over to the opposite knee". Also, I believe nerve impulses are improved with this Heart and Brain Integration Exercise. The M.S. client discussed above had sensation return to her foot after 15 years.

Lastly, if this work is correct, it implies any muscle/meridian/organ may be affected by aldehydes. If the organ has hemispheres (like the brain and heart), the aldehyde balance intrinsically allows for integration to occur. If there are no "hemispheres", various negative states should be corrected nonetheless. Thus any muscle/organ can be "repatterned" by using it with cross-crawl, hum and rhomboid activation!

Acknowledgement: The author wishes to thank Sheldon Deal, D.C., N.D. for sharing his notes so expeditiously and for demonstrating "second brain" to the TFH Convention.

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## Update On The Rochlitz Aldehyde Dyslexia Hypothesis (RADH)

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Abstract: Formaldehyde and acetaldehyde have been hypothesized by the author, to be primary causes of dyslexia. Remarkable, new forms of repatterning are disclosed. As These corrections and the Dennison Repatterning are all shown to simultaneously innervate the corpus callosum, gestalt hemisphere and the liver. In specific, emotional "dis-integrations", formaldehyde is theorized to be responsible. If prioritized, nutrition--not repatterning-- is what the body "asks for". Molybdenum and other nutrients help the liver to process the aldehydes. However the initial, prioritized correction for a dyslexia is revealed to be a full body balance for Candida/Acetaldehyde.

The RADH<sup>1</sup> states that the two aldehydes affect 1. the corpus callosum, especially its link to 2. the gestalt brain hemisphere and 3. the liver. The liver which should safely metabolize these extremely toxic chemicals, is not, or was not, able to do the job properly. The more familiar formaldehyde has become a ubiquitous substance. It's found in building and insulating materials, clothing and rugs (such as the ones infants crawl on). It is also (supposed to be) a short-lived metabolic product in humans--formed, e.g. during the processing of amino acids. Acetaldehyde has four known, external sources: Candida albicans and other yeasts, cigarette smoke, smog and alcoholic beverages. Dr. Truss has shown how acetaldehyde harms so much of the body's metabolism and specifically how it can block the neurotransmitter, acetylcholine. The latter may be the primary neurotransmitter in the corpus callosum. In addition to learning disorders and dyslexia, schizophrenia and disorders of physical coordination may be linked to the aldehydes. As the same liver enzymes are involved with either aldehyde, the two are synergistic in their negative effects on the body.

The RADH also explains how Repatternings occur. Perform the Dennison Repatterning except bring the hands up vertically. You will find no integration has occurred. It works because the hands are brought over to the opposite knee--a Frank Mahony suggestion. This latter action has two components. One is the rhomboids-liver. The other is the supraspinatus-brain. Together with the cross-crawl and looking to the left, they activate the three systems necessary according to the RADH. The explanation that the arm must cross the midline is incorrect. As proof we offer two new and remarkable repatterning schemes.

1. Get the arms folded in the rhomboid test manner. Move it out to the side as you move the opposite leg also straight out to the side. Hum. This activates the three organs/meridians without bringing the hand over to the opposite side. Even more spectacular--2. Just look at an "X", hum and have someone perform Golgi strengthening on the Pectoralis Major Sternal-Liver muscle! This activates the three systems and can be done for someone who is totally paralyzed! If they can't hum or look to the opposite side, they can be "bombarded" with good music. More importantly, these repatternings are all the predictions of a scientific hypothesis! The predicted outcome of an experiment means there is much truth in the theory. The heart integration--elsewhere in this Journal--is further proof.

An important point here. When you learn the Candida and Acetaldehyde modes, and use them for brain integration; it becomes clear that the priority for integration is not a repatterning at all! It is the full body Candida or Acetaldehyde (usually) Balance! This has been called the Rochlitz Repatterning Effect or Repatterning without Repatterning.

The above is all for integration in the general sense and as the initial correction. Let us now look at specific, emotional, "dis-integration". This is hypothesized to be the effects of internal formaldehyde. As there are a number of nutrients that help the liver to metabolize aldehydes, the author predicts nutrition, not any kind of repatterning, to be the priority! Sure enough this almost invariably turns out to be the case. The author's research has led to molybdenum as perhaps the primary nutrient for this. Others include the amino acids taurine or cysteine and the following vitamins: B<sub>1</sub>, B<sub>5</sub>, C and choline. Iron may also help. (Be careful--it oxidizes.)



Simply lock in the emotional weakness, while looking at an "X" and watch nutrition come up as the priority. After all, why can some people run a country without developing "emotional" or "psychosomatic" disorders and others can't walk out of their homes without great anxiety. It is not the stress, per se, but how capable one's biochemistry is in handling the stress that determines the effects on the body. This work purports that the stress of loss of brain integration in the general and specific senses is mediated by the aldehydes and by the body's ability to metabolize them properly. Better than repeated repatterning for either the general or specific dis-integrations, is to correct the underlying cause and not need to repattern. (Continued cross-crawling type exercises, of course, remain a good idea.)

As a corollary, homolateral muscles are seen as specific brain-muscle or brain-meridian effects of the aldehydes on these "circuits". Is not the homolateral tongue, the coated tongue--presumably from Candida and Acetaldehyde?

To speed testing for Candida and Acetaldehyde, the author deduced the digital priority modes in May, 1985. The Candida mode is to touch the thumb to the edge of the middle fingernail. This was deduced as follows. From Dr. Beardall: the pad of that finger refers to nutritional deficiency, while the nail refers to toxicities. Now Candida or yeast can swing either way. A healthy body may utilize it as a nutrient, but in a sick person, the yeast "may start eating him"--a definite toxicity. Only the edge lies at the border of the two regions and possibilities--Voila! The acetaldehyde mode adds the corpus callosum, simultaneously--assuming each is clear separately. The formaldehyde mode is a simultaneous T.L. of the Bile Salts point and the corpus callosum--again assuming each is clear separately. You will find these balances to be amazingly powerful and frequently the priority. The mode for Candida is better than an extract because of the many different strains. The mode refers to the person's own Candida energy imbalance!

For more information, contact the author at P.O. Box 1134 Setauket, N.Y. 11733. The Human Ecology Balancing Sciences Seminar is now a three-day advanced class with a one-day basic class as a prerequisite. There is now certification to teach the one day class. The seminar reveals a deeper insight into Candida/Aldehydes/Allergies and the connection to learning disorders and nutrition. Everyone receives and performs these balances.

Also the text will be out this year with a Foreword by Dr. John Wright, M.D. The full title is, Allergies & Candida--The Energy Balancing Answer With The Brain And Heart Integration Connection © Copyright 1986 by Steven Rochlitz.

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# *USING SYNDROME DIFFERENTIATION BASED ON THE EIGHT PRINCIPLES OF ACUPUNCTURE TO ANALYZE AND CORRECT THE SEVEN POTENTIAL CONDITIONS OF AN ACUPUNCTURE POINT*

*RESEARCHED AND DEVELOPED BY TORBJÖRN M. HANSON*

*WRITTEN BY JONATHAN L. WALTER*

In traditional acupuncture, selection of the appropriate therapy is determined by the location as well as by the characteristics of a Chi/Energy disturbance, such as the Quantity and Quality, which are established by Syndrome Differentiation, a system whereby disturbances within the meridian network may be characterized according to the Eight Principles, each of which has a Yin/- or Yang/+ designation.

Depending on one's heritage, environment, age, and health, individuals may be generally characterized as being Yin/- or Yang/+, and the activities and social life, as well as the location and level at which symptoms of a disease a person may have manifested may be generally characterized as being Internal/- or External/+.

The quantity of an individual's energy may be generally characterized as being Deficient(Chronic)/- or Excessive(Acute)/+ and the quality of energy may be generally characterized as being Cold/- or Hot/+.

A generalized picture of an individual may be derived using a combination of any four of the Eight Principles. For example, a person may be characterized as being Yang with Internal symptoms of an Excessive and Cold nature (Yang, Internal, Excessive, Cold) which may also be expressed as +++- based on the polar designation of each characteristic.

## *The Eight Principles*

- |                                    |                              |
|------------------------------------|------------------------------|
| 1. <i>Yin</i> / -                  | 2. <i>Yang</i> / +           |
| 3. <i>Internal</i> / -             | 4. <i>External</i> / +       |
| 5. <i>Deficiency (Chronic)</i> / - | 6. <i>Excess (Acute)</i> / + |
| 7. <i>Cold</i> / -                 | 8. <i>Heat</i> / +           |

### *Yin/- and Yang/+*

The negative and positive designations of Yin/- and Yang/+ do not denote good or bad, but merely a relationship in which two opposites exist as a duality of a whole concept.

In observation, individuals of a Yin/- nature typically have weak and slow body movements, fatigue, low spirits, a preference to lie in the fetal position, a wide moist tongue which has a thin white coating, and a pale complexion, in contrast to individuals of a Yang/+ nature, who typically have powerful and swift body movements, restlessness, high spirits, a preference to lie in an outstretched position, a dry tongue, and a red complexion, particularly of the face.

Upon questioning, individuals with a Yin/- condition may reveal that they easily become cold, have a poor appetite, prefer heat and light touching, prefer warm beverages, and produce light urine in large amounts, while individuals with a Yang/+ condition may reveal that they easily become warm, dislike heat and light touching, are thirsty and have a dry mouth, prefer cold beverages, and produce dark urine in small amounts.

### *Internal/- and External/+*

This aspect concerns the depth of a Chí disturbance which may occur at either the Internal/- level, manifesting as etheric organ disturbances, or at the External/+ level, manifesting in muscles, tendons and joints.

In observing, asking, and listening, individuals with Internal/- disturbances are quiet, less social, prefer to be alone, prefer meditation and reading, and have complaints of an internal nature. Individuals with External/+ disturbances are noisy, social, dislike being alone, prefer sports and physical activities, and have complaints of a musculo-skeletal nature.

### ***Deficiency (Chronic)/- and Excess (Acute)/+***

Syndromes of a Deficiency (Chronic)/- nature refer to diseases in which the function of the body is weakened, and the "anti-pathogenic" factor (or Defense Chi/Energy) is diminished and insufficient, while the effect of the "pathogenic" factor (or Perverse Chi/Energy) has become chronic.

Syndromes of an Excess(Acute)/+ nature refer to diseases in which the body functions are not to the point of impairment, and the "anti-pathogenic" factor is still of sufficient strength while the "pathogenic" factor is active and severe, a struggle which results in an acute condition.

These characteristics reflect the quantity of an individual's general level of energy.

### ***Cold/- and Heat/+***

Cold/- and Heat/+ relate to two different natures of disease. Those caused by overexposure to cold are classified as Cold/- syndromes, and those caused by overexposure to heat are classified as the Heat/+ syndromes.

Since Yin and Yang are in a constant state of motion, change, and interaction, an extreme excess of Yin over an extended period of time creates Yang, and vice-versa. For example, overexposure to severe cold causes hot fevers, and overexposure to severe heat causes chill sensations.

Distinguishing Cold/- from Heat/+ syndromes is not difficult, as the two are opposite in their nature, each having markedly different manifestations from the other, depending on whether the condition has penetrated to the Internal/- level or is at the External/+ level, and whether the condition has manifested itself as being Deficient(Chronic)/- or Excess(Acute)/+.

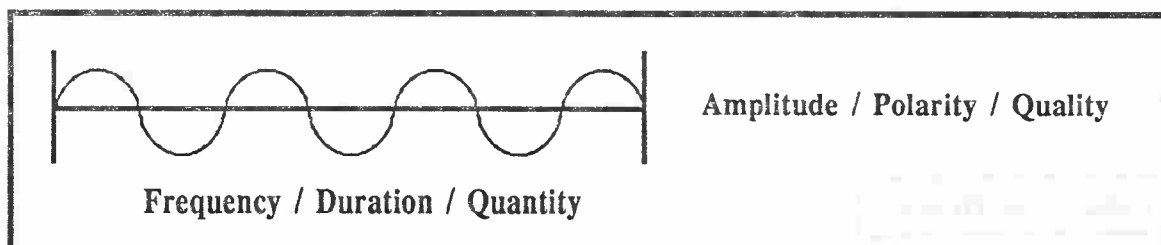
These characteristics reflect the quality of an individual's general level of energy.

### *Characterization of Acupuncture Point Disturbances*

Chí/Energy disturbances of acupuncture points may be specifically characterized, using combinations of Deficiency (Chronic)/- or Excess (Acute)/+ and Cold/- or Heat/+.

The specific quantity or frequency of the electrical component of electro-magnetic energy of acupuncture points may be characterized as being Deficient/-/Yin, Neutral, or Excess/+/Yang, and determines the Duration factor of the form of corrective stimulation used to restore disturbed points back to Neutral, or homeostasis. (See Figure 1)

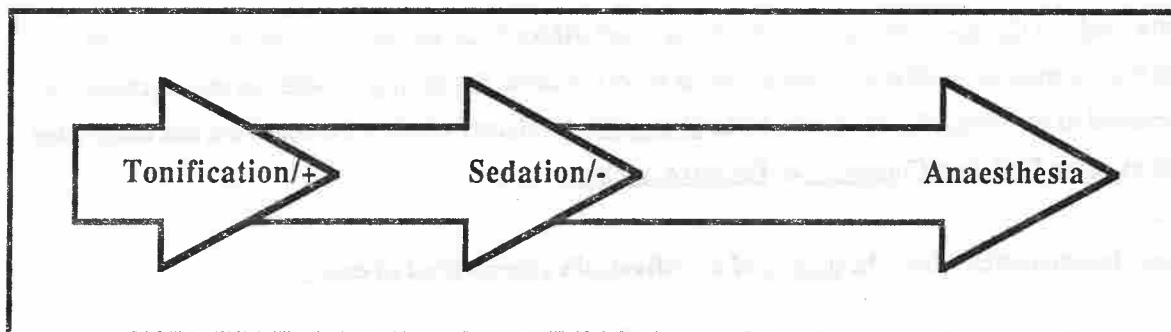
The specific quality or amplitude of the magnetic component of electro-magnetic energy of acupuncture points may be characterized as being Cold/-/North pole/Yin, Neutral, or as Heat/+ /South pole/Yang, and determines the Polarity factor of the form of corrective stimulation used to restore disturbed points back to Neutral, or homeostasis. (See Figure 1)



*Figure 1. Frequency and Amplitude characteristics of acupuncture points.*

### *The Law of Stimulation*

In traditional acupuncture, it is taught that stimulation of an acupuncture point results first in Tonification/+, followed eventually by Sedation/-, and ultimately, Anaesthesia is achieved. (See Figure 2)



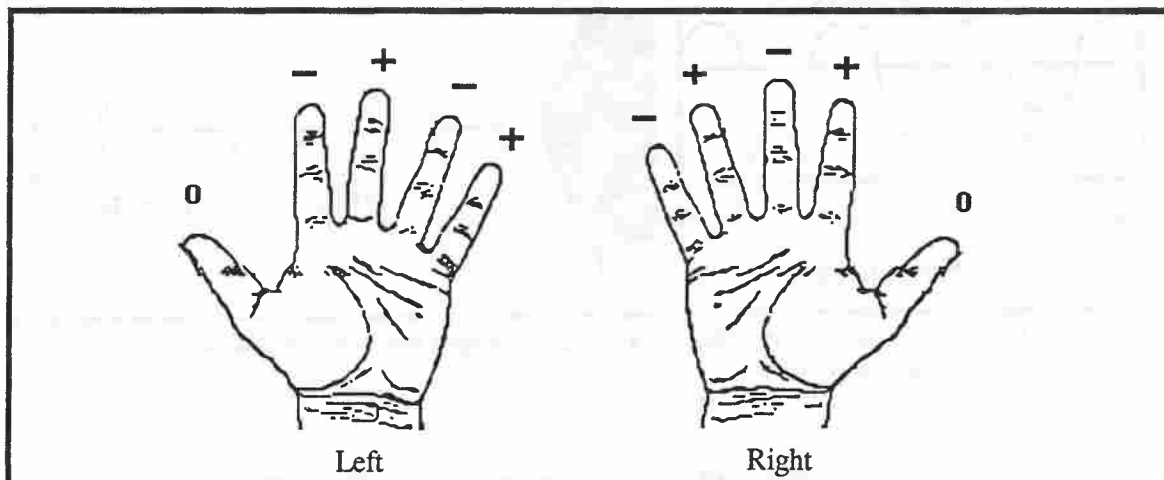
*Figure 2. The effects of stimulation over time.*

Short duration stimulation of an acupuncture point results in Tonification/+, a longer duration stimulation results in Sedation/-, and an even longer duration stimulation results in Anaesthesia.

Over-stimulation of an acupuncture point when Tonification/+ is desired may result in Sedation/-, and over-stimulation of an acupuncture point when Sedation/- is desired may result in Anaesthesia demonstrating the effect duration has when stimulating acupuncture points over time, regardless of the form of stimulation applied, be it acupressure, Tai-Chin, Polarity Equalizer, color, or needle.

### *Polarity Designations of the Fingers*

It can be demonstrated that the index finger on the right hand is + / South pole / Yang, the middle finger is - / North pole / Yin, the ring finger is + / South pole / Yang, and the little finger is - / North pole / Yin with the thumb being Neutral / 0 (see figure 3) by placing the index and ring fingers (both of which are + / South pole / Yang) one at a time on the South pole / + / Yang surface of a magnet, or the middle and little fingers (both of which are - / North pole / Yin) one at a time on the North pole / - / Yin surface of a magnet, causing a previously strong muscle to test weak, consistent with the law that "likes repel and opposites attract". The polarity sequence of the fingers on the left hand is opposite to that of the right hand. (See Figure 3).



*Figure 3. Polarity designations of the fingers*

### ***Sedating and Tonifying Effects of Fingers on Acupuncture Points***

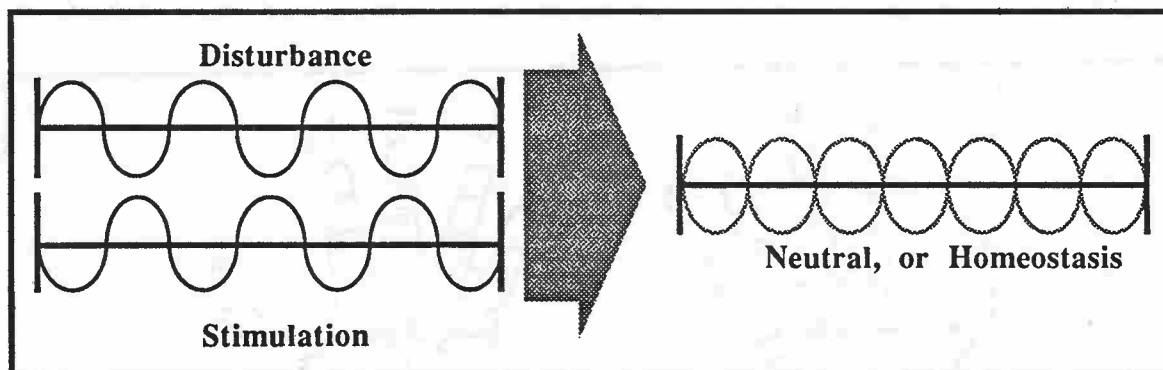
The -/North pole/Yin fingers (the middle and little fingers on the right hand) sedate acupuncture points by decreasing magnetic energy, having a constrictive effect on acupuncture points (for example, acupuncture points of a frostbite victim may be nearly impossible to localize) while the +/South pole/Yang fingers (the index and ring fingers on the right hand) tonify acupuncture points by increasing magnetic energy, having an expansive effect on acupuncture points (for example, when it is warm, Large intestine-4 (Hegu) may expand to the size of a quarter).

### ***Duration and Polarity Factors of Corrective Stimulation***

Stimulation of a short duration is used to equalize a Deficient-/Yin condition, and stimulation of a long duration is used to equalize an Excess/+/Yang condition.

Stimulation of a Heat/+/South pole/Yang polarity is used to equalize a Cold-/North pole/Yin condition, and stimulation of a -/Cold/North pole/Yin polarity is used to equalize a Heat/+/South pole/Yang condition.

Notice that the duration and polarity factors of corrective stimulation are equal but opposite (in terms of frequency and amplitude) to the characteristics of the disturbance, as this is always the case. (See figure 4)



*Figure 4. The neutralizing effect of an equal but opposite stimulation on a disturbed acupuncture point.*

For instance, if the quantity and quality of a disturbed acupuncture point's electro-magnetic energy are characterized as Excess/+/Yang and Cold-/Yin, the specific form of stimulation used to restore the point back to Neutral or homeostasis must consist of a long duration and a Heat/+/South pole/Yang polarity.



## Homeostasis

Acupuncture points in homeostasis are in a constant state of change, constricting and expanding within certain limits, , responding to a wide variety of ever-changing environmental factors, for instance, temperature changes, such as the difference in temperature between night and day, indoors and outdoors, clothed and unclothed, or winter and summer, while maintaining the body at a certain level of homeostasis.

## Factors Causing Acupuncture Point Disturbances

Over a prolonged period of time (quantity/frequency), too little or too much (quality/amplitude) of anything, including stress, will have a detrimental effect, resulting in a Deficiency or Excess, as well as a condition of Cold or Heat, throwing acupuncture points out of homeostasis.

If the general health of an individual is good and there are adequate reserves of Chí/Energy, the body is able to restore disturbed points back to homeostasis on its own. However, if the general health of an individual is poor and there are inadequate reserves of Chí, the body is unable to restore disturbed points back to homeostasis on its own, and they remain *fixed* in one of the other six potential conditions (see figure 5), unable to function properly.

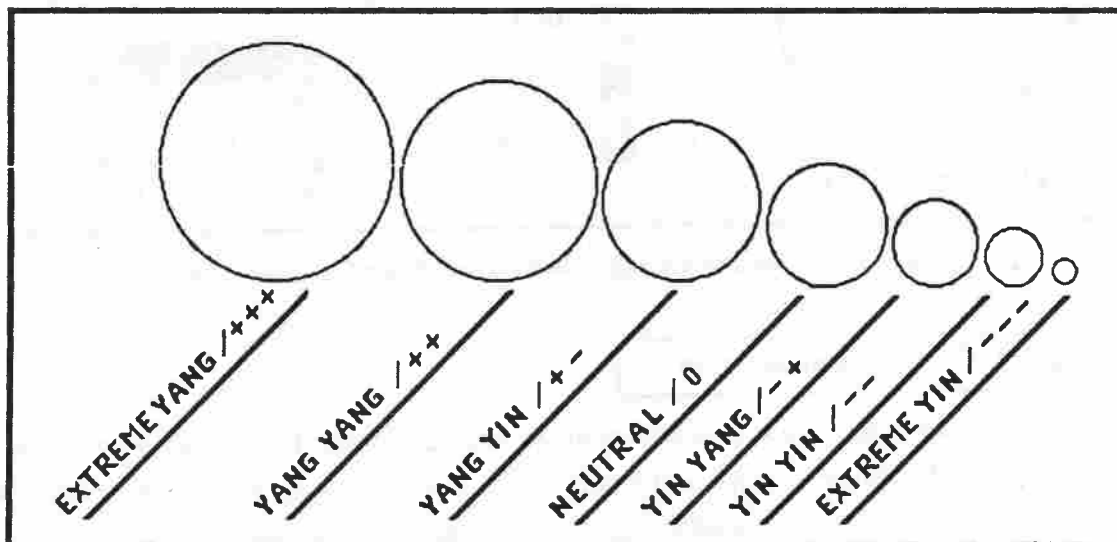


Figure 5. The seven potential conditions of acupuncture points.

### Specific Conditions of Disturbed Acupuncture Points

Acupuncture points may exist in Specific Excess Heat/Yang Yang/++, Excess Cold/Yang Yin/+ -, Deficient Heat/Yin Yang/- +, or Deficient Cold/Yin Yin/-- conditions, and may be thought of in terms of four different bathtubs, each containing a deficiency or excess of water which is either cold or hot, representing the four potential Specific conditions mentioned. (See Figure 6)

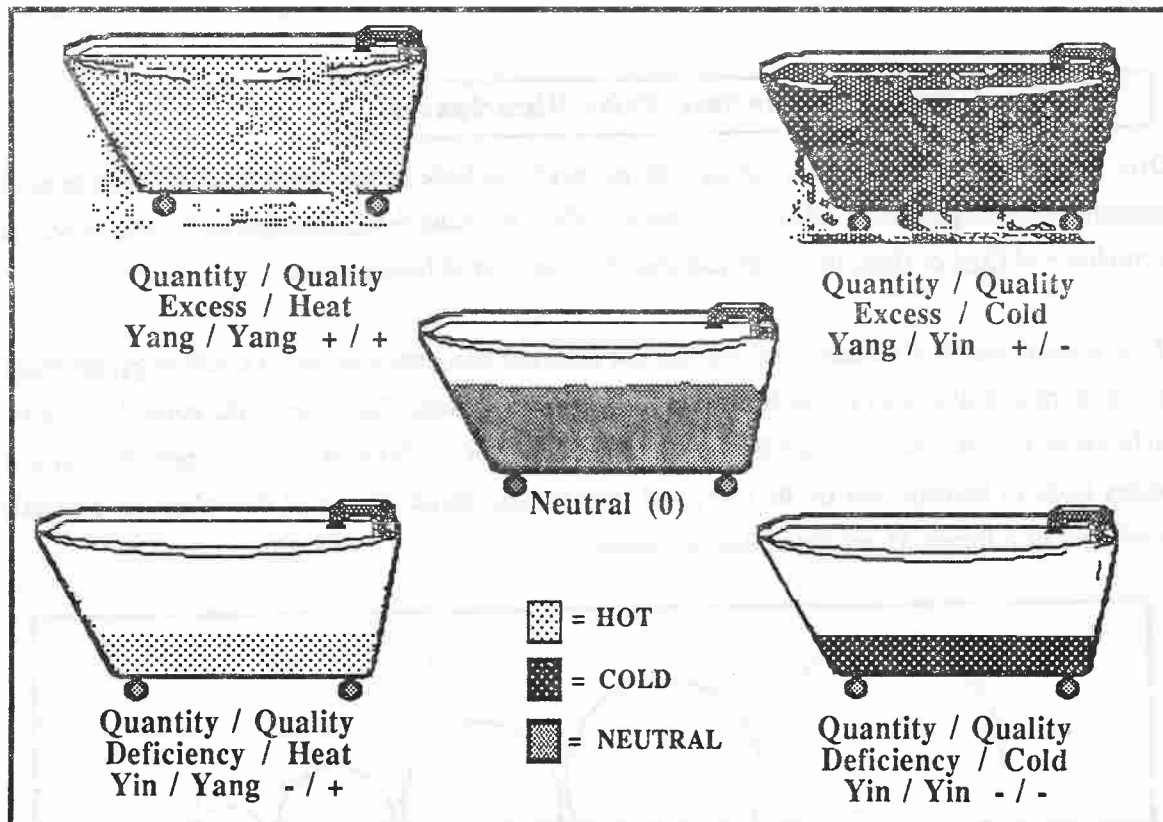


Figure 6. The four potential Specific conditions and Neutral, or homeostasis.

### Neutral Therapy Localization

The polarities of the fingers make it necessary to use Neutral therapy localization when therapy localizing potentially disturbed points, and is accomplished by combining two fingers of opposite polarity, for instance, the index and middle fingers, or by using the thumb alone.

Neutral therapy localization of a disturbed point will cause a strong muscle to test weak, differentiating disturbed points from those in homeostasis.

### Analyzing Specific Conditions of Disturbed Points

Staying consistent with the law that "likes repel and opposites attract", therapy localization using a duration and polarity *like* the frequency and amplitude of a disturbed point will cause a strong muscle to test weak, indicating the particular Specific condition of the disturbed point, while therapy localization using a duration and polarity *opposite* the frequency and amplitude of a disturbed point does not cause a strong muscle to test weak, indicating the particular Specific stimulation necessary to restore the disturbed point back to Neutral, or homeostasis.

Once an acupuncture point has been established to be out of homeostasis, to determine the frequency and amplitude of a disturbed point, and in doing so, the duration and polarity of the Specific stimulation necessary to restore the point back to homeostasis, four separate muscle tests are performed, using one of four combinations of duration and polarity to therapy localize the disturbed point for each of the four potential Specific conditions. (See Table 1)

<u>Specific Condition</u>				<u>Therapy Localization / Stimulation</u>			
Excess Heat / Yang Yang / + +				- - / Yin Yin / Deficiency Cold			
Excess Cold / Yang Yin / + -				- + / Yin Yang / Deficiency Heat			
Deficiency Heat / Yin Yang / - +				+ - / Yang Yin / Excess Cold			
Deficiency Cold / Yin Yin / - -				+ + / Yang Yang / Excess Heat			
Quantity or Frequency	Excess / +	Heat / +	Quality or Amplitude	Duration or Frequency	Long / -	Negative / -	Polarity or Amplitude
	Excess / +	Cold / -			Long / -	Positive / +	
	Deficiency / -	Heat / +			Short / +	Negative / -	
	Deficiency / -	Cold / -			Short / +	Positive / +	

Table 1. The four potential Specific conditions and their corresponding equal but opposite therapy localizations / stimulations.

Excess Heat/Yang Yang/+ + conditions are indicated when therapy localization of a disturbed point for a Long/-/Yin duration using a -/North pole/Yin finger causes a strong muscle to stay strong when tested, while the other combinations do not, and Excess Cold/Yang Yin/+ - conditions are indicated when therapy localization of a disturbed point for a Long/-/Yin duration using a + /South pole/Yang finger causes a strong muscle to stay strong when tested, while the other combinations do not.

Deficiency Heat/Yin Yang/- + conditions are indicated by a strong muscle which stays strong when tested immediately after therapy localizing a disturbed point momentarily (Short duration) using a -/North pole/Yin finger, while the other combinations do not, and Deficiency Cold/Yin Yin/- - conditions are indicated by a strong muscle which stays strong when tested immediately after therapy localizing a disturbed point momentarily (Short duration) using a + /South pole/Yang finger, while the other combinations do not.

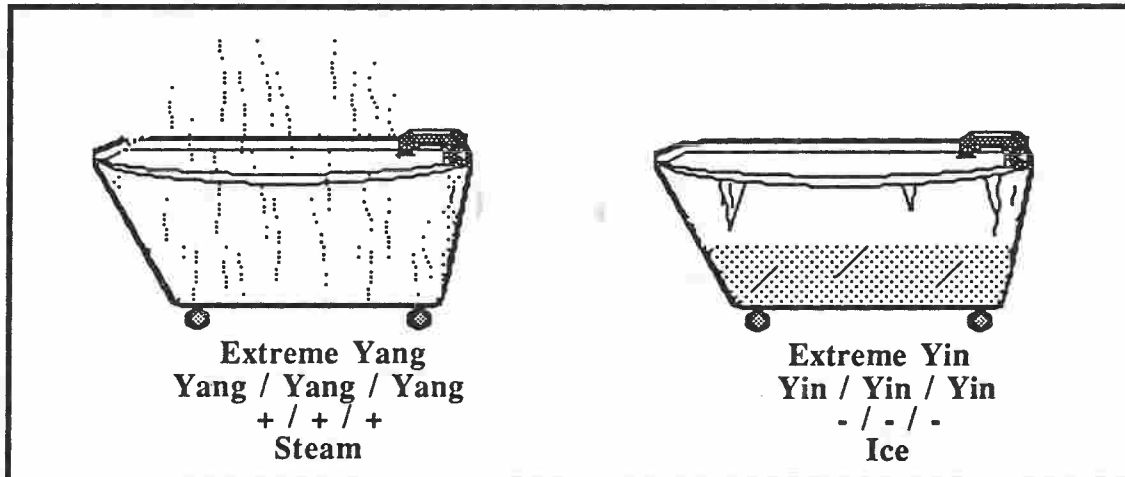
### *Correcting Specific Conditions of Disturbed Points*

Excess Heat/Yang Yang/+ + points may be restored back to homeostasis by applying deep pressure to the disturbed point for a Long duration using a -/North pole/Yin finger, followed by an Expiration, while Excess Cold/Yang Yin/+ - points may be restored back to homeostasis by applying deep pressure to the disturbed point for a Long duration using a + /South pole/Yang finger, followed by an Expiration.

Deficiency Heat/Yin Yang/- + points may be restored back to homeostasis by momentarily (Short duration) touching the disturbed point with a -/North pole/Yin finger during an Inspiration, while Deficiency Cold/Yin Yin/- - points may be restored back to homeostasis by momentarily (Short duration) touching the disturbed point with a + /South pole/Yang finger during an Inspiration.

## ***Extreme Conditions of Disturbed Acupuncture Points***

Acupuncture points may exist in an Extreme Yin state or Yin Yin Yin/- - -/Ice as well as in an Extreme Yang state or Yang Yang Yang/+ + +/Steam. (See Figure 7)



*Figure 7. The two potential Extreme conditions.*

### ***2x Therapy Localization***

The extreme nature of the Extreme conditions makes it necessary to use an extreme or 2x therapy localization, since conventional Neutral therapy localization of potentially Extreme points will not cause a strong muscle to test weak, giving the illusion of a point in homeostasis, which in fact, is not.

A 2x(+) therapy localization is accomplished by therapy localizing the potentially disturbed point with a + / South pole/ Yang finger (such as the index finger on the right hand) through the center of a ring magnet with the South pole/ +/ Yang surface down.

A 2x (-) therapy localization is accomplished by therapy localizing with a - / North pole/ Yin finger (such as the middle finger on the right hand) through the center of a ring magnet with the North pole/-/Yin surface down.

While conventional Neutral therapy localization of acupuncture points in homeostasis will not cause a strong muscle to test weak, a 2x(+ or-) therapy localization boosts or lowers the energy level of points in homeostasis beyond their normal limits, causing a strong muscle to test weak.

Ideally, both 2x(-) and 2x(+) therapy localizations should cause a strong muscle to test weak. If this is subsequent to Neutral therapy localization which did not cause a strong muscle to test weak, the point in question may be considered to be Neutral, or in homeostasis.

### *Analyzing Extreme Conditions of Disturbed Points*

The 2x therapy localization *like* the Extreme condition of a disturbed point will cause a strong muscle to test weak, indicating the particular Extreme condition of the disturbed point, while the 2x therapy localization *opposite* the Extreme condition of a disturbed point does not cause a strong muscle to test weak, indicating the particular Extreme stimulation necessary to restore the disturbed point back to Neutral, or homeostasis.

To determine the Extreme condition of the disturbed point, and in doing so, the Extreme stimulation necessary to restore the disturbed point back to homeostasis, two separate muscle tests are performed using one of two 2x therapy localizations for each of the two potential Extreme conditions.

(See Table 2)

<u>Extreme Condition</u>	<u>Therapy Localization / Stimulation</u>
Extreme Yang / + + + / Steam	Extreme Yin / 2x(-)
Extreme Yin / - - - / Ice	Extreme Yang / 2x(+)

*Table 2. The two potential Extreme conditions and their corresponding equal but opposite therapy localizations / stimulations.*

Extreme Yang/+ + +/Steam conditions are indicated when a 2x(+) therapy localization of a potentially disturbed point causes a strong muscle to test weak, while a 2x(-) therapy localization does not. Extreme Yin/- - -/Ice conditions are indicated when a 2x(-) therapy localization of a potentially disturbed point causes a strong muscle to test weak, while a 2x(+) therapy localization does not.

### *Correcting Extreme Conditions of Disturbed Points*

Extreme Yin/- - -/Ice points may be restored back to homeostasis by touching the disturbed points momentarily (Short duration) with a + /South pole/Yang finger through the center of a ring magnet with the South pole/+ /Yang surface down during an Inspiration.

Extreme Yang/+ + +/Steam points may be restored back to homeostasis by tapping the disturbed points for a Long duration (several minutes) with a - /North pole/Yin finger through the center of a ring magnet with the North pole/- /Yin surface down followed by an Expiration.

### Using Colors to Characterize and Correct Disturbed Acupuncture Points

Each of the potential conditions of disturbed acupuncture points may be said to approximate the frequency and amplitude of various specific colors, and may be characterized as such, due to the electro-magnetic properties of colors and acupuncture points.

Consistent with the law that "likes repel and opposites attract", each of the potential conditions may be restored to Neutral, or homeostasis, by its equal but opposite color. (See Table 3)

<u>CONDITION/COLOR</u>	<u>STIMULATION/COLOR</u>
Extreme Yang/+++ /Red/ 600-670nm	Extreme Yin/--- /Violet/ 430-460nm
Yang Yang/++ /Orange/ 590-600nm	Yin Yin/-- /Indigo/ 460-470nm
Yang Yin/+ - /Yellow/ 580-590nm	Yin Yang/-+ /Blue/ 470-500nm
Neutral/0 /Green/ 500-550nm	0 /No Stimulation Needed
Yin Yang/-+ /Blue/ 470-500nm	Yang Yin/+ - /Yellow/ 580-590nm
Yin Yin/-- /Indigo/ 460-470nm	Yang Yang/Orange/ 590-600nm
Extreme Yin/--- /Violet/ 430-460nm	Extreme Yang/+++ /Red/ 600-670nm

*Table 3. Color designations of the seven potential conditions and corresponding equal but opposite stimulations/colors.*

For example, if a point has been determined to be in a Yang Yin/+ - /Yellow condition, the color necessary to restore the disturbed point back to Neutral, or homeostasis, is Yin Yang/-+ /Blue.

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## **ARE AK, EK, AP, TFH OF THE DEVIL**

### **An Evangelical Christian's Evaluation**

**by Dr. Jim Reid**

One might think it strange that such a topic as this might come up at the annual Touch for Health (TFH) Convention, however, I am convinced that the time is right for this subject to be addressed.

During last year's TFH Convention and repeatedly during the year, Christians involved in TFH have asked if "what we were doing" was acceptable from a Christian or biblical point of view. I assured them that in my judgment it was. Let me end the suspense here by stating that applied kinesiology (AK), educational kinesiology (EK), applied physiology (AP), and TFH are not of the devil. How can I make such a statement, and who am I to make such a statement? Please indulge me while I establish my credentials.

I am an evangelical Christian. I accepted Christ as my Lord in the spring of 1954 or as Baptists are fond of saying, "I was gloriously saved" then. Shortly thereafter God called me into the full time gospel ministry. That fall I entered Grand Canyon College in Phoenix, Arizona, a Southern Baptist School, where I received a B.A. in 1959. I immediately enrolled in Midwestern Baptist Theological Seminary in Kansas City, Missouri, where I received a Master of Divinity in 1962. In 1980, I received a Doctor of Ministry degree from San Francisco Theological Seminary in San Anselmo, California. Upon finishing my Master's in 1962, I pastored a church in Willcox, Arizona for 3 years after which I moved to Henderson, Nevada where for 5 years I was the first full time pastor of the Faith Baptist Church. In 1970, God moved me to resign that church and begin a new ministry--a ministry to the people who work the night shift (night people) on the Las Vegas Strip. For 15 years I held worship services in casinos, bars, showrooms, and anywhere I could get people together. Nightly bible studies were held at 10 p.m. backstage between shows for entertainers and stagehands. The Home Mission Board of the Southern Baptist Convention appointed me as a Home Missionary. If you know anything about Baptists you know that we are strongly evangelical and number conscious. I never baptised fewer than 50 people a year and in 1980 I baptised 104. Our little church on the strip was the first Baptist church in the history of Nevada to baptise more than 100 people in a year. The numbers are provided for the benefit of those who need proof that I am indeed an evangelical Christian in word and deed.

I am also qualified to make the judgment that I made at the beginning of this presentation that AK, etc., are not of the devil. The dissertation for my doctorate was entitled Cults and the Occult on the Las Vegas Strip with Implications for Christian Ministry. I have the academic background to know what is of the devil. I also have much experience with people who are involved in both cults and the occult. I have done a number of genuine exorcisms. I know from experience who the devil is. I have encountered him on his own turf. Early in my ministry I realized what I was up against. Feeling ill



prepared to deal with the enemy, I prayed earnestly that God would give me whatever was needed to be effective in my ministry. I had an experience with the Spirit of God that was different than anything I had ever experienced before. The end result was that God gave me spiritual gifts that could be used in the battle--one of which was the gift of discernment that I have many times. I am in every sense of the word an evangelical charismatic Southern Baptist.

The book *The Holistic Healers*, written by Paul Reisser, M.D., Teri Reisser, a writer, and John Weldon an instructor at the San Diego School of Evangelism is widely read in Christian circles. This book lumps AK and TFH with methods of healing that appear to be occult. It then implies guilt by association, and association made by the authors not TFH.

In this book, John Thie is indirectly charged with being a mystical guru who will ultimately lead us down the path of occultism. Dr. Reisser quotes page 6 of Thie's book as saying "the innate intelligence that runs the body is connected to universal intelligence that runs the world, so each person is plugged into the universal intelligence through the system." Reisser also says about TFH, "Universal energy is a crucial link between mysticism and the every day world, and every energy therapy comes with strings attached--strings which ultimately pull toward the world of the paranormal, toward the exaltation of self as devine, or toward overt occultism." He also says, "If there is any lingering doubt that Touch for Health is grounded in Eastern metaphysics, one need only remember Thie's initial mention in his manual of universal intelligence." He dismisses the acupuncture meridians and says, "Not only does classical acupuncture come with its metaphysical baggage intact, but its promoters actively proclaim its religious foundations and implications as well." "... energy balancers may tend to inject their mysticism into the therapy session. Patients are being treated on the basis of religious beliefs rather than physiological principles."

About our clients he says, "unknowingly Aunt Mary and Mr. Jones may be slowly conforming their beliefs to an ancient metaphysical system called Taoism as a result of exposure to these muscle test for food allergies and holistic chiropractic sessions."

Finally Dr. Reisser has a stern warning for those Christians interested in Touch for Health, "Christian energy balancers . . . lack discernment failing to see the implications of the ideas they promote."

Now what shall we say to all of this. We could ignore it and go about our business. However, I assume that Dr. Reisser, Ms. Reisser, and Dr. Weldon are sincere Christians searching for truth. Consequently, I will respond to their charges. First, TFH, AK, EK, and AP have been lumped with a variety of psychic healers and healing methods including Arigo, the surgeon of the rusty knife. We do nothing in AK, EK, AP, or TFH that even comes close to psychic healing. We balance the body's energies. We are electricians and nothing more. Now I assume that a Taoist electrician might talk to his clients about the Tao, a Buddhist electrician might talk to his clients about Buddhist, I am a Christian electrician and I do talk to my clients about Christ. But lets get to the crux of the matter, what is the "innate intelligence that runs the body" that Thie refers to?

Dr. Reisser calls it universal energy. On page 39 of their book the authors say, "Universal energy is what religions have called God." Since I am an evangelical Christian I must look for my answers and definitions in the scripture. Allow me to share a few with you and then you decide what to call this "innate intelligence or universal energy." The first is Col. 1:15-17, "He is the image of the invisible God, the first born of all creation; for in him all things were created, in heaven and on earth, visible and invisible whether thrones or dominions or principalities or authorities--all things were created through him and for him. He is before all things, and in him all things hold together." This says that the Lord not only created everything but that his power at this very minute is holding everything together. If he would withdraw his universal energy for one second from the tiniest part of his creation, an atomic explosion would occur that would make the atomic explosion at Hiroshima seem like a firecracker by comparison. Ours is not the god of the diest who creates a world and then abandons it. He continues to hold it together by his power or energy. Let me digress a little. This verse also says that he created invisible things too like the wind, atoms, bacteria, electricity, and meridians. Dr. Reisser refutes invisible meridians. Also note that these things were created through him, that is he is the source, and for him. Meridians were created for him! Why do you suppose? So that they can be used to bring wholeness to his creatures. Our God created bodies that have the capacity to repair themselves and like any good electrical circuit they have overload switches that will blow when stressed; but any electrician can reset them be he/she Taoist, Budhist, Christian, agnostic, or athiest.

The second scripture is Heb. 1:1-2, "In many and various ways God spoke of old to our fathers by the prophets; but in these last days he has spoken to us by a son, whom he appointed the heir of all things, through whom also he created the world," from the Revised Standard Version. The New International Version translates the word aionas as universe. The King James Version and the Revised Standard Version translate the same word as world or worlds. The word literally means ages or periods of time. Now what is it that makes time? It's the rotation of the earth around its axis and the rotation of the earth around the sun. Universe is a legitimate translation of the word, and the Greek lexicon lists Heb. 1:2 as one of the places that "material universe" is the preferred translation of this word. Before I comment further on this scripture, I would like to introduce three others and deal with them together. One is Rev. 4:11 which says that God created all things. The New International Version translates the last part of that verse, "by your will they . . . have their being." The last part of Eph. 4:6 says that God is "over all and through all and in all." Finally Rom. 11:36 says, "Because from him and through him and to him (are) all things; to him the glory unto the ages," (aionas) the universe--a Reid translation.

These scriptures collectively say and mean, God created everything. He is the instrument through which they continue to survive, he is in all and ultimately everything will return to him. When the apostle Paul realized the truth of his statement in Romans 11:36 he breaks out in a doxology and says, "To him the glory throughout, in every aspect of, the universe"--Reid translation. That's why I feel good when I balance someone and relieve a pain, eliminate an allergy, or get rid of years of emotional garbage. I consider this my "spiritual worship" and I give God the glory throughout the universe.

Now what about Aunt Mary and Mr. Jones, who allow their arms to be pulled on? And what about the Christian energy balancer? Are we toying with the devils tools? I say once again emphatically, no! However, if you feel uneasy about what you are doing then listen to the words of Paul again in Rom. 14:14, "I know and am persuaded in the Lord that nothing is unclean in itself; but it is unclean for anyone who thinks it unclean." That includes AK and TFH. Or consider I Cor. 10:23, "All things are lawful" but not all things are helpful. "All things are lawful; but not all things build up." You must decide whether what you are doing is helpful. One other scripture says it all for me-- Gal. 5:1, which says, "For freedom Christ has set us free; stand fast, therefore, and do not submit again to a yoke of slavery." I exercise that freedom when I use AK, EK, AP, or TFH.

Dr. Reisser makes one other statement to which I would like to respond. He says, "You will never see muscle testing written up in Scientific American or recognized by the National Institute of Health." I would like to remind Dr. Reisser that yesterday's heresay often becomes tomorrow's orthodoxy. I am sure he could give many medical examples. It wasn't too long ago that doctors used to bleed people to "make them well." Now they give them blood transfusions. In 1870, at a Methodist College, an educator said that in 50 years men would fly like birds. A Methodist bishop was present with his pregnant wife and 3-year-old son. He said, "Flight is strictly reserved for the angels and I beg you not to repeat that statement lest you be guilty of blasphemy." That bishop's name was Milton Wright. He took his wife and son, Orville home. His second son Wilbur was born and 33 years later his sons did what only angels were supposed to do.

Now let me introduce you to a phase of kinesiology that I call CK or Christian kinesiology. It's not that only Christians can do these things but, I call them CK because they specifically fulfill the scriptural admonition to "pray without ceasing." I am sure that when the apostle Paul penned those words he was not aware of how much more relevant those words would be today than they were then. We live in a heavily polluted society. The food we eat has been sprayed by pesticides and if it is prepared at all for the grocer's shelf or served to you in a restaurant it is pumped full of additives and preservatives. The water we drink and the air we breathe is polluted, but the greatest single type of pollution we face is invisible and that's electromagnetic pollution. That should interest electricians. Electromagnetic pollution comes to us from a variety of sources; quartz watches, fluorescent lights, television sets, microwave ovens, computer terminals, and any electric appliance. We can protect ourselves from this form of pollution in two ways--both involve prayer. We can ask God to neutralize the negative affects of each of the appliances before they are used or daily we can ask God, to protect us from all of the negative electromagnetic influences with which we come in contact that day.

There are three other ways I use prayer. I pray before I eat. Christians have been doing this for years, but its only since TFH that we have known why praying over our food is important. When sitting down to a meal, muscle test a friend. Then have him/her place his/her hand over the food you are about to eat. Retesting the muscle will show a weak muscle. Then ask a traditional blessing on the food and retest the muscle. It will be strong. Praying neutralizes the negative effects of the pesticides, additives, and preservatives. Too bad it doesn't neutralize the calories.

Whenever traveling across time zones, I have discovered that by praying before entering the plane and asking God to protect me from the negative electromagnetic influence of the jet engines I can avoid jet lag. Thus far this has only been tested coast to coast. I would be interested in knowing the results if anyone uses this method of protection to fly overseas.

Finally, I use prayer instead of Bach flowers. I am not a medical doctor. I diagnose nothing and prescribe nothing. You may be living in a state where using Bach flowers could be interpreted as prescribing medicine. If that is the case, determine what Bach flower is needed in a given situation. I use the Luscher color test and a chart from Rick Utt to identify specific emotional problems my client is having. I then pray specifically for that need to be met. It works immediately and effectively and I know of no state that forbids intercessory prayer.

Not only am I convinced that AK, EK, AP, TFH are not of the devil, I am equally convinced that the Christian can and should use these disciplines to bring wholeness to God's creation and in so doing "glorify God in the universe."

# # #

IN MEMORY OF

Tony Andreasson, M.D.  
Touch for Health Instructor  
who passed away June 7, 1986  
Cambridge, England

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TITLE           BALANCING THE BODY WITH COLOURS - a shortcut

BY               Rosmarie Sonderegger-Hofmann, Giessacker 1  
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ABSTRACT       The purpose of this paper is to show a way to balance  
the bodys' energies using the healing power of the  
colours.

It also shows how energy flow or energy blockage  
within the colours of the Five Elements affect our  
personality, our wellbeing.

INTRODUCTION When I first did a colour balance I did it out of  
despair. This is how it happened:

One day, my 14-year old son Lars came home from  
school, almost in tears. He had a terrible headache  
and two hours of homework to do.

I thought: What can I do for him that is really short,  
easy and fun? - Having worked for ten years with  
colour therapy, I could only think of colours and muscle  
testing.

It took less than five minutes and my son started study-  
ing happily, not remembering how he had felt coming home.  
This partly unexpected result motivated me to use this  
method in my TFH classes as well as in my private practice.  
This paper contains the refined technique of the  
colour balance and some background knowledge on the  
psychological meaning of the colours of the Five Elements.

#### THE TECHNIQUE

- Step 1 -   Switching on, using the Navel and the K 27s.  
          Verify the result, testing SUPRASPINATUS.
- Step 2 -   Have the person visualize BRIGHT, LIGHT, SUNSHINE and  
          test TERES MAJOR - if strong - proceed to Step 3,  
          if "weak": Hold the persons' frontal eminences while  
          he/she visualizes BRIGHT, LIGHT, SUNSHINE  
          Retest TERES MAJOR - it is now strong.

CV and GV are energy-pathways that constantly work in order to balance out the organ-meridians. That is why it is reasonable to balance them first.

Step 3 - Have the person pick one of the five colours - yellow, white, blue, green, red - to start out with. Have the person look at or think of this colour and test SUPRASPINATUS.

Strong - go on to Step 4

"Weak" - hold the persons frontal eminences and have her/him visualize the colour and everything that goes with it. Wait until the person is ready and retest SUPRASPINATUS. It is now strong.

Step 4 - Have the person look or think of the colour that represents the next element on the CREATION cycle. Example: After EARTH follows METAL, therefore the colour after yellow is white.

Test SUPRASPINATUS.

Strong - go on to the next colour on the CREATION cycle

"Weak" - see Step 3 and proceed as soon as the indicator muscle tests strong.

Step 5 - You have followed the CREATION cycle and all the five colours now test strong.

To finish the procedure, RETEST the five colours, using the CONTROL cycle this time.

RESULTS This technique has shown to be helpful in many ways:

- to balance a person
- to point out a trauma that was connected with one particular colour
- to relieve pain
- to introduce people to the world of the colours and their healing power
- after a colour-balance, the 14 basic muscles test strong. Using the colour-balance after a 14 muscle-balance, there are still imbalances detectable
- and so on



THE COLOURS Life is colorful. Every colour has psychological aspects.  
To every colour there are negative as well as positive aspects.

Some aspects to the colours of the Five Elements:

R E D	+	Freedom to be active	-	Aggression, exhaustion
		Enthusiasm		To crave for attention
		Selfsufficient		Starving, demanding
Y E L L O W	+	Relaxation, calmness	-	Lack of feelings or blocked emotions
		Cheerful, inspiring, open to the world		Emptiness, isolation
		Reasonable actions and reactions		Lightheadedness, exaltation
W H I T E	+	Clear, open, free	-	Rigid, stiff, sterile
		To open up, light, bright		To conceal the face, hiding giving up own needs
		Purity, innocence		Lack of liveliness, desolation
B L U	+	Inner guidance, peace, ease	-	To be worn out
		Retreat to own self		Addiction, fear, desolation, gr
		Reason, satisfaction		Reaching for the unreachable
G R E E N	+	Inner peace	-	Stagnation,
		Originating + growing		Unable to proceed,
		Selfassertion		follow through

CONCLUSION As soon as the energy is flowing smoothly within the Five Elements, we feel happy and at ease.  
An energy-blockage means stress, and soon the negative aspect of the element, where the blockage happens to be, will take over. That's when we feel uneasy, worried ....  
Colour-balances are important.

- We can detect a pattern and learn how to deal with it.
- It is a non-frightening approach
- It is easy, short and fun to do
- It allows transformation to the positive, to harmony and well-being.

I spent one month on a once a week basis teaching two art therapy classes (#1 A.M. Advanced, and #2 P.M. Regular) at St. Madeleine Sophie's Training Center in El Cajon, California.

The morning class met from 10-12 and the afternoon class from 1-2:30. The classes had 8-10 adults who are retarded and their ages range from 21 years to 48 years of age. Most of them have been taught Creative Art by Sue Macnofsky. This technique uses natural right hemisphere drawing and painting exercises to achieve access to the right brain or creative hemisphere.

My month's stay as a substitute teacher gave me a chance to add some simple E-K techniques which tended to integrate the right-left hemispheres without hampering the creative methods they have been trained for by Sue.

Lesson #1 Use of Lazy 8s on paper and in air.

I had all students write their names, birthdays if possible and numbers from 1 to 5 on 6x8 index cards. The lesson plan for the day was to do scribble drawings with ink pens and watercolor pencils and the students were to find imaginative lines and make designs. I demonstrated the Lazy 8 on paper and in the air and helped the ones that needed to get their direction started. The figure 8 helped the students cross the midline and prevented switching off the right brain flow. It temporarily centered more energy for integrated learning.

Lesson #2 8s in air, muscle tested for right direction for 8s and Cook's position

The program for the day consisted of bringing natural fall foliage (plants and flowers) for visual equipment. Wet water color paper, pen and ink and a limited amount of watercolor paints and brushes were used. I told them to use any three colors, make several designs with pen and ink using Sue's right hemisphere method to achieve their goals. My intention was to cut up the watercolor designs and make cards or smaller pictures. Each week my plan for research was to repeat the simple E-K exercise I used from the previous week and add a new one. I taught advanced student Wannette Lamb



how to assist me with surrogate muscle testing and I was able to quickly test each student for the correct sitting position for the Cook's hookup and the direction of their Lazy 8s. The Cook posture added another dimension which realigns the energy of the body. This was a very successful project and most everyone in both classes flowed with right brain creativity and integration. It is evident by the exceptional flowing paintings They produced as you can see by the color photographs I took of their work.

Lesson #3 Lazy 8s, Cooks Position, Zip Ups and Shoulder Massage.

The lesson made use of various landscape pictures to be traced with the blunt end of the light color pen and transferred on paper without looking at the paper. Then watercolor was added. Zip Ups and massage of the supraspinatus pressure points along the shoulder helped send energy to the brain and was easy to add without adding too much delay to their art assignment. My goal was to add a new dimension to their established routine without the students feeling any stress. I noticed that concentration was a little difficult this week because unknown to me, Halloween decorations were put up a little early. This caused a little more difficulty in the students ability to concentrate. We had already discussed and decided to make a large wrapping paper poster in the morning class and decorated masks for hanging in the afternoon class the following week. The methods I used resolved some of the confusion resulting from the Halloween decorations that distracted them.

Lesson #4 8s in the air, Cooks, Massaging Ears, Zip-Ups and Massage plus ESR.

This was a very exciting day. We planned to do our Halloween poster, (8 feet long to accommodate the whole class around the table). I brought several Halloween pictures and cut outs for ideas for both classes even though the P.M. group were going to make construction paper masks. I added two simple procedures, massaging the whole ear lobe of both ears and Emotional Stress Release. The ear massage helps with hand and eye coordination and gives more energy to the brain

because of stimulating all the accupuncture points of the body. The ESR method of holding the frontal emninces lightly with both hands helped their thought process and by asking them to go over their ideas along with any anxieties or upsets that could block the brain's creativity, I felt helped create less tension and better imagination in their art work. The morning class did their usual pencil tracing of their chosen characters and produced an extraordinary poster. Since they are trained to do upside down drawings, half of the class used that procedure so the poster would be incongruant. Sister Kramer, director of the school was thrilled with their accomplishment. The P.M. class made unusually imaginative mask-lanterns with the use of colored construction paper, raisins, buttons, cotton and glue. Their work showed thought, creativity and imagination and they were pleased to share in decorating the school for their Halloween Party the following week.

#### Lesson #5 All Five E-K exercises used again

Another exciting day, Halloween Party at night and everyone needed calming down. We added Lazy 8s on paper as we did the first week and many of the patterns were more precise. The lesson plan was to make Mandalas with watercolor pens and ink. ESR again helped their process because they were told to imagine themselves and what they wanted to draw in the centers of their Mandalas, then color them. Because these were their own ideas, many of the Mandalas mysteriously disappeared. My clue was that they kept asking me if they could take them home to show their parents or guardians. Both classes had the same assignment.

The eleven students that I chose for my research project which included two new ones, all showed indications of crossing the mid line, or trying, which added to their ability to follow my instructions. Some of the students made some improvement in writing or printing their name. Some showed they improved their attention span and most all of them after two weeks with the 8s and Cooks had switched on with producing excellent watercolor paintings. The five simple EK techniques did not upset or reverse any of their already

developed skills. In fact, it showed personality change and because of the student's ability to see their improvements it helped them experience their feeling of fulfillment.

The following statements on ~~three~~ students will explain my observation and evaluations.

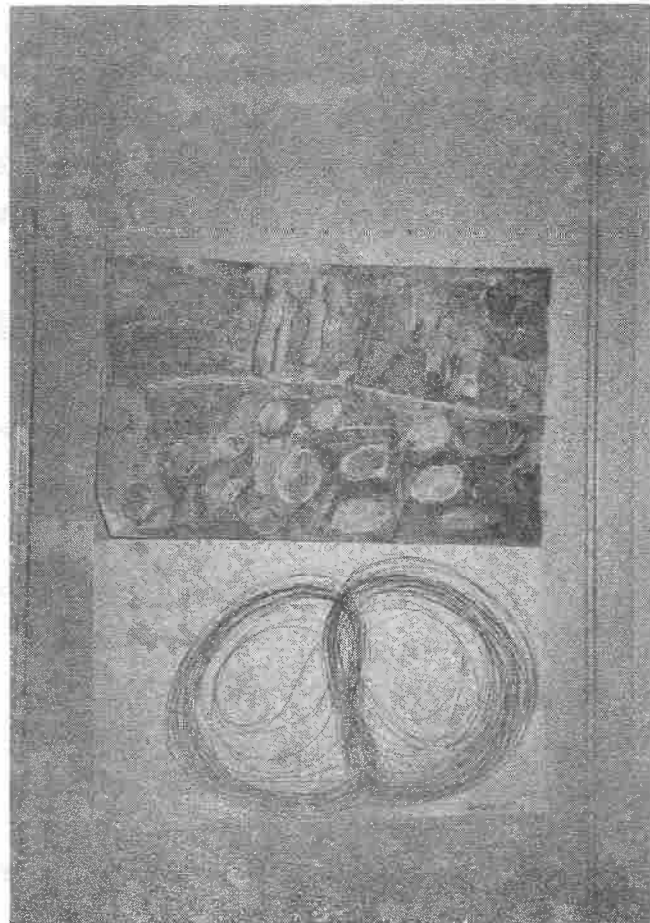
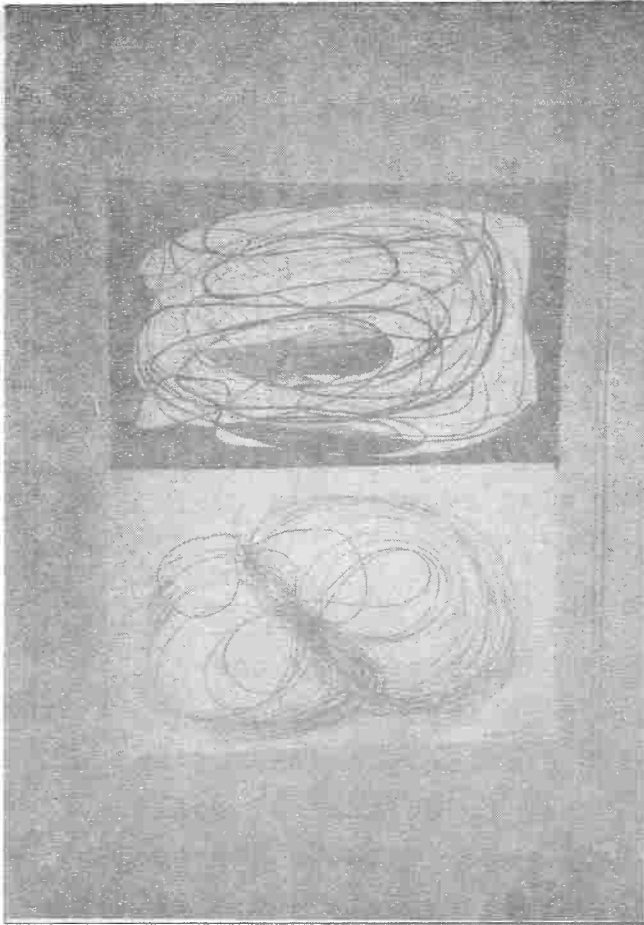
The morning group were instructed to write their name, age and numbers from 1-5 on an index card. At the end of the fifth week they were asked to repeat this instruction on the back of the same card. They were also required to do homework assignments every week.

Kathy Donavan                      AM                      Age 28

Kathy's writing on the index card was clear from the beginning but after a month she shows a relaxed signature and perfect numbers. Kathy's scribble drawing was done after the Lazy 8 exercise. It was hard for her to do and she could not complete the crossover but the last paper 8 shows improvement in connection. The scribble drawing was incomplete and a little tight. Her second week wet paper, three color fall foliage drawings (after 8's and Cook's position) shows concentration, good design and color applications. After the Zip Ups the third week Kathy's landscape drawing displays good color and value. The final week Kathy came to class crying and very upset over a lack of communication with her boyfriend. We did our usual exercises and I showed her how to concentrate with ESR and with the use of some positive applications she completed a beautiful Mandala to bring to her boyfriend. Afterwards her personality was cheerful and reversed.

Lynn Murray                      AM                      Age 28

Lynn printed her first name only before the study commenced. By the fifth week she added her last name. Her Lazy 8s were not crossed but her scribble drawing is great, good color, design and imagination. I love her second week's work after the Cook's position was added. There's definite flow and again good color and imagination. Lynn is known to have a short attention span. The first week she was jumping up and leaving



the room several times. By the second week she was more relaxed and showed improvement in this area. When we did the poster drawing Lynn was one of the students who was able to complete an upside down picture and do it well. This was the day that Zip Ups and ear massage was added. Again her retention was improved With ESR, her last week Mandala assignment held her concentration and she put alot of thought into it. Lynn's final Lazy 8s crossed the center line. In conclusion. I observed that Lynn settled down and this gave her added ability to concentrate, create flowing art work and she showed development in sticking to her assignment and following directions.

The P.M. Class is less coordinated and did not have homework assignments. I did not require them to rewrite their names and numbers the last week.

Tommy Pipitone - PM Age 35

After the first Lazy 8 drawing on paper and in the air Tom's design was integrated and has good color content. This progression with figure 8s and Cooks position made the next assignment with three colors and wet paper and ink an excellent example of Sue Macnofsky's right brain work with excercises from Educational Kinesiology. Again his assignment on October 17 with the addition of the zip ups and accupressure massages gave his paintings of the seals great depth. Adding ear massage and emotional stress release I find his Mandala had his own imaginative story as assigned I observed that for the first time he signed his first and last name. Tom was pleased with his art work.

## SOME NEW IDEAS IN MUSCLE TESTING AND ENERGY BALANCING

by

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In the process of integrating the various techniques we have learned from TFH (Touch for Health), E-K (Edu-Kinesthetics), ICAK (International College of Applied Kinesiology), and IIAP (International Institute of Applied Physiology) we have discovered some techniques that help to speed and improve the accuracy of the muscle testing and energy balancing. These include a fuller understanding of hypertonic muscle conditions, a short-cut for correcting central meridian reversal, and the concept of full electromagnetic balance.

### INDICATOR MUSCLE BALANCE

There are two basically different types of muscle testing. One is where a muscle is being tested to determine imbalances in physiology directly related to the muscle, as in a basic TFH 14-muscle balance (ref. 9). The other is where a muscle is being used as an indicator to determine yes-no answers to physiology imbalances that are not otherwise related to the muscle being tested. We have found that when, carrying out the latter type of muscle testing, it is important that the indicator muscle be in full balance, or homeostasis, and that the testor and testee BOTH be in full electromagnetic balance.

The muscle testing of individual isolated muscles from maximum contraction towards extension, as we learned in Touch for Health I, indicates a specific out of balance physiological condition related to that muscle and its related proprioception or to some underlying physiological imbalance that is related to that specific isolated muscle. We can usually correct it by using reflex points (neurolymphatic, neurovascular, etc.) or other physiology that is related specifically to that muscle.

When we use techniques involving indicator muscles and various indicator tests, such as finger mode tests, nutrition indication points, screening tests for electromagnetics, cranial faults, etc. (refs. 8, 11, 12 and 14), we are no longer directly testing physiologically induced imbalances; rather we are asking the testee's body something about its physiological condition and getting a yes-no answer. We will get the same answer from any isolated muscle used as an indicator, provided the muscle is in full balance or homeostasis.

The usual way in which to use an indicator muscle test is to test an isolated muscle from maximum contraction towards extension. Using standard terminology (Random House College Dictionary), we find five possible states for an isolated muscle being tested from maximum contraction towards extension:

1. Hypertonic (or frozen)
2. Homeostais (or in balance)
3. Hypotonic
4. Reactive
5. Flaccid (or paralyzed)

The easiest way in which to determine if a particular muscle is in balance is to use the "try - do my best" test we first learned from E-K (ref. 3, pages 7 to 9). The test goes like this: The muscle to be tested (usually we start with a deltoid muscle) is placed into test position (maximum contraction). The testor tells the testee to say, "I will do my best to hold my arm up", and then tests the muscle. Then the testor tells to the testee to say, "I will try to hold my arm up", and repeats the muscle test. With each test the muscle can test locked or unlocked. There are four possible results:

<u>"Do my best"</u>	<u>"Try"</u>	<u>Muscle condition</u>
1. locked	locked	hypertonic
2. locked	unlocked	in balance
3. unlocked	locked	in balance, but central meridian reversed
4. unlocked	unlocked	hypotonic, reactive, or flaccid

In case 4, if the muscle can be brought into balance by standard TFH balancing techniques, such as neurolymphatic or neurovascular reflex points, then the muscle was hypotonic. If this doesn't work, then the next thing to do is to check for "sneaky" reactive muscles as described in our paper on the subject (ref. 1). If the muscle is neither hypotonic nor reactive, then the muscle is flaccid. In this case you need to work with another muscle or use a surrogate. Correction of flaccid muscles involves balancing other muscles first until the flaccid muscle self-corrects or becomes correctable (see ref. 11 for examples).

#### HYPERTONIC MUSCLES

Hypertonic (or frozen) muscle conditions are frequently overlooked because the muscle tests strong in the clear. Often we find someone who is "untestable", that is, no matter what we do, that person's indicator muscle always tests strong, and we find ourselves stuck. But this is just a hypertonic muscle condition. Since people often carry their stress in their neck and shoulder muscles, it is quite common for shoulder muscles to be hypertonic. In fact one of our early techniques for balancing hypertonic muscles in the neck and shoulders was to give a sedating neck and shoulder massage, pushing the spindle cells together and the origin and insertion points apart for each muscle massaged.

A fast method for checking for hypertonic muscles, developed by ICAK, was shown to us by Dr. Sheldon C. Deal. First we test the particular muscle of concern in the usual way. If the muscle tests locked, we then know it is either in balance or hypertonic. Next we have the testee TL (therapy localize) their K27 point on the same side of their body as the muscle being tested. In other words the testee touches the appropriate K27 point with two fingers. (The use of two fingers provides an electrically neutral touch - ref. 11.) If the muscle now tests unlocked and relocks when the testee removes their fingers from the K27 point, the muscle is hypertonic. If the muscle tests locked in all cases, then it is in balance or homeostasis.

Richard Utt, founder of IIAP, teaches another way to test for hypertonic muscles, which he calls hypo frozen muscles (refs. 9 and 10). As with the ICAK technique, the isolated muscle of interest is first tested in the clear from maximum contraction towards extension. If the muscle tests locked, then the muscle is sedated and tested again. Typical sedation techniques include pushing apart at the origin and insertion points, pushing together at the spindle cells in the belly of the muscle, or using a magnet (ref. 11). If the muscle still tests

locked after sedation, the muscle is hypertonic. (Note: Rick Utt has a different terminology, using hypo to refer to testing from contraction towards extension and hyper to refer to testing from extension towards contraction.)

The basic ICAK technique for balancing hypertonic muscles, as shown to us by Dr. Deal, is to rub the neurolymphatic reflexes very deeply while simultaneously holding the neurovascular reflexes. This method is quite effective, but also can be quite painful.

Richard Utt teaches a number of techniques for balancing hypertonic (or in his terminology hypo frozen) muscles. His basic technique is PIT #1, or Proprioception Integration Technique #1 (refs. 10 and 11). He also teaches additional techniques based on balancing the underlying physiological imbalances creating the hypertonic muscle condition (refs. 11 and 12).

The muscle "lengthening" procedures developed by Dr. Paul E. Dennison are in effect another technique to correct hypertonic muscles (refs. 3 and 4). This works in a similar, but much more powerful manner as the simple sedating massage mentioned earlier.

Frank Mahoney has worked extensively with hypertonic muscles and has developed exciting new techniques for isolating and correcting these muscles (refs. 5 and 6).

Hypertonic muscles are different from reactive muscles. This is clear because the "strong" muscle in a reactive pair will respond to sedation unless it is also hypertonic. Recall that sedating the "strong" muscle is part of the standard TFH technique for correcting reactive muscle pairs (ref. 8). The possible confusion over this occurs because in some cases correcting a hypertonic muscle may also clear reactive muscle pairs and vice versa. This type of dependence is implicit in the concept of "priority" imbalances and "compensatory" unbalances (refs. 8 and 11).

A very simple technique for balancing hypertonic muscles is based on the observation that the meridian corresponding to a hypertonic muscle is also hypertonic. This can be confirmed by CH (challenging) the testee's meridian alarm point (that is, the testor touches the testee's meridian alarm point with two fingers) and finding that a balanced and previously locked indicator muscle now unlocks. We can correct the hypertonicity in the meridian by tapping the alarm point. We will then find that we have also corrected the hypertonic imbalance in the associated muscle. Thus we can correct a hypertonic deltoid muscle by simply tapping the lung alarm points, LU1. Although much less sophisticated than a number of the techniques referred to above, it will enable you to quickly balance the deltoid or whatever other muscle you wish to use as an indicator, when it is hypertonic.

#### CENTRAL MERIDIAN REVERSAL

We first learned about central meridian reversal from Dr. Paul Dennison in an Advanced Edu-Kinesthetics class held in Oct. 1983. The central meridian is associated with energy flow to the brain. What we find when central meridian reversal is present is that the body intuition seems to be reversed. Tests using an indicator muscle frequently give the opposite result. That is, the indicator muscle will test locked when the proper response is unlocked, and vice versa.



This is particularly evident in food testing where the indicator muscle will test locked in the presence of foods containing sugar, caffeine, and alcohol and unlocked in the presence of wholesome foods. However we cannot use food testing as a general test for central meridian reversal because in some cases the central meridian reversal is present only when the offending food or drug is present. Thus we can see that the intuition reversal associated with central meridian reversal has important implications in overall wellbeing of the individual involved.

A simple way to confirm the presence of central meridian reversal is as follows: Run the central meridian energy from lip to groin three times and test a balanced indicator muscle. Then run the central meridian energy from groin to lip three times and repeat the indicator muscle test. If the indicator is locked when running the meridian energy from lip to groin and unlocked when running the meridian energy from groin to lip, then central meridian reversal is present.

We normally prefer not to test in this way because we don't like to interfere with a person's normal central meridian energy flows. However the test is useful to show what is happening. We find the "try - do your best" test, described in the first section of this paper, to be a more satisfactory approach for ongoing clinical use.

The usual correction for central meridian reversal, as taught by E-K, is "Cook's Hookups" (refs. 3, 4, and 5). This is based on a technique originally introduced by Dr. Wayne Cook.

We have found a simple technique that seems to work just as well: have the testee visualize colors green and white for a few moments. A retest for central meridian reversal will show that the condition has been corrected. Another technique would be to imagine hearing well played grand master classical music such as a piece by Beethoven, but fewer people, especially children, are able to do this.

We came across the color visualization correction through the musical correction. We started with the observation that that imagining rock music would initiate central meridian reversal in an initially balanced individual and imagining a piece by Beethoven would correct it. We next observed that many rock music albums, not to mention the players themselves, were frequently decorated with demonic symbols, skull and crossed bones, dripping blood, etc. The predominant colors were red and black. We then discovered that having an initially balanced person visualize red and black would cause central meridian reversal in that person. The next step was to reverse the red and black combination (the opposite of red is green and the opposite of black is white) and find that visualizing these colors did indeed balance central meridian energy flow.

#### FULL ELECTROMAGNETIC BALANCE

Our third criteria for proper indicator muscle testing is that both the testee and the testor be in what we call "full electromagnetic balance". The test we use for this is the standard ICAK electromagnetics screening test (page 28, ref. 8). We perform this test on the testee by having either the testee or the testor place all five fingertips of one hand on the testee's torso and then testing the testee's indicator muscle. If the indicator muscle remains locked, the testee is in full electromagnetic balance. If the indicator muscle unlocks,

the testee is not in full electromagnetic balance.

The testor can then perform this same test on himself by touching the five fingertips of one hand to his torso and testing the testee's indicator muscle with his other hand. If the indicator muscle now unlocks, the testor is not in full electromagnetic balance. If it remains locked, the testor is in full electromagnetic balance. In this test, since the testor is touching the testee with the hand being used to test the indicator muscle, the testee is acting as a surrogate for the testor.

Actually the test just described is a screening test for a large group of electrical disturbances:

- Ionization
- Centering: hyoid, gait, cloacals
- Switching
- Cross-crawl
- Right-left brain integration
- Acupuncture
- Blood chemistry

We have found that, if any one of these items is out of balance, the indicator muscle test results may not be reliable. Switching is the most commonly encountered problem, but any one of these electrical disturbances can potentially cause a problem.

Frequently the testee or testor may flip out of full electromagnetic balance during a continuing muscle testing session. This can be due to confusion about the procedure, a prejudice on what the testing outcome should be, a food addiction, or anything else that places a stress on either the testee or the testor. So it is generally a good idea to recheck electromagnetic balance occasionally during a muscle testing session, especially if there is any reason to suspect the apparent test indications.

The key to achieving full electromagnetic balance is understanding that deeper level switching is always present when a person is not in full electromagnetic balance. Thus the problem with indicator muscle testing.

In a graphic sense switching occurs when there is a polarity reversal in the brain signaling circuits. This can happen in anyone of three directions, right-left, front-back, top-bottom, and each direction must be corrected individually. ICAK (page 33 ref. 8 and ref. 14), IIAP (ref. 13), and E-K (ref. 5) have slightly different, but equivalent ways to test for and correct switching. Our technique follows what we learned in E-K.

The screening test for switching is for the testor to test the testee's indicator muscle first with one hand, then with the other. If the indicator muscle is locked for the first test and unlocks for the second test, then either the testee or the testor is switched. If switching is present, the testor can immediately repeat the second test while touching his ESR (Emotional Stress Release) points with his other hand (page 119, ref. 9). If the testee's indicator muscle relocks, it is the testor that is switched.

When switching is present, we can determine which directions are out of balance by the following tests. Each time the testor tests the testee's

indicator muscle while two points are being touched, one by the testee and one by the testor:

Right-left: The testee touches their two K27 points while the testor places their hand over the testee's navel. Note: the kidney meridian governs right-left balance.

Front-back: The testee touches their coccyx, GV1, while the testor touches just above the testee's upper lip, GV26. Note: these are the two ends of the governing meridian, which governs front-back balance.

Top-bottom: The testee touches their pubic bone, CV2, while the testor touches just below the testee's lower lip, CV24. Note: these are the two ends of the central meridian, which governs top-bottom balance.

If the indicator muscle unlocks for any one of these tests, then switching is out in that direction. Switching can be out in one, two, or all three directions. The switching can be corrected by rubbing simultaneously the pairs of points that caused the indicator muscle to unlock.

For the next step we need one additional tool, which we call "signal lock". This technique was originated by Dr. Alan Beardall of ICAK, and its use has been taught widely by Gordon Stokes and Richard Utt, who call it "pause lock" (ref. 11). The basic idea is that whatever signal is going to the indicator muscle during a test, "lock" or "unlock", is held indefinitely after the test if the testee's legs are spread apart during the test and held apart after the test. In other words spreading the legs activates a mechanism that causes the signal going to the indicator muscle as a result of the test to be locked up after the test is completed until the legs are placed back together again. (The surrogate effect works with the signal lock mechanism; so actually either the testee or the testor, a surrogate, or any other person touching the testee during the test can do the leg spreading.)

Now let's do the following experiment. We select an indicator muscle, say the deltoid, and check it for balance. If necessary we correct it so that is in balance as described in the first part of this paper. We also correct central meridian reversal, if necessary, as described in the third part of the paper. Next we test for switching as described above and correct if present. Finally we test for full electromagnetic balance as described above by testing testee's indicator muscle while touching their torso with five fingertips.

If the testee is not in full electromagnetic balance, let us proceed to test for some of the specific electrical disturbances listed above and note the outcome. Let us also test cross-crawl and left-to-right reading and also homolateral-crawl and right-to-left reading. We will probably find that one or the other set of tests will cause the indicator muscle to unlock. Finally let us do the E-K test for location of language and gestalt hemispheres (ref. 5). In this test we will probably find that the indicator muscle unlocks on one side for the language hemisphere test and the other side for the gestalt hemisphere test.

Next we check to see if the testee's signal lock mechanism is working properly by having the testee spread their legs and testing their indicator muscle. If it remains locked, we know that their signal lock mechanism will

work. (If the indicator muscle unlocks, there are problems in the pelvic area which need to be fixed before signal lock can be used.)

Now we are ready to repeat the test for full electromagnetic balance and have the testee spread their legs again as their indicator muscle is tested. We can test the indicator muscle again, after removing the five fingers from the testee's torso, and find that the indicator is unlocked. This shows that the signal indicating that one or more electromagnetic conditions are out of balance is being held in signal lock.

We continue by testing the three directions of switching, right-left, front-back, and top-bottom, with the three two-point tests described above, while the testee continues to hold their legs apart. If the indicator muscle changes its state, that is relocks, that is an indication that switching is out of balance in that direction (ref. 11). We will find switching out of balance in at least one direction, if not more, despite the fact that switching was in balance before we locked in the full electromagnetic balance test signal. So what we have done is to bring up deeper levels of switching that were contributing to the lack of full electromagnetic balance. We balance whatever switching directions are out by rubbing the two test points as before, while the testee continues to hold their legs apart. After we have finished the switching corrections, we retest the indicator muscle and find that the indicator muscle is now locked. This shows that the switching corrections corrected the electrical disturbances and put the testee into full electromagnetic balance.

We can confirm this by repeating the five finger test and finding that the testee's indicator muscle now remains locked. We can go on and retest all the specific electrical disturbances that had been found to be out of balance before the correction and find that they are now all in balance. We can test cross-crawl and left-to-right reading and also homolateral-crawl and right-to-left reading. We will find that the testee's indicator muscle is locked to "all" four tests. When we repeat the brain hemisphere location tests, we will find the indicator muscles test locked on "both" sides for both tests.

Actually this somewhat surprising result answers a number of questions we had about right-left brain integration. We did not understand why we could only be "strong" to either cross-crawl or homolateral-crawl and "strong" to either left-to-right reading or right-to-left reading. We would think that with fully integrated brain hemispheres that it would make no difference. And we have just demonstrated how to balance a person so that it doesn't make a difference. Similarly the E-K test for determining hemispheric function location is based on the activated hemisphere switching off the inactive hemisphere, and thus it is not a surprise that the test fails to work when the brain is fully integrated by this correction procedure for full electromagnetic balance.

The E-K test for hemispheric function location typically shows a small percentage of people who apparently have the function locations reverse, i.e., gestalt function in the left hemisphere and language function in the right hemisphere (page 14, ref. 4). These same people must look to the right for cross-crawl correction and cross their legs in reverse order for Cook's Hookups. What we have found is that for these people, when we have the five finger test signal held in signal lock, they will be out of balance for at least two directions of switching, one of which will be right-left switching. If we correct the right-left switching only, release the signal lock by putting their legs together again, and retest for hemispheric function location, they will now

show a normal response with language in the left hemisphere and gestalt in the right hemisphere. Also the cross-crawl correction and Cook's Hookups will normalize. Now we can go back and complete the full electromagnetic balance procedure and achieve the results described in the preceding paragraphs. We believe that this result implies that most, if not all cases, where the hemispheric functions appear to be reversed, are simply due to uncorrected deeper level switching and not to an actual reversal of the brain physiology.

We believe that the full electromagnetic balance described above provides a deeper level of electromagnetic balance and right-left brain integration because all deeper levels of switching are balanced together in one stroke.

#### FIVE FINGER QUICK FIX

Actually it is quite easy to put yourself into full electromagnetic balance. We call the procedure the "five finger quick fix". Standing with your feet together, touch five fingers of one hand to your chest and then spread your legs while your fingers are touching your body. Continuing to stand with your legs apart, do the corrections for the three directions of switching. Place one hand over the navel and rub the two K27 points for right-left correction. Rub under the lower lip with one hand and rub the pubic bone ridge with the other for top-bottom correction. And rub just above the upper lip with one hand and the coccyx with the other for front-back correction. You are now in full electromagnetic balance. The basic idea behind this procedure is that doing all the corrections will be beneficial and will place you in full electromagnetic balance regardless of your state of balance before you started the procedure.

#### SUMMARY

We have found that, when doing any kind of muscle testing using an indicator muscle, it is important that the indicator muscles being used be in homeostasis and that both the testee and testor be in full electromagnetic balance. Thus we always start a muscle testing session with the following procedure:

1. Check for homeostasis with the "try - do my best" test" and correct as necessary. Possible corrections include hypertonic muscle, hypotonic muscle, sneaky reactive muscle, and reversed central meridian.
2. Check the testee for full electromagnetic balance. Correct with five finger quick fix if out of balance.
3. Check the testor for full electromagnetic balance and correct with five finger quick fix if necessary. (The testor can carry out this test by testing the testee's indicator muscle with one hand while touching the five fingers of the other hand to their own body.)
4. Continue with whatever additional muscle testing you wish to do.
5. Recheck testee and testor for full electromagnetic balance occasionally during the testing session, especially if the test results are suspect.

We teach the five finger quick fix to everyone we work with and urge them to use it several times a day at first, and especially when they feel that their energy is off. It also helps to follow this up with a few minutes of cross-crawl to strengthen the balance. It appears to be an excellent correction for lassitude, scattered energy, and other dyslexic symptoms.

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TOUCH FOR HEALTH VISITS THE SOVIET UNION

I just returned from the Soviet Union in my Touch For Health T-shirt . I was accompanied by Jean Bonde, another Touch For Health Instructor who is presently attending Acupuncture School in Maryland. This was a nursing study tour that focused on Cancer Care in the cities of Leningrad, Kiev, Minsk, and Moscow. We were fortunate to enjoy a Soviet Winter without dealing with snow or rain during our tour in March 1986.

It was evening when we arrived in Leningrad, We enjoyed a delicious dinner in our hotel -Hotel Pulkovskay - that overlooks Victory Square. Leningrad (formerly named St. Petersburg after Peter the Great) is the second largest city in the Soviet Union with approximately five million people but has only 25 days per year of clear skies. To brighten the city all the buildings and monuments are painted in colors of blue, red and yellow with white trim. Victory Square could be reached from our hotel by crossing underground (on many of the highways the pedestrian crosswalks are underground). The monument is to commemorate the 900 Day Seige in 1941-Hitler tried to destroy Leningrad and had cut all rail transportation - food shelters were bombed and the extremely cold weather killed more than a million people. There is a war museum within Victory Square and many eternal flames are present with classical music always playing in the background . In the Soviet Union it is the custom for brides, after the wedding ceremony, to bring flowers and leave them

at the monuments to honor Lenin and those that died during the war. In Leningrad one in four died during the war. The Heart of Leningrad is the Palace Square- the site of the former imperial residence, the Winter Palace. In the winter of 1905 "Bloody Sunday" took place in the courtyard where over 1,000 peaceful demonstrators were gunned down by soldiers. During the days of the October Revolution the Winter Palace was the temporary refuge of the Kerensky Government which was finally overthrown by the Bolsheviks. In the 1800's the Hermitage was added to the group of buildings and is divided into seven main sections containing exquisite works of art. When we visited Leningrad there was a flu epidemic so we were unable to visit their hospitals however they sent Professor I.V. Polyakov, M.D. to our hotel from the I.P. Pavlov Medical Institute of Leningrad to explain their health care system. We were told the average Soviet visits the doctor 13 times a year in the cities and 8 times in the rural areas. Preventative Health Care is obligatory and at least once a year, depending on your profession, a health check up is mandatory. This includes a chest x-ray, blood test, dental, eyes-ears, nose and throat check up. We were told health education is very important in the USSR. They use pamphlets and posters to keep people informed and several times a year a 35 minute television special on health education is shown. They emphasize diseases of the heart, lung and cancer. Many posters endorse no smoking, stop drinking, alcohol, etc. We were also informed that the average salary in the USSR is \$250 a month and usually both family members work. They have day care centers for children- although at the present time children start school at age 7 - Next September this will change to age 6. To encourage population



growth the state gives a \$100 bonus for the first child and \$150 bonus for the second and third child-however most families only have one child. Large families, apparently, are not popular. Pregnant women are given a year and a half maternity leave with full pay. Education is free and the Army is obligatory for men for 2 years- Navy is 3 years. The cost of a car is \$5,000 and there are long waiting lists - Although, in the large cities, the mass transportation system is very good and most people would prefer to save their money for vacation. There is a banking system - and depositors receive approximately 2% interest on their deposits. - Look out E.F.Hutton ! Here are some of their 'everyday' expenses -rent (2 bedroom apt) \$30, Electricity (winter) \$5, milk (1 quart) .25, Eggs(10) \$1.10, Potatoes (1kilo) .15, Meat (1 kilo), \$3, Fish (1 kilo) \$1.50, Bread (1 kilo) .15, Movie Theatre .75. Maybe after seeing these prices you can understand why we had potatoes, rice and cabbage at almost every meal - often served together. A note of interest to me was the fact that they served Pepsi (warm) - in most foreign countries that I have visited Coke is the familiar drink. The items we missed on the family dinner table were fruits and salads.

Our next city was Kiev - one of the 13 Hero Cities-given that distinction by the number of people who lost their lives in the War. Kiev is a very green city with over 300 parks and they say "185 bushes per citizen". Kiev is the third largest city in the USSR and capital of the Ukrainian Soviet Socialist Republic with a population of more than two million. It is an important industrial and cultural center and called the Breadbasket of the Soviet Union due to the rich soil. It was

in Kiev that I gave a demonstration on Touch for Health - We were told that Acupuncture is practiced in the Soviet Union. We found acupressure rollers while shopping in department stores. Our tour guide informed us they are all take exercise breaks at 11 A.M. every day. That includes the work place, schools and even those working on the tours. We noticed on the morning TV they had a daily ten minute exercise program. We discovered the Soviets generally do not celebrate Christmas but they celebrate New Years with a tree that is decorated and they place gifts under it.

The the next leg of our trip was to the city of Minsk instead of the quiet luxury of a jet aircraft that we were all accustomed to we were treated to the noisy vibrations of a twin engine propeller driven plane that gave us all an opportunity to use our emotional stress release points that we had learned in our Touch For Health Demonstration. After leaving the plane we noticed several large dogs walking off the aircraft with their owners - I questioned this and was told, "Yes, you could bring your pet on the plane with you if you purchased a ticket for them". Minsk is a totally rebuilt city. It was destroyed in WW II and we were told it took four years to clear the streets of the ruins. One person in two lost their life during the War. Minsk is the center of heavy and light industry -most of their cars are made here but they are proud to claim the manufacture of more than 100,000 tractors a year. Is it any wonder that their sister city is Detroit, Michigan ? Minsk is reconstructed with large open boulevards and a strong emphasis put on Sports. One of the places still standing after the war is a one-story house in which the Russian Social Democratic Workers Party held its

first Congress in 1898. Now it is a memorial museum surrounded by a small park with an artificial lake. When we were there people could be seen on the lake ice fishing. The museum is in two sections - the first contained documents of the social and economic position of Russia in the second half of the 19th century. The second section is the former home of P. Rumyantsev, in whose apartment the secret Congress sessions were held. Our tour guide was a member of the Communist Party and was open and receptive to the questions I asked. What percentage of the Soviet population belongs to the Communist Party? Only 6% of the Soviets belong to the Communist Party. The requirements to be a member is to be good at your profession (18 years of age but usually 25 years before joining), and have a good moral character. You are on probation for one year before you can become a member. The dues are approximately \$5 annually and you must be active or you will be dropped from the rolls. There are monthly meetings to attend and every four years a Party Congress meet in the Kremlin in Moscow. The Party determines the policies and the State administers the laws. Women makeup approximately 30% of the Party. Our guide mentioned that his wife was not a member nor her family but that his father had been a member. We noticed a chart indicating there are currently 19 million members, an increase of 2 million in the past five years. 400,000 were dropped from the party during that period.

If you compare the U.S. and the U.S.S.R. in surface area, the U.S.S.R. is more than twice as large. The U.S.A. is divided into 50 states while the U.S.S.R. has 15 republics. There are more than twice as many hospital

beds in the USSR as there are in the USA. Medical care is state controlled and is free to all citizens. The major health problems in the Soviet Union were identified as cardiovascular and oncological (heart and cancer).

We visited the Oncology Research and Medical Center in Minsk - They celebrated their 25th anniversary last year. This center has 900 beds and treats patients that have been previously diagnosed and sent here for specialized treatment. In the Soviet Union they do not tell the patient they have cancer - we asked, "Why?" and were told that they felt if patients knew they had cancer they would become depressed (that was the thinking in the USA over 30 years ago and maybe even less in some cases). This center is also a teaching hospital - with overhead viewing rooms above surgery units. The critical care center is built in a circular formation, similar to U.S. hospitals. However, skylights are over every bed. We watched nurses give back rubs with love and they even used a timer so everyone got the same treatment. Families are allowed to visit as often as they want - If death is near patients have a choice of remaining in the hospital or dying at home. Their hospitals main concern for terminal patients is that the patient should not have to suffer pain, they use many of the same therapies as we do such as chemotherapy, radiation and hyperthermia. We noticed in one of the large operating rooms that there were two operating tables - we were told that if a surgery was more extensive than originally planned they could operate on another - This would not happen in the USA because of the possibility of cross infection. During our question and answer period

we were told that nurses and doctors made the same salary - Nurses work a six hour day and have two days a week off. Their housing and uniforms were provided. They shared with us that there is no birth control in the Soviet Union and that women have an average of 15 abortions in a life time - this along with the problem of alcoholism adds to their high infant mortality rate. Gorbachev implemented new rulings on the sale of alcohol in October 1985. Only certain stores are permitted to sell alcoholic beverages from the hours of 2 pm to 7 pm and on only a few days of the week. This causes many long lines, as happens at many stores when only certain items are in stock. When attending a play or opera you may no longer purchase vodka - instead you see the patrons eating ice cream (that is very tasty).

Our last city is the heart and capital of the Soviet Union- Moscow. Holy Moscow was its name for centuries and is the administrative, legislative, educational and cultural capital of the USSR situated on the banks of the Moskva River. The Kremlin which means citadel (fortress) was first built of wood and now is mostly brick. It is one and a half miles in circumference-65 feet high and 10-20 feet thick. The nucleus of Moscow is the Kremlin and its Red Square. The walls are reinforced by 20 towers, five of which are gates - on top of the gates are five large revolving red stars (6 feet high) . The Red Square was known as the market place in the 15th century and became a ceremonial place in the 16th century and is used mostly today for military parades and celebrations and is resting place for Lenin. We stayed at the Hotel Rossia, just across the street from Red Square with a fabulous view of

St.Basil's. Our modern hotel could accomodate 6,000 people. While in Moscow we enjoyed a tour of their fantastic subway system - decorated in marble and at various stations had stained glass walls of their most famous composers, authors and artists. Another station would have mosaic tiles to recount various moments in history. In Moscow we visited the Polyclinic System. This one was built for the 1980 Olympics located across the street from the Olympic Village. Polyclinics are designed to provide services for approximately 50,000 people. In the USA we would call them outpatient clinics. The basis for building these clinics is a projected 1,300 visits per 10,000 population per week. It is anticipated that one physician will be able to provide service for approx.2,000 adults and 8,000 children. The Ministry of Health has worked out an urban ambulance service also federally subsidized, with units so located that they should never take longer than 20-30minutes to reach a patient. It is from these polyclinics that a patient is sent onto a hospital or specialist if one is needed. For long-term and continuing care or rehabilitation they have sanitoriums at restful locations.

One afternoon we had about two hours free time - a few of us decided to visit the zoo (always a good place to meet the people -families-of another country). While there I met a lady,named Olga, with a 4 year old daughter, Tanya. She spoke english and asked me after chatting awhile if I would bring something back to a friend of hers in the United States. We arranged a meeting the next day outside of my hotel. We tried to enter the lobby so we could continue our conversation but she was

refused entrance by the doorman - saying "she did not belong there". This was my first strong encounter that there was much control exercised and often we were not aware of it. Outside the hotel she gave me a little salt and pepper shaker to bring back and mail to her friend in Iowa. She gave me cookies, perfume, medals, and spoons for being so kind. The people are very hungry for reading material - every restaurant that we went into we were asked if we had anything they could read. One of our tour guides told us she had over 3,000 books in her personal library. We were surprised when visiting the largest department store GUM in Moscow - that although decorately with grandeur - they really just had stall-like areas to sell their goods. Their goods were priced higher for the Soviet citizens and the quality lower than prices that visitors paid at foreign currency stores - Beryozkas for tourists.

During one of our lunches at the Hotel Rossia I noticed several gentlemen with many medals on their suits. I asked our guide if she would arrange for me to be photographed with them. They were pleased and they asked me "to tell the American people, when I returned home that the Soviet People want peace on earth." I came home from the Soviet Union realizing how fortunate we in America are - not to have suffered a war (recently) on our land - the Soviets have and lost much - they don't want to live through this again - I agree with the posters I read - PEACE IS THE COMMON WILL OF ALL PEOPLE !

# A Meridian Memory System

## by John Varun Maguire

This paper describes an active imagination, whole brain approach to memorizing information on the meridians used in Touch for Health. It uses key words and associations for the order of the meridians, their placement on the Five Element Chart, their location on the body, and the location of the pulse and alarm points. Many of these ideas were contributed by Dan Duffy, D.C. and David Walther, D.C., who have made a tremendous contribution to making life a lot easier for those wishing to master this knowledge.

The Touch for Health Instructor can be creative with presenting this material by having the students see, hear, say and act out the information to increase the sensory impact and thus improve recall. The key here is to be outrageous and have fun!

Have people stand in a circle, each representing an element or meridian, and pass a ball around in the direction of the Superficial, Sheng or Ko Cycles. The group says the name of the meridian or element that catches the ball. Another idea is to have them pour water into each others cups in the order of one of the cycles and then have one person stop pouring, representing an energy block. This demonstrates what happens in the case of over/under energy. Also helpful is to have them draw the meridians, alarm and pulse points and five element chart on blank diagrams to establish what they know. Use the TFH Workbook (pages 21-23, 38, 47, 51-53, and 60) and the TFH/5 Element Re-balancing Chart as aids.

Make up your own associations and memory keys that work for you and have your students do the same. Have everyone share at the end of the session what they've found to be most effective in keying in the information.



## PLACEMENT OF THE MERIDIANS ON THE BODY & THE FIVE ELEMENT CHART

### YIN MERIDIANS & ORGANS

**YIN** is the **feminine**, receptive aspect of energy. **Yin is in:** inside of the knee, the arm and the circle (the Five Element Chart). "Mother Earth" grows up towards "Father in Heaven"; therefore, **yin meridians travel up** the front of the body, from the feet to the chest and from the chest to the fingers. Remember that the arms are raised over the head in the anatomical position used in this system (see pages 18 and 19 of the TFH book). Note that yin meridians either begin or end on the chest, which is more developed in women. **Yin organs work all of the time** and are generally solid; a man's work is from sun to sun, but a woman's work is never done.

The **SPLEEN** is like a cave (**EARTH**) where blood cells are stored and is like a burial ground where old red blood cells are filtered out of the blood. The pancreas is also associated with this meridian. To trace the meridian, begin at the big toe, go posterior to the ankle bone and up the inside of the knee and thigh. Moving up the torso lateral to the nipple, go to the shoulder and then drop down the rib cage to just below the level of the nipple on the side of the chest.

The **LUNG**, when toxic, can produce a **METAL** smelling breath. The meridian runs from below the shoulder on the chest, up the inside of the arm to the thumbnail.

The **KIDNEY** filters **WATER** out of the blood. The meridian starts under the foot (the feet are considered by some to be the third kidney), makes a loop behind the medial ankle bone and goes up the back of the inside of the leg (the kidney lies in the back of the abdomen, so it is the most posterior of the yin meridians on the leg). It travels up the abdomen just off the midline, flares out an inch at the chest and goes up to the clavicular sternal junction (K27).

The **LIVER** secretes bile which is green, the color of ripe **WOOD**. The meridian starts on the lateral side of the big toe, moves posterior to the medial ankle bone and comes up the middle of the inside of the leg (between kidney and spleen). It then runs out to the eleventh rib and moves up and in to the medial aspect of the 8th rib (the liver alarm point).

The **HEART** is red like **FIRE**. Trace the meridian from the armpit up the inside of the arm, to the inside corner of the little fingernail.

**CIRCULATION/SEX** makes one hot like **FIRE**. The meridian runs from the nipple, up the middle of the inside of the arm to the middle fingernail (from tip of the chest to tip of the fingers).

Look at pages 18 & 19 in The Touch for Health Book as you study this.  
See pages 16 & 125 for anatomical landmarks.

## YANG MERIDIANS AND ORGANS

**YANG** is the **masculine**, active aspect of energy. **Yang is out**: outside of the knee, the arm and the circle (the Five Element Chart). **Yang meridians travel down** the body; "Father Heaven" shines down on "Mother Earth". They go down the back of the arms and the back (men's backs are more developed than women's) except for the stomach and gall bladder meridians, which go outside of the knee. Note that yang meridians either begin or end on the head. **Yang organs work periodically** (a man's work is from sun to sun) and are generally hollow (ie. the digestive organs).

Associate the **STOMACH** with the gut which is **EARTHY**. The meridian starts under the eye, goes down to the jaw, then loops out and up over the eye and down the face. It moves down along the outside of the Adam's apple, out to the midpoint of the clavicle, then drops straight down inside of the nipple and curves in an inch. It travels straight down to the pubic bone, then moves down the lateral, front part of the thigh and goes down the leg between the tibia and fibula. It ends on the lateral part of the second toenail ('stomach' and 'second' both begin with 's'). Note that the meridian goes through the associated muscles - pectoralis major clavicular and the anterior neck flexors.

When the **LARGE INTESTINE** is constipated it becomes heavy like **METAL**. Trace the meridian from the medial corner of the index fingernail, down the outside of the arm, up the neck to just lateral to the nose.

The **BLADDER** holds **WATER**. The longest meridian starts at the inside of the eye, goes up and back over the skull and straight down the back (forming the sides of a ladder) along the transverse processes of the vertebrae (which form the rungs of a ladder) to the sacroiliac joint. It moves up and in on the sacrum and then follows the gluteal fold down and out to its midline. It begins again at T2 and goes down and out to the medial border of the scapula. It travels straight down the back through the point it ended on the gluteal fold, down the midline of the hamstrings and slants laterally to the outside of the back of the knee. It moves in to the middle of the back of the knee, then goes down between the gastrocnemius muscles to the outside of the foot and to the little toenail.

The **GALL BLADDER** holds bile which is green, the color of ripe **WOOD**. To remember this meridian think "**eye see the Man in the moon over my shoulder four toeday**". This meridian starts on the outside of the eye and goes down and back in front of the ear, then up to the hair line where it makes a circle forward and moves back down to just above the ear. It then loops back over and down around the ear, thus far completing the shape of an 'M' for Man. It makes a crescent moon loop up and forward to the hair line, then travels back down behind that loop and goes down the back of the neck and over the shoulder (around the deltoid). It curves forward to the rib line (alarm point GB 24) then down and back to the iliac crest of the pelvis. It then moves straight down the outside of the thigh and shin and ends on the fourth toe (four toeday).

The **SMALL INTESTINE** is in the center of a pot belly. Think of the pot being over the **FIRE**. This meridian runs from the lateral corner of the little finger nail to the scapula, makes a 'V' and runs up to the ear. To differentiate this meridian from the large intestine, think of it relating to the small (little) finger and the ear (the small opening on the head) as opposed to the large intestine, which is related to a larger (index) finger and a larger opening on the head (the nose).

The **TRIPLE WARMER** is obviously associated with **FIRE**. To remember the course of the meridian think of a triple ring. It starts on the lateral corner of the nail of the ring finger and travels up the back of the arm to the point where a pierced earring would be placed. Then it makes a ring back around the ear and ends at a point lateral to the eye brow.

The **CENTRAL** and **GOVERNING** meridians are exit or storage meridians and are not considered to be yin or yang, or related to an element. The Central Meridian runs from the pubic bone up the "center" of the body, under the chin to just below the lower lip. The Governing Meridian travels from the tail bone, up the spine (think that to govern, one needs to have "back bone"), over the top of the head and down the face to the center of the upper lip.

## ALARM POINTS

See page 122 in the TFH Book for a picture of the points.

The Lung alarm point is at the beginning of the **Lung** meridian (**LU 1**) and over the upper corner of the Lung.

Use the memory key "**Circulate Heart Strong**" to remember the points on the midline (the central meridian) for **Circulation/sex** (**CV 17**; level with the nipples), **Heart** (**CV 14**; the tip of the xiphoid process) and **Stomach** (**CV 12**; halfway between the xiphoid process and the umbilicus).

"**Three Small Buttons**" will help you recall **Triple Warmer** (**CV 5**), **Small Intestines** (**CV 4**) and **Bladder** (**CV 3**), which equally divide the space between the umbilicus and the pubic bone.

The gall bladder is tucked under a flap of the liver so remember that the **Gall Bladder** alarm point (**GB 24**) is underneath **Liver** alarm point (**LV 14**- the end of the liver meridian). The points are located over the organs and the contralateral spots on the left.

The **Large Intestine** alarm points (**ST 25**) are just lateral to the navel near where the large intestine is.

The points for **Spleen** (**LV 13**) and **Kidney** (**GB 25**) are at the tips of the 11th and 12th ribs. The kidney is located at the level of the 12 rib and T 12. It is the most posterior of the abdominal organs and alarm points.

June 25, 1986

Dear Mary,

Congratulations on your choice to enroll in the Touch for Health Workshop!

I have received your deposit of \$25 and have reserved your space in the seminar being held on July 26 & 27. Your balance due the day of the workshop is \$75.

The workshop will be held at the Ohio College of Massotherapy located at 1016 Kenmore Blvd. Akron, OH 44314. Their phone number is 216/745-6170, should you need to call the morning of the workshop. A map is on the registration form that you received earlier. Free parking is available in the 15th St. parking lot.

Please plan to arrive between 9:30 and 9:45 A.M. to handle registration before the event. The seminar will begin promptly at 10:00 A.M. and end sometime around 5:30 P.M. both Saturday and Sunday.

Bring a light lunch, a pen and a three-ring notebook. Handouts will be provided. Feel free to dress casually and comfortably.

The program agenda for the seminar will include artful muscle testing, various massage techniques to balance the muscles and acupuncture meridians, food sensitivity testing, an emotional stress release technique, movements to increase your energy and ability to concentrate, and more.

You will find it helpful to familiarize yourself with the material by reading pages 6 - 30 in the Touch for Health book. Cut out the tabs in the book to make it easier to find the pages for each of the fourteen muscles we will cover in the Touch for Health I Workshop. If you don't have the book yet, let me know and I will get one to you.

I know you will enjoy the workshop, and that you will find great value in learning the Touch for Health system of natural health. If you need further assistance or have any questions, please call me at 216/384-9555.

I look forward to seeing you Saturday, July 26!

Warm Regards,

July 28, 1986

Dear Mary,

I trust that after completing the TFH course you share with me my excitement for this wonderful approach to health care. Like any seed that has been planted it needs proper nourishment and care to grow and bare fruit.

I encourage you to integrate the techniques you've learned into your lifestyle. Review what we covered and think about how and when each area could be useful, both with yourself and with your family and friends.

Here are some things to remember:

- 1) The innate intelligence that runs the body is connected to the universal intelligence that runs the world and we are each plugged into the universal intelligence through the nervous system.
- 2) All things in nature seek balance. Our lifestyles often create physical, chemical and emotional stressors that take us out of balance. Touch for Health brings us back into balance to promote our well-being and vitality.

Things which help to create and maintain balance:

- |   |                                  |
|---|----------------------------------|
| A. The 14 muscle test and balancing     | E. Running your meridians        |
| B. Cross-crawl technique                | F. Emotional stress release      |
| C. Avoiding foods that you test weak on | G. Loving and accepting yourself |

Remember that you can balance the muscles and meridians several ways. Neuro-lymphatic points are most often needed. Neuro-vascular holding points are especially helpful in people who are thin skinned and those who are experiencing a lot of emotional stress. Some find the meridian stroking to have a powerful effect. In cases of strained or overworked muscles, origin/insertion technique is often beneficial.

To advance your knowledge and skill of Touch for Health, as well as enhance your own health, I encourage you to both come to the practice sessions and get together with a partner at least twice a month. If you don't use it you lose it. The next practice session is Thursday, July 31, 7:30-9:45 P.M. at the Ohio College. Touch for Health II is September 12-14. You will learn additional muscle tests along with a working knowledge of the acupuncture meridian system including how to give a meridian massage, five element theory, short cuts for balancing and acupressure to relieve pain. Also included will be an advanced emotional stress release procedure.

If you have any questions or would like to share any wins from using TFH, please contact me at 216/384-9555. I'm looking forward to seeing you soon!

Health & wisdom,

# TOUCH FOR HEALTH EVALUATION

NAME \_\_\_\_\_ PHONE (H) \_\_\_\_\_

ADDRESS \_\_\_\_\_ PHONE (W) \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_ AGE \_\_\_\_\_

COURSE TITLE \_\_\_\_\_ LOCATION \_\_\_\_\_ DATE \_\_\_\_\_

Please give us your comments on each of the following including suggestions for improvement:  
(use the back of the sheet if necessary)

1. Teaching methods      2. Classroom environment      3. What you liked most about the class  
4. What you liked least      5. What were the most valuable things you learned?      6. How you will  
use what you learned (be specific)      7. Additional comments and suggestions

[illegible]

YES, I AM INTERESTED IN INFORMATION ABOUT THE FOLLOWING:

1.      TFH II  
2.      TFH III  
3.      PRACTICE SESSIONS  
4.      Educational Kinesiology  
5.      How to become a TFH Instructor  
6.      Other

I WOULD LIKE MY FRIENDS LISTED BELOW TO KNOW ABOUT UPCOMING WORKSHOPS:

NAME \_\_\_\_\_ PHONE \_\_\_\_\_

ADDRESS \_\_\_\_\_ ZIP \_\_\_\_\_

NAME \_\_\_\_\_ PHONE \_\_\_\_\_

ADDRESS \_\_\_\_\_ ZIP \_\_\_\_\_

NAME \_\_\_\_\_ PHONE \_\_\_\_\_

ADDRESS \_\_\_\_\_ ZIP \_\_\_\_\_

TEN GET-TOGETHER  
(TFH E-K Network)

by

Joy Lindsey

Eleven Southern Californians and one Aussie gathered at my home in January for (1) a special welcome to Gillian Buckingham of Brisbane, Australia who was here for a month; (2) share progress on E-K/TFH work in school systems as well as educational programs in other institutions; (3) for a scrumptious pot-luck lunch; and (4) just because we enjoy the magnetic energy of each other's company.

In a nutshell, here are the seeds we are all planting.

Joseph Luptowitz (Palm Springs, Ca.), who did his masters thesis on, "Water therapy for Remediation of Psychiatric Disorders", coached a rock bottom Banning, Ca. swim team, with poor self-image, to League Champions using Touch for Health, relaxation and guided imagery geared to create self-esteem and the I-can-do-it attitude for sports and life.

Candace Luptowitz, Joseph's wife and also a teacher, is teaming with him this year in a new project at St. John's School for Boys. At this incarceration facility for boys 14 to 18 years of age, they will be using many of the same balancing techniques with these kids, most of whom have serious learning and self-image problems.

We have two studies in progress using Educational Kinesiology. (Represented at this get-together, I know there are others.) One by Gillian Buckingham, who was released from her regular teaching assignment to do this study for the North Brisbane School District (Queensland, Australia) under the guidance of Regional Director, John Dwyer. The other is by Ji (Guruchiter) Khalsa of Pomona, Ca. for her master's thesis at California State Polytechnic University, Pomona.

The contrast of these two studies was interesting and enlightening.

The purpose of Gillian's study was, "to ascertain whether or not E-K techniques could be of use within the Primary Education System in Queensland to help children who were not achieving well academically, although they seemed to have the required intellectual capacity. The study was based on an 8 week trial of E-K techniques using before and after testing on word recognition, oral reading (comprehension and speed), silent reading, spelling, oral and written expression and physical skills. The Regional Director was not interested in a double-blind study as he felt the classroom variables too numerous to control.

Ji's study, on the other hand, is "multi-blind" following all the criterion for experimental design that is required in university research. Being a Sensory Motor Integration Specialist, her thesis - now accepted, is Measuring the Effect of E-K on Static Balance of Learning Disabled.

Anyone doing or planning on doing a study might like to request these tapes (at cost) as the discussion on the two types of studies - problems and direction - is quite thorough.

Tarzana, Ca.,

I, Joy Lindsey, continue to do Basic E-K Classes for parents in Los Angeles Unified School District and was able to video tape my 8 hour class this year due to a grant received by another teacher to expand technology in the schools. I also had a chance to work with inner city high school students for the first time and hope to work with teachers in the same school this fall.

Judy Levin, of Canoga Park, Ca. and also of Los Angeles Unified School District, is a substitute teacher who shares TFH and E-K with Resource Specialist Teachers as she goes from school to school. She is now moving toward presenting the idea to personnel development staff who train the Resource Specialist Teachers. (These teachers bring children with learning problems into their classroom for special tutoring.)



Marilyn Lugaro of Huntington Beach, Ca. is now on staff at the Christian Counseling Center at Schuller's Crystal Cathedral in Garden Grove as an E-K Instructor. She works at the academy there with K to 8, as well as, teachers. They send the difficult children to her. Marilyn is also director of Alive - a suicide prevention and education corporation for teenagers, and recently she flowed to Chino State Men's Prison where she is starting a new program there.

She uses E-K successfully in all this work. Perhaps I should mention here that we all started with a Basic Class!

Ann Boyle and Jenny Righetti, both of Chino, Ca., are another exciting team. Ann reported on the work they were doing in a Catholic School where they took an unruly fifth grade class and frustrated teacher to a happy, organized, learning environment which had "improved 150%" according to the teacher who also claims that the E-K techniques in the classroom have "saved her life". (See TEN material # 10 for a five page report on this.)

Jenny, a Mental Health Nursing Teacher, reported on the work they have started at House of Ruth Shelter with abused women and children. She expressed her frustration at working with such a transitory population, but as a result has created a new concept of a Family Switch-On. More immediate support of E-K techniques within the family unit.

Maria Anthony of Granada Hills, Ca. is a trained Waldorf teacher. Though not teaching at present she has been making in roads on a one to one, word of mouth basis at that school.

We were lucky to catch Dr. Paul and Gail Dennison between airplanes. They had just finished work in Florida with a Montessori School where they were able to work with extremely supportive administration, students, teachers and parents. What an ideal situation! They were also recently at Murietta Hot Springs here in California where there is a school for children of all staff. And, of course,

we heard about Vision Training, the Brain Gym Book, E-K for Kids in Spanish and other languages and the up and coming Australian Tour, which I understand, at this late writing from my sources down under, was quite successful.

Paul presented Gillian with her E-K Instructor Certificate - a lovely ending followed by our pot-luck lunch and lots of conversation!

Marilyn had said earlier, "If nothing more goes on today we can at least encourage each other to keep on doing what we are doing." What is going on is very powerful - we all felt that! And as Joseph said, "It's the right time to do the right thing." There truly was a sense of timing that everyone was aware of.

But we all need to be patted on the back every so often, and there's not always a John Thie or a Paul Dennison to do it. We don't need expensive speakers and we don't need \$25.00 luncheons. Just a livingroom, pot-luck and our-caring-sharing-selves. One member of our group felt she wasn't making any progress. (As we all feel perhaps half of the time.) The way everyone jumped in to support her and ensure her that she was on the right track was very moving!

The love and support we can create by networking in this way is very effective. Try it. You'll like it!

Love and light,

For the year

BY: Patti Steurer-Lenk  
(and Colleen Carroll)

Right from the start Educational Kinesiology allows a person to create a positive shift or change in a specific area of their life. E-K is task specific and each person knows where the discomfort exists in their life....reading, personal relationships, writing, balancing the check book, sports, speaking in front of a group, etc. By setting a goal to create what you desire, E-K allows the composite being (body, mind, emotion and spirit) to easily and effortlessly MOVE towards integration to accomplish that goal. This is EDUCATION THROUGH MOVEMENT.

When first teaching E-K For Kids you recognize that each part of the workshop is a complete step toward body/mind integration. Dennison Laterality Repatterning and switching-on the eyes, ears and writing all bring life transforming results when used separately. It is desirable to use all these techniques together and balance for a goal. The E-K For Kids Wonder Balance manifested out of this desire. (See Wonder Balance sheet, page 3) This balance is done completely in the Laterality Dimension. This is the side-to-side dimension which makes the midline a bridge and integrates the left and right sides of the body and brain. When balance exists in this dimension the person is able to work in the midfield to accomplish the goal.

When teaching the E-K For Kids class all aspects of the material are presented separately. First, teach the Clearing Techniques. If your students remember nothing else but these 3 tools for balance of meridian reversal, polarity switch and sub-clinical dehydration, they will go home with invaluable information. The workshop continues smoothly when the students learn Dennison Laterality Repatterning next. Moving from homolaterality to integrated whole body/brain movement is a major transition for many people. Isn't it magical and fun to watch the changes take place!!! Switch-on the eyes for crossing the midline, then the ears and finally writing. What takes place in each of these sections is clearly indicated on the Wonder Balance sheet (page 3). Each section is a balance within itself. In each section educate your students to understand what it means to integrate whole body movement, eyes, ears and writing for crossing the midline. The students experience all sections separately to know the power of the Laterality Dimension.

Now put it all together to balance for a GOAL.

Teaching your class how to set a goal is easy. Everyone is ready to get started after you demonstrate the WONDER BALANCE to the class. Follow the balance sheet and teach the students how to determine they have chosen the best goal by muscle testing these three statements.

1. This is the best goal.
2. There is more to add to this goal.
3. This body is willing to balance for this goal now.

Continue to determine section by section where the body needs to correct to balance for this goal. EDUCATE AS YOU GO, constantly relating to the goal the ways in which side-to-side integration will be of benefit. You can easily determine which sections of the balance the body needs to work with by muscle testing the non-verbal tests (X and parallel lines, eyes in all four directions, ears by turning the head to each side and writing).

Follow the WONDER BALANCE sheet step by step and in the end the person will be testing strong for the GOAL!!!! The balance is powerful, effective, lots of fun and gets results. YOU WILL LOVE IT!!!!

Use this balance to introduce a person to Educational Kinesiology. It is quick and creates the desire to know more about E-K. This is a great balance to use for the mother of a child you need to spend more time with. Balance the mother first with the WONDER BALANCE and she will relax while you work with the child. The graduate of the E-K For Kids workshop now has a tool that brings results when balancing for a goal. Remember that all aspects of the E-K For Kids workshop can be used separately for great results. Put them all together into this WONDER BALANCE and have fun!!!

The E-K For Kids Wonder Balance has come together after growth and change over the past year while teaching throughout the United States. We would like to recognize and appreciate the following people for their contribution: Paul and Gail Dennison, Pam Curlee, George Lenk, Glenda Fletchall, Kathryn Ryan, Rose and Tim Harrow, and Dorothy Carroll Lenk.

After experiencing such great success with the E-K For Kids Wonder Balance it was natural to put the E-K Basic II information into a similar form. It worked!!! The E-K II X-SPAN BALANCE BLOSSOMED!!! Please read the following paper by Colleen Carroll (and Patti Steurer-Lenk) for more information.

(As of the Fall 1986 Colleen and Patti plan to offer a one day workshop for Advanced E-K Graduates on "Effective and Creative Teaching of E-K For Kids and E-K Basic II". This will cover in depth these balances as well as many other useful techniques and tools for teaching. Contact Colleen and Patti to set up the workshop in your area.)

USE THIS BALANCE AND ENJOY!!!!!!

## E-K FOR KIDS WONDER BALANCE

<u>CLEARING</u>	(non-verbal test)	(correction)
	Meridian Reversal - zip up	Cook's Hook-up
	Polarity Switch - muscle test	Brain Buttons
	with each	
	hand in quick	
	succession	
	Dehydration - extend a tuft of	Water
	hair	

GOAL: \_\_\_\_\_

STATE: This is the best goal. (Strong muscle test)  
There is more to add to this goal. (Switched-off)  
This body is willing to balance for this goal now. (Strong)

### DENNISON LATERALITY REPATTERNING

(Crossing the midline for whole body movement.)

#### Pre-tests

Cross Crawl  
Homolateral Crawl  
Think of an X  
Think of II (parallel) lines

State: This body is ready (willing) for repatterning.

#### Correction

Dennison Laterality Repatterning - See handout for details

#### Post-tests

Same as the pre-tests, used now for anchoring the desired experience.

EYES - Crossing the midline for seeing and reading

#### Pre-tests

Read Out Loud - muscle test  
Eyes - up down side side/muscle test right after reading  
Tracking - muscle test after 20 repetitions  
After Tracking Eyes - up down side side/muscle test  
(be creative and think of your own pre-tests)  
Hold the Book - muscle test  
Think about Reading - muscle test

State: This body is ready (willing) to achieve further integration for reading.

#### Correction

Lazy 8's - each hand separately and then both together  
Brain Buttons - massage points under collar bone with other hand on navel  
Earth Buttons - hold above the pubic bone and under bottom lip  
Space Buttons - hold the tail bone and above top lip  
Balance Buttons - hold behind the ear and navel/switch sides  
Neck Rolls - head forward side to side/head back side to side

#### Post-tests

Same as the pre-tests, used now for anchoring the desired experience

EARS - Crossing the midline for listening and memory

Pre-tests

Read - check ears by turning the head all the way to the right/  
muscle test. Then to the left/muscle test.

Spelling - spell a word/muscle test. Spell/check ears.

Think about math, spelling, remembering, etc. - muscle test

Do some math problems - muscle test

(be creative and think of your own pre-tests)

Remember what you wore last Sunday - muscle test

State: This body is ready (willing) to achieve further integration for  
listening and memory.

Correction:

The Elephant - Lazy 8's for the ears. Put the ear on the shoulder  
and make a lazy 8 looking down the arm and past the hand

The Owl - Squeeze the shoulder muscles while turning the head

Thinking Cap - Unfold the flap of the ears and massage all around ear

Post-tests

Same as the pre-tests, used now for anchoring the desired experience

---

WRITING - Crossing the midline for writing

Pre-tests

Write on the board - My name is \_\_\_\_\_ and I love to write. OR

My name is \_\_\_\_\_ and \_\_\_\_\_ (goal) \_\_\_\_\_.

(muscle test after writing on the board or paper)

State: This body is ready (willing) to achieve further integration for  
writing.

Correction

Lazy 8's - on the board with each hand individually and the both  
together

Alphabet - Make all the letters of the alphabet in lower case print-  
ing on the correct side of the midline

Yawn - YAWN and massage all tight or sore places in and around the jaw

Post-tests

Same as the pre-tests, used now for anchoring the desired experience

---

CHECK ALL NON-VERBAL TESTS:

Think of an X/muscle test

Think of II (parallel) lines/muscle test

Eyes - up down side side/muscle test

Ears - turn head right and then left/muscle test

Write your name/muscle test

(All these non-verbal tests are now strong. If not, repeat corrections.)

RESTATE THE GOAL:

State: This body is integrated for \_\_\_\_\_ (goal) \_\_\_\_\_./muscle test

Have the person state the goal in a positive, present tense state-  
ment. I am \_\_\_\_\_ (goal) \_\_\_\_\_./muscle test

STATE: This body needs Brain Gym for this goal.

(Check Brain Gym exercises needed to further integrate the goal. Have

the person do these exercises on a regular basis for three weeks minimum.)

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THIS E-K FOR KIDS WONDER BALANCE IS COMPLETE!!!!

## Educational Kinesiology Basic II X-SPAN BALANCE

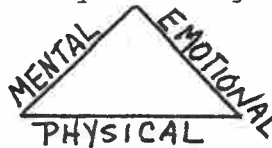
BY: Colleen Carroll  
(and Patti Steurer-Lenk)

The X-SPAN BALANCE adds more taste and depth by introducing two new dimensions. To be Centered and Focused are two concepts that many strive for in context of "getting one's self and life together". Understanding all aspects of these two dimensions in relationship to our goal brings clarity and insight.

Following the easy outline for the E-K II X-SPAN BALANCE, begin with the Clearing Techniques. Use the non-verbal tests for meridian reversal, polarity switch and sub-clinical dehydration. This is an excellent way to establish the rapport of muscle testing as a response to our brain's higher wisdom.

Once cleared you are ready to explore and establish the best goal. Test the person while they are thinking, doing or saying the goal. This will bring a switched-off muscle response. Then put the goal in a positive statement and establish that the body is willing to balance for the goal now.

Mental Fitness Energy follows by testing the thymus to gauge how this goal effects the total state.



Now you can check the three dimensions with specific muscle tests to indicate if they are effected by the goal. Explore and educate about the concerns of each dimension.

Robots (supraspinatus) takes us into the Laterality Dimension. This relates to the right/left brain hemispheres and right/left sides of the body and one's ability to cross the midline, to work in the midfield. Working with the concept of the X, both brains switch-on and go beyond the compensation and struggle of parallel lines (II). Also, identify switched-off reading (eyes), memory (ears) and writing, as it relates to the goal. (It is in this Laterality Dimension that the entire E-K For Kids Wonder Balance takes place.)

The Centering Dimension is tested with the Swimmers (Pectoralis Major Clavicular). The integration of top-to-bottom and bottom-to-top brings a sense of grounding. The ability to organize information and internalize its meaning brings us to an overall co-ordinated and centered state.

Penguins (Latissimus Dorsi) muscle test indicates how the Focus Dimension is being effected. The front-to-back and back-to-front view relates both to the brain and the body. Using the idea of a plumb line on the side of the body we can view whether we hold ourselves back of the line (underfocused) or to far forward (over-focused). Either effects our posture, resulting in an ineffective cerebro-spinal pump action which takes the energy up the back of the body to cool and nourish the brain.

After educating about these dimensions in relationship to the goal, ask the body where to begin. The body's unique priority system directs you through muscle testing to the best dimension to begin the correction process in. Our MENU offers the correction techniques. We ask the body by category - Brain Gym or Repatterning - to find the appropriate arena to work in. Then delve into that box asking the body for the specific movement. Continue to do the correction techniques according to the body's priority system until that dimension is "clear" and the muscle indicator (Robots, Swimmers or Penguins) tests strong. The MENU is the same and repeated for all of the dimensions.

The key to this simple and effective E-K II X-SPAN BALANCE is the education of the dimensions and how they relate to the goal. The person's composite being relates to these details; directs the correction process accordingly; removes all blocks to experience balance; and embraces the changes that bring fulfillment of the goal!!!!

Conclude with the restatement and affirmation of the goal, anchored with a positive muscle test. Note the Mental Fitness Energy change and ask the body what Brain Gym will reinforce balance for the goal on a daily basis.

This E-K II X-SPAN BALANCE has many creative applications. Use it as a way to introduce someone to E-K when you have just a short amount of time. The balance demonstrates technique, allows for personal experience, gets results, creates the desire for more and spreads the news. Use the E-K II X-SPAN BALANCE with children. It doesn't take as long and the kids love it. As an E-K consultant you now have three different balances to use with your students. You can ask the body through muscle testing which balance would be the best for the person at that time - WONDER BALANCE, X-SPAN BALANCE, or ADVANCED BALANCE. This is great flexibility!!!

The E-K II X-SPAN BALANCE has come together after growth and change over the past year while teaching throughout the United States. We would like to recognize and appreciate the following people for their contribution: Paul and Gail Dennison and George Lenk.

(As of the Fall 1986 Colleen and Patti plan to offer a one day workshop for Advanced E-K Graduates on "Effective and Creative Teaching of E-K For Kids and E-K Basic II". This will cover in depth these balances as well as many other useful techniques and tools for teaching. Contact Colleen and Patti to set up the workshop in your area.)

USE THIS BALANCE AND ENJOY!!!!!!



# EDUCATIONAL KINESIOLOGY BASIC II X-SPAN BALANCE

## CLEARING:

Meridian Reversal  
Polarity Switch  
Dehydration

Cook's Hook-up  
Brain Buttons  
Water

## GOAL:

STATE: This is the best goal.

There is more to add to this goal.

This body is willing to balance for this goal now.

"This body needs....."

MENTAL FITNESS ENERGY: before /40 after /40

## LATERALITY DIMENSION

### ROBOTS

(Supraspinatus)

Educate about left and right body and brain integration.

Reading/eyes - eyes/up down side side  
read  
track and check eyes after tracking  
look at 4 sides of page  
page to board/board to page  
columns

Memory/ears - turn head side then to other side  
read/check ears after reading  
spelling, math, remembering, etc.

Writing - write on the board or on paper  
think of the alphabet/write letters

Whole body integration - check X and II lines

Correction: Check Menu

Retest Robots

## CENTERING DIMENSION

### SWIMMERS

(Pectoralis Major Clavicular)

Educate about top to bottom/bottom to top integration.

Pre-tests: Walk/muscle test  
"Test"/muscle test

Correction: Check Menu

Retest Swimmers

## FOCUS DIMENSION

### PENGUINS

(Latissimus Dorsi)

Educate about front to back/back to front integration

Pre-tests: Check Cerebro-Spinal Pump  
(back of knees, sacrum & occiput)

Correction: Check Menu

Retest Penguins

## RESTATE THE GOAL

## RETEST MFE

STATE: This body needs Brain Gym for this goal.

## MENU

### BRAIN GYM

#### Midline Movements:

Cross Crawl  
Cross Crawl Sit-ups  
Lazy 8's (eyes/ears/&  
writing)  
Neck Rolls  
Belly Breathing  
Cobra  
Rocker

#### Energy Exercises

Brain Buttons  
Earth Buttons  
Space Buttons  
Balance Buttons  
Thinking Cap  
Yawn  
Water

#### Lengthening Exercises

The Owl  
Arm Extension  
Calf Extension  
Hamstring Extension  
Psoas Extension  
Foot Flex

#### Deepening Attitudes

Cook's Hook-up  
Positive Points  
Affirmation (goal)  
Music  
(some combination)

### REPATTERNING

Dennison Laterality  
Repatterning

Homolateral Muscle  
Correction

Ask the body:

"This process is complete."  
(after each correction takes  
place)  
"Something else."

## ELECTROMAGNETIC KINESIOLOGY

Presents

YOUR 'FIVE' BODIES AND HOW THE ENERGY SWITCHES BACK AND FORTH BETWEEN THEM

And

HOW OUR BODY'S ENERGY FIELDS CAN AFFECT TESTING ACCURACY

by Nancy Dougherty

Electromagnetic Kinesiology is the name we have given to muscle testing which is done in conjunction with spinning the body's energy fields. For background information on the body's spins, please refer to last year's presentation at the Annual Meeting entitled, "What's New with Short Cut Expanded Reactive Muscle Corrections," written up in the 1985 International Journal of Touch For Health.

During the past year our teacher has been the body and it's energy fields; and Electromagnetic Kinesiology has been the tool that allowed us to communicate at a newer, deeper level. There have been many lessons, some easy to understand and some which caused us quite a bit of hard work before we were able to comprehend what was happening. A few of these still need to have the WHY completely confirmed.

It has all been extremely interesting and has been especially beneficial to many of those who have been on the low end of the energy scale and were still seeking out something further as an answer to their continuing problems.

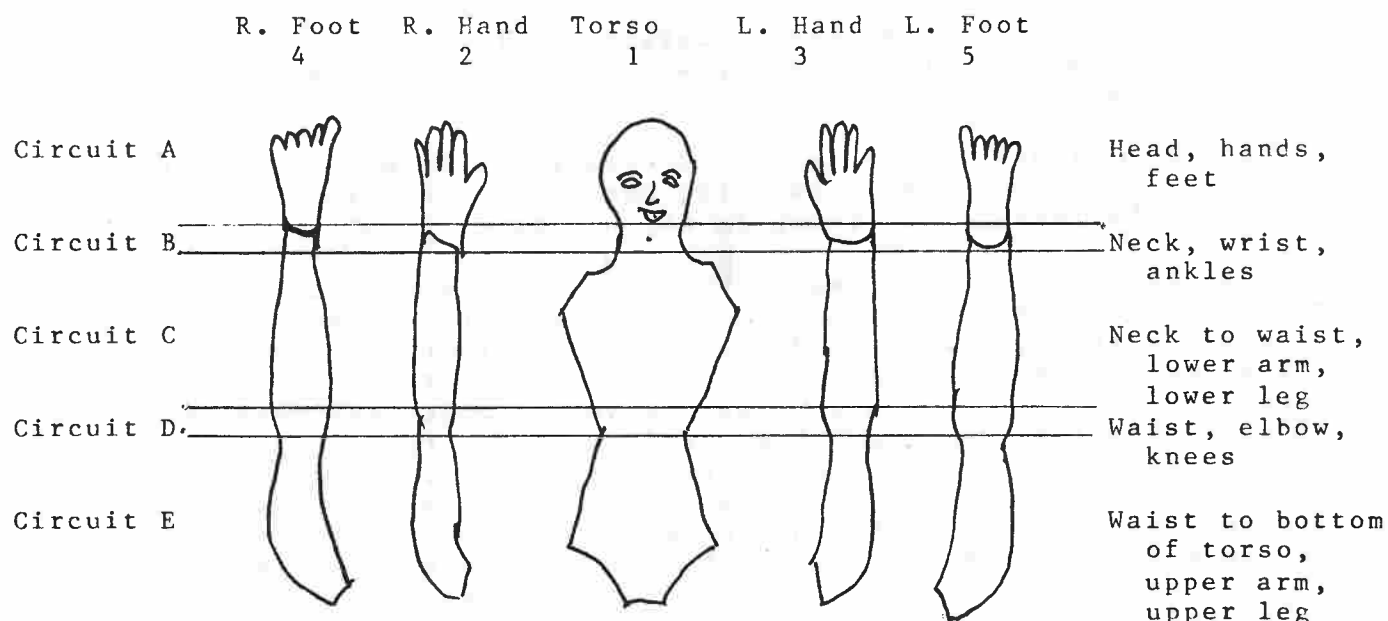
Two of the discoveries of the year that we think most people would find especially interesting and beneficial will be discussed in this paper.

YOUR 'FIVE' BODIES AND HOW THE ENERGY SWITCHES BACK AND FORTH BETWEEN THEM

One of the discoveries was that, as far as energy is concerned, our physical body is really made up of five "bodies" as shown in Figure 1. Each body contains many different energy circuits, but all of the bodies seem to contain the same identical energy circuits and each of these should run on its own power. However, sometimes if a specific circuit is low in energy, a muscle or area needing energy may not be able to get it from its own energy source. It will then steal energy from an identical area in one or more of the other bodies. When this stealing takes place, the energy switches back and forth from body to body and can make a muscle test seem strong when in reality the muscle is a problem.

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Figure 1. THE FIVE BODIES



Horizontal and Vertical "body" switchings seem to occur first. When a circuit gets overloaded with these, a Diagonal energy switching occurs and when this is present, it must be corrected first.

Horizontal and Vertical "body" switching can be detected by pressing the ends of the Governing and Central Meridians, C 1, C 24, GV 1, and GV 27. A Diagonal energy switching can be detected by pressing on the Pineal Pulse, which is intermediate pressure at the site of the Large Intestine and Lung pulses on the right wrist. Another way to find out if energy switching is going on is to ask the question "I want to be sick". If the muscle tests strong, energy switching is present.

For example, one way to determine if there is energy switching on the center neck flexors would be as follows:

1. Test neck flexors and, if necessary, balance with accupressure.
2. Test the strong neck flexor again while putting pressure on GV 27. If weak, point left foot down (gastrocnemius testing position) so ankle is in the same position as the neck in the neck flexor test (bottom of foot energy is identical to the face energy). Repeat this test again. If the ankle in this position makes the GV 27 test strong, this ankle muscle is what must be corrected before GV 27 will test strong.
3. Test neck flexor again while pressing on GV 1. If weak, bend left wrist into neck flexor position (palm of hand energy is identical to face energy). Repeat this test again and if this wrist muscle in position makes the GV 1 test strong, this wrist muscle must be corrected before GV 1 will test strong.

4. Test neck flexor again while pressing on C 24. If weak, bend right ankle into neck flexor position and this should make the test strong. If it does, correct the right ankle.
5. Test neck flexor again while pressing on C 1. If weak, put right wrist in neck flexor position and retest. If test is now strong, correct the right wrist.
6. Test neck flexor again while pressing on Pineal Pulse. If weak, put each of the above ankle and wrist muscles in position and whichever one causes the test to be strong is the one to do FIRST.

The previous example uses a muscle but you may test a specific area for energy switching. Let's say we have a person with an unbalanced energy in Circuit A (head, hands, and feet). This person uses their feet to walk to your testing table and lays down. Their feet test strong when pressing on them and testing through a strong truthful latissimus dorsi muscle (this is because the feet have just been used in walking and have demanded a large share of the energy in the problem circuit). You can press on the left foot and pause lock this pressure into the body. The switching tests would show involvement with the other foot, hands, and head. Unlock the pause lock and put pressure on the hands. The hands might both test weak. Put pressure on the head and it might test strong and is stealing energy. In this case we know the strong feet and head are getting their energy from the weak hands.

The energy switches around and we can watch it shift. We can put energy into the hands by moving them around or rubbing them vigorously. The energy in this circuit would have shifted again so that retesting would show hands strong, head weak, left foot strong, and right foot weak. Wiggle the right foot to draw energy into it and the shift would show feet strong, right hand weak, left hand strong, and head weak. Rub the head and the energy shift would now show feet strong, head strong and hands weak. Now the body energy would be right back where it started before we shifted the energy.

The most difficult kind of switching to detect and correct is what we call Pineal Switching. This is a diagonal switching and seems to be a last resort effort to draw energy before the whole circuit goes totally weak. In this type of switching the right hand would draw energy from the left foot or the left side of the head. There could be two Pineal Pulse switchings in the circuit and the left side of the head could also be drawing energy from either the right hand or the right foot. The feet and left hand might also be involved in vertical or horizontal switching. The more switching there is going on in the body on any or all of the circuits, the lower the person's energy level and the more severe the physical symptoms seem to be.

By locking in the different parts of the bodies we were able to find many of the corresponding parts in the other "bodies." A few examples are as follows:

1. The palms of the hand and arch area in the foot are related to the inside of the mouth energy.
2. The area across the knuckles on the inside of the hand and the joints on the balls of the bottom of the foot are connected to eye energy.

3. The area across the knuckles on the outside of the hand and the joints on the top of the foot where the toes begin are the same as the ear energy.
4. The brain areas seem to be identical to the finger and toe energy and more specifically to each joint.
5. The energy along the insides of the torso along the midline corresponds to the energy on the insides of the legs and arms. (Great for urinary tract energy, etc.).

Some of you may find that when you take this body switching into account and check out all five areas of the correction you are making, your corrections will be more accurate and longer lasting. For example, a lung energy may not correct sufficiently until you have dealt with the lung energy in the arms and legs. In a circuit in trouble, the energy will go where the demand is and it moves quickly. By understanding this five "body" switching system we have been able to zero in on the priority and raise our success rate.

To correct muscles and areas which are involved in energy switching so that they can run on their own energy requires thorough reactive muscle (or reactive area) corrections. This means that the corrected muscles (or area) should not cause reactives or be reactive. You can also use the Electromagnetic corrections to eliminate reactives. When an area is completely corrected it usually will not be weakened by foods, thoughts, other muscles and most environmental substances.

#### HOW OUR BODY'S ENERGY FIELDS CAN AFFECT TESTING ACCURACY

The body's energy fields are both negative and positive and these energies can be detected by testing a strong muscle and spinning the energy fields. (Pg. 31, July 1985 International Journal of T.F.H.). When a person's energy is O.K., it stays in and around them almost as a protective shield and does not affect others.

People whose energy is not O.K. emit negative and/or positive energy at the various areas around them that are out of balance. We can detect where the imbalance is by pointing a negative or positive finger in towards the body and testing a strong muscle. One or more of the electromagnetic spins around these people will not be going in the correct direction. A lung energy imbalance once caused a man to loose energy that was detectable up to 14 feet away from his upper back.

If a tester has low energy, it could affect the testee and keep a correction from taking by drawing out the testee's energy as fast as it is being raised. Likewise the testee can draw energy from the tester and after a correction, it will look like the correction took but in reality as soon as the tester's hand and body move away from the testee's area, the testee will return to a weakened state. Both the testee and tester have to be checked out after a correction to make sure this is not happening.

Anyone else in the testing area can draw or emit energies that will affect the result of the testing and correcting. If they are to remain in

the area, they must be corrected or counteracted.

Counteracting is something one can do to allow the magnetic spins to return to normal and keep the energy in the body. We like to counteract with colors and jewelery until the permanent corrections can be completed. Black onyx is negative and yellow jade is positive but if you use jewelery, be careful to adjust the amounts needed as the energy fields return to normal. The tester should not wear the colors or jewelery in close proximity to the testee because energy can be drawn in by the testee and the test could falsely look strong. This is the reason we usually wear white when testing.

Body counteracting is something else to watch out for. We have learned to have great respect for the subconscious. It is always trying to put energy into the body.

If a child sleeps with its arms above the head and we test surrogately, the child will test strong. If we lower the arms out of the anterior serratus or deltoid areas, the child will usually test weak. This type of body counteracting goes on all of the time with people. It is why a hyperactive child must move. It is also why other people have their favorite positions or body habits. While we are doing corrections, we want the body to be in its weakest state with all of the reactives showing up on the switchboard as reversed spins so they can be corrected. However, if there is body counteracting going on, the spins will be temporarily returned to normal and the correction will be missed. Since counteracting causes a weak muscle to remain strong, watch carefully for it. Some things to watch for are: 1. Holding the breath; 2. Clenching the teeth; 3. Wiggling the fingers and toes; 4. Keeping the eyes in certain positions; 5. Hearing sounds; 6. Sucking on the tongue or lips; 7. Breathing; 8. Putting the body in a different position as soon as you have pause locked in a weak muscle or area.

The tester, because of close proximity and having their energy hooked up to the testee by touching, may find themselves doing the counteracting. It has happened many times that while testing I might find myself in an unusual position. I might pause lock a weak muscle on the testee for a correction and when I check to see if it is locked in, the muscle will test strong instead of weak. I may discover that I am counteracting unconsciously by holding my left arm behind my back or I may be standing on one foot with my other leg in a hamstring or sartorius position. If I move my arm to my side and stand on both feet, the testee will now be weak in the pause lock. Be suspicious if you find yourself wanting to put your body into a strange position.

We started out years ago on our long search to find the answers for our hyperactive children only to learn that hyperactivity was just their way of counteracting their lowered body energy. We have arrived at the present time where correcting the muscles and areas of weakness to the body's electromagnetic spins eliminates energy imbalances and the desire to counteract by wiggling around, or sleeping with arms up, or being whiny and grouchy. We have been blessed.

ARE YOU SURE THAT'S CROSS-CRAWL?

Time For Another Look!

By

FRANK MAHONY

HYPERTON-X Total Body/Mind Integration

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OBJECTIVE: TO BETTER UNDERSTAND, IDENTIFY, AND UTILIZE CROSS-CRAWL.

TO BETTER UNDERSTAND, IDENTIFY, AND UTILIZE HOMO-LATERAL CRAWL.

TO BETTER UNDERSTAND WHY ONE SHOULD TEST STRONG ON BOTH HOMO-LATERAL AND CROSS-CRAWL MOVEMENT, AND THE RELATIONSHIP TO TOTAL BODY/MIND INTEGRATION.

TO BETTER UNDERSTAND HOW THE DIAPHRAGM IS RELATED TO TOTAL BODY/MIND INTEGRATION AND ITS EFFECT ON CROSS-CRAWL HOMOLATERAL INTEGRATION.

TO DEMONSTRATE THE EFFECT OF THE ABOVE ON LEARNING AND PHYSICAL ACTIVITY, I.E., SPORTS, RUNNING, MUSIC, ET AL.

DEMONSTRATION WILL INVOLVE GROUPS OF THREE TO FIVE TAKING TURNS AS EVALUATOR, EVALUATEE, AND OBSERVER.

EVALUATION WILL INCLUDE MUSCLE TESTING USING AN INDICATOR MUSCLE, TESTING IM BEFORE AND AFTER HOMOLATERAL AND CROSS-CRAWL, TESTING AND CLEARING THE DIAPHRAGM OF HYPERTONUS, COMPARISON OF RESULTS RELATED TO H/L AND C/CRAWL BEFORE AND AFTER CLEARING THE DIAPHRAGM. HOMOLATERAL AND CROSS-CRAWL INTEGRATION. OPTIONAL TESTS RELATIVE TO LEARNING ORGANIZATION, TIME PERMITTING.

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CROSS-CRAWL OR NOT CROSS-CRAWL? THAT IS THE QUESTION!

In my HYPERTON-X program, one of the most valuable tools in evaluating body/mind integration is homolateral and cross-crawl marching. It, or more accurately they, have also proven beyond value in determining how one is organized, and in enhancing body/mind integration after correction. As I progressed in developing HYPERTON-X I became

increasingly more observant in "reading the body" for signs of disorganization. One way to get an indication regarding organization is to simply ask the individual to MARCH IN PLACE and observe their marching pattern. The first movement made is usually an important organizational clue. For instance, the OBVIOUS INDICATORS for one who is homolaterally dominant include very little if any arm movement, or the arms will move ipsilaterally with the legs, i.e., the left arm and leg move forward at the same time on one half of the march cycle, and the right arm and leg will move forward on the other half of the cycle. As noted, these are the OBVIOUS INDICATORS for homolaterality. It has been my experience that unconsciously the body is quite innovative in masking homolaterality, and that much of what appears to be cross-crawl is in fact a modified homolateral pattern. That is why it is necessary to have the individual march in place, rather than walk, as in walking a great deal of "masking" may take place as the body goes through elaborate accommodations to perform the task required as best it can. REMEMBER, THE BODY ALWAYS WANTS TO BE STRONG, AND WILL GO TO GREAT LENGTHS TO BE SO!

#### CROSS-CRAWL DEFINED

Pure cross-crawl movement requires the arms to "SWING FREELY" from the shoulder contralaterally with the opposite leg, i.e., right arm and left leg move forward on one half of the cross-crawl cycle, and left arm and right leg move forward on the other half of the cycle. The HEAD should sit squarely on the shoulders with virtually no side to side movement. In other words, the face should remain parallel to the plane towards which it is moving. The UPPER TORSO should be relaxed, free from rigidity, with minimal rotation. The KNEES should rise straight up and should not cross the centerline of the body. This entire movement pattern should be a relaxed, free-flowing movement, free from stress.

FOR CROSS-CRAWL EVALUATION, have the individual MARCH IN PLACE, with the OPPOSITE HAND TOUCHING THE OPPOSITE KNEE. This innovation is very important as it is a more definitive Cross-crawl movement rather than raising the arm over head. This allows too many opportunities for the body to create accommodations that may mask cross-crawl deficiencies. In other words, it harder for the body to "cheat" when the hand/arm is given a precise synchronized task to perform. Observe carefully for the following indicators:

Did the person have to pause and "think" about how to do it, or did he start right in?

Is the movement smooth? Jerky? Uncoordinated? Stressful?

\* Is the head straight on the shoulders, or moving side to side? Cocked forward or to one side?



Are the arms swinging freely from the shoulders, or are the shoulders locked, rocking forward with the arms?

Are the arms hanging straight down, or locked to the body with little or no movement?

Are the arms fairly straight at the elbows, or are the elbows bent, the arms rigidly moving?

Are the arms locked at the side with only the forearms moving forward?

Are the legs moving across the body in an exaggerated manner?

Is the torso relaxed and upright, or leaning or bending forward in an exaggerated manner?

Does the person tire quickly? Feel dis-oreintated? Dizzy? Anxious? Stressed? Other discomforts?

On the back swing, are the arms swinging back freely, or are they "brought" back stiffly?

These are observations to be made in order to determine if one, is in fact, cross-crawling. I am sure you will find as I have that there is a lot of movement that has the APPEARANCE OF CROSS-CRAWL, BUT IN REALITY IS NOT. Consequently, many of the evaluations of the past were not totally accurate in my opinion. Therefore, it is time to do some re-evaluating.

Q. SHOULD WE TEST STRONG ON CROSS-CRAWL AND WEAK ON HOMOLATERAL CRAWL, OR VISA VERSA?

A.....NONE OF THE ABOVE! Based on my experience one SHOULD TEST STRONG ON BOTH HOMOLATERAL AND CROSS-CRAWL ACTIVITIES!

I reached this conclusion after working with some gifted athletes and high academic achievers, all of whom had the same organizational characteristics, testing strong on both activities. This was very enlightening and quite contrary to the accepted belief that one should test strong only on cross-crawl. This caused me to re-think the entire concept, which didn't take very long. The evidence was both compelling and obvious, as was my conclusion! WHY SHOULD WE TEST WEAK ON ANY ACTIVITY? Subsequent results on an ongoing basis have been consistent with this concept in case after case, and has proven to my satisfaction that this is the correct path on which to trod.

Q....HOW MANY CROSS-CRAWL ACTIVITIES DO WE PERFORM? I can only think of two...Walking and Running!

Q....HOW MANY HOMOLATERAL ACTIVITIES DO WE PERFORM? ....COUNTLESS!

THEREFORE, IT IS MY CONTENTION THAT WE DO NOT HAVE TOTAL BODY/MIND INTEGRATION, AND THEREFORE PROPER MENTAL/PHYSICAL ORGANIZATION AS WE WERE MEANT TO HAVE, UNLESS WE TEST STRONG FOR ALL ACTIVITIES, WHICH INCLUDES BOTH HOMOLATERAL AND CROSS-CRAWL!

#### THE HOMOLATERAL VS CROSS-CRAWL POSITION.

The popular concept is, as I interpret it, if we test strong on homolateral activity and weak on cross-crawl, we are improperly organized. To correct this we convert to testing strong on cross-crawl and weak on homolateral. Therefore, we are stating that if we test strong in one modality but weak on the other we have disorganization. If we transpose these results, are we not trading one disorganization for another? I believe so!. It has been my experience that if "CORRECTIONS" in organization are to have LASTING RESULTS, the corrections MUST INCLUDE RE-ORGANIZATION THAT INCLUDES TESTING STRONG IN BOTH ACTIVITIES! Without this, total integration is not complete.

#### EVALUATION AND CORRECTION.

Break into groups of at least three, but no more than five. Take turns as the evaluator, evaluatee, and observer.

1. Select and Indicator Muscle, (IM) such as the deltoid, and be sure it is strong in the clear.
2. Ask the person being evaluated to "MARCH IN PLACE!" SAY NOTHING MORE! Make observations as noted above. TEST IM. Circle result.

Weak Strong

3. Ask the person to "MARCH IN PLACE TOUCHING KNEE ON SAME SIDE OF BODY!" i.e. Right hand to right knee, left hand to left knee. TEST IM.

Weak Strong

4. "MARCH IN PLACE TOUCHING OPPOSITE KNEE!" Left hand to right knee, right hand to left knee. (Cross-crawl) Use list above for observations. TEST IM.

Weak Strong

If cross-crawl did not meet the requirements above, give the person corrective directions, e.g., "Swing the arms freely". "Keep your head from rotating," etc. Demonstrate, or hold the head

in a fixed position from behind. Stand behind and swing their arms for them to give them the feeling. You may have to have them start moving the legs and then you move the arms for them, again from the rear. After you are satisfied that an accurate Cross-crawl was accomplished, TEST IM.

Weak                      Strong

#### OPTIONAL EVALUATIONS TIME PERMITTING.

AURICULAR. Cover each ear, one at a time, and test IM.  
Circle if Weak.

Left Ear                      Right Ear

VISUAL INHIBITION. Move eyes and test IM for each position.  
Circle if Weak.

Up                      Down                      Left                      Right

READING ALOUD. Test IM while reading in both directions.  
Circle if Weak.

Left to Right                      Right to Left

#### DIAPHRAGM CORRECTION. \*\*

Have subject lie on back and inhale deeply, using primarily the abdominal muscles. At maximum inspiration, evaluator applies firm pressure with one or both hands on the abdomen, just below the rib cage for five to eight seconds. Repeat three times. RETEST ABOVE RESULTS AND COMPARE. If subject tests weak on either Cross-Crawl or Homolateral, have him rock on sacrum for thirty seconds. However, other hypertonic muscles may be involved. If subject is strong on all tests, proceed to:

#### HOMOLATERAL-CROSS CRAWL INTEGRATION.

Direct subject to Cross-crawl-march in place. After approximately ten repetitions of pure C-C, say, "CHANGE!" The subject then changes to Homolateral WITHOUT STOPPING! LEGS ARE TO KEEP MOVING as hands make the transition. After approximately ten repetitions "CHANGE" back to C-C. Gradually shorten the number of repetitions to three or four. Then have the subject close the eyes and continue as before for up to one minute. Closing the eyes brings the activity into the forebrain and enhances the integration process. This may be a bit awkward at first, but after a few days the pattern will become very smooth. TEST IM.

\*

The involvement of the head position in the gait mechanism has been somewhat overlooked. If we picture the face as a flat surface, or plane, this plane wants to maintain a fixed and parallel relationship to the plane of the direction it is moving toward, as if we are moving perpendicular toward a wall. This head-on-body position is maintained through the synergistic relationship between the sternocleido-mastoid and upper trapezius, and is also involved with the visual righting reflexes, and the labyrinthine and tonic neck reflexes, all of which are greatly involved with body/mind integration and organization.

\*\*

#### WHY THE DIAPHRAGM?

I found that the diaphragm to be the muscle most often involved in body/mind integration, as well as the emotions. As I developed my HYPERTON-X priority system using the alarm points, the diaphragm was consistently the priority in almost every case. And if the diaphragm was not THE priority, it was often involved in the balancing process. Consequently, for the sake of illustration of its broad effect and involvement in our over-all well being it is being highlighted here. HENCE THE MAHONY DIAPHRAGM CORRECTION. Perhaps the diaphragm has been given little attention in the AK/TFH community because of its inaccessibility. Ergo, not knowing how to test it, correct it, or deal with it, resulted in it being ignored. Until I developed my HYPERTON-X evaluation and correction there probably was no way to deal with the diaphragm. Also, the Mahony Diaphragm Correction is very effective in correcting psuedo-hiatal hernia in a very non-intrusive and pain free manner.

To better realize the importance of the diaphragm in body/mind integration and the emotions, one need only to take notice of how it is constructed, its innate involvement in our survival, and its role and involvement during trauma and crises.

It literally divides, or connects the upper and lower halves of the body, attached to the front, sides and backbone. IT IS our respiratory system. It is profoundly involved in our emotions; crying, laughing, gasping in fright or for breath! The descending aortic artery to the lower body and material exiting the stomach to the intestines passes through it. All our vital organs, heart, stomach, lungs, kidneys, intestines, etc, are in close proximity. Is it any wonder then that the diaphragm is often found to be vitally involved in our TOTAL BODY/MIND INTEGRATION? And if it is out of balance?..... Work with it and make your own judgements. I have made mine!

###

FRANK MAHONY, creator of HYPERTON-X, Total Body/Mind Integration, is also a Touch For Health Instructor. In September, 1982 he became director of the Burbank Office of The Valley Remedial Group founded by Dr. Paul Dennison, creator of Edu-Kinesthetics. Mahony assisted Dennison in E-K workshops in Burbank, San Diego and Berlin, and several of Mahony's innovations regarding Cerebral Spinal Fluid, Mahony Self Correction, and Cross-Crawl are included in E-K curriculum. Mahony serves as a Learning Consultant to the Valley West Chiropractic Group, has his own private practice, and served as an informal advisor to the Santa Monica Puma Energizer Track Club working with several nationally ranked track athletes preparing for the 1984 Olympic Trials. Mahony has been invited to be a guest lecturer at the Cleveland Chiropractic School in Los Angeles relative to his work with children and learning disorders. Frank has conducted HYPERTON-X workshops in GERMANY, HOLLAND, ENGLAND, CANADA, and in California at SANTA MONICA COLLEGE, CHAPMAN COLLEGE-ANAHEIM, BURBANK, PASADENA-TOUCH FOR HEALTH FOUNDATION, AND EL SEGUNDO. ALSO PORTLAND-OREGON, AND BELLINGHAM-WASHINGTON. Future workshops will include GENEVA-SWITZ., SCOTLAND, FINLAND, NEW ZEALAND, AUSTRALIA, and SAN FRANCISCO.

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## ENERGY FLOW BALANCING - A DEMONSTRATION

Jimmy Scott, Ph.D.

Health Kinesiology Institute

The material discussed here is extracted from two of my books, Improve Dyslexia, Learning Disorders, and Sensory Dysfunctions in Minutes, and Relieve Emotional Distress and Phobias in Minutes, both to be released in 1987.

Energy Flow Balancing is the collective name of several Health Kinesiology techniques which are especially related to sensory and cognitive functions. Three simple methods alone allow the correction of about 95% of all dyslexic energy disturbances, without the need for complex procedures, homework exercises, re-strengthening processes, or the like. Two of these will be demonstrated - Sensory Energy Disturbance correction and Cognitive-Sensory Integration.

Whenever energy corrections are performed, a sequence of five steps is involved. Explicit awareness of these steps helps understanding of the process.

1. BALANCE the meridian energy of the person.

You must always begin with the meridians energy balanced in order to assure reliable and accurate testing.

2. STIMULATE the function to be tested.

Whatever energy disturbance occurs from some item must be triggered by exposure to that item. Only then can you determine what needs to be done to balance the energy in the face of the unbalancing stimulus.

3. IDENTIFY the energy circuits disturbed by that item exposure.

In order to know which corrections to do, it is necessary to know which circuits, or meridians, are being disturbed. Usually touch localizing (TL) is adequate. What is TL'ed depends on the nature of the stimulus. Unless all of the circuits are tested only partial correction may be obtained, a frequent source of error.

4. CORRECT the energy disturbance produced by the exposure.

To correct the energy disturbance, the item exposure is continued and the appropriate energy reflexes are stimulated. Which reflex points are used depends on which circuits are disturbed and on the nature of the stimulus - an allergic substance will not use the same points as a fear. More robust correction is obtained when both coupled meridians are stimulated even though only one of them TL'ed. Furthermore, a particular sequence of meridian reflexes has proved most effective:

I - GB/LIV; II - B/K; III - LI/LU; IV - ST/SP; V - TW/CX, SI/H.

Of course, only those elements which TL'ed are utilized.

5. CONFIRM that the previously weakened meridians are now balanced.

Retest the subject by repeating steps 2 and 3. All circuits will now test strong if the correction has been completed.

Using this approach with the Health Kinesiology procedures has led to the conclusion that it is possible to balance energy disturbances regardless of nature of the stimulus. In other words, there is no reason why any given stimulus should weaken a person's energy. Whether it is a substance, a movement, a thought, a symbol, or any other stimulus, a highly functioning organism will not be weakened. Using these procedures allows us to achieve the potential for which we were designed.

#### SENSORY ENERGY DISTURBANCES

Involving especially the physical aspects of our energy system, these functions are involved in about 1/3 of all dyslexic/learning disability/sensory dysfunction energy problems. One simple technique will correct any of these energy disturbances. Note that if there are cognitive components, then other procedures, described below, are to be used.

These are the 'purely' sensory functions. We distinguish vision from seeing, sensation from feeling, audition from hearing, and so on (in each case the latter concept includes a cognitive component).

A partial list of relevant items includes:

Pain; scars; vision - eye movements, eye positions, accommodation (near - far), brightness, colors (do not always have to be seen); audition - sound quality, intensity, direction, loudness, mono/stereo; cutaneous sensation - touch location, quality, duration; kinesthetic sensation - 'body position memory,' contralateral/ipsilateral movements (cross crawl/homolateral muscles), coordination, phantom limb sensations; body energy blocks.

The correction procedure involves triggering the item - gently stimulating the pain, touching the scar, moving the eyes, holding a particular body position, etc. TL the energy circuits to determine which ones need 'tuning.' Apply the correction by holding the appropriate energy reflex points. In this case the only points which ever need to be used are these:

GB1,GB44/LIV1,LIV14; B1,B61/K1,K27; LI1,LI20/LU1,LU11; ST1,ST45/SP1,SP21; TW1,TW23/CX1,CX9; SI1,SI19/H1,H9; and, rarely, G1,G28/C1,C24.

## COGNITIVE - SENSORY INTEGRATION

At one point in our system, cognitive, or mental, functions interpret sensory input. This step is necessary in order for us to relate to the world around us. Should those sensory signals become distorted or 'lost,' or if the wrong interpretation is placed on them, then we have problems correctly interacting with our environment. That is why these functions are so important in dyslexia, learning disorders, and such - accounting for about 50% of all such problems.

The broad categories within which many individual items occur include these: (Either or both concepts in each pair may be part of an item. In each case the first concept of each pair is done with attention, awareness, focus, consciousness; the second is more like 'background').

1. SEEING or LOOKING at ourselves, others, or an object. How often do we look at an object without seeing it?
2. LISTENING or HEARING music, background noise, someone talking. Do we really listen to what we hear?
3. FEELING or TOUCHING ourselves, others, or an object. Can we really feel when we touch?
4. SPEAKING or TALKING to others or about some topic. Do we speak or just babble (talk)?
5. MEMORY is not the same as thinking. How often do we confuse our memories or fantasies with real thinking? Memory is the use of old mental patterns.
6. THINKING is more than remembering. Can we think? We have MODES of thinking (such as problem solving, creative thinking, logical thinking) and TOPICS of thinking (ourselves, others, our job, our problems). Thinking is the generation of new mental patterns.
7. UNDERSTANDING is a special 'thinking' category in which the person integrates previously unconnected but related concepts. The effort to understand is often enough for this category. "Why...", "What...", and "My..." are frequent structures for these items.

Actual items from the above categories will illustrate the process. While this is being done the energy circuits are TL'ed and the proper reflex points stimulated. In these cases, the neurolymphatic reflex areas are massaged.

Seeing another person (it could be a specific person or just anyone). The subject pays close attention to the person, carefully and consciously observing, being completely aware, focussing on that person.



Looking at another person (it could be a specific person or just anyone). The subject merely notices the other person, as background, but does not attend or focus. The subject might be distracted by conversation to make sure there is no special attention paid to the object.

Listening to someone talk (to me/about me/not to me, etc.).

Hearing background music.

Feeling someone (anyone or a specific person or myself).

Touching an object (anything or a specific object).

Speaking about my work.

Talking about my neighbor.

Remembering when I broke up with my boyfriend.

Thinking (just generally or of any specific topic).

Thinking (problem solving) how to change my career.

Thinking (creative) up lyrics to a new song.

Thinking (logical) how best to present the workshop material.

Understanding why I argue with my brother.

Obviously there can be many thousands of possible items, but since they fit into rather few categories, they may be explored readily. When these items are done with people (10 or 20 items for a person is common), they report that how they experience their world changes. They often now actually see, hear, or touch, when previously they only thought they did. They think more clearly and reasonably. One person said to me "I didn't know I was living in a fog until (doing these things) caused it to lift." There is evidence that these people now function at a higher intellectual level. They now function closer to their potential, rather than at some restrained level. The ease and simplicity of doing these corrections means that everyone can, literally in a matter of minutes, be more attuned to their world and function more effectively.

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## TEACH E-K FOR CREDIT

Learn how to acquire academic credit for your E-K I class through the Continuing Education Departments of different universities. This report gives step by step instructions for coordinating with universities and suggests which situations to avoid or pursue in that regard. It lists the specific materials which should be submitted to universities to be approved for academic credit.

This report provides materials designed to facilitate teaching/learning E-K I. In-class activities include the following: realizing the relationship of brain hemispheric functions to academic tasks, recognizing homolateral functioning in academic areas, and creative ways to implement E-K techniques in the classroom. Some materials provide for independent practice with the skills learned during class. Included are the following:

Brain Gym exercise charts, goal shaping exercises, comprehension questions, pre-test/post-test, and E-K I balance sheets.

Glenda Fletchall

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THE 14-MUSCLE "FIX-EVERYTHING-AS-YOU-GO" RHYTHMIC BALANCE

OR

BACK TO THE BASIC: LOVE

BY LORRAINE OSBORNE

POINTS AND CONCEPTS TO LOOK AT AGAIN (Why? Don't we already know this stuff?)

1. Dr. John Thie's Introduction to Touch for Health text: "We are social beings. We need each other. We need to touch each other in other ways besides for punishment or sex...We can touch for health."
2. Points and quotes from John Thie's Introduction to Mary Marks' Touch for Health Workbook: about the placebo effect; about fear and distrust getting in the way; that in Touch for Health we are "using a particular ritual which we have learned as one way of expressing love, communicating with and helping those around us."  
"If we believe that we require a certain ritual, then we will require it. But healing is a natural process, and we should shed our rituals. Eventually we can learn that all we need to do to be healthy in the universe is to be natural in it."  
"While rituals are important, they can also be restricting."
3. Nancy Joeckel's comment that our best contribution is to be well ourselves.
4. Dolores Krieger in Therapeutic Touch: her belief that anyone has the potential to be a healer if they "have a deep intentionality to heal, a strong motivation in the interest of meeting the needs of others (rather than just bolstering the needs of his or her own ego structure), and the ability to honestly confront the question, Why do I want to play the role of healer?"
5. Principles from A Course in Miracles : that we are all teachers, and we will always teach what we ourselves need to learn; that we are love, and we teach only love. I am presenting this paper for myself! I need to learn this!
6. From the Holy Bible: I Corinthians 13: (If I) "do not have love, I have become a noisy gong or a clanging cymbal." etc.
7. Is there really anybody that doesn't want to be healed? What is healing? Are we making a judgment?
8. We are planting a seed in the healing continuum; a process instead of a goal.
9. We work with bodies to get to the soul.
10. Rusty Berkus in Appearances: "The only infallible, immutable, unlimited power that heals without question is Love."
11. John Powell in Why am I Afraid to Tell You Who I Am?: "I must be humble and sane enough to bow before the complexity and mystery of a human being."

12. Intent is everything.
13. Dealing with the needs of the ego, vs being aware of being a channel for love, for good, for health. How easy it is to shift from thinking we are a channel, to thinking we are the Source.
14. All we have to give to each other is ourselves. And we are loving beings.
15. Advantages of doing a "fix-everything-as-you-go" 14-muscle balance (ie doing all the corrections, whether the muscle test appears "weak" or "strong"):  
  - A. What seemed strong often gets stronger.
  - B. Especially for the beginning tester, it gets us off worry and self-judgment about our ability to test.
  - C. It puts us into the flow and it is easier to see healing as a process.
  - D. It opens our creativity that can be blocked by overload of technique, our deep fear that we won't be able to heal until we can "frimp the flagama-gidgee" or whatever.
  - E. It helps us to work truly from our center, because of the lack of threat; we feel free to nurture and love, and in interacting with the other person's energy we effect a healing within ourselves as well.
  - F. It reminds of the sacredness of the person we are working on, and we realize that this is sacred space.
  - G. The flow will bring up a rhythm, almost a dance, between the interacting people, allowing both the tester and the testee to feel the changes and the energy without anxiety.
  - H. Integrates our brain hemispheres, for that space in time.
  - I. It teaches us that techniques are tools, not an end in themselves.
  - J. We are living Concepts 1-14 above, getting off our ego needs, and teaching ourselves what we need to learn.
16. Why bother, then, with other techniques besides the basic balance?  
 Well, why not?

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## CREATE A BETTER WORLD BY TOUCH FOR HEALTH

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Grethe Fremming & Rolf Hausbøl

To be a Touch for Health instructor in Denmark is a wonderful job and it has become our life. Our goal is to integrate Touch for Health in all groups in our little country, which has only 5 million inhabitants.

To make this dream come true, we must contact as many people as possible. A very big group consists of men and women who have trouble with their marriage. There is no particular organisation here for such people, but all organisations have members who have this problem. At every lecture we have the chance to address such people and show them that prior to being balanced they should not make any decisions and should certainly not break their marriage since this will create problems for the whole family. Since every 4th marriage in Denmark will break, we have many interested people.

Either the wife or the husband becomes sufficiently interested in having their problems solved so that they come to our clinic to be balanced. At this point there are many ways in which one can show them the variety of methods in which Touch for Health can be used to balance them and keep them in balance. This usually encourages the other partner to come for a session and in many cases both become so interested that they will come for Touch for Health classes.

They learn to take care of each other and themselves, and to go home and test their kids so that they can take care of them in quite a different manner. In other words, they learn how much our thoughts, our eating habits and our acting influence ourselves, our surroundings, indeed, our whole life. No man is an isolated island. One can even teach them to appreciate their problems as a challenge, or a possibility for self-development using the magic tool of Touch for Health.

They love to find out what they should eat and drink and which supplements they should take; all by using this simple method. Like a stone thrown into a pond, the ripples are reaching further and further out from the centre and the Touch for Health family is growing as more and more people come to our classes.

The corner-stone of our society is the individual person. By making sure that these corner-stones are solid, we can create a better world with a sound foundation in which children are well taken care of and are being taught to take care of one another in an enjoyable way, whilst having fun muscle testing.

The goal for a "Touch for Health integrated Denmark" is being aimed at by the activities of clinics and in many other ways by the steadily increasing number of practitioners. Our Kinesiology Association now has some 140 members.

## ARE YOU WORKING WITH TOUCH FOR HEALTH?

And do you suggest to people that they take vitamins, minerals, herbs and even homeopathic remedies? If so, here is something that might interest you.

The so-called healing crisis shows up partly because the supplements that people take release toxins from body tissues and bring them into the bloodstream, and, partly because they may cause allergic reactions.

To reduce the reactions it is of great importance to flush the toxins out of the body as quickly as the body will allow. This is the reason why clean water should be drunk. To help the body even more you may choose to drink a herb tea.

To deal with the allergic reactions you could re-test all the "42 muscles", but as we know, PMC and Lat.dorsi will pick up most of the allergies.

1. Find the supplements your client needs and strengthen all weak muscles using the NL points for instance.
2. Place as usual every single supplement between the lips and re-test at least PMC and Lat.dorsi. Only give those supplements which do not weaken these muscles/any of the muscles.
3. Now check all the alarm-points without remedies, they should be strong.
4. Re-test all alarm-points with all the supplements between the lips or on the navel. One or more of the alarm-points, often the bladder alarm-point, will now test weak indicating that the supplements have started to release toxins which temporarily throws the body out of balance.

Sometimes you may have to wait 1 - 2 minutes depending upon which supplements have been chosen before the body will show this reaction.

5. Now place different herbs on the navel one by one to see which one(s) will counteract the reaction so that the alarm-point(s) will test strong again.

The chosen herb should be taken by the client as an infusion 3-5 cups a day. To do this test you should get hold of samples of different herbs (either singly or in combination) which are known to have a cleansing effect.

## JEROME PLOTNICK - TFH & THE WHOLE CHILD

### Summary

The holistic approach is to view that person on all levels of existence. These are mind-body-spirit. Humans are a psychological, structural, and chemical being and the balance of these constitutes a balance of all body systems and a state of health exists when these are balanced. Holistic health focuses not only on the interrelationship between mind and body but also on the emotions and creative impulses.

It has been known for decades that your health can affect your mental states, and that your mental state can affect your health, through so-called "psychosomatic illnesses," mentally induced, but nonetheless physically "real." What was not known, and here holistic health owes a lot to advances in biofeedback and hypnotic techniques, is that voluntary mental control of involuntary body processes are possible.

People can regulate body functions like pulse and brain waves through sheer force of will. The way people learn to do this is by having these functions monitored by a machine, and then "fed back" to them by special biofeedback devices.

If the mind can really control these biological functions, then it follows that it can "learn" to relax, to be more creative, to feel better. A person's physical appearance can reflect both his health and mental state. To some extent, a person can be analyzed by the way the person holds himself, his posture, by the way he moves and walks, even by the way he breathes. Shallow breathers are suffocating. They are literally choking themselves. A psychological problem of misdirected energy, depression is

capable of becoming a major health problem. But with biofeedback diagnostic test which measures GSR (galvanic skin response - an indicator of muscle tension) or with applied kinesiology muscle testing techniques, minor imbalances can be detected. A program of nutrition, relaxation, hypnotics, acupuncture, and pressure massage manipulation and exercise can be devised to help the person rebalance and focus on their hidden conflicts and deal with them.

Growth techniques can be learned as easily as brushing your teeth. Focusing on personal problems can be accomplished in a relaxed state (hypnotic) then changes can be implemented. The brain has two sides, or hemispheres. The left side controls your cognitive functions, your linear thoughts, like balancing a checkbook. The right side is the artistic center of the brain, the intuitive side, the side of imagination and imagery. In a healthy person, both sides of the brain, analytical and the creative, are functioning well. In our culture, the creative side is often ignored or misdirected to the individual's detriment. This is especially true of children. In the school system, educators are so involved in teaching "left hemisphere skills" like reading and writing that they can neglect the child with highly creative right hemisphere ability. Children who fantasize or draw rather than do their addition are labeled incorrectly as being intellectually deficient when actually they need to develop "cerebral symmetry." Teachers have no way of dealing with these children. By forcing left-handed children, whose verbal skills are in the right rather than the left side of the



brain, to be right-handed, the teachers are creating "cognitive dissonance" and this can create severe emotional problems. People can solve their problems holistically, and by relaxing and letting the "wisdom of the body" take over, by allowing their intuitive, creative mind to function. Many children have serious addictions or "habituations," from everything from heroin to coca cola to television. Alcohol is the most widespread and dangerous at this time. Children show a high rate of usage. They are trying to block out negative feelings and experiences with which they cannot cope or they want to belong or associate with their peers. Their peers, many of whom have psychological blocks and problems. Half the people driving are on valium, alcohol, etc. Well, we don't need the drugs; what we need is re-education in the holistic approach to a balanced life. We have to integrate what we think and what we feel. We have to accept our bodies and their limits; to say, "This is my body, and I love it." We have to relax long enough to take in the whole of our life.

The goals of health care in America have been and still are to treat the whole person, not the symptom, maintain health, not treat disease. The ultimate responsibility for one's well-being must reside in the individual. Each person must be given the ability to recognize the need for help, and our society must change so that seeking help of another is admired and not looked upon as a sign of inferiority. Health in humankind is an inter-dependent phenomenon in which the well being of each one of us is dependent upon the well-being of each other. Health is an individual as well as a group matter.

It is generally agreed that a great deal of pathology "illness" of later life is dependent on early life experiences. It is the ultimate objective of our lives to establish and maintain healthy growth toward being well-balanced people capable of self-sufficiency and interdependent relationships. Health is not merely a passive state of freedom from disease, but an active condition of being, in growth, development and evolution.

Postural balance is a grossly neglected area in American health care. The cries for help from our educators have fallen upon deaf ears. Since postural balance is not being taught, we see gross postural faults. Children have certain faults passed on by their parents. Poor posture and inferior use of our bodies spreads from generation to generation and is a contagious process. A good, natural posture and improvement of the structural health of people is the foundation of health. The body structure is the basic foundation that supports the mind and body. A pre-requisite for health is a strong foundation: "body structure and posture."

The place to begin health enhancement is in the home and in communication skills with family members. Individuals must take responsibility for their own health and become aware of their bodies. Through this to strengthen the forces of health in the body, mind, and spirit, and in the constructive and creative parts also.

"The Doctor of the future will give no medicine, but rather teach his patients on correct thoughts, nutrition, and care of the human frame." Thomas Edison. Treating people wholistically

because of the diminishing quality of our environment, air, food, soil and stress pollution, we frequently discover a tip in balance or in lack of ease or disease in a person who loses balance. When the body loses balance, there will not be one cause, one remedy, or one solution; consequently, all aspects of the disease must be discovered and eliminated for proper treatment. In essence, the person must take the responsibility for changing their lifestyle. Americans must become more aware, more educated, and more willing to take charge of their lives and make the changes necessary to assume survival and to provide a satisfactory life for themselves. One must stop, look, and listen. It is all basically what you think, what you do, and what you breathe, drink, and eat, with more people becoming aware and taking the responsibility of helping themselves. The wholistic movement is an answer to this demand for participation in our own health care, which will serve the purpose of generating a healthier population.

It is the hope and philosophy of Whole Child Homes to view each child according to these principles. You are what you think. Thinking makes that so. You are what you eat, digest and assimilate, and you are what your foundation supports - a structure. It is the balance of the mind-body-spirit and the life force Chi that flows uninterrupted that allows the universal energy to flow through us and give the person ease or health. Change is inevitable and our resisting it will cause our own destruction. The attuned and aware person will understand change in order to live in peace, health, happiness, and harmony. That person flows with that change and does not oppose it in any way.

Are human beings living within the change? Or will the present human beings be so inflexible and attached to outdated material values that they will become extinct? As part of our cosmos moves towards a cycle change, within the old civilization a new one is being born, with hesitation, unfamiliar concepts and ideas. But ultimately, new economic, social, and human structures will emerge. Along with this trend to truer values, a return to the Laws of Nature is apparent. These ancient practices were used by the enlightened people through the ages. The dominant characteristic of this new age of humankind is an overwhelming urge for individual self awareness. This begins with the realization that: "ILLNESS IS THE RESULT OF ALIENATION FROM THE NATURAL ORDER OF THE UNIVERSE."

Whole Child Homes is organized, dedicated and operated for the care, rehabilitation, re-education, treatment, resocialization of and for children. The "Homes" program centers on holistic and humanistic methods and philosophy to discover the causes of each child's imbalances from the Natural Order of the Universe. Upon discovery, he then implements the necessary action to eliminate them. The child is made aware of the problems and then learns how to change them. The child is encouraged to reach their optimum potential in relationship to their level of competence. Our goal is to increase each child's learning experience and prepare the child to become independent and lead a normal, healthy, happy and harmonious life. From this perspective, the child can be viewed on all levels of Mind-Body-Spirit. The change of the child will allow him to be in harmony with Nature and to become a Whole Child.

## CHANGE MAY BE EASIER THAN WE THINK IT IS!

By Carol Hitz

Louise Hay of Santa Monica, California, Psychological, Spiritual Therapist Faciltator, author of HEAL YOUR BODY, and LOVE YOUR BODY, demonstrated in a semonar that love is the most potent-energy through non-judgemental action, when a young man about 26 clad in purple turtleneck sweater and casual black pants announced his alternate life-style and stating matter of factly that he had aids. Fears raced through my head and body as I remembered scant information about this most dreaded deadly immune deficiency disease and now being exposed firsthand was more than I bargained for. My fears intensified as questions like, what if I contacted this disease and gave it to my family and three granddaughters, and yes, disgust of the man who would choose this type of life-style and now he was asking for our help. Should I get up and leave or should I stay? Being a confrontative individual, wanting to grow, I decided to verbalize my fears aloud to her and the group since I had overheard her say that she had started out working with six aid victims and ended up working with over 300 who had contacted this most dreaded illness. Surely, she must have had some of the same fears when she began working with these people some years ago. These people must not have much self-love or self-esteem. Her reply did not surprise me when she said, "her protection is love." Since my fear factor had kept me a victim prisoner for many years, my new orientation and motto the last three years have been with fear; the risk is the win regardless of the outcome after I run my usual test on myself of ; is this action, the kindest, truest, most necessary and loving expression. With the realization of knowing, after hearing Col. Tom Schaffer, who had been held captive in the Iran hostage situation for over four hundred days, said that we all have switches in our brains to turn on the positive or negative and after playing with the idea that we need to acknowledge either verbally or non-verbally the negative so repressing our feelings is not deterring our positive

emotion. I past my own test and thought, what do I have to lose and knowing with calm assurance, if God made me and loved me, than this man was a child of God loved and I knew on gut level = I didn't get to choose another person's life style, although my personal belief system had definitely negated this choice as an unbalanced state. If all else failed, I recognized that we always have a choice, if only a choice of our attitude. I became interested and willing to thank God for this human being and experience and thought about love being the absence of fear and now readied myself to move ahead in unconditional love and support. I glanced quickly through Louise's book, HEAL YOUR BODY, to see what she had to say about aids, and she stated, "the probable cause is denial of the self, sexual guilt and a strong belief in not being good enough." She had stated a new thought affirmation pattern that said, "I am a Divine, magnificent expression of life, I rejoice in my sexuality, in all that I am and I love myself."

Louise concluded with a circle of love and light. He was now invited to lay in the center of the human circle of love and light. She placed her hands tenderly and gently on this needy man's shoulders after she had placed a radiant crystal pyramid on his forehead. The Reichen Therapist now moved in and placed their caring healing hands on this gentleman's body as we all attuned and moved lovingly into the circle of love and light, placing our hands on the therapist connecting with this life energy current of the group energy and now becoming channels for God's love and healing current to move through our bodies. In unison, we began breathing in God's love and light and on outgoing breath let go of the fear and stress and now we began directing this loving life energy current to our fellow human being in the center. The man's countenance of fear and stress began to transform before our very eyes and our's released as he relaxed and received the divine love from our human forms. Knowing that I could not give out any more love than I had for myself, I let that God love and self-love well up in me. By now my fear had completely dis-

solved and compassion and empathy overpowered me as I realized how the lack of God love and self love and other love had most likely been the contributing factor in his life style and alternate choices. There go any of us except by the grace of God I reasoned. Let the first one without sin cast the first stone. Glancing around the room and circle I noticed the pure intent of the participants and noted two men who for personal reasons of their own were unable to touch this man's body but instead did what they were able to do which was reaching their hands heavenward. The room glowed with intense spiritual light as we continued thanking our Higher Power and singing softly our gratitude.

How might we as individuals gain more self-love?

1. Stop all criticism of self and other. State more appreciations of self and others verbally and non-verbally. Example: I appreciate I/YOU/They because\_\_\_\_\_. Rather than criticize self or others state an appreciation like I appreciate how you presented that issue and your insights and I guess I would like to have heard you tell about the time that worked in your life and/or if I would have done it differently I might have done it this way.

Remember to use feel/want/willing active listening for self and hunch what you are hearing the other person saying, like I think I hear you saying, feeling, wanting, willing and then check with no judgements if indeed that is what the other person is saying.

2. Don't scare self with own thoughts. Everyone has a switch in their left/right, front/back brain to acknowledge and express either verbally or non-verbally their feelings/wants/willingnesses.

Honor self, others, their's/your/s own structure and honor and trust process called life.

3. When in presence of negative people, self or others, audibly say clear, clear, love, love and replace with that's their attitude and honor and be attuned to the fact that may not be your attitude and quietly replace the

negative with a positive affirmation, prayer or good word. Since we get to live with self all of our lives, we can make it easy by being gentle and tender with self and others.

5. Be kind to mind particularly if it is edifying and nourishing.

6. Affirm self with strokes, positive wins, ahas, insights and thank Father/Mother God for both positive and negative lessons.

7. Celebrate your life and others and celebrate with others their wins and point out their positives and give appreciations abundantly. Give caring advice only when invited and then only how you might do it for self. Each person gets to make their own decisions regarding their own well-being or not. I'm with you said to a person troubled or out of attunement and into separation may provide care and support without rescuing.

Check when you feel jealous of others and know that most likely you wish you had what they do and the likelihood is that you can create a winning situation for self. Needy people will often feel jealous and resentful.

8. Take care of body. Have a plan for balancing God/I/We/They daily. Touch for Health balancing either by therapist or self touch for health, holding frontal eminences and asking self how I/You would like a situation or problem to be different, what I am willing to do to change it and finally when I am going to do it cathacts the adult part of us to positive action. Exercises such as Acu-Yoga, Aerobics, Tai Chi, brisk walking, swimming can get our energy in motion and keeps us from depressing, repressing and not expressing which can get us into depression mode.

9. Support self. Reach out and ask for support. Do it even if you don't feel like it.

10. Choose creativity, music, art, dance forms, supporting friends, realize we're all in life together and it's possible for all of us to be winners and get most if not all our needs met.

11. All relationships pass through five developmental stages and they



include; 1 Romance (absence of conflict) 2. Power strgggle (great time for therapy). 3. Acceptance or non-acceptance. 4. Commitment 5. Individual and Co-Creativity and its possible to recycle romance with that desire and intent.

One of the greatest gifts we can give ourself and another is the gift of forgiveness. Realizing parents are human beings like us who did the best they knew how and we are than free to reparent ourselves based on current info and get on with our life.

All pain is due to our inability to release what needs to be free and when we choose to release what needs to be free, we are free in that process. Loving God, self and others with forgiveness or the desire to forgive is the pathway to love and wholeness in body, mind, heart, spirit. IF NOT, WHY NOT?

Take a strong indicator muscle and test un word forgiveness, and non-forgiveness and notice how the body feels with both positve and negative word. Gordon Stokes, along with Touch for Health balancing and E.S.R. has included holding backbrain, which records all past negative and positive experiences simultaneously with forebrain putting us in touch with conscious, sub-conscious abd body levels utilizing other tools which include age recession, the time a specific incident occureed with muscle testing to validate that truth, than using digital determinator to see if for instance the body could use a Touch for Health balancing or any other system which might need correction, and once in touch with specific incident, active listening, role-playing, recreating the scene to ones liking after running the negative sequence either verbally or non-verbally.. This is all done after the muscle is cleared in contration and extension so there is a clear muscle circuit, non-switched and centered and in present time conscious, subconscious and body level. Touch for Health will always be my base and I'm glad many have gone on to give additional information and each system depending on preference can compliment and we can all be mutually supportative rather than competitive. Muscle testing calls for highest intent, interest and attunement in a protected permission giving environment.

Thank you John, Carrie, Gordon and Touch for Healthers!



Suicide is the second leading cause of death among our children. Rated statistically higher than self murder, is death by drunk driving! Most teenagers say that getting drunk is helpful when you are thinking about suicide. ALIVE! Inc., is a Non-Profit Suicide Education and Prevention Organization. After three years of research on the application of Educational Kinesiology to the problem of teenage suicide, ALIVE! Inc. has a new focus and a new beginning.

## E-K ALIVE!

We are people to whom much is given. We are able, healthy, successful people, blessed with privilege, opportunity and intelligence. Yet suicide among our children has risen to epidemic proportions. Perhaps it is time to re-examine what we call health, success and intelligence. "A society that applauds a 5% increase in SAT scores but ignores a 250% increase in teenage suicide is out of balance."<sup>1</sup>

Balance is what Touch for Health is all about. Balance is what Edu-Kinesthetics is. Balance is what our children are crying out for, it is also the thing which they think is unobtainable. Balance is what they are dying without.

The Los Angeles Suicide Prevention Center, after reviewing suicide cases of youths ages 14 and under, found that 50% of the youths were diagnosed as having some kind of learning disability. The principal diagnosis of these cases was dyslexia, hyperkinetic and perceptual disorder. The total population of learning disabled children in the schools is approximately 2-5%, so 50%, obviously is disproportionately high. It suggests, in a cursory way, that learning disabled youngsters may be at enormous risk for suicide and other self-destructive behaviors, even at a very young age.

The remarkable fact is that of this 50% who committed suicide all had been diagnosed by the schools and were in some form of remedial treatment through the schools. They were under care of pediatricians and, in some cases, receiving stimulants for the hyperactivity. The youngsters' unacceptable behavior and slow learning was treated. Their dramatic lack of self esteem, however, which grew over the years as they fell farther and farther behind their peers in terms of academic work, coordination and social skills, was ignored.<sup>2</sup>

Our society can no longer accomodate the 50% that can not read. Jobs no longer exist for them. We must raise their reading potential. Were the dead children -in fact- adequately having their "unacceptable behavior and slow learning..treated?" The word education is derived from latin and literally translated as "to bring out of "or" to lead forth." Therefore when we

educate people, if we use the word seriously, we do not stuff something new into their minds; rather we lead this something out of them; we bring it forth from the unconscious into their awareness. They were the possessors of the knowledge all along. E-K Instructors know dynamically the reality of this statement. Locked in the switched-off right brain or the switched-off left brain, knowledge remains a hidden illusory thing that is "out there," beyond our grasp. Only from the integrated midline, do we realize our true God given potential.

"There are no bad, naughty, lazy, aggressive, sloppy children. ...All behavior, both positive and negative, is caused by movement, or lack of movement due to blockages in the neurological wiring of the individual. ...These "behaviors" can be corrected through Dennison Laterality Repatterning and through use of the "Positive Points" and "Cook's Hook-Ups" as shown in the work of E-K, founded by Dr. Paul E. Dennison.<sup>3</sup>

**ALIVE! Inc., has a goal and a commitment. We wish to be a part of the generation who takes a stand to eliminate the option of self-destruction from the planet. This paper is a call to Touch for Health / Edu-Kinesthetic Instructors who would be willing to form task force teams to fly into "Hot Spots" and begin switching-on kids in mass, giving them an opportunity to choose again from an integrated state of being. Ultimately ALIVE! Inc. would sponsor E-K workshops for teenagers to begin learning how to apply the simple dynamic techniques of E-K for themselves and their peers. ALIVE! Inc., a non-profit organization, needs money and dedicated volunteers willing to bring this vision forth into an integrated reality.**

In the research done by this author, it was found that there are no children who want to die. There are only humans who believe that there are no other options available. The student who is over-focused for learning is just as susceptible to thoughts of suicide as the under-focused student. To be a co-creator of a successful life one needs both fact and vision, held in the tension of creation. However when switched off, the fact becomes a left brain critical judgement and vision becomes little more than right brain fantasy.

Statistically:

- Males successfully complete suicide 4-1 over females. It is well known in brain research that the male brain is much more lateralized than the female brain.
  - The rate for Indians is 64% higher than for whites and 254% higher than for blacks. In Indian age group, 15-24, suicide is 4 times higher than other races in similar large groups.
  - The rate among young black ghetto has recently become epidemic.
  - Professional persons are at high risk as well as unemployed.
  - Male physicians are twice as prone to suicide as other professionals.
- For physicians, half of suicidal deaths occur during most productive years (age 35 to 54).
- Spring is the highest at risk season. Interestingly enough, December has lowest rate.
  - Monday has the highest rate of a day in the week.

Communication and stress are leading concerns in suicide prevention. In E-K we see that stress is the bodies leading method of communicating that which lies below the ordinary means of expression. When muscle tested on a symbol representing life, even those successfully hiding their deep depression, communicate their inability to integrate "life energy" through a weak muscle system. As E-K provides the priority response, life energy is re-instated new options and solutions can then be explored.

There is no danger in bringing forth a persons secret desire for suicide. There is only danger in hearing the cry and, in fear, ignoring it. Suicide is the ultimate act of trying to be in control of who you think you are. It is a very permanent solution to a temporary problem. "Suicide is not a biological event to be treated only by physicians--that is both hubris and nonsense; suicide is a human condition of psychological pain to be addressed by anyone who can, through psychological or other techniques, befriending or changes in the real world, mollify the psychological pain that the sufferer is experiencing. .... Suicide is committed because of thwarted, blocked or unfulfilled needs."<sup>4</sup> Through the techniques of E-K students of all ages are able to unblock their life learning problems from who they think they are and look again at the available options. When the negative, dark reversal of the central meridian is corrected there is light sufficient to choose again for life.

If we are to create the breakthrough that will pull our children from this epidemic we need to reach beyond that which hasn't worked, that which is already predictable, that which can already be expected and take an E-K STAND on creating the breakthrough.

The demands that suicide in our children call us to are extraordinary; to meet them, extraordinary men and women are required. There is no reason, no motivation, no "reward" for which these people - You and I- will heed this cry. There is just our humanity - and the stand for life that we are. "Of those to whom much is given, much is required."<sup>5</sup>

Article written by: Marilyn Lugaro, a certified Edu-Kinesthetic and Touch for Health Instructor. Marilyn is on staff with the Crystal Cathedral Wellness and Counseling Center, Inc., individually instructing children and adults in the field of self-care education. She serves on the Board of Directors for ALIVE! Inc., and has been directing and doing research for E-K ALIVE!

### **POST SCRIPT**

If you are an average reader it took you approximately **4:06** minutes to read this article. **In that time four people attempted suicide.** Every minute someone in the U.S. attempts suicide. Every two hours suicide takes one of our teenage children; 6,500 each year.

<sup>1</sup> California Educational Bulletin 3-25-85

<sup>2</sup> Michael L. Peck, Ph.D., " Harvard Medical School Fourth Symposium of the Lee B. Macht Memorial Series on Adolescent Suicide: Understanding and Responding, Boston January 31, 1986, Los Angeles, March 1, 1986., (Boston, Ma.: Harvard Medical School Department of Continuing Education ), p.61

<sup>3</sup> Paul E. Dennison, Ph.D., E-K for Kids, (Glendale, California: Edu-Kinesthetics, Inc., 1981)p77

<sup>4</sup> Edwin Shneidman, Ph.D., " Harvard Medical School Fourth Symposium of the Lee B. Macht Memorial Series on Adolescent Suicide: Understanding and Responding, Boston January 31, 1986, Los Angeles, March 1, 1986., (Boston, Ma.: Harvard Medical School Department of Continuing Education )p.13

<sup>5</sup> "Luke 12:48, paraphrased by John F. Kennedy in his Inaugural Address."

PRESENTED AT THE TOUCH FOR HEALTH INTERNATIONAL CONFERENCE  
SAN DIEGO, CALIFORNIA, JULY, 1986

## MUSCLES, MINDFULNESS AND MEANING

THE PRACTICE OF GETTING IN TOUCH WITH BASIC MUSCLE SENSATIONS  
AS A BODY/MIND/SPIRIT MEDITATION OF INESTIMABLE VALUE  
IN THE LIFE PROCESS OF GROWTH AND INTEGRATION

by  
Peggy Knorr

When you have a muscle tested in the Touch For Health way, are you ever startled when it comes up weak? "Surprising," you say, "I'm not feeling all that bad!" At other times, you expound on the emotions of tiredness, inadequacy, helplessness, etc. which you feel when you have a weak muscle. When it is strengthened, does it feel any different? You may not feel too much change in the muscle itself, but you probably declare that you have a feeling of lightness and ease, and that you now can hold your limb in position without effort! You might even project your feelings on to the testor, claiming that he or she isn't pushing as hard this time! If this little scenario sounds familiar, you may want to ask yourself, the next time you have a muscle tested, whether you are feeling the actual muscle itself or whether you are feeling the emotions associated with a strong or a weak muscle. In other words, are you talking about the feeling or are you experiencing it?

Mostly, we feel the results of the muscle testing, but not the signals vibrating from the muscles themselves. Our responses, in general, are on a level of feelings and sensations in the body as a whole and as concepts in our minds, but the individual muscular and cellular level sensations have been difficult to pinpoint and have not been felt in consciousness.

We seem to operate on a feeling of good, bad or indifference in our minds, and unless our muscles are painful, we are largely oblivious to the actual signals that they give out, taking them very much for granted and avoiding the ecstasy which is hidden in their depths and which can be ours to experience. Their quiet, beautiful, fluent language with which they are continually talking to us all the time, is lost to us.

To learn to feel your muscles consciously, you must first realize that their language

is one of movement. You can learn about them, touch them (most of them), see where they are and what they look like, learn what they do, how they do it, what their functions are, learn how they relate to the meridians etc. etc.... and this is all very helpful in knowing about them, but to hear them and feel them and understand them, you have to go below the threshold of conscious hearing and listen with your inner sense/ear. You have to reach beneath the knowledge you have about them and feel their fibres draw together as they contract, feel their snake-like quality shortening their whole structure as they tighten up into solidified energy...and then...as Yang turns to Yin, feel the way they have of gradually releasing.... letting go.... softening.... lengthening.... until they are felt as being mellow and limber and supple.

Muscles are something like giants in their castles. Their messages are not too obvious - infact they can be downright illusive! Going about their regular business, we can hardly detect them feelingwise - only resultwise - in what they do or don't accomplish, but their effect is always present, and we usually treat them with great respect and avoid getting into direct contact with them.

But Beware! When they begin to feel that we aren't using them in the right way, or if they feel unappreciated...or maybe even lonely...Look Out! Great rumblings are felt in the land!...and do we know it!...They can make life miserable for us!

Mostly, though, we seem to feel that as long as muscles are not felt, they must be OK!... Not so!...The ostrich approach will get us nowhere! We need to make friends with these unpredictable giants! Of course, we don't only want to understand them because of the harm they might do to us, but also because of the benefits which a partnership can bring.

I believe that the more we can communicate with our muscles, which after all are an integral part of ourselves, the more we can own and BE our bodies and the more fluid and flexible they can become, and the more we can live in peace with them and enjoy them. And this goes for our whole being. The more we recognize and appreciate and learn to love each part of ourselves, the more we have available to us with which to express the divinity which is us!

When we are in absolute top form, then our whole body sings and radiates shining light! Probably that is the only time when we actually really do feel our muscles, along with all other parts of our body, holographically - individually and as a whole - because then our minds and feelings and body are all unified, like a dynamic orchestra in perfect harmony and timing. Then our whole self vibrates with the rhythms of the universe! Too poetic? Far fetched? Not according to the world's greatest teachers, the mystics, the

ones who have made it!

Most of the time though, we are not in top form and we need to work continuously to stay in balance. I feel that the more we add the power of mindfulness to our Touch For Health balancing, the more the Body/Mind/Spirit will blend into harmony for deeper level benefit. When we practice mindful awareness with Touch For Health, we are programming the mind to begin feeling the body the way it does when it is in top form, activating the muscles to dance and sing. And they rejoice because they have been recognized and appreciated, and their transformed vibrations permeate the whole consciousness.

That is what the trainings of T'ai Chi and certain forms of Movement Therapy are all about. Steady disciplines in which one uses great awareness and concentration to get in touch with one's body from an inside dimension, for an integrated Body/Mind/Spirit. And that's when the orchestra plays from the very heart of one's Being, from the depths of the nucleus of the soul, thundering out with the sweetest music imaginable, to the very furthest cellular extremity of one's existence; from the center-most point of each cell to its furthest periphery and from the microcosmic center...of the center...of the center...of the center.....An impossible vision for us humans to realize, with all our frailties, dis-eases, quirks and foibles? Not at all! In the holographic sense, if we can communicate with one part...or one part of one part within a part.....have we not already communicated with the divine pattern of the whole? Lofty thoughts, completely unconnected with our everyday pragmatic world? Unworkable, inconceivable, except in the far reaches of the mind? A great teacher once said..."if you have done it unto one of the least of us, you have done it also unto ME"....if you work with the very smallest, most mundane part of you that you can contact, you have already contacted ME, the WHOLE, the UNIVERSAL!.....

And where to start?..... With the awareness of one little muscle!

There are many meditative teachings which we can use to experience more of ourselves. Hatha Yoga is one of them. I have already mentioned T'ai Chi and Dance Therapy. Another is Progressive Relaxation, the work of Edmund Jacobson, which is based on experiencing what he calls 'residual tension', in which one is able to release progressively deeper and deeper levels of tension in muscles at rest. Charlotte Selver's Sensory Awareness, is the sensing of exquisite subtleties in profoundly simple movements. Buddhist Satipatthana Vipassana Mindfulness or Insight Meditation and the discipline called The Practice of the Prescence of God, are both ways of getting in touch with every movement and intention in ordinary, everyday activities.

And then of course, there is Touch For Health! Since we are Touch For Health'ers, what better place to start, but right in our own back yard....muscle testing....with awareness!....and preparatory to that, fine tuning into your own muscles.

Here is a muscle sensitivity exercise with which you can begin to play the awareness game! It should take around 10 minutes or so, if done at a slow enough pace to allow you to zero in. Don't be deceived with how simple it is!

LET'S TAKE THE PECTORALIS MAJOR CLAVICULAR, RIGHT SIDE.

1. With your right arm at rest at your side, put your mind on your relaxed right PMC. Just direct your thoughts to that area. Remember what it feels like - you'll be revisiting it in Step 6.

2. Still not moving your right arm, feel your right PMC with your left hand, while you flex the muscle up and down a little, (something like Pop-Eye does with his Biceps) so it pushes your left hand up and down slightly. Only flex it enough so that you feel the PMC itself moving, not the arm,(yet).

3. Now, still with your left hand in place, put your right arm in about half way extension position of the PMC (at an angle, down and out to the side, thumbs down), and flex your muscle again, a tiny bit more this time, so it moves your arm ever so slightly up and down. (If you're doing it correctly, your arm will just jiggle a little bit).

4. This time, your arm finally gets to be lifted! (Notice there is a fine line of difference between lifting your arm and letting the muscle lift it!) With your left hand still in place, begin using your PMC very slowly and very gradually, so you can feel it as it is working to contract, bringing your arm up and in all the way. Be aware, if and when the PMC gets jerky or quits working a little, whether another muscle, (usually the Anterior Deltoid), begins to take over, changing the direction in which the arm is being lifted. Play around with this for a while until you really get a deep feeling of the PMC as it pulls into contraction.

5. Repeat Steps 2. thru 4. without your left hand in position, and notice if there are any differences of feeling. You may find yourself zeroing in, in different ways than before.

6. Repeat Step 1. and compare your present muscle feeling with what you remember experiencing when you first started the exercise.

7. Last Step! Compare your right PMC with your left PMC! If you feel any difference, you may want to go through the whole exercise again on your left side, just to even yourself up!



This type of Fine Tuning exercise, as you see, has nothing to do with strengthening or 'fixing' muscles, (although it may do that as a side effect), but has to do with simply experiencing muscles, for greater enhancement of personal clarity. Like any other discipline, it is not always for everyone. The intense concentration required sometimes elicits a spectrum of responses ranging from anger, impatience, anxiety, boredom, fatigue etc. to a 'what's that all about' or 'this is making a big thing out of nothing' kind of feeling. If you experience any of these reactions, I would encourage you to stay with them, recognize them for what they are and see if they change....or maybe try the exercise again at another time. The practice of getting deeper and deeper (or higher and higher) into this type of awareness can lead one into exquisitely peaceful and integrated feelings and intimations of somehow familiar deja-vu pathways in the subliminal recesses of soul dimensions, long since forgotten by the conscious mind. These muscle giants of ours and the genies of our minds, when they are teamed up together, are potent agents for change and growth!

As if this paper has not been poetic enough (!) I ask your indulgence if I add one more thought, this in the form of a poem, written by John Moffit 'To Look At Anything' quoted from Reflections on a Gift of Watermelon Pickle.

To look at anything,  
If you would know that thing,  
You must look at it long:  
To look at this green and say  
'I have seen spring in these  
Woods,' will not do--you must  
Be the thing you see:  
You must be the dark snakes of  
Stems and ferny plumes of leaves,  
You must enter in  
To the small silences between  
The leaves,  
You must take your time  
And touch the very peace  
They issue from.

Peggy Knorr has been involved with Touch For Health since its inception and was one of the original six who attended the first I.T.W. in 1973. She is an E.K. Instructor and also teaches T'ai Chi Ch'uan, T'ai Chi Chih, Body Movement and Sensory Awareness, and the Bates Method of Vision Re-education. She is presently on the path of fulfilling her requirements to become a Touch For Health Foundation Faculty member.

## INSIDE INFORMATION FOR OUTSIDE PLEASURE

by

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THE GREATEST CHANGES NEEDED ARE WITHIN OURSELVES.  
IF WE CAN CHANGE WITHIN, WE WON'T BE SO ANTAGONISTIC TOWARDS OTHERS.

This important reminder hangs conspicuously on the wall in Dr. Sheldon Deal's office. It has become quite clear to me that, if my happiness depended on what other people said or did, then I was in deep trouble. In no way would people or situations meet all my models, nor would I meet other peoples models of how I should be. The end result was that I created a lot of suffering in my life until I learned this lesson.

How many of you would like to create more joy, health and happiness in your life? Does life's meaning seem mysterious and confusing? Is your life full of fears, doubts, anger, frustration, sadness, worry, confusion, guilt, loneliness? What is stopping us from getting what we want out of life? What is the cause of our suffering?

According to The Handbook to Higher Consciousness by Ken Keyes, Jr., the person who started me on the Road to Happiness, addictions are the only cause of suffering. In this context an addiction is any emotionally backed demand. It may be a "big deal" or just a "niggle". We may not want to admit that the addiction is there. But in any case all our suffering is caused by our addictions.

When you ask someone to do something for you and they say no, you may create suffering. When someone yells at you or says something you don't like, you may create suffering. Every time you demand that someone be different or that a situation be different you are creating suffering.

This mental programming started when we were small children. At that time we were well programmed by our parents, our teachers, our playmates, and

by our own interpretation of our experience. Now we act like robots. Our programming is on automatic, and we are frequently not even aware of it. Our addictive programming is running our lives, and we are victims of this programming. So what we have to do to free ourselves from suffering is change the addictive programming to nonaddictive programming. However this is not as easy as it seems.

One of the things we can do is to uplevel our addictions to preferences. An addiction is something we may want, and, if we don't get what we want, we create suffering. A preference is something we want, but, if we don't get it, we do not create suffering because it was only a preference anyway.

I believe in asking and working for what I want, but not being addicted to getting it. I work at upleveling all addictions to preferences. The changes that are needed for me to find the love and happiness that I want are totally inside of me. The answers to finding love and happiness are locked inside of my heart, once the prisoner of all my fears, doubts, disappointments, and hurts.

One of my first experiences in upleveling an addiction to a preference occurred in 1977 shortly after I had attended a Ken Keyes workshop for the first time. I was eager to go to Cornucopia, a consciousness growth center founded by Ken Keyes, to continue the growth experience of the first workshop. I asked my boss if I could take a three week vacation in September to go, and he refused. It would cost too much to train someone to do my job for just three weeks. Then I asked if I could have a three week vacation plus a three month leave of absence. That would be reason enough to train someone for my job. He still refused. I became very angry and went ranting and raving around the office, "The boss is a bastard. He doesn't like me. Others can take a three month leave or a three week vacation. Why not me?" I really created a lot of suffering.

Then I remembered what I had learned in the Ken Keyes workshop: Up level the addictive demand that my boss give me a three week vacation in September to a PREFERENCE. I didn't have to go in September; I could go in February or some other time. So I asked my boss if I could go in February, and to my surprise he said yes. He was happy, and so was I, up to a point. I really wanted to go in September, but I wasn't going to create suffering if I didn't go.

A month later I casually asked my boss, "By the way when can I take my three week vacation?" He replied, "When would you like to take it?" I said in September. He said ok. The difference was the inner space I was coming from. When I stopped demanding that I go in September and saw it as a preference, I got what I wanted. Put out for what you want, but don't be addicted to getting it. Give it all up, and you get it all back. What I gave up was the addictive emotional programming.

Another thing that I learned was that, when making a request, it is very important to feel good about what you want. Again it is how you feel about what you want from the inside that determines what you will get. Don't give your power away. Don't expect the other person to make your decisions for you. Don't put all the responsibility of making a decision on the other person. But also don't manipulate the other person on what you want.

What happens a lot of times is that we ask the other person if they would like to do something you would like to do and they say no. What happens to you? Suffering.... Then we have a tendency not to ask again because we have already prejudged that the other person doesn't want to do it anyway. We feel rejected. We feel that they don't care. How we do punish ourselves. The changes needed are within ourselves.

An example of this is what happened to me at the end of the 1982 Touch for Health annual meeting. If we signed up in advance for the 1983 annual meeting, we would get a discount of \$30 each. I was eager to sign up. I asked my husband Hap, who was not a Touch for Health instructor at that time, "Would you like to go to the 1983 TFH annual meeting?" Hap said, "Let's wait until next year to decide." I felt my energy drop and created sadness, hurt, disappointment, and anger. The typical programming that ran through my mind included: "He doesn't care. I wish he was more interested in TFH. Etc." I really wanted to come to the 1983 annual meeting. I went to bed that night not very happy. THE CHANGES THAT ARE NEEDED ARE WITHIN OURSELVES. I did a lot of inner work that night. The next morning I said to Hap. "I want to go to the 1983 TFH annual meeting. Would like you to go with me?" Hap said, "Yes, let's sign up." I wanted Hap to make the decision, but as long as I wasn't sure of what I wanted to do, Hap was on the fence. Once I had made my own decision, Hap was willing to go along.

Not only do we have to uplevel addictions to preferences, but it is also important to feel good about what we want. If we are wishy washy, the other person will pick up that energy, and we won't get what we want. Even if we don't get what we want it was a preference anyway. A Win-Win situation.

What makes us so antagonistic towards others? It's only our programming that wants the other person to do what we want. In sense everyone is doing exactly what they need to be doing, not what we perceive that they should be doing. This became quite clear when a few years ago I was arguing with my sister on how I should be feeling. She thought that I should be alot happier than I was at that time. She tried to convince me that because I left home my life should be happy. I couldn't convince her that just leaving home could not make me happy. We went back and forth on this, until finally I had an idea on how to explain what was happening.

I was playing with a pillow that happened to have different patterns on its two sides. I held up the pillow so that my sister could see only one side and I could see only the other side. Then I asked her to describe the pillow. She saw a striped pattern in gold and orange. I told her that she wasn't convincing me that was what the pillow was like, since all I could see was a flower design. And of course I couldn't convince her that the pillow had a flowered design, because all she could see was gold and orange stripes. So we sat there and argued about the pillow. Of course we were both right; she saw stripes, and I saw flowers. And even if I was looking at her side of the pillow, I may not have seen it the way she saw it.

Let the other person see things the way they see them. They see through their own filters. We see things through ours. No two people see things in the same way. We don't have to be antagonistic towards them. Be there with love. Then we begin to see why people act the way they do. The best thing you can do is to acknowledge what they are saying and let it go. I started using this Pillow Process when working with others, and it has stopped many an argument.

Everytime I teach a class or give a lecture I take a risk of rejection. Now I can see the audience is only acting out of their own programming. What they see on their side of the pillow means nothing about me. It is only their side of the pillow.

How many times have I felt threatened by what someone had said or done  
and put them down to make me feel better. Put your self in the other person's  
shoes. Look for the love in everyone; look for the common ground. THE CHANGES  
NEEDED ARE WITHIN OURSELVES. IF WE CAN CHANGE WITHIN, WE WON'T BE SO  
ANTAGONISTIC TOWARDS OTHERS.

LOOK FOR THE COMMON GROUND by Tom Dalton, (C)1980

Living in a world of people, how can we survive?  
Living with so many people, when will we realize  
You and I, we're so alike. You and I, we're so alike.  
And when I feel that I am right and you are wrong  
I just smile when I see your face.  
Remember there's a oneness space.  
Try to see the world through your eyes,  
And even if our point of view may seem to disagree,  
There's something we can understand, I think that you'll agree.

(Chorus) We have to  
Look for the common ground, you can find it all around.  
Look for the love in everyone.  
Even if it's hard to see, you can find the unity.  
Just look for the love in everyone.

In our living day to day, its easy to forget  
All our talk of brotherhood just doesn't seem to fit.  
There's alot of broken hearts with nothing left to believe.  
Now it's time we made a start, it's up to you and me.

(Chorus twice)

... in everyone, everyone [you and I we're so alike]  
Living in a world of people [you and I we're so alike]  
How can we survive [you and I we're so alike]  
Living with so many people [you and I we're so alike]  
Look for the common ground.

KEEPING IT SIMPLE:  
THE FIVE ELEMENTS  
by Richard Harnack, Faculty

Over the past 7 years of teaching and using TOUCH FOR HEALTH, I have been impressed with the simplicity of the Five Elements. When I first encountered the Five Element theory, I found myself thoroughly confused by the language used to describe the relationships, Mother-Son, Grandmother-Grandson, Husband-Wife, etc. I was further put off with the the description of the two basic cycles as "creative" and "destructive". In spite of this, I found the Five Elements useful in balancing. What follows is how I now teach the Five Elements in the ITW. The whole explanation takes about 20 - 30 minutes, and everyone is able to use it right away.

Before I give the explanation of the Five Elements, I have already reviewed the alarm points and balancing using the over/under energy model with the Wheel. The basic rules of thumb I cover here are:

1. Always start with the closest under-energy to the over-energy in the correction cycle.
2. Begin with the nearest yin under-energy to the over-energy in the correction cycle.

I find these two "rules of thumb" helpful to keep in mind.

Now on to the explanation of the Five Elements.

The first Element, or more appropriately, PHASE, is called Fire. The emotion associated with Fire is Joy, the color is Red, its' season is Summer. The next phase is called Earth. The emotion associated with Earth is Sympathy/Compassion, its' color is Gold/Yellow, its' season is Indian Summer. The next phase is called Metal. The emotion associated with Metal is Grief/Regret, the color is White, its' season is Autumn. The next phase is Water. The emotion associated with Water is Fear/Caution, the color is Blue, its' season is Winter. The final phase is Wood. The emotion associated with Wood is Anger, the color is Green, its' season is Spring.

All of these phases are connected by two basic relationships. The first of these relationship moves clockwise from one phase to the next. This can be illustrated by the following series of images: when Fire burns down it leaves ashes which feed the Earth; the Earth gives up ores from which we get Metal; the earliest Metals were soft and had a low melting point so they ran like Water; Water feeds the plant kingdom, thus engenders Wood; and, finally, wood can be used to build Fire. This cycle is called the Creation (or as I write in class, creatSHEN) cycle.

The other cycle skips every other phase and is as follows: Fire is used to melt and form Metal; Metal in the form of ore and rock, gives limits to where plants can grow, thus limiting Wood; Wood, in the form of plants and root systems,

holds the Earth in place; Earth gives Water form by giving it banks and shorelines; and, Water is used to control Fire. This is called the Control ( or as I also write it KONTROL) cycle.

The only things you need to know now are which meridian belong to which phase. Fire has four: Heart, Circulation, Small Intestine and Triple Warmer. All the others have two each. Earth is Spleen and Stomach. Metal is Lung and Large Intestine. Water is Kidney and Bladder. Wood is Liver and Gall Bladder. Inside the Five Elements are all the yin meridians (yin is in). On the outside are all the YANG meridians.

You now have all the basic information to do a Five Element balance. Everything else is playing with it. So have fun!

I also, add in for fun the two cycles as expressed by the emotions, but that is another paper.

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KEEPING IT SIMPLE: THE FIVE ELEMENTS (cont'd)  
by Richard Harnack, Faculty

In the last article, I gave a brief outline of how I teach the Five Elements in the ITW. My primary focus is getting people to use and play with the Five Elements as a practical tool, rather than a theoretical model. One way I do this is to recount the two basic cycles by reviewing the five emotions.

The five emotions are: FIRE-JOY, EARTH-SYMPATHY/COMPASSION, METAL-GRIEF/REGRET, WATER-FEAR, and WOOD-ANGER. The key to understanding these emotions is the idea of appropriate expression. In oriental philosophy, the main idea is of moderation. Thus each of these emotions, when expressed appropriately. Each emotion has its' internal expression (Yin) and its' external social expression (Yang). With this background we will now review the emotions.

The emotion for Fire is Joy. When we are in balance in this element, our internal feelings of Joy are congruent with our external expression of these feelings. Thus, if someone give us a gift which causes us to feel happy, we let them know of our joy for having received this gift. If we are able to feel and express Joy in our life, then we can also feel and express Sympathy/Compassion both for ourselves and others. Sympathy/Compassion here is the sense of support in difficult times we can give ourselves and others. It is the "pat on the back" for a job well done. If we can feel Sympathy/Compassion, we can also feel Grief/Regret. Grief/Regret may have to do with death and dying, but it also has to do with the sense of wistfulness we often feel when we change our life. Here we may grieve for the past state of our life which is no longer. If we allow ourselves to feel Grief/Regret, then we may also experience Fear. Fear of the future in terms of "what will my life be like". Whenever we go through a life change, we may experience Fear as something which informs us to proceed cautiously. Yet if we remain in Fear too long, we may experience Anger. Anger here is a motivating emotion. It moves us out of our Fear. When we feel anger inside and express it outwardly, we are able to "let go" of it. This "letting go" then frees us to experience Joy. This is one way of looking at the emotions on the Creation cycle.

When we move to the Control cycle, each of the emotions helps to modify the others. Thus our sense of Joy modifies our Grief. One way I think of this is in terms of the tradition of holding a wake after the funeral. At the beginning of the wake everyone is somber. As the wake proceeds, people begin to recall instances of humor and fun from the deceased's life. Before long the sense of Grief is replaced with a sense of appreciation for the person.

Our Grief in turn modifies our Anger. It is very hard to remain angry at someone over whom we feel Grief/Regret. As long as we grieve our anger cannot go to extremes. Kübler-Ross, in her work on death and dying, acknowledges one of the most difficult thing families have to deal with in death, is their and the dying person's anger. The family's anger comes from their sense of being left behind with "unfinished business". The person's anger comes from "why me". Yet it is our grief which mitigates this anger. Our Anger modifies our Sympathy/Compassion. My favorite image here is of a three year-old child. The "magic" word for three year-olds is "NO". Our ability to say no is an important one in establishing our own ego-space. People who cannot say "NO" quite often find themselves burnt out because they are in continual Sympathy for others.

Our Sympathy modifies our Fear. It is difficult to be very fearful of someone for whom we can feel sympathy and compassion. Our Fear in turn modifies our Joy. Fear here is understood better as Caution. We may be approached by someone to join in some "wonderful" opportunity. Now we may be truly ecstatic about this opportunity, it may be just what we have wanted to do, yet our "little voice" tells us to "look before we leap". It is in this manner that Fear modifies Joy.

We have been discussing the emotions as appropriate expressions internally and externally. Now let us move on to the negative side for a moment.

Whenever there is a lack of congruence between the internal feeling and the outward expression, then we are out of balance. For example, there are people who truly feel Joy when given a gift, but the most they can muster of this to the outside world is a terse "Thank-you". In other words, they are unable to convey their feeling of Joy to anyone else. Others may be expressing Joy outwardly continually, yet inside they have very little Joy. This may be in response to how they think they "should" behave. Such people after a while seem to be shallow persons indeed. Imbalance in Sympathy/Compassion may show up as self-pity if focused on one's self, or being overly hard on one's self, if not felt at all. Outwardly, the lack of Sympathy for others can be seen as a on-going state of anger toward the world. Just as too much sympathy for others, may lead to unrealistic expectations for particular individuals.

Too much or too little Grief/Regret, is an imbalance in Metal. Some people are unable to express their grief, and find themselves dominated by this lack of letting-go. Other people seem to be continually in grief, constantly regretting all of the "what-might-have-beens". They find themselves locked into a past that no longer meets any of their reality needs, thus they attempt to restructure their world in terms of the past.

Too much or too little Fear is indicative of an imbalance in Water. Too much Fear prevents us from moving on, we become paralyzed in the moment. the problem is that the moment passes us by. Too little Fear, and we find ourselves taking needlessly reckless chances with our life and others' lives. Fear informs us of when we are in danger. If we ignore this warning without any clear idea of how to get out of the danger, then we are being foolish with our well-being.

Anger is one of the most dicussed emotions in the literature of psychology. People who hold their anger in, or deny that they even feel anger, show up later in their lives with a host of physical problems. Surveys of persons with rheumatoid arthritis show up as having internalized their anger. This is of particular interest, for the Wood element is in control of the joints and ligaments. Thus, we have Western psychology confirming independently something taught in acupuncture. Just as some people hold their anger in, there are others who always seem angry. these people come across as being "forceful" even when this is not called for. Their voice betrays this as they sound as if they are shouting, no matter what feelings they are attempting to express.

This is a brief overview of a very interesting and exciting subject. there are many approaches to the Five Elements, it is my hope that this encourages you to discover your own.

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TEACHING TOUCH FOR HEALTH:  
AN EK PERSPECTIVE

BY RICHARD HARNACK, M.REL.

Teaching TOUCH FOR HEALTH is great fun and excitement. Once students discover their own ability to bring positive changes for themselves and others, they want to learn more in order to become even more effective agents of self- and human improvement. As teachers of TOUCH FOR HEALTH, we are the catalysts for this change in people's lives. I define "teacher" as someone who inspires their "students" to become better than themselves.

In EK FOR KIDS, Paul Dennison, Ph.D. lists the following characteristics of an integrated teacher:

- "1. I give my student tasks with which he can succeed, so he can experience many "wins" every day, and is not afraid of new challenges!
  2. I enjoy my students' high energy. I seem to anticipate events so that I feel I am making the right choices and am challenged to guide overall situations when the stress level is intense.
  3. I guide my student to discover the work he loves and to experience the intrinsic reward of personal achievement.
  4. I allow myself to be vulnerable and a real person in front of my student, teaching him that even adults continue to learn and to grow. I expect that my student will use my learning as a step to his own growth, and that he will become greater than myself.
  5. I love to teach and learn so much from my student! My relationship with him keeps my ideas flowing. My daily life takes on renewed meaning as it is transformed through the magic of human exchange."
- (EK FOR KIDS, Dennison & Hargrove, p.64, 1985.)

In the first principle, the main idea is that success is learned. In TOUCH FOR HEALTH, we teach people how to become successful in their ability to take care of themselves. This is why Dr. Thie has promulgated TFH as a teaching system, to provide people with a gentle, caring, and effective method of self care. When we show someone how to improve their body response by stimulating specific reflex points, we have shown them how to have success. In TFH classes, once the students begin to have successes in their practice, we then show them a new level of practice and awareness, thus creating a new challenge for them. (NB: CHALLENGE is that which compels us to use our creative energies. OBSTACLE is something which frustrates our creative energies.) Thus we teach Fix-As-You-Go in the first class, then Mid-Day Mid-Night and the Clock the next class, then Five Elements, etc. Each of these is a challenge to a new level of understanding.

PRACTICE #1. Demonstrate how easy muscle testing is by having the students press on a solid surface with just enough pressure to feel its' solidity. Now have them apply the same pressure to a soft surface so they may feel the difference. Once they have all felt the difference, lead them through the 14 muscle tests. As they find muscles that they feel as "not working", show them the correction points used to "fix" the muscle. Go through all 14 muscles in this way. This takes 1 - 2 hours to do. At the end of this particular practice, announce to your students that they have done their first TOUCH FOR HEALTH balancing. This practice gives all of your students their first level of success and teaches them how to rely upon their own judgement as to what constitutes a muscle in need of "fixing".

The next EK characteristic is, "I enjoy my students' high energy..." Think back to the very first time you discovered your ability to test a muscle and correct it so it worked better. Remember the confusion, excitement, dim understanding, hope, and concern you had at that moment? How later this same feeling became curiosity as to how did TOUCH FOR HEALTH work, so you became involved in learning more? In teaching, the difficulty does not lay in getting students excited and curious. When allowed to discover for themselves, your students will generate their own excitement and interest. A teacher facilitates the learning process by providing general guidelines which help their students acquire their own particular level of skill and knowledge. When you sense a student becoming frustrated over something during class, this is the time to gently step in and provide assurance that they are OK. Discover what is frustrating them, then demonstrate what they need to change, either at the skill level, or, the understanding level, to become successful. DO NOT OVER-BURDEN THEM WITH UNNECESSARY DETAILS AND INFORMATION! Just provide them with general guidelines to get them out of their frustration. This then allows them to again feel their excitement at learning something new.

PRACTICE #2. You are about to present to your students an aspect of TOUCH FOR HEALTH you find complicated. Your challenge is to summarize the process into the least amount of "guidelines" that will allow them to practice the particular technique so they can learn it. The trick here is be concise and informative. No one explanation should be any longer than 20-30 minutes. Give your students "rules of thumb" to follow. These allow them to "do" right away, and allow them to discover the process for themselves.

In the third principle, the challenge to teachers is to discover just what excites our students. I had a student ask me if I ever got bored teaching the "same thing" year-round. My response was, and still is, every class is different, so there is no way I could possibly teach the "same thing". The excitement and joy of teaching comes from discovering anew the principles of TOUCH FOR HEALTH with your students. While the general content is the same, each class determines the emphasis of the "curriculum" which it wants to learn. We provide the general information for our students, but it is in response to their own level of interest and excitement that we continually shift the emphasis of the course. Some of your students will find emotional stress release of interest, while others will find the muscle work interesting, and still others will be fascinated by the principles of acupuncture. Each will find their own way as long as we provide general guidelines which enhance their ability to discover for themselves.

PRACTICE #3. Review your curriculum for your class. Is it the same as the first time you taught? If it is, do you teach in the same way? Discover for yourself how many different ways there are to teach the same basic content. How does it feel to know so many different and successful ways of teaching? Stop for a moment and make a list of possible ways of teaching muscle testing.

The fourth statement on the integrated teacher begins, "I allow myself to be vulnerable..." This may be difficult in that it requires we step out of the role of "teacher", "mentor" or "expert". As long as we are playing a role, we can be "too perfect" for our students. Such a role leaves very little room for us to learn and grow with our students. In teaching, it is difficult not to teach everything we know! To teach "everything" puts a straight-jacket on our students' minds. It puts us in the position of "authority" which does not allow them to discover their own "inner authority". For example, the "authority" model of teaching is like giving a starving people food to eat, thus creating a reliance upon your ability to provide. The model of teaching I am suggesting, teaches people how to grow their own food so they can become self-sufficient. Thus, giving guidelines utilizes this second model. Guidelines point the way, they do not tell the student how to get there. This is exciting in a very positive manner. Now your students have the way open to them to become even greater than you. This is truly wonderful, for your students will honor you and respect you for having made it possible for them to grow. This is the greatest accolade any teacher can hope for.

PRACTICE #4. Review your course outline and your general explanations. Where is it appropriate to "teach less"? Give your students some general guidelines and provide them with a bibliography with which they can begin their own

voyage of discovery.

The fifth characteristic of the integrated teacher allows for the teacher to grow. "I love to teach and learn so much from my students!" It is too easy to stay in the role of "teacher" or "mentor" because we find it "comfortable". Being "comfortable" is a homolateral attitude. Comfort is not growth! There was an experiment done several years ago on the growth of algae. In one tank the researchers put everything they could think of that was conducive to the growth of algae (proper temperature, nutrition, etc...). In another tank they provided little in the way of support for the algae there. As expected the first tank showed a rapid growth of algae, while the other tank had a very slow growth rate. Yet, the longer the experiment lasted, the first tank began to die out, while the second tank began to thrive! Human beings are not too different from these algae in this respect. If we are teaching for our own sake and comfort, then more than likely we will develop a "comfort zone" around our teaching, outside of which we do not go. In teaching the goal is not to teach what we already know, it is to learn something new! The most successful teachers I have known were those willing to learn from their students. Martin Buber once stated, "All life is meeting." From the very first moment we step into our TOUCH FOR HEALTH "classroom", we meet a completely new situation unlike any other we have been in before. In that moment, be open to learning just what is "new" about TOUCH FOR HEALTH.

PRACTICE #5. AS you walk around during your class practice sessions, look to see the "new" ways your students are doing things. Thus, if a student is holding the neuro-lymphatic point lightly and the muscle responds, do not tell them this is "wrong". They got a positive response from the muscle! Try out their "method" yourself to see if it works for you. Demonstrate for the student how we do the neuro-lymphatic in TOUCH FOR HEALTH, thus giving them valuable information. However, remember you are only "correcting" information, not the student.

The thing I find most exciting in using EK in my TOUCH FOR HEALTH classes, is that it opens new avenues for the student and myself. In all levels of classes, ITW, TFH I, II, III, "special" workshops, etc., it is the willingness of the students to learn that impresses me most. How then can I be willing to do less? There is no "right" knowledge, or "wrong" knowledge. There are effective ways and less effective ways of doing things. Just as we teach in Food Sensitivity testing the three broad categories of food (Bio-Genic, Bio-static, Bio-cidic), but not what foods fall into which category, thus our teaching of TOUCH FOR HEALTH provides broad categories for people to fill in for themselves.

PRACTICE #6. This practice is for you as a teacher. First have someone test your supraspinatus in the clear. Now do a few cross crawl and be retested to make certain you are OK with cross crawl. Now think about being a successful\* TOUCH FOR HEALTH instructor at all levels. Have your supraspinatus re-tested. Did it "switch off"? Cross crawl. Are you still OK with cross crawl? If not, do the homolateral crawl. Does your supraspinatus "switch on" after the homolateral crawl? If thinking about being a successful teacher has caused you to "switch off" to the cross crawl and to "switch on" to the homolateral crawl, then you are going to enjoy the correction. Keeping a definite image in mind of being a successful teacher, cross crawl 25 repetitions with your eyes up to the left. Once this is complete, turn your eyes down to the right and do homolateral crawl counting aloud to 10. Reinforce the cross crawl by thinking of what a successful teacher is, cross crawl and re-test the supraspinatus. Does it now "switch on" for successful teaching in the cross crawl state? Great! Now to complete the integration of this image for yourself, extend your arms out to the side and slowly bring your hands together interlocking the fingers. Hold the image/feeling of successful teacher throughout. Now go out and teach!

(\*successful... includes how you view yourself as an instructor, how much you want to make monetarily, how many students you want to teach, your level of effectiveness, etc. In other words, include as many different levels as possible to your image of "success".)

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## TOUCH FOR HEALTH FOR ALL THE SENSES

This paper is actually a paradox, because the subject - how to present information on all sensory levels - is presented to you only visually. So use your fantasy and hopefully you will get some new ideas about how to share information with your class, if you are a Tfh instructor, or with your friends.

The idea of sharing about this subject came to us one year ago, when we went to Hungary to teach to first Tfh class there. To introduce Tfh in a new country is a challenge in itself, but in that class we had to confront an even bigger one, the biggest challenge we ever had as a teacher: one of the students, and actually the one who was most eager to learn, was completely blind. That meant that we couldn't rely on our usual ways of teaching if we really wanted to get through all the information to him. And to do that was extremely important, as Zsigmond (that was the name of the blind man) couldn't go back to written notes, couldn't consult the book, couldn't get hints from pictures.

The class worked actually very well out, Zsigmond was very satisfied and we had a definite feeling that, thanks to our efforts to make all the information super-clear for someone who can't see, even the rest of the class had a much higher understanding of the material than we ever before was able to generate.

What we did was that we were extremely careful in verbalizing all information with precise words and at the same time we used always Zsigmond to show all the techniques, points, muscles, ranges of motion etc on him, so he had not only a verbal, but even a kinesthetic experience of the material. Verbalizing the information in a very precise way gave Zsigmond also a kind of exact notes to go back to after the class was over, as he was taping the whole weekend.

You might ask yourself, why are we telling you all this? The reason is that when the class in Budapest was over, we realized that what we did wasn't some "extra" for the sake of Zsigmond - it was just what we are supposed to do any time we want to share some information with more than one people.

The reason is that in almost all groups you will find people, who, as far as learning process concerned, are either blind, deaf or numb. Does

that sound dramatical? To find out, make a little experiment: ask your friends how they learn easiest?

You will hear that some of them have to see the thing or the action they want to learn (visual), others want to have a precise verbal description of it (auditive), while a third group basically have to do the thing or in some way feel it themselves (kinesthetic). You probably recognize that even you belong to some of this groups, although the boundaries between them are not always as clearcut as we present it here.

The problem is that even teachers have their preference regarding sensory channels. That's why we for many years presented for example meridians with the verbal description of "it begins here and it goes there and it ends here", while we were pointing to different places on the body. People who are basically visual probably could follow what we called "here" and "there". But auditive people would have needed the name of the anatomical landmarks and kinesthetic people would have needed to be touched upon to show where the meridian was running on them. It took us many years to learn that a lot of people we considered to be "slow learners", people who kept asking the same question again and again on things we just showed them, missed the information because of our unawareness of the different predominant sensory channels they had.

That's why our meeting with Zsigmond became a turning point in our development as teachers. From that time we always imagine that we have at least one blind, one deaf and one kinesthetically numb person in all our classes. In order to satisfy all of them we write and draw things on the blackboard, at the same time we describe everything with the most precise possible words, using exact (but not exclusive) anatomical terminology, and we get people paired up to touch each other and to repeat loudly for each other the information we are simultaneously verbalizing and showing on ourself.

Do you believe us, that during this last year we made a surprising discovery? It seems to us that the number of slow learners in the world, or at least in our classes and at our lectures, is decreasing radically!

Bippan Norberg and Péter Szil, Sweden

## WHY TEST FOOD AS WE DO IN TOUCH FOR HEALTH?

The way I learned and I teach foodtest in Touch for Health is like this: start by testing some muscles, usually Pectoralis Major Clavicularis (PMC) and Latissimus Dorsi, but sometime other muscles also need to be used. Find out which ones are stable and which ones are not. To do a test where you both want to find out which food the body needs and which is not good for the body, you both need muscles that are stable and unstable to start off with. Then the person takes the food in his mouth, chews on it and can feel the taste of it - and at that moment you retest the muscles. You can notice at once how the body reacts to this food.

Nevertheless, there are also other ways to test food with muscletesting. I took the first course in Biokinesiology that was held in Sweden some years ago. I got very fascinated of how fast you could test and how effective it seemed to be. The therapist has a testkit of 100-200 items, each item in a small plastic jar. The food is kept all the time in the jar and the food is tested by holding the jar towards the body at some specific point. Here it is also muscletest which determines whether the person is allergic to the food or not.

So why do we in Touch for Health have our friends and clients do the hassle of bringing their own food when it could be so easy and practical with a testkit? Apparently it works to test food outside the body, why bother about putting it in the mouth?

I asked myself these questions and ordered a testkit. It took a long time for these testkits to get ready and during that time I continued to test in the old Touch for Health manner. And I started to discover the advantages of it.

One of the first advantages is actually that I let the person bring their own food. When I tell them this in advance, I tell them to bring about 30 different items of what they eat most of in a week. Everything should be in the form they eat it (raw carrot, cooked carrot etc). Many people comment this when they come to see me and they tell me that they learned a lot just by doing that. They have been, perhaps for the first time,

thinking through what they actually do eat in a week and that might have been very different from what they thought. Many have realized they need to do some changes in their diet. This makes them more open for what the test will show them, as the test usually show that they in one way or the other has to change something in their diet.

There has been a few people, who, when I talked to them over the phone about bringing food with them, said that it would be too much hassle for them, they did not want to do all that work. I think they are not motivated enough and are not ready to do the change in diet they might need. To change your diet is certainly not easy! And in Touch for Health we do not prescribe any simple cure, like a pill, that the person can take and then go on and eat anything. We take the little more difficult way: awareness about that the food we eat effect us and that we have to take the consequences of it.

Some people I do send to a therapist working with Biokinesiology, as a change in diet would not be enough, e.g. if the person is allergic to almost everything.

Most people who come to see me have never been in touch with muscletesting before. Their first reaction is that it is very strange that the food in the mouth can effect muscles. For some of them it would be just too weird to accept that food has its own energy which effect the body even outside of it. For them their own food in their own mouth can work as an anchor to their own reality. The explanation that when you have the food in the mouth there is a message to the brain and from the brain to the rest of the body as how to react to this food is physiological enough to be accepted.

Something else I like about the Touch for Health way of foodtesting is the clear connection to the actual food - it is there at the test. It is the persons own food I test, a food he or she has a lot of feelings for. We take it up from the jars and the bags, we see how it looks, we feel the smell of it and the person taste a bit of it and in that moment experience a lot of feelings for that food: wonderful, not so good, and so on. At

the same time the person can also feel how other parts of the body react to the food in the mouth. There is a direct connection between the food and the bodys reaction - which for many is completely new. Before the only connection perhaps was: This tastes good - I eat it! Now they feel in their own bodies (I never have to tell anybody) that something tasty is not always good for the whole body. This gives them a new dimension to food and their own eating habits.

A reaction that often happens is the this: The person has something in the mouth that he likes very much and when he feels that the muscles are not stable anymore he wants to spit it out. This is a reaction they probably did have as very small children when they did not want the food, but most of us were forced to eat whether or not we wanted that particular food, so we have lost this natural reaction. Now, with the help of muscletesting, we can again directly feel what is good and bad for our body.

I ask my clients to spit everything out, even the things which are good for them. If they would swallow something which made a muscle stronger while they had the food in the mouth, there is a small chance the muscle will stay stable, and for my purpose in foodtesting I like them to have unstable muscles (as well as stable ones).

I suspect that people who only get tested with anonymous things in plastic jars and before going home get a list of "good" foods and "bad" foods, will have a more difficult time to change their diet. The wheat on the list does not have anything to do with the bread I take when I get hungry in between meals. So when I get hungry, I start thinking of bread and the nice feeling in the mouth of how good it tastes - and the experience is completely separated from the experience of having a plastic jar on the navel for a few seconds. If I have been tested on the bread I use to eat I have a multidimensional memory of the test and the connection is not only an abstract, mental one.

As all the senses (sight, smell, feeling, taste, hearing) are present at the test, so are the inner feelings. As I said earlier, to change diet is very difficult for most people. While testing, the person might realize that he would do better

avoiding some particular food. This might make him very upset or sad. I am happy that they can come out with this feeling while they are seeing me, so they don't have to bring it home, to a perhaps non-supportive environment.

I do keep a testkit and sometimes I use it. My testkit is some jars and bags with alternatives. For someone who has just realized he or she is allergic to dairy products and feel very lost, I can show and test them on different seeds and advise them how to use it in their cooking and also have them taste tahini or other substitutes for butter. For someone who wants to stop drinking coffee I can show them barleycup and test it. I like to keep these items in the original package, the reason being that most people I see have never been into a healthfood store and going into one is like being in a different country and not understanding the language - and I like to give them some help on the way.

As we do have lots of feelings about food, I am thankful for the great Touch for Health technique Emotional Stress Release. I use it a lot in combination with foodtest. I do not want people walking away from the foodtest feeling low and thinking of everything they should not eat. Instead I want them to be happy that there is something that can be done about their allergies or whatever their problem is, and to be curious about this new adventure.

As the result we got in that session is not 100% true for always, I also do encourage them to come to a foodtesting class and learn to do the test at home in their own family. In order to be more accurate it is better if they do the testing more often, as the result can change.

We are now setting up these foodtesting classes of two to three evenings. The students learn to muscletest PMC and Latissimus Dorsi and the principles for foodtesting. There will be one or two weeks in between the meetings so the students have a chance to practice and the instructors can be sure before the end of the class that everyone in the class is capable of determine whether a muscle is stable or not.

BIPPAN NORBERG, Sweden

## TOUCH FOR HEALTH ZERO

All of us who work with teaching Tfh knows that there is no worse enemy for our goal (i. e. to make this method available to as many people as possible) but our own eagerness to overwhelm people with everything we know.

The clear structure of Tfh I, II and III works as a kind of defense against this human weakness, to which not even Tfh instructors are immune.

Despite that, it is a common experience of many instructors that even Tfh I, with only 14 muscles, fix as you go and may be some additional techniques can be just too much for some people. We want to reach the lay public, so we have to be aware of the fact that many of them will not be willing to put aside one hour each day, although at the beginning a balancing takes as long as that. On the other hand, if they don't take this time during the first week following the basic course it is most likely that the impulse and knowledge from the workshop rapidly fade away.

A possible solution for this problem is our idea of a course called Touch for Health Zero.

Tfh Zero includes the following techniques:

- \* correction of visual inhibition;
- \* meridianmassage;
- \* ESR;
- \* cross-crawl and demonstration of the importance of diagonal movements (use of backpack, walk with freely swinging arms);
- \* muscletesting of PMC and Latissimus dorsi and foodtesting with the help of these two muscles.

As you see, Tfh Zero is a course to learn some simple techniques from the rich arsenal of Tfh. These techniques are chosen so that the students can practice them enough in the actual workshop, so that when they go home, they can start right away. Everything they learn in the workshop should actually be possible to do in less than 15 minutes already the first day after the workshop, with no more practice than the practice gained under the workshop. Despite its simplicity, the whole material of Tfh Zero makes up a complete selfhelpprogram, which people can use already at this stage to produce definite changes both in their own life and in the life of their families and friends.

Let's think, how a morning of one of your students at a Tfh Zero workshop could look like:

He gets up, he does a meridianmassage and some exercising with a lot of cross-crawl movements. He eats his breakfast which has been muscletested with the help of someone in the family. He does the visual inhibition technique on himself and his children who go to school. With his hand on his forehead he thinks through all the difficulties he is going to confront this day and, with the hand still on the forehead, he visualizes himself solving them without stress. Then he takes his backpack and with freely swinging arms he walks to his job.

To reinforce the program, the course can be finished with all the students making a nice, colorful drawing with the whole program, which they can set up on the wall at home, e.g. in the bathroom.

Tfh Zero should preferably take a whole weekend, like the other Tfh workshops. One of the reasons for that is to really allow time for learning all the techniques, including the meridianmassage, before the students go home. Another reason is the enormous need beginners in Tfh have to ask all the "dum" (the best!) questions about energies, alternative medicine, about each others explorings in this field etc. By satisfying this need and by providing a peaceful, relaxed time-space for learning techniques they can feel successful with already next day, we create more appetite for Tfh instead of creating frustration. That increases also our chances to really concentrate on the material at the Tfh I course.

The perspective of the whole Tfh curriculum should of course be emphasized throughout the whole Tfh Zero workshop. Meridianmassage, for example, doesn't have the same balancing effect on the posture as a complete musclebalancing can have. PMC or Latissimus are in some cases not enough for testing food. In four tests (PMC and Latissimus on both sides) you almost always find at least one muscle in unbalance and one in balance, so you can test the food, but who wouldn't be interested in also learning how to strengthen unbalanced muscles?

We hope you will have fun trying our idea and we hope even more that you will take time to write us about your experiences with it. Thank you in advance!

Bippan Norberg & Péter Szil, Sweden

## OVER FOCUS- The Posture of Our Times

by Paul E. Dennison, Ph.D., and Gail E. Dennison, E-K Faculty

Bill smells smoke in the room. A doctoral candidate in his last semester of classes, he methodically finishes the page he is reading before acting upon his instincts to investigate the fire.

Janet, age 13, has always had perfect vision. An enthusiastic swimmer and dancer, she now wears lenses for near-sightedness and spends all of her time indoors studying and watching television.

Victoria, age 26, has pain in her back and neck. She has had a sudden weight gain since becoming a computer transcriber. She is unable to focus her eyes nor make eye contact, and her neck seems to be disappearing into her shoulders..

What do these people have in common? They all share the "overfocused" posture which is a major challenge to our culture today. Experts estimate that 8 out of 10 people will need prescriptive lenses in their lifetime due to stress related visual complications. Both the visually gestalt-oriented person and the visually-analytic-oriented person are vulnerable to the stresses of a society that disproportionately rewards focusing on near-point tasks. The physical, emotional, and spiritual needs of these people, if uncorrected, are a staggering responsibility.

These people can learn to experience a new visual awareness of the world. We believe they can change, because we believe they have learned their present vision. If they can learn to function from one visual system, they can learn another one just as easily! Their vision reflects their individual, unique perception of life, and their choices based upon visually-related "successes" and "failures"!

Our society, our educational system, our family influences, and our genetic predispositions all play a role, working together, to shape who we are at any given moment in time. We are a sum total of all our experiences and how we have interpreted those experiences as guidelines for the future.

In previous writings we have often spoken of the "underfocused" posture shared by the learning handicapped. We have taught how to recognize "switched off" postures which reflect an inability to concentrate, comprehend, articulate and participate. "Underfocused" people may appear "spaced out", lazy, and uncaring. Our E-K techniques get them participating, motivated, and accessing hidden reservoirs of knowledge.

Today we are discussing the "overfocused" person rather than the "underfocused". Our research and successes with the "underfocused" posture have enabled us to develop an understanding of the "overfocused" which has, in turn, led to a breakthrough in natural vision and posture improvement.

## OVERFOCUSED - POSTURE AND PERSONALITY

The "overfocused" person has usually compensated "successfully" for stresses she or he encountered in their early learning experiences. The "overfocused" person may be a "workaholic"; the person who knows how to succeed, but, when he gets to the top, may be unable to tell you why he is there or have the energy to enjoy it.

The "overfocused" person is often highly sensitive to criticism and praise. For him, pleasing others and avoiding failure often become the motivating factors of existence. Through careful concentration and analysis the individual gains success at home and school where intuition and movement where probably not rewarded. As he develops the ability to move images closer and closer, he learns to read and write to the satisfaction of those giving school grades and approval.

The "overfocused" person discovers she is good with details, puzzles, words, and verbal directions. She grows up controlling the universe of language, people and computers, instead of "blending" in harmony with them. To her "winning isn't everything, it's the only thing!" The only social situations which are comfortable involve competition, rules, and rewards.

The "overfocused" person avoids seeing a bigger picture and seems unable to keep things in perspective. From early childhood there is often evidence of an inability to be aware of the context of a given situation. It may begin with a "me only" attitude and later extend into an insistence that life proceed "my way". What appears as stubbornness may be an inflexibility which makes it impossible to see another point of view but one's own.

The "overfocused" personality is soon reflected in our vision and in our posture. We shut down our abilities to see the distance in order to win at seeing the near point work. We lose the ability to see the periphery in order to have the tunnel vision necessary to get by our obstacles. We shut out the light and wear sunglasses in order to block stimulation. We stop breathing in order to stifle inspiration.

The "overfocused" person is recognized by a posture which finds the head uncomfortably forward, the shoulders rounded and hunched, and the arms unable to move through full range of motion. There is an inability to turn the head from side to side and a rigidity within the body, especially in the thighs and hips. If the person uses corrective lenses, he is usually myopic.

The Touch for Health muscles most often affected are: Latissimus Dorsi, Neck Muscles, Teres Minor, Pectoralis Major Clavicular, Anterior Serratus, Rhomboids, Levator Scapulae, Abdominals, Psoas, Hamstrings, Adductors, and Gracilis. Some or all of these are often found to be "weak", homolateral, or "overenergy strong".

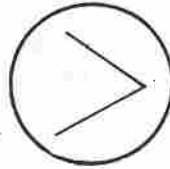
The "overfocused" posture is learned in order to hold "energy" unnaturally in the front brain where verbal mediation takes place. The early success of this posture prevents the natural integration with the more intuitive back portion of the brain.

The E-K consultant teaches people to recognize patterns of living which are present yet no longer useful or desirable to the individual. Once recognized, those patterns can be repatterned and transmuted into more whole and beneficial modes of living and challenge-solving.

To discover if your student has a "Focused" posture, there are several tests available:

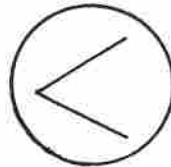
TEST FOR FOCUS:

1. Test a strong indicator muscle in the clear.
2. Say, "Focus on the sound of my voice." (Any test of concentration or comprehension can be explored here, as the underfocused person will be unable to accomplish this type of task without stress and the muscle will switch off).
3. To confirm #2 above, test nonverbally by muscle testing while looking at the following symbol. If your student is "switched off" on the symbol, this suggests that she is unable to concentrate all her energy at a single point. She is underfocused and needs to be corrected as such (see below).



If your student remains strong, she is able to "focus".

4. If your student is strong on #3 above, he may be able to focus, yet may be "overfocused". To determine if "overfocus" is present say, "Focus on...(my voice) and keep everything in perspective." If "switched off", your student is probably "overfocused".
5. To confirm #4 above nonverbally, muscle test the person while looking at the following symbol. This symbol suggests that the person is unable to concentrate and be aware of the context of the situation at the same time.



The Advanced E-K balance for under and overfocus, using priorities, is part of the curriculum in the "Advanced E-K" and "Art of Seeing" Workshops. Creative Touch for Health or E-K I and II balances can help expand movement into these focus-related areas through teaching and awareness of the related postures.

## TEACHING FOCUS THROUGH MOVEMENT

BRAIN GYM activities that are especially helpful for the under or overfocused posture:

1. EARTH BUTTONS (central meridian: helps the underfocused posture to attend to a single point)
2. SPACE BUTTONS (governing meridian: helps the overfocused posture sense the "bigger context")
3. THE OWL (opens both central and peripheral awareness)
4. ARM ACTIVATION (helps with near point abilities)
5. FOOTFLEX (especially important for the underfocused posture and the development of ego and language)
6. CALF PUMP (activates both movement and stabilizing abilities)
7. GROUNDER (awareness of solid body foundation is especially helpful to the underfocused person)
8. GRAVITY GLIDER (helps develop an awareness of self in space - beneficial to both focus and context abilities)



A presentation on a one year trainingprogram for L.M.'s to become the status of:

THE WISE WOMAN ON THE CORNER OF THE ST. EFT.

A Holistic program on different ways of nursing.

Coby Schasfoort RN.  
TFH Instructor-trainer

Toos Driessen RN.  
First grade teacher of nursing.

NURSES ARE WAKING UP !

The time that nurses just do what the doctor tells them to do, seems to end rapidly.

Everywhere in the nursing schools, in hospitals and in public health departments we can hear the dissatisfaction.

Nurses are not longer satisfied with their profession as it is. Not being recognised as a true profession, but still being the extension of the doctors arm.

Nurses do not want any longer to function as the person who does the caring for the patient, on the base of technologie as ordered by the medical doctor, or on demand of the patient who patiently waits for the things done "to" him. Nurses are still regarded as the mother goose who takes the burdens upon her shoulders in order to get people well again. And in spite of the fact that more male nurses appear at the horizon, nursing is still a feminine job, but regulated and ordered for by masculine thinking and masculine management.

And that is what nurses will not longer accept.

But not accepting this status quo is not the same as doing sometimes to change things.

One of the main items that will have to change is the nurses own beliefsystem. In this masculine world women have been untill now the persons who look care of creating a safe and soft and friendly surrounding. Mothers, secretaries, housekeepers, cleaningwomen and nurses have been functioning on a broad level in order to keep the world running smoothly.

If it is true that the right brain takes care of harmonious movement and the left brain for robotlike movement, than the women are the true right brain of mankind.

And since it is impossible to function only on the left brain, it's about time to change. What we really need is more feminine movement untill we equall again.

When I left the nursing profession to start my own praxis in holistic health, I was asked for a interview with a nursing magazine.

"Any did I leave nursing after so many years, to start such a obscure thing as a natural health praxis?" My answer was: "I will rather be a wise woman on a streetcorner, than go on being unsatisfied with what is happening to the nursing profession in the medical field".

That it seemed to be a rather revolutionary answer. In the meantime I have learned that many nurses would love to do the same, if it would not be such a risky adventure.

Since than I have invested thousands of quilders to learn to be "wise" and to learn about holistic health. And the more I invest, the more I find out that I am still far from being wise.

I still do not understand my own body. I still have to unlearn a lot of old belief and I still have to go on learning to live.

And that's one of the most exiting things, going on learning about life and living.

Instead of learning about disease, start learning about life. Instead of doing the care for patients, tell the patients not to be patient. ~~any~~more and learn to live.

With this idea in mind I have, in spite of the fact that I left the nursing-profession, more contact with nurses than ever before.

I have been invited for lectures on holistic health and nursing in nursing-schools, in public-health departments and in inservice trainings more than ever before.

And lots of nurses take classes in touch for health and other items.

But still it's too incidental, if we really want to change the nursing profession there has to happen a lot more.

And since I want to be there where it happens, I <sup>h</sup> thought that it would be worthwhile to start a holistic program for R.N.'s

This plan has been taken also in consideration by a nursing school in the country. And together with this school, we are developing the following plan.

A one year postgraduate schooling for R.N.'s

It is based on the philosophy of the World Health Organisation on primary health care. This is a start.

We also did send our program to the state department of health, to ask for financial support and recognition of our program.

Until now with no result. But even when the program will not be recognised, we will still start with the motivated nurses who no longer accept the status quo. And it is impossible for me to believe that it's not going to work out beautifully.

#### OUR GOAL.

Our goal is the same as the goal of the WHO, : "Health for all, by the year 2000". Our goal is to educate R.N.'s into selfprovisional professionals in the holistic healthcare.

We will work to the "wise woman" syndrom. Create together with all nurses of the world the idea that what's healthy has to be kept healthy and put the main emphasis on this issue.

By learning people in their own environment the interrelation between the structural, chemical, psychological and spiritual sides of life and living. And how to maintain this way of health without fanaticism or dogmatism.

The Netherlands signed the contract of Alma Ata on primary healthcare.

Until now nothing of what was in this contract has been realised.

By starting this postgraduate course, we will make a start to change nursing and to change healthcare into a self help program.

And by doing so we may be able to create a better world.

#### - Who can be accepted in this postgraduate training?

Only those nurses who graduated for the diploma's A - B - Z or H.B.O.V. Because in Holland this means that these nurses are able to function as free professionals without the need of supervision.

The R.N.'s with the A - B - Z diploma's are mostly trained in inservice for specific nursing.

A - in General hospitals,

B - in Psychiatric hospitals,

Z - in Nursing homes for retarded patients.

The H.B.O.V. nurse is trained in a nursing school and is trained for all sorts of nursing, from general hospital until public health nursing.

The candidate does need at least one year of nursing experience.

- How much time does the postgraduate training take?

It's a parttime training in the course of one year, during 45 full days. These days are divided into:

- 1 block of 5 days
- 10 blocks of 2 days
- 1 block of 4 days.

Before graduation there will be a "practicum" of 4 days.

There will be no diploma, but a certificate at the end of the training, that will enable the nurse to act as a free healthcare worker, or as a "wise woman".

The training will be residential for every block.

#### INTRODUCTION TO THE PROGRAM.

Health and healthcare has become more and more a issue for discussion. Certainly since the beginning of the eighties.

One of the main reasons for the discussion is the financial aspect of the healthcare.

The costs of healthcare take the second big piece out of the national income, after armament. Numerous steps have been undertaken to get the amount of money, spent on healthcare, down.

Some of the steps were for example:

- Cutting down on hospital beds,
- Budgetting on personnel costs,
- Not building of new hospitals,
- Reduction on technological material,
- Cutting down on salaries of student nurses in the inservice training,
- Asking patients to pay a certain amount of money, in spite of health insurance, for medicines and other.

There have been and there are still big discussions on the issue of what is still ethical in healthcare.

On the side of the population there is growing dissatisfaction about the way people are treated as object, rather than as a human being. And about the more and more heard phrase: "learn to live with your disease or handicap".

In the Netherlands this has resulted in a growing interest in alternative healthcare.

It is impossible to stop this movement to more natural and more holistic thinking.

And yet also in the alternative healthcare, we begin to see the influence of training in terms of curing disease, rather than wake up peoples own healing ability and own awareness.

Right now we have the danger of a struggle between the so called alternative healthcare and the regular healthcare. And that is just what we in this program do not want to encourage.

Our goal is cooperation between the two and waking up people to do their own thing. Again, to learn about living instead of learning about illness.

Block 14 - 1 healing week with patients  
- And individual work.

Block 15)- Integration with the regular health field  
16)- Invited are doctors, nurses  
17)- teachers, physiotherapists.

Block 18)- Be assured of what you want to develop and accomplish  
19)- Hands on practice  
- Cooking - nursing - communication and other.

Block 20 - A full week to close the training  
- To be with each other  
- To introduce new students to the training.

Getting wings to fly.

We are aware of the fact that this program is not at all complete.  
That many more things could be added to it.  
However what we want is to be facilitators, and grow together with  
our students into better ways of holistic nursing.

The program will start in January 1986.  
We will keep you informed.  
And please, take over our initiative worldwide.

## THE TRAINING PROGRAM.

- Block 1 - Creating a atmosphere with all of us, in which it is possible to learn from each other.
  - Expectations
  - First principals of energy systems
  - learn to experience the power of our own bodies
  - We start a "growingbook".
- Block 2 - In every block we will have a chance to talk about our own growing-procedure.
  - Communication
  - Body-language and stress mechanism
  - Touch for health.
- Block 3 - Touch for health
  - Communication
  - Lectures on food and preparing of natural food
- Block 4 - Healingtechnics
  - laying on of hands
  - Touch for health
  - Attention for herbs
- Block 5 - Touch for health
  - Ecological principals
- Block 6 - Me - the world - the cosmos.
- Block 7 - The same.
- Block 8 - Touch for health.
- Block 9 - More holistic technics to reduce pain and stimulate healing mechanism,
  - for example: Footreflexologie
  - Body-brain integration
  - Visualisation.
- Block 10 - The bare-foot doctor
  - The possibilities of a free job as "wise women".
- Block 11 - The Law.
- Block 12 - Positive language
  - Communication.
- Block 13 - Bedside nursing
  - Primary healthcare

# SPACE INVADERS!

by Brian H. Butler

Touch is a wonderful thing. Touch for Health is a marvellous way to give touch for reasons other than sex or violence. It seems in our crowded societies, we have almost to go out of our way to avoid touching people.. In train stations, waiting for buses, lining up to pay at the checkout, we have to be most careful NOT to touch anyone for fear of being misunderstood or giving offence. People are "touchy" about TOUCH.

## SHAKE HANDS - ITS NICE AND IT IS SAFE.

In Touch for Health classes, we often have people come along who are just not used to touching or being touched. Accordingly when I teach, the first introduction to touch comes early on in the class. I invite each participant to shake hands with the person next to them, and on each side of them.

This perfectly acceptable social gesture, when done by request, never fails to produce a lot of smiles and a buzz of conversation. It certainly helps to break the ice during the first few minutes after the start of a class.

## TEACH "PUSH HANDS" - IT IS FUN

Next I ask them to hold up one hand and face their neighbour, who also holds up a hand, and then they practice the teamwork that is involved with pushing gently and holding against the pressure simultaneously as in a proper muscle test.

In this way, the first two occasions when strangers touch each other in Touch for Health classes is in this non-invasive way, and they will feel it is safe to touch.

## DO YOUR FIRST TESTS IN LINES - IT GETS EVERYONE RELAXED

When we start to do the supraspinatus test, I first demonstrate on one volunteer. Then I get them to do it with the person next to them. After that, I have them line up facing each other in lines of four five or six, depending upon the number in the class. This usually results in a fair amount of amused chaos. Then they begin to test the person in front of them, then everyone moves along one person, and tests again. This way everyone gets to feel what it is like to test different people.

As anyone who is an instructor, or who has taken a TFH class knows, by the end of the class, lots of the participants are delighted to hug each other with the traditional totally non-sexual, and hopefully non-violent "TFH hug"!

I am happy to say, that in ten years of teaching Touch for Health, I have never had one instance of anyone abusing the opportunity for touch and closeness that the class offers.

## SPACE INVADERS!!

Once we have overcome the fear of touching and being touched in the context of Touch for Health, it is possible for us to forget our initial reticence or shyness, and barge into other people's space without permission.

I have actually had people be offended with me at Annual Meetings when I have smilingly declined a hug. On one occasion, an individual insisted upon giving me the "ENTHUSIASTIC TOUCH FOR HEALTH'S OFFICIAL HUGGERS HUG", and nearly put me in hospital!

My back is sometimes very precarious since I once ruptured a disc between lumbar four and lumbar five. I have to be careful to keep my weight properly distributed, otherwise it is possible for acute spasm to set in, which causes great pain.

When the "hugger" offered the hug, I smiled, and said: "Thankyou, but not just now please." The initial response was a look of disbelief, the second reaction was a huge warm bearhug typesmile and before I knew where I was I was practically being hugged off my feet! A moment of pain, instead of enjoyment.

No offence was intended of course, and none was taken. The point of telling this story is merely to illustrate that there are occasions when it may not be appropriate for us to hug or touch, or muscle test, or rub a point, or indeed do anything to another person. Normally I LOVE to be hugged, so do not let this put you off!!! Let us just be sure to get agreement first.

Being involved with Touch for Health does not give us a licence to become a "SPACE INVADER". Rather it is the opposite. It is an opportunity to introduce touch in a very respectful and a very safe way to others. In Touch for Health, the ideal is always to work with others by permission.

It spoils things to be a SPACE INVADER! It is poor manners to go ahead and insist against even the mildest protestations, or slightly grudging "OK, well go ahead and try it." Working with anyone in this manner is not the way to "win friends and influence people" favourably for Touch for Health. "He who is convinced against his will - is of the same opinion STILL!"

Gordon Stokes taught me to say: "Is there any reason why I should not test you, any aches, pains or sprains?" Sometimes I get sloppy and forget, with the result that I have sometimes noted an expression of surprise, or irritation, when I have ASSUMED (you know, - it makes an ASS out of U and ME!) that it would be all right to do something I felt would be non-invasive, but that was not how the recipient felt about it!

So let us honour Touch for Health for what it is: A wonderful system of helpful health care, and a really valid vehicle for us to offer genuine love and caring concern to people who are ready and open to the idea.

# Teaching the Neuro-Vascular Point Strengthening Technique.

by Brian H. Butler.

## 1. Explain the history of the neuro-vascular points.

They were discovered in the thirties by Bennett, an osteopath who found that the circulation of blood to the organs could be influenced by touching certain points on the skin covering the skull, and also on some other parts of the body.

In his research, he used a machine called a "fluoroscope" to observe changes in blood flow. Those machines, now banned, unfortunately produced lethal amounts of radiation, and this probably accounted for Bennett's early demise.

It was not until George Goodheart, the chiropractor who discovered Applied Kinesiology, checked the effect of these points upon the inhibition and facilitation of muscles that these reflexes began to be widely used.

## 2. Demonstrate the effect of touching an N.V. whilst testing.

It is sometimes hard to believe that merely by just touching someone's head very lightly, that so much good can be done. It is very powerful to demonstrate just how immediate the effect of touching neuro-vascular points can be.

Ask for a volunteer, quickly go through the fourteen muscle tests until you find one which does not fire well. Show the class the difference between the left and right if the muscle is only inhibited on one side; or if not, show the difference between a strong test on another muscle, and the profound weakness of the one mis-firing.

Then have the person touch as lightly as possible the appropriate neuro-vascular point WHILST you re-test. If the N.V. is involved with that muscle being inhibited, there will be an immediate strengthening when you re-test. Do not let them touch it for long, or you will lose the weak indicator, just for the two or three seconds it takes you to do the test. Then have them remove their finger, and show that the muscle instantly reverts to being inhibited.

## 3. Then show it has to be the correct point.

Then do the same test procedure again and have them touch another N.V. which is not on the same circuit. I.E. if the muscle testing "weak" is the fascia lata, then touching the parietal eminences will make it strong if the N.V. is involved. Then test having the subject touch the N.V. just above the ear for the spleen circuit, and show that that does not have any effect. (If by any chance it does, tell them that there is a reason for that which you will cover in TFH II!!! and then show them that it does not strengthen with another point.)

Then either you hold the points for the person's fascia lata, or have them do it, and hold them long enough to balance the energy. Then re-test and show the muscle is now strong and able to respond properly to being asked to work.



**4. Then explain the lightness of the touch.**

I often say, "If you wanted to touch a butterfly's wing without damaging it, that is how lightly you want to touch. Or touch the skin of your closed eyelid without giving yourself any discomfort whatsoever. That is all the pressure that is needed to activate the point, and strengthen the muscle.

Show how to use the top of the pads of the fingers, not the point of the tip at the end where the nail is. The top of the pad gives the best energy exchange. Also suggest that they use their middle three fingers to touch N.V.'s, and to keep the centre finger bent a little so that the pads of the three all touch the skin evenly.

**5. Explain that this is a technique you can use on yourself.**

Like everything else in TFH, if you can reach it to touch it, rub it or press it you can do it for yourself. However, it is DEFINITELY more effective when someone else does it for you.

**6. Next explain to the class the value of the "stretch reflex".**

Now they understand how gently to touch, show on someone's frontal eminences how you can "tug" the skin lightly in an upwards direction. Just take up the slight springiness of the skin with enough pressure that you do not slip off. The finger stays in place on the skin, and an upward pressure of a fraction of an inch stretches the skin very slightly.

This "stretch" reflex seems to increase the effectiveness of the stimulation. It is not essential, it merely enhances the effect.

**7. Warn the class not to use firm pressure, or rub N.V. points.**

Activating N.V.s with strong stimulation has the reverse effect, it further inhibits the energy in the circuit, and to the muscle.

**8. Explain what they might feel through their fingers.**

Introduce the idea to the class that they may feel "pulsations" or "pulses" or a kind of "flickering" feeling beneath their fingertips. State that not everyone feels this at first, but that as people get more practice at touching N.V.'s, they usually are able to feel differences in the pulse sensations.

As the circuit's vascular energy comes into balance, it will be possible to detect changes in the pulsations. Sometimes they get faster or slower, sometimes they may seem to stop altogether for a while. This demonstrates that the pulsations are not heart beat pulses, but are functioning independently of the heart rate.

The ideal is to hold the points until the sensation at the finger pads feels calm, smooth and even. If you are holding with both hands, then the sensation will eventually feel the same both sides, if you are holding the fontanel, the pulsations will give way to a gentle "breathing" surge. Hard to describe, but once you have felt it you will never be in doubt about how it feels. Do not feel badly if you do not feel it to start with, just hold the points, and you will be doing a wonderful job of stimulating blood flow and strengthening muscles!

# The ADVANTAGES of RUNNING AROUND IN CIRCLES

One of the most powerful techniques in class management I learned from Gordon Stokes in 1976, was to run circles regularly.

This simply means setting aside time in the classes to give the group some opportunities to express their ideas and feelings. Everyone attending a class or a lecture, or indeed any gathering, has a few moments to speak in turn on a specific or general point. Each person has the choice of making a comment, or not

Arrange the chairs for your class into a circular or horseshoe shape as much as it is possible to do in the room. In this way each person can see the other as they speak.

At the start of the class, it is a good idea to explain the few ground rules that ensure running the circle will be a success:

1. Everyone is asked to address exactly the same subject. For instance: "Will you tell us your name, and how you came to hear about Touch for Health?" Or, "What decided you to spend this time and money to take this particular course, and what do you hope to get out of it?"
2. Everyone gets the chance to express freely what they wish to say without interruption or comment from anyone else. This is of vital importance. It is unfortunately true that most of rarely get a chance in our everyday life to have this freedom!
3. Anyone may "pass" if they wish, and if they do, it is nice to go back to them after the conclusion of the circle, and offer them the chance once more, and if they still say "pass" - fine.
4. It is important that the facilitator of the circle makes no response, either to agree or disagree with the contributor. Simply wait until they have finished and then say: "Thankyou", simply and sincerely, without any tonal bias which may be construed either as agreement or criticism.
5. Then the facilitator says, "Next" or "next please", or makes an encouraging gesture to the next person in the group to begin their contribution. This way, the circle proceeds in a smooth and orderly way.
6. Very occasionally, someone will interrupt, agree, or disagree with something being said. At this point, it may be necessary to re-state the framework of the circle: "Thankyou, and may we hear 'x''s comment now, and we would like you to have an opportunity to speak in a moment." If the instructor makes the groundrules clear at the outset when the class is still totally unformed as a group entity, the chances of having to do this are rare. However, one of the great values of running around in circles, is that everyone gets to feel safe to say what they really feel without fear of interruption or contradiction.

7. When everyone has had their say, you may want to say something yourself. Be careful not to invalidate anything anyone has said, or support or reject any one particular view. Difficult, yes, and essential that the leader of the circle merely gives their own opinion just like everyone else, without any particular reference to anything anyone else has said. If some of the comments have been somewhat emotive, maybe the best thing to do is NOT to comment except to say "Well, I would like to move along now with our first/next topic..."

Here are some suggestions collected from classes when brainstorming the value of circles during Instructor Training Workshops. If you can add to the list, please write to me.

#### BENEFITS OF CIRCLES

Focusses the group's attention.

Enables participation from shy ones.

Helps everyone to be on the same level

Introduces and familiarises individuals with the group

Builds a group identity

Obtains different points of view, and we learn from each other.

Instructor receives feedback

Opportunity to speak without fear of contradiction

Speak without fear of interruption

Discover individual needs in group

Punctuates the class segments

Forces group to address topics

Gives group an exercise in listening

Stimulates creative contributions

Eases tension, , it is "OK" to say what you really feel

Opportunity to air "grievances"

It is nice to let people "pass"

Helps people discover confidence in themselves

Gets everyone involved

You can see everyone else

Brian H. Butler.  
T.F.H. Instructor Trainer, Britain.

## A PRESENTATION ON A NEW HOMEOPATHIC PRINCIPAL

As we touchers all know, we look at disease as an energy-disturbance rather than as a fault in the body construction. And so does the homeopath.

Human beings always have been confronted with diseases. Always they have regarded these energy-disturbances as illness or diseases as long as they exist. And what we are doing all the time is learning to cope with this phenomenon.

The principal of the Touch for Health system is to restore the body's energy with the body's own healing mechanism. Very often the results are fantastic. But it also happens that when the energy-disturbance has been sitting for a long period of time, it's pretty hard to get it moving again. Then the body may need something more than just touch.

This may vary from changing of lifestyle, food, foodsupplements, natural medicine or sometimes a chemical that has influence on the system. Maybe there is even a more aggressive thing as for instance surgery necessary. Until now nothing proved to be a panacea for everything. Every year we are confronted with many more techniques, medications, therapies and so on.

Sometimes the findings are heavy enough to cure the disease but they kill the body, to speak with Virginia Satir.

On the other hand we also experience that there is a lot of growing and a lot more awareness in human beings than ever before. What is also growing is the defensive attitude of people against non-natural methods and non-holistic methods. People do not longer accept that all kind of medication is dumped into the body without knowing the side-effects. Just to cure something very specific but making you feel lousy for the rest of time. And although it's not always true that specific chemicals are harmful, still it's so that the body's own healing mechanism is put to zero many times.

In our work the emphasis lies on restoring energy and vitality. And we all want to make sure that this is going to happen too. We want to work with positive energy vibrations. It would be wonderful if we could change negative energy-vibrations into positive ones. Change for instance the negative side-effects of chemotherapy into positive vibrations in order to support the specific medication. As we can see for instance in chemotherapy to treat cancer. The cancer cell's may be influenced positive, but the negative side-effect can be loss of hair. If we could do this, the cooperation between the regular and alternative healthcare could be fantastic!

With what I want to present to you today, we may have found such a thing. In a way it's new, in a way it's old. In my opinion it's something fantastic, but again: it's not a panacea, but just more deodorant as Sheldon Deal says.

It's just something you could add to your list of skills, and maybe it's

a method to link the alternative healthcare to the regular healthcare.  
We never know.

I have had the pleasure of working together rather extensively with a remarkable gentleman from France, by the name of Claude Onillon, a gifted engineer of electronics. He found a way to combine Touch, Homeopathy, earth-magnetism and language at the same time, with the emphasis on waking up the body's own healing mechanism.

Once upon a time, it sounds like a fairy tale, this man came to my house with a little simple machine in a little plywood box: and this was his secret. He stated that he could restore anybody's energy in a very short time with what was in that box if he would be able to find the proper word for the energy-unbalance.

My reaction to that was very positive!!! I said: 'Claude, you really are a very charming good looking bit of a Frenchman and I can think of all nice things we could do together and getting lots of energy, and I would never be able to find the proper word for it because it would make me speechless.....' And that's just what it seems to be: be speechless, but find the proper word.

Now what am I talking about?

After my first resistance for this in my eyes phony invention I thought: 'Well, I am always in for something new as long as it does not do any harm to anybody: and so why do I not give it a chance. So I did. And from the day I have laid my hand upon this I am growing more and more enthusiastic.

And now it's about time to share this knowledge with all of you, touchers!

What I will tell you about is a substance that can either be water or physiological salt-solution, filled with the vibration of a negative word or statement. The water or salt-solution serves as a vehicle for this vibration. As we go further, we will see that also symbols can serve the purpose.

The origin of the invention lies in the old homeopathic concept 'simili similibus curentur' : 'cure the same with the same'. And in the finding of Malcolm Rae: the so called 'magneto - geometric potency preparation'. This principle is based on the fact that Radiesthetists frequently use a 100 cm rule, along which they measure the potency energy of a sample of homeopathic remedy. With the sample placed at the zero end of the rule they move the pendulum along the rule from left to right. Noting the point where the pendulum swings exactly with right angles to the rule. This point is the indication for a relative potency energy. By drawing straight lines between the cardinal and half cardinal point of the pendulum pattern a special geometric pattern for every remedy could be found. By taking this pattern on a special disk and placing this disk between a vial of water and a magnetic field this energy pattern could be taken

over into the vial of water, and by doing so the water became laden with the same vibration except that the potency seemed to be very much higher than the potency of the original remedy.

In the homeopathy it's so that the higher the potency of a remedy, the lesser of the original material is in there. It's only the vibration of the original material that's left over. And the job it has to do is: wake up the body's own healing mechanism.

In the D12-D14 dilution nothing is left over of the original material.

Another principal in Homeopathy is language. A classic homeopath will have long dialogues with his patient, listening very carefully at what the patient tells him. And based on this he will find the remedy that has the same vibration as the language of his patient. The language that is used to make a concept of what, in the meaning of the patient, is his suffering.

And based on this, on the coöperation and the comprehension of the homeopath, the specific remedy is chosen: the homeopathic product, made out of a plant, a mineral or something else.

A new dimension to this old principal is given now by Mr Onillon. He started to use the power of language, combined with muscle testing. Language does have a tremendous universal power. And by using written language on a disk with a special pattern on it, we can take advantage of this principal.

By dialogue we talk to the human being as a rational being. By the written language in this special method we can also talk to the body and the unconscious mind of the human being. We all know this already since we know about body-questions.

In Touch we assume that the body understands any language, is it Dutch or English or Spanish or whatever. And yet we found that the same concept does not always have a proper word in every language. Maybe it's for that reason that we do have to use a mixed language or invent a new universal language or special symbols. We are not that far yet.

I for myself use a lot of languages at the same time, to express different feelings for which I do not find words in my own language. I use different words out of different languages to talk to the body. Even if the person has sometimes no idea what kind of hotch potch I am talking.

Let's for instance take the word 'love': in my belief it's a completely different concept than the dutch word 'liefde'. Or the word 'centering' for the centering test. We slap the body and the indicator-muscle goes weak. Do I write the word centering on the disc-card, the muscle may go strong. I say 'may' ! because it's quite possible that I do need the french concept 'problème d'intériorisation' to strengthen the muscle.

By listening to the person you may hear him say: 'I can't do this or do that .... or: I am a worthless person....' and the person may really believe that it is so and make himself weak and miserable by not believing in himself. The word 'negative selfimage' may be very helpful, on the other hand it can be an unknown act of the person fishing for compliments. Here I may need the words 'lack of affirmation'. What the tester needs to do in the first place is to listen very carefully, look very carefully and find the word that in the end strengthens all muscles. It can also be very simple a word for a meridian or a lymphatic point that needs special care.

And now the strangest thing of it all: the vibrations of these words, written on the special card, are transferred into the vial of salt solution and this solution is taken orally in drops.

It also happens that the disc-card together with the magnet does the job.

How this process works? Well, a lot in the way of Malcolm Rae's principal and added to that the way of Claude Onillon.

One important thing for tester and testee is that they are in tune with each other; but is n't that always so?

And important is also the atmosphere of unconditional love.

Working with this remedy gives a way of working in the physical field, in the structural and chemical and also in the psychological field.

On the structural level we may need the word 'slipped disk' or spastic colon or whatever.

In the chemical field we may need the name of a special toxic medication or substance to eliminate specific side-effects.

There seems to be no end to the possibilities.

By doing so we can develop a special way of talking and working with human beings and a special way of communicating.

I still have times that I don't believe my eyes, but until now it has worked for me in a fantastic way.

I just wait for the day that we do not need to take the drops anymore, but that we can heal ourselves and each other by just using universal language.

Demonstration follows.

## CHANGE? WHY SOME DO AND SOME DON'T

ALICE VIEIRA, PH.D.

This is a topic that has always fascinated me. I present it to this meeting for the expressed purpose of exploring the subject with you. I value your input, and I hope that my thoughts on this matter will stimulate your interest, hypotheses, and action. It is surprising to me that so few books deal with change specifically, yet there are more self-help books on the market than any other kind of book today. Self-help to do what? To change. It seems that everyone assumes that we know what it means to change, and most of us have said, probably within the last week or maybe even today, "I have to change such and such about myself."

What constitutes change? When can we say we have changed? Is it when we act a different way or feel differently or both? Is it really possible to change? How can we facilitate change? Can we? Can anyone change everyone else? Can we change ourselves? Do we just evolve? Is change the same as growth? Is change another word for difference? People of all ages are afraid of change; what are they afraid of? Do you change when you become committed or involved with something? Are you changed when your priorities are different? Is adding a technique, such as Touch for Health, to your knowledge a change? If you stop some habit, such as smoking or drinking, a change? When you learn something new, does that change you? Is it necessary to put into practice what you know for one to be considered changed?

As a counselor, my entire profession is geared toward the field of change. I often ask my clients, after they have completed the process, what assisted your growth? What



allowed you to go from where you were to where you are now? What helped you to go from misery to joy? They have provided me with many answers, yet still I find myself searching within the field of psychology and in other areas of possibility for the meaning of change.

In theoretical and practical psychology, there are many beliefs about change. Behavior modificationists believe that positive reinforcements will enable change. Gestalt therapists believe that change comes from awareness. Rational emotive therapists believe that change comes from changing your belief systems. Psychoanalysts believe that change comes from insight and working through. Rogerians believe that change comes from genuine regard and validation. Educationalists believe that change comes from knowing. Winifred Winnecott, an expert in the field of human development, said that the only cure for adolescence is time to get through it. The same could be said for the changes we go through. Could they all be right? Is this word, change, a hit and miss process? Is there something we can do to know more about it so that change can be facilitated with the people we work with effectively?

One thing that we know is that change can be stressful, even changes that are considered good changes. The human condition seems to prefer what we are comfortable with. We know what to expect, and that provides us with an illusion of security. I had a client I was treating for depression who told me that after the depression was lifted and gone, that she missed being depressed. She knew what that was like, and although it may have cost her her life, she was secure about how it felt.

Rollo May, in his book Freedom and Destiny (1981) defines freedom as the possibility of changing and the ability to change the nature of your being.

Stewart Emery, in his book Actualizations: You Don't Have to Rehearse to be Yourself (1978) uses the word transformation in the way I would like to define change for this exploration. He says, "If you took an apple and turned it into an orange, that would be a change. But, if you took an apple and turned it into an apple that tasted like an orange, that would be a transformation, because it would have the form of an apple and the essence of an orange. Transformation means housing a different essence in the same form. To a person who has undergone a transformation, the world is exactly the same as it was before. When you are transformed, the immediate circumstances of your existence are the same. What is altered is the way you feel about it. What is altered is your relationship to the things in your life, not the things in your life." (p. 45)

This transformation is what I mean by change.

One of my clients described her life to be like a great peanut field with weeds, pests, rocks, boulders, and, if tended properly, will reap a harvest of peanuts. Therapy, or Touch for Health, or whatever, does not change the number of weeds, the number of pests, or the size of the rocks, it simply gives you the tools to clear the fields of the weeds and rocks, and the materials to kill the pests. You have to believe that the hoe that you are buying will dig out the weeds, and that the work you are doing will yield your own special harvest of peanuts or life accomplishments.

Ralph Waldo Emerson said that fear is ignorance.

It is our ignorance and our fear of change that we must deal with, confront, and break through to new heights of growth and transformation.

William Glassar, author of Reality Therapy, said that if you want to change, you have to behave as if you have already changed. Act the part, soon you will be the part. Or, in the vernacular, fake it 'til you make it.

There is actually a huge controversy within the field of social psychology. One faction believes that a person's initial attitude is irrelevant and there is no discomfort produced by a behavior. People are not seen as changing their attitude, but as inferring what their attitudes must be by observing their own behavior. This is called self-perception theory. The opposing view, that of the cognitive dissonance theory, says that the inconsistency between behavior and the person's initial attitude is assumed to motivate them to change that attitude. Another theorist believes that behavior is best predicted by the intention to perform that behavior, rather than about the attitude one holds about that behavior.

Choose your attitude. Act the part. Rule our lives from within. These are the conclusions we draw from these theories.

An afraid or unconscious person looks for security, a wise person looks for the opportunity to change and transform. I see two kinds of change motivated by two types of desires. The first kind of change is the crisis mode, in which someone comes to us in pain and misery, and wants it to go away, i.e., to go from the trauma to the normal and to take away the fear. This may mean that a person will go back

to the way that they functioned before without the crisis, or it may mean that in order to take away the fear, they must change their habits so that they may live, as in the case of a person who has experienced a heart attack.

The second type of desire is to alter a way of living in order to get more out of life. The first type of desire discussed is a negative motivation, the other is a positive motivation. Both enable change. One is not better than the other. They are both ways of needing to risk a new type of being -- one to live, the other to live better.

Unless we recognize that these two types of motivation are quite different, then we cannot be the effective healers we can be. "More than anything else -- and every day of our lives -- a calm, firm belief in ourselves opens doors to what we can be -- if we can manage to keep out of our own way. The trouble seems to be that we get overly serious and start thinking of all the rules, or the problems, or the possibilities of disaster. And before we know it, we've hooked the ball into the lake..." said Red Motley in Parade Magazine.

From my perspective, I offer you my conclusions to my own original questions:

1. Yes, you can change and transform.
2. Yes, you can facilitate change and transformation in others.
3. Yes, altering one's perceptions or altering one's habits is change.
4. Change is seeing the world in a new or different context; being open to the possibility that life is, that being a human being is.

OK. How?

1. How to change and transform yourself:  
Know who you are NOW  
Accept who you are NOW  
Appreciate all the reasons why you are  
who you are NOW  
Believe in the way you want to be NOW

Set goals in terms of having them NOW  
Act upon and achieve these goals NOW

2. How to facilitate change in others:  
Have no need for them to change  
Love them unconditionally as they are  
Promote and suggest to them the changes  
you see possible in them

Werner Erhard has said that in being the possibility for being and transformation, that being and transformation shows up and is present in your life just out of creating that you are the possibility of it taking place. Living your life out of the possibility of what could be, rather than the excuses and justifications we make for ourselves and our lives, is what makes a difference in the world.

What people often need is the time, the energy, the space, and the opportunity to make the changes, transformations, and possibilities they need to make and create for themselves. What we as therapists, healers, and instructors can do is be aware of and empower the awareness of clients of this; suggest, promote, and sell them on the need for change, transformation, and possibility; provide the climate for change, transformation, and possibility to occur while maintaining unconditional love for them; and provide the services as counselor and therapist to assist them in accomplishing the changes, transformations, and possibilities they seek to create and accomplish.

Change, transformation, and possibility happens with awareness, acceptance, and appreciation. Those who change, transform, and live in the possibility that life is are aware, accepting, and appreciating, those who don't, won't allow the awareness, the acceptance, nor the appreciation to be present. To change, grow, transform, and be open to the possibility that life is, this is the challenge of our lives.



prepared to deal with the enemy, I prayed earnestly that God would give me whatever was needed to be effective in my ministry. I had an experience with the Spirit of God that was different than anything I had ever experienced before. The end result was that God gave me spiritual gifts that could be used in the battle--one of which was the gift of discernment that I have many times. I am in every sense of the word an evangelical charismatic Southern Baptist.

The book The Holistic Healers, written by Paul Reisser, M.D., Teri Reisser, a writer, and John Weldon an instructor at the San Diego School of Evangelism is widely read in Christian circles. This book lumps AK and TFH with methods of healing that appear to be occult. It then implies guilt by association, and association made by the authors not TFH.

In this book, John Thie is indirectly charged with being a mystical guru who will ultimately lead us down the path of occultism. Dr. Reisser quotes page 6 of Thie's book as saying "the innate intelligence that runs the body is connected to universal intelligence that runs the world, so each person is plugged into the universal intelligence through the system." Reisser also says about TFH, "Universal energy is a crucial link between mysticism and the every day world, and every energy therapy comes with strings attached--strings which ultimately pull toward the world of the paranormal, toward the exaltation of self as devine, or toward overt occultism." He also says, "If there is any lingering doubt that Touch for Health is grounded in Eastern metaphysics, one need only remember Thie's initial mention in his manual of universal intelligence." He dismisses the acupuncture meridians and says, "Not only does classical acupuncture come with its metaphysical baggage intact, but its promoters actively proclaim its religious foundations and implications as well." "... energy balancers may tend to inject their mysticism into the therapy session. Patients are being treated on the basis of religious beliefs rather than physiological principles."

About our clients he says, "unknowingly Aunt Mary and Mr. Jones may be slowly conforming their beliefs to an ancient metaphysical system called Taoism as a result of exposure to these muscle test for food allergies and holistic chiropractic sessions."

Finally Dr. Reisser has a stern warning for those Christians interested in Touch for Health, "Christian energy balancers . . . lack discernment failing to see the implications of the ideas they promote."

Now what shall we say to all of this. We could ignore it and go about our business. However, I assume that Dr. Reisser, Ms. Reisser, and Dr. Weldon are sincere Christians searching for truth. Consequently, I will respond to their charges. First, TFH, AK, EK, and AP have been lumped with a variety of psychic healers and healing methods including Arigo, the surgeon of the rusty knife. We do nothing in AK, EK, AP, or TFH that even comes close to psychic healing. We balance the body's energies. We are electricians and nothing more. Now I assume that a Taoist electrician might talk to his clients about the Tao, a Buddhist electrician might talk to his clients about Budhist, I am a Christian electrician and I do talk to my clients about Christ. But lets get to the crux of the matter, what is the "innate intelligence that runs the body" that Thie refers to?