

Health at Our Fingertips 1989



**The Touch for Health
International Journal**

**comprehensive papers presented
at the annual meeting
of Touch for Health®,
holistic health enhancement and research**



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WELCOME

to the 14th Annual International Touch for Health Meeting, sharing health at our fingertips. We, as educators, professional health providers, and lay people come together for a week of sharing and renewal. We share our love and renew our friendships. We share what we are doing with touch healing and learn what others are doing. We celebrate our mutual accomplishments and look forward to the next challenge in bringing touch healing to more and more people with ever increasing effectiveness. We renew our pledge to work for the greater good of all humanity.

Barry Greenberg

Executive Director

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The New Physics and How It Applies to Touch for Health

by John D. Thie, D.C.

In my 25 years of being associated with Applied Kinesiology, my 33 years of being a chiropractor, and my 56 years of living my life from a naturopathic, wholistic view of health, I have learned some things about the differences between myself and my beliefs and those of the more orthodox beliefs about disease. What I am writing for your consideration are my beliefs and what I believe to be truth. I hope that these understandings will enable you to look at your purpose in being associated with the changing paradigm of health enhancement. Let's first look at what I believe to be the beliefs of the majority of people and their understanding of how health occurs.

Characteristics of the Biomedical model of Modern Scientific Medicine:

1. Based on the germ theory that most diseases are caused by an invasion from the outside by unfriendly bacteria, fungi or viruses.
2. These germs, etc., give relatively standard illness symptoms and syndromes and therefore specific diagnosis must be made before any treatment can be given.
3. The specific intervention by the biomedical model practitioners is highly focused, on eliminating the "cause" of the specific symptoms and syndromes which are caused by highly specific identifiable microscopic living particles (viruses, bacteria, fungi, malfunctioning genes, or malfunctioned genes, etc.).
4. The biomedical training is highly focused on technique in combating the specific disease-causing germs, etc. The one cause can be found as a physical, physiological problem. A specific treatment can then correct the problem, and the symptoms or syndromes related to that physical, physiological cause can be eliminated. Usually this is done without

consideration of any mind, soul, spiritual or emotional considerations.

5. The biomedical model assumes in all of its presuppositions that there is only one correct authentic medical model, and all others are more or less false, depending on how closely they approximate the biomedical beliefs.
6. The biomedical model is based primarily on the materialistic Newtonian physics model of the universe.

When adherents to the Biomedical model are confronted with healings from other methods which do not adhere to the principles above, the usual explanations include:

- *spontaneous remission* (it would have happened anyway)
- *the placebo effect*, a begrudgingly acknowledged improvement because the mind of the person desires it to happen
- *it really didn't happen* because the person didn't have anything wrong (misdiagnosis or nonacceptable person making the diagnosis)
- the healing was accomplished through *trickery and sleight of hand*, where the person apparently feeling better was duped into thinking that they had an illness and then had a pseudo cure.

When asked to investigate how these healings have occurred in the people who had biomedically diagnosed illnesses but used other models of health care, the "tomato effect" comes into play,

Why would I try what I already know won't work? Why would I waste my time trying it?

The biomedical model in our post modern times is being challenged by more than two-

thirds of the people who say that they believe in God and by the statements of many that 80-85% of all illnesses will heal spontaneously given a bare minimum of care, regardless of the healing system employed.

The Medical profession itself is issuing many challenges to the biomedical model concepts as illustrated by what Robert O. Becker, M.D., says in his book, *The Body Electric*, "The healer's job has always been to release something not understood, to remove obstructions (demons, germs, despair) between the sick patient and the force of life driving obscurely toward wholeness." And Richard Moss, M.D., who said in *Healers on Healing*, "... I know that healing is far more than a return to a former condition. True healing means drawing the circle of our being larger and becoming more inclusive, more capable of loving. In this sense, healing is not for the sick alone but for all mankind."

This is what we are attempting to have people understand about healing with the Touch for Health synthesis of today.

In their book, *New Story of Science*, Robert Augros, Ph.D., and George Stanciu, Ph.D., clearly state in the Chapter titled "God" that the Old Story of Science came to eliminate God and developed scientific materialism. Because of the science of materialism, much of the many discoveries that led to our modern world's industrialization were based on the ideas of great men of history who did not reject God, but for the purposes of developing what was then a new science (but is now the old science). They left out part of the truth of how things really are for their discussions of the laws of matter. These scientists were seeking the truth. For a better understanding of truth they eliminated for the purposes of study the idea of God and adopted the idea that everything would act like a machine.

Scientist and biologist, Thomas Huxley, in 1869 coined the word agnostic, which means without God, holding a belief that does not believe in God nor reject a belief in God, a kind of a wait and see belief. Carl F. Gauss, the greatest mathematician of the nineteenth century, reflects the doubt, "There are problems to whose solution I would attach infinitely greater importance than to those of

mathematics, for example, touching ethics, or our relation to God, or concerning our destiny and our future; but their solution lies wholly beyond us and completely outside the province of science." In this he was talking about the seeking of material truth, for science is seeking the truth. Other great scientists of the day then built on these reasonings and, having agreed with the division of matter being separate from God, relegated God to religion. For them the **purpose** for existence had no part of the science of materialism.

Freud represents a typical Old Story of Science attitude toward religion. "The religions of mankind," he states, " must be classed among the mass delusions ..." He explains that in religion man seeks an escape from reality. "Religious ideas," Freud continues, "have arisen from ... the necessity of defending oneself against the crushingly superior force of nature." He believes that man creates a Father God rather than the reverse.

The New Science conclusively argues for a beginning. With a beginning and a purpose there is not only room for God, but God, mind, intelligence must exist for any plan to have been made. A principle, called the ANTHROPIC PRINCIPLE, states in effect that what we can expect to observe must be restricted by the conditions necessary for our presence as observers. Thus man's position in the universe may not be central, but certainly is privileged to some extent.

Physicist Freeman Dyson says, "The more I examine the universe the more evidence I find that the universe in some sense must have known we were coming." The conditions necessary for man were created prior to man being created, with a plan for man to be there to observe them and become like the Mind that created him. Although man is not at the physical center of the universe, he appears to be at the center of its purpose.

One of the greatest scientists of the new physics and the New Story of Science is Heisenberg. He describes the Old Story's methodology, "The mechanics of Newton, and all the other parts of classical physics constructed after its model, started the world without speaking about God or ourselves," a

universe without mind. But the New Story indicates the opposite on both counts. The Big Bang Theory and the Anthropic Principle point to minds at both ends of the universe. The New Story of Science not only affirms the primacy of mind in the universe, but also affirms that beauty is part of the way the world is put together. This fresh perspective on beauty also leads to evidence for God.

Science is proving what we know from personal experience. We know that, once a gift from God is revealed, it is not taken away and, even though misused, it is a truth that will from then on be known and passed on to other generations and that we will be building on the revelations of scientists to be able to know and love God as our purpose. Since we were built by God in his own likeness, therefore as we study man we are learning about the beauty of God in His creation. What I have been doing all of my adult life has been learning about God by the study of His creature man, whom he made in His likeness. I have been sharing my understanding of how God made us to help ourselves and others to wholeness and healing.

The Old Story gradually rejected the common experience of our senses. The Old Story science began to tell layman and scientist alike what is real and what is not, where to look for answers and what to expect, and how to interpret the results. The Old Story materialism in this way gradually usurped the office of common experience itself. Methodological materialism began to appear to be the **only** truth, because it led to so many discoveries in natural science and suggested a cure for all the ills of mankind, even to the extent that it invades our entire culture. Materialistic science is thought to be able to solve all problems given enough time and money for research into the way that things "really are." The cultural influences of the past two hundred years of scientific materialism have set up **assumptions** about the body, mind, spirit, and emotions that divide these into individual parts of reality, rather than seeing the truth that they are all one and can only be divided artificially for the purpose of study. As a result, the questions we ask, the facts we seek, the interpretations we give to the facts are all based on false assumptions. We then have conclusions that

we draw that lead us into factifuging syndromes of enormous proportions. It is most difficult for human beings to admit that what they have been teaching is false, even when confronted by what their own senses indicate. They have so long been relying on their science to tell them what is true that they cannot let go of their old beliefs. These are what they were told by authorities was the way things really are, even when their common experience tells them the opposite.

We in Touch for Health are rejecting the false parts of the Old Story and placing the common experience of our senses back into an arena of hope and health enhancement, which is in line with the New Story of Science.

Because of its rejection of common experience, the Old Story could be overcome by one authority alone, specialized scientific experience, the source of the New Story. The New Story of science, while affirming the autonomy and primacy of mind, is nowhere founded on a plea that such a view offers more "consolation" than materialism. If the Old Story were true, we would have to learn to live with it, no matter how nihilistic or discomfoting. The Old Story has been found wanting because the recent findings of relativity, quantum physics, neuroscience, and astrophysics cannot be fit into such a scheme. Eugene Wigner insists that in 20th-century physics "the very study of the external world led to the conclusion that the content of the consciousness is an ultimate reality." The Old Story must be replaced then, not because it offers us no consolation, but because it is false. Materialism, having received the fullest possible trial in all branches of science, has simply failed the test of experience.

We in the Touch for Health movement do not reject anything that is true, but we do reject all falsity and legerdermain. When we realize that people want to take the ideas of muscle testing and energy changes and make money from them, we know that they can fall prey to wanting to make their methodology the **only** way and wanting to put down other methods. This alone would make us wonder about the truth of the advocate, not of the method being presented. We want to be able to distinguish between the idea and the

advocate. If an idea is truth then we can accept it. However, it must be subject to additional evidence. We must have sufficient trials to know the truth of how different types of touch affect individual persons. We have all seen the result of drug and surgical treatments, once believed to be wonderful in helping people, turn into terrible tragedies for many people. We must remember that there is no such thing as an impartial observer in the treatment of human beings. We know that intention has an effect when we touch each other. The context in which the treatment is given affects the results. The belief of the patient affects the outcome, as does the environment in which the treatment is given, the history of the patient, the genetic structure of the person, the memory, and the emotions.

The New Science affirms the return to theism and God in our world culture and reaffirmation of the spiritual side of man's nature.

God has given us an innate capacity to heal ourselves if all of our aspects, including the physiological, are brought into proper alignment or harmony with His purpose.

In order for those of us who have faith in God and lack total faith in the biomedical model to be Christian, we must love those who have total faith in the biomedical model and little or no faith in God and have great difficulty suspending judgment to investigate myths of healing. Loving those that disagree with your beliefs is difficult, but it is what God has called us to do. It is the only way that we can bring them to know the truth, which will free them from the bondage (into which their beliefs has put them.)

- **The myth of the biomedical model** is the presumed causal link between the treatments given and the cure of disease.
- **The myth of Touch for Health** is the presumed link with the balance of energy that is shown by muscle facilitation and body balance and the relief of suffering on the part of the person being balanced as well as the enhanced performance in daily endeavors, as perceived by the person.

- **The myth of the faith healer** is the presumed causal link between the laying on of hands and God's cure of disease.

Myth, as I use it above, is the story that each group uses to explain the healings that occur through their methods. And in each case healing does occur, there can be no doubt about it. We have thousands of personal testimonies of people being healed by all of the healing methods.

In each case faith by the person using the method is necessary, and if the person being healed possesses faith in the person and the method, it also helps. Healing, all healing, comes from God in His mysterious plan. I use the concepts of Rev. Bill Thomas of Tulsa, Oklahoma, who classifies healing into three main categories:

1. **Natural healing** is that which occurs all the time for all kinds of ailments and injuries. It is estimated that 85% of all healing falls into this category. This is where people get well with or without the help of another just because it happens. It is like cutting your finger and knowing it will heal, or getting a cold and knowing that in about a week you'll be better.
2. **Cooperative healing** occurs where people who have studied the way God has made us as humans and how we function in our internal and external environments intervene to help other injured or ill people.
3. **Divine healing** occurs when the injured or ill person has doubt that they will get better, and the health professionals do not believe that they will get better even with their best interventions, then God intervenes, and the person is healed by a seeming interruption of natural and scientific laws.

FAITH

Experience has shown by scientific observations that faith does set into motion a cognitive process, which under the right emotional conditions, can directly stimulate the human nervous system. The nervous system controls all the other systems of the body through its communications with them;

thus anything that affects the nervous system affects all other systems. The meridian system has definite effects on the nervous system and through it on all the other systems. Faith sets into motion the same process that medical drugs do, a process that will allow the healing to begin. It is also known that negative emotions can reduce the natural healing process that God has placed in each one of us. Just as hope and faith will assist the healing process, helplessness and hopelessness will reduce the healing process.

BELIEF IN GOD - CLASSIFICATIONS

Modern scientific biomedical model medicine can be said to have begun with the Newtonian physics model of the world and universe. The scientists (medical and otherwise), as they began to rely on this Newtonian physics model as "the only truth", also began to question the religious beliefs of the times. The ties between religion and healing were jeopardized, tested, spurned, and broken until much of the biomedical model community has come to deny to some degree that God has anything to do with healing. These biomedical model adherents became the medical materialists. Those that did not completely throw God out of their lives relegated Him to other things than Healing. Marty Martin in volume 7 of *Second Opinion* classified religious beliefs related to healing and disease expectations into 4 clusters:

Autogenesis,
Synergism,
Empathy, and
Monergism.

These may overlap, and many people can be in more than one classification at one time. It is helpful in understanding the new physics and the old physics to recognize how beliefs are different in this respect also.

These groupings classify people's beliefs in answer to the question, "What precisely do people have in mind when they express the hope or make the claim that their faith has something to do with the understandings of illness and health and the processes of healing?" These then are the people that believe that their faith helps their healings in some way.

1. The **Autogenesis** group are people who have as their religion a belief in themselves as the prime cause of their disease or health. Their slogan is, "I am the master of my fate". They are the purely naturalistic and humanistic believers that subscribe to no God or Gods and no outside superhuman or supra-human force that acts upon a person. This group of people tend to be articulate and can have a great understanding of what they can do and what they actually do and how that causes them to be healthy or sick. They may not know it, but their god is the mythical figure Prometheus, who stole fire from the gods and generated humanism.

This group recognizes the interaction between mind and body. They understand the way that their emotions have an effect on them and others. They know about exercise and diet. Because these people are often at the forefront of new materialistic truths, they will often unintentionally keep others from trying them. The person that believes in God often feels that the humanists, the autogenic believers, because they do not believe in God, cannot be using anything of God. If they are using some different methods, a true believer in God would not want to be associated with these methods.

2. The slogan of the **Synergism** believer is "I am in tune with the infinite". This group believes that they can be in cooperation with superhuman activity. They do not have a personal God, nor do they believe that is possible. These people are greater in number than the autogenists, probably representing 30 percent of the population. These people recognize a nature god or a god that needs no revelation in scripture or a particular history. This power, force or energy is simply available in the structure of things.

They view the universe as a basically friendly and supportive place. They believe that the goal of life is to get into harmony and resonance with the vibrations of the universe and to enjoy

one another. This can be the first step in the journey to truth for a "scientific medicine biomedical model practitioner" as they enter into some "holistic" practices to supplement the biomedical model. The partisans of this group do not have conflict with the biomedical model and see "scientific" medicine as part of the work of the natural force, the "work of the universe." The practices that they use may lessen the need for drugs and surgery.

The medical materialists would attribute any of the beneficial results that these adherents claim for themselves as resulting from "being in tune with the universe" to the practices themselves, such as doing exercises, avoiding nicotine, caffeine, and alcohol etc. The biomedical model adherents will adopt the practices but not the metaphysical reasons for their use. For example, in the treatment of cancer they may suggest the use of visualization to seek the cancer cells being eaten or destroyed by stronger white blood cells in addition to the standard biomedical model practices, such as undergoing surgery, radiation, or chemotherapy. When a healing miracle occurs with this group, they attribute it to the ability to work with the forces or energy of the universe.

3. The **Empathy** believers use the slogan, "God experiences with me". They believe that God has empathy for them. He understands their suffering. This is a large group of human beings. It includes millions of believers in Judaism, Islam, Catholicism, Orthodoxy, and Protestantism, and many other people who worship a God and pray to this God. These people connect their God with nature and the physical conditions of humans. Often they resist "miraculous healing" as a suspension of the "laws of nature". Many of these believers have faith that God can do anything, but in this age He does not do miracles because there is no need for miracles to make people believe. These people uphold the historical miracles, but not ones of today. In these communities of believers God can be known through the revelation regarded by the believing

community as authentic, as in the Hebrew Scriptures, the New Testament, and the Koran. They do not see a cure or a lack of cure as a sign from God of His pleasure or displeasure. They see God as the great Architect or Engineer that put the whole universe together with a great plan where God is the "Principle of Organization." Thus "scientific medicine" is possible.

These believers differ radically from the godless autogentist and the full-force synergetic nature god. This group believes that God is biblical and will return to persuade and cajole people to love Him as He loves and cares for them. This is the God who derives whatever value is possible from human sufferings. This is seen in theism and many other popular mainline religions of today, including the vast majority of religious people in the western world. These people have overcome the antipathy between the church and modern biomedical model medicine, including materialistic approaches to the chiropractic, osteopathic, homeopathic, and holistic models. They encourage biomedical medicine and its materialistic concepts, build hospitals and welcome "scientific" advances in biomedicine and other health professions that are licensed by the governments where they live. They commend themselves and their followers to a God whose love and caring is stronger than death, God that shares their suffering and knows them as individuals. They would be the first to say that rationalistic empirical methods cannot touch or measure the divine point of reference, the God who shares empathy with humans.

The biomedical community which is supported by the empathetic believers often dismisses totally or give very little credit for their faith in any healing that occurs. The alternative health professionals, on the other hand, usually give credit to God, because a large majority of their beliefs are based on a non-materialistic understanding of healing.

4. **Monergism** is the fourth broad category. The slogan of this group is "God

worked a miracle in me." This term comes from a theological controversy in early Protestantism, and is the most extreme view. The theological synergist allows himself a role in cooperation with God in Healing. The monergist allows no integral role for human cooperation in "rebirth" in becoming right with God. In this extreme position all power comes from God. These are the flamboyant "faith healers" and others who believe that God created everything and that He can and will today interrupt the laws He created in the regularity of the universe to effect miracles when it pleases His mysterious ways. In this group of believers, faith and fact simply match. The fixed center of all monergistic systems is that, whatever else happens through the use of medicine and other agencies of human care, God's response to disciplines and prayer for healing can be a direct, miraculous, and personal intervention in the act of healing. This includes organic changes which cannot be explained except by divine intervention.

Divine healing is the direct intervention of the one and only true God, as living and personal today as in history.

Some in this group of people see it as faithless to find it difficult to accept supernatural intervention, especially physical and inner (emotional) healings. This group reserves to the mysterious workings of God the failure of healing to take place. This faith challenges the isolated scientific materialistic biomedical models of the human condition in the old physics. In the new physics it may not be such a problem.

Many people seem to believe in parts of all of these groups. They do not see the contradictions of believing in selected parts of each one of them. It is like so many things in life; we just don't want to think about it in depth. As a result we do not know really what we believe, and we have no authority for our understandings other than ourselves. We do not know it, but we are setting ourselves up as our own god, yet professing to believe in God, as a separate creator. I write this so that you can give more consideration to what is

the purpose in life that God created you to fulfill. Doing God's will for you, and getting to know and love God, is your purpose.

The old science protected human freedom from a time when religion was doing many things in the name of God which are contrary to God's love and care. Now the new physics is opening the door to cooperation with religion and faith to protect the dignity of humankind. The scientific and the faith communities are once again joining together.

Some of the observations that have been made throughout the centuries have created great debates in science. One of these is motion and how it occurs or does not occur. There have been two views: one that motion is continuous and smooth and the other that motion is discontinuous. The new physics has now shown that it is both. When it is observed, it is seen as discontinuous. When it is unobserved it is smooth and continuous. It is the presence of the observer that makes the difference. When we observe a moving object, we cannot predict with 100% accuracy where it will be next. When we are utilizing the energy of touch, we can observe the effects as long as we understand that while we are observing we also have some influence, but not 100%, on what will happen next. We must always agree that the whole is more than the sum of its parts, because there is also God. God is our creator and is in us but is more than us. We need to consider how He will utilize the choices that we have made.

In the Old Story of science everything had to be accounted for. There was the conservation of matter. Momentum, the product of mass and velocity, was also conserved. Energy was conserved. Things were what they were and nothing more. Newton' laws of motion were the supreme laws of the universe. **The hidden assumption in these laws was that the observer does not disturb; the observer just observed, nothing more.** These laws allowed the of the modern, industrial world, and they apply to many things in the world. They however do not apply 100% to humans. We all observe the difference in how we function when there is someone observing us. This is the home team advantage. It is the results obtained by Touch for Health techniques when we are

demonstrating before a group as compared with the same technique done on an individual. These common sense observations are true.

The common assumption, "I think therefore I am," was originally made by Rene' Descartes in 1619. He believed that his awareness of his own existence was the only proof of his existence; he rejected all religious dogma. Looking back at his time, we can see why he could have rejected the dogma and the activities of the advocates of God. Observation was divided into active and passive. Passive observation occurs when the observer has no effect on that which he is observing. We see the sun rise and set, and we have no effect upon its motion. The adding of mechanical devices to the observation process changed observation into a more active process. Although this was considerably more difficult, Newton was finally able to accomplish this feat, demonstrating the apparent truth that the instruments simply detected and did not alter the form of existence.

Mathematical and mechanical models allowed the industrial age to occur. It separated mind from matter and relegated the spirit and God to a religious arena which was of no consequence to the scientific observer. Newton's three laws transferred to the population firm assumptions on how the then-known universe worked. The third law states "for every action there is an opposite and equal reaction." With this assumption transferred firmly to the healing community there was no longer any need for divine intervention, nor was this possible.

Newton and the generations of scientists following his lead firmly believed that there was a materialistic cause for everything that could be discovered if we would just look into smaller and smaller parts of the whole or see farther and farther to the edge of the universe, because the sum of the parts always equalled the whole and nothing more. **Thus science could and would discover the cause of everything, since the universe was just one gigantic machine.** This mechanical philosophy appeared

gradually. For those that needed a beginning cause, it was thought that God started this machine in motion eons ago and that no one could stop it. Everything had been predetermined by God. This then was the materialistic nightmare of determinism. Here everything has a cause and accountable effects. In this world everything was determined eons ago. There was no room for free will, salvation, love, hate, or ethics, morality, pride and prejudice; these were all jokes. We can see this today in all levels of society from the lowest criminal element to the highest government officials.

Because the physics of the Old Story science could explain so many physical phenomena, it was adopted as the model for human knowledge. With this came the defense of deeds looked upon as harmful to society by saying that people really had no choices. They were victims of hereditary, environmental, and other outside forces. It wasn't their fault.

Hugh Elliot (1881-1930), editor of England's Annual Register, put out three principles:

1. The laws of the universe are uniform, and while the universe may appear disorderly, careful scrutiny by science reveals that these universal laws are to be obeyed.
2. Teleology is a myth, for there is no such thing as a purpose to the universe and all events are due to the interaction of matter in motion.
3. All forms of existence must have some kind of palpable material characteristics and qualities.

This then meant that God did not exist and any spiritual parts of man were misbeliefs. These ideas still permeate our society, even though the new physics, quantum physics, the theory of relativity, the uncertainty principle, and the principle of complementarity prove in the most scientific fashion that the old physics is only appropriate for things that are neither too large or too small and happen at speeds much slower than the speed of light. The speed of light is the universal constant of the material, linear world. The linear material world relies on a constant and that is the speed of light. When it was

discovered that the atom was not the smallest material particle and that the energy of the atom was greater than its parts, a whole new paradigm shift had to take place and this shift has been taking place for the past 75 years.

The Touch for Health synthesis is part of that paradigm shift. We are recognizing that there are things that happen when we touch each other that cannot be accounted for by our five senses. We are learning that many of the phenomena that are beyond our normal five senses are reflected in the muscle tests and can give us clues about how people can become more whole. We recognize that we do not understand everything that we do, and some of what we do is based entirely on empirical evidence.

Empirical evidence has long been accepted by the medical community as scientific. What we do is scientific, since we are seeking the truth. What science is all about is to find the truth about how things really are.

When we are doing the parts of the Touch for Health synthesis, we need to recognize that three things are important:

1. **Creative Involvement**, an original and spontaneous participation in life without judgement. When we are working with a person, we need to recognize that an idea or intuition may come to us through our methods that may not make "sense", but by following that intuition we can sometimes help the person in unusual ways.
2. **Intensity**, the quality of attention, the depth from which our involvement with life emanates. When we are working with a person, we need a present time consciousness (PTC). When our PTC is great and we are really with the person that we are attempting to help and when another person is also really having PTC related to that person, healing takes place more often. Having PTC is not easy, it takes real effort to be continuously present for a person with all of your being.
3. **Unconditional Love**, the principle of inclusivity and the implicit sense of prior wholeness. Knowing that the person and you are loved by God and that God already wants that person and you to be

more whole and have a more perfect knowledge of His presence. The seeing of the person more well, more perfect, and more whole prior to your interceding, and also while you are doing your techniques, enhances your results.

We are developing and enlarging the areas where the Touch for Health synthesis will be participating. The shift from the Biomedical to the more energetic models of how life really works is taking place more rapidly month after month. Hospitals are putting on courses in wellness. Medical doctors by the thousands are understanding that drugs and surgery and the one cause theories of individual diseases are not the whole truth.

Our new programs are being developed by one of these medical doctors, Dr. Bruce Dewe and his wife Joan. We have on our board of trustees Dr. Warren Jacobs, who is adopting more of the TFH synthesis into his practice of medicine. Eleven out of the 34 authors of the new book, *Healers on Healing*, are regularly trained medical doctors who have left the biomedical model and are utilizing some forms of energetic healing as their life work. There is the Order of Saint Luke which is composed mainly of medical doctors who believe that prayer to God does cause healing. There is the Association of Christian Therapists, which is an international group of medical doctors, ministers, chiropractors, psychologists, and religious therapists, who study together about the value of prayer in healing. The chiropractic profession is being accepted into the orthodox medical community and is being invited to be on the staff of hospitals. The changes that are taking place in the world today are happening so fast that it is hard to keep up with them.

We may be starting a new profession with our Professional Health Provider programs, one that is based not on the treatment of symptoms, rather one that is based on the ability of two or more gathered together in the name of God to allow more wholeness to occur, and as a result, the will of God for that person to be more fully fulfilled. Their performance is thus enhanced in fulfilling that will of God for their lives.

Seasoned

SURVIVAL AND HEALING WITH "TOUCH FOR HEALTH" SUPPORT

(A touching and moving experience, 1988.)

by Sara Aeikens

Abstract

This "Touching, Moving Experience" is a personal journey. The title of this presentation reflects the "aging" process experienced by the author, resulting from her recent struggles with illness and recovery. Ms. Aeikens shares some of her life's "herbs, spices and onions(!)" which give flavor to her story. She also relates specifically as to how the theme of seasons and cycles aided her healing. This includes specific Touch for Health techniques that were helpful in times of crisis and recovery. This paper is also an appreciative writing for all the supportiveness received through and from the Touch for Health Community. Sara Aeikens, of Albert Lea, Minnesota owns Imprints International, a multi-sensory educational and counseling service. She is the author of a video tape, "Massage for Everyone"; she is also creator of Solution Symbols, a visual technique developed specifically for problem solving with those who learn best visually. She uses movement, touch, sound, color, timing and imagery to help create positive changes in people's lives.

Valentine's Day is near. In fact, I just opened a Valentine's letter from John Thie, this morning, that was very supportive. I'm touched by how he makes it a priority to keep in contact with TFH members. The International Touch For Health Conference proposal deadline is also very near. I have painfully postponed writing my yearly presentation because inside my head I hear "you should be completely healed before you write about those unsettling experiences of 1988." I am not...and I am writing, risking a raw version of my "touching and moving experience." I write from my heart. My heart is grateful for all the enduring support I received from the Touch For Health family during my year of illness--and I truly experienced you as a family.

I share with you specifics, because I now believe that this type of community support is rather rare, and it is a unique element that helps survival, that helps to bridge the transition phase that TFH had been experiencing recently.

There is a now calmed child within me that did not think she was going to survive. I could label it as a feeling of dulled terror. Dulled, due to denial. I had a pre-cancerous condition in my uterus that required surgery. I spent nine months in gestation with the idea

of accepting my need for surgery of a part of the body that represents the "center of creativity." I asked for help from Touch for Health'ers, and they gave willingly, patiently, and creatively, in person, with stories, with hugs, with balances, with advice and information, with visits, with phone calls, with letters, and with unconditional love.

In the Swiss Alps, Rosemarie Sonderegger "filled me full of the yellow light of doing nothing." "There must be something else I should do", I pressed her. But the balance was complete and I confidently taught Edu-K in Germany, despite my illness.

Next I'm in the North Dakota flatlands having Varun McGuire balance me for a goal of being well by October, and by October I was through the physical crisis of two surgeries. On the trip to San Diego, Marilyn Budde of the Minnesota TFH network of seven, just happened to be not only on the same plane, but in the seat behind me, giving me great health suggestions the whole flight. Dancing on the bay boat trip reminded me that the rhythm within is always available for revitalizing my relationship with that joyous, funloving part of me.

John Thie's round of sounds gave me permission to moan and groan in my hospital room (a cheap pain reliever!). Australia and Nevada in the forms of Dr. Dewe and Rev. Jim, created fitting emotional affirmations. Internalizing this support came when I heard Richard Byrne's courageous keynote presentation. Humor is possible in the most terrifying of situations. I remember his love and his hug, enough to get me to listen carefully to Norma Harnack's nudgings to follow medical advice. During conference farewells, another Minnesotan, Sister Dorothy Merth, coincidentally connected me with a convent for a place to stay while I visited a San Diego clinic.

At home and faced with surgery, I appreciated the phone calls of concern from my Wisconsin next door neighbor, Marge Murray, and cross country from Phillip Crockford. The doctors and nurses all became familiar with Phillip's meridian tracing tape, one of the most useful TFH tools I used in healing. An Emotional Stress Release headband, created by Minnesota North Country's Dick Bellamy, may have looked rather weird on me in the operating room, but my cool former Californian surgeon was actually rather flexible, allowing tape recorders and hand selected official hand holders and feet rubbers (as in massagers, in the form of nurses, of course!) The doctor even complied with my request to bless my organs while he was in there checking them out. When he had his vasectomy a week later I reminded him to also ask for such a blessing from his surgeon!

I recall one of the biggest countdown surgery dilemmas for me was discussed via last minute phone conversations with Norma and Richard Harnack. Should I prefer to be slit vertically or horizontally, intercept the main central meridian or transverse a half a dozen flocked across my abdomen? My doctor, of course had a sense of humor too. He did it his way. Fortunately we were all in agreement.

So what did I do with all this great stuff and how did it help? I remember some instant results with pressure points for pain when I couldn't move to do it myself; so I told others what to do. It helped to place colored stickers on my head for neuro-vascular points to

show my helpers where to touch to help relax me. I imagined the meridians in color and ran them continuously mentally until they became like background music. I drank lots of water and asked almost any visitor who was willing to rub my feet or to balance me. Wires and tubes restricted my movements; so I did lots of eye rotations in circles and figure eights. I also used or modified the Thinking Cap, the Brain Buttons, the Space and Earth Buttons, and the Cross Crawl. One of the most powerful tools I used that resulted in positive change, I created out of necessity. I simply named it the CROSS OVER.

I would always reach for a needed object with the hand that was further away from the object, so I had to cross over the mid-line. When I came back to the center of my body, I switched the object to my other hand, then reached to the other side, creating both a stretch and a balance.

I was just amazed at not only how balanced this felt, but also how these minute bedside exercises helped increase my muscle strength. The neighborhood grocer challenged me to an arm wrestling match shortly after my final hospital release, as I was so skinny and looked frail, and I won!

I had to have two surgeries because unfortunately my bladder wound up with a large hole in it, due perhaps to a wandering suture misplaced. This negative news came the same hour as the mail with a letter from John Thie relating of the death of a mutual friend and mentor, family therapist Virginia Satir. My grief seemed like a starless universe after next hearing of Richard Byrne's death.

Shortly after the successful second surgery, when I thought I was safely "home", a very unlikely accident occurred. I swallowed two tablespoons of Basic H, a Shaklee cleaning liquid, and created another crisis. I carefully read the directions to dilute the two tablespoons that I had swallowed with a gallon of water for best results. This I proceeded to do, and then immediately went into a deep socking coma for about three minutes or so. (This is not a misprint; the experience socked me right in the gut.)

Outside of my awareness I threw up the mixture and somewhere in there had what I would call a "near death" experience.

The Basic H *incident* was definitely a *cleansing* experience. Perhaps meant to be, to eliminate the toxins and drugs from my system, such as the morphine. I produced bubbles from both ends; I could see them in my catheter bag. I needed to do a lot of spitting, so decided to be expedient by fertilizing the plants. It occurred to me that most crazy-looking behavior originates from logic, and this has increased my understanding of some of my more difficult clients.

Another awareness was that in some ways I experienced my body as a simple mechanism. If tenderly and well-cared for, it responds immediately. For me, this included just a lot more of self touching. Using pressure points was made easier by bathtub bathing and sleeping with a few marbles. I put towels in the tub and slept on a woven sheepskin mattress cover to soften the effect on my angular body. Yes, I did "lose a few marbles". I also noticed during a period of time when I had the oddest behaviors I seemed to totally trust the universe and always found everything I'd lost. The most apt word is synchronicity. I knew exactly who was going to contact me when and what for. When I was with someone, time speeded up. When I was alone doing something, it slowed down. And when I ventured into my inner self, time got very squashed together.

I found myself floating through our galaxy in a time warp. I could vaguely etch the image of a dark cylindrical circumference encircling my soul on the way out of this reality, but my clearest recollection was experiencing the universe in a figure-8. I had always pictured a two-dimensional, Lazy 8. I unfolded the flat figure-8, first into a daisy-like flower and then into a pom-pom chrysanthemum, three dimensional, dynamic, and alive.

Time speeded up at the tips of the loops and came to a standstill back at the center, where the loops all joined. The further out the loop was on one side, the further out it would go on the other side, as each loop had a balanced counterpart. If it's difficult to imagine this; just filter through the implications. Going to

extremes in one direction will not only have a backlash in the precise opposite direction, but towards the end of the loop, experiences become compressed. So what all that told me was to explore all views while staying true to one's self. But don't get too looped!

The cycle of the seasons also became an aware part of my being during my healing. I became acutely attuned to timing as well as time. During some of my night driftings I felt as though I'd become some of the Five Elements. I focused healing colors in associated parts of my body, and the remnant of that activity was to color-co-ordinate my clothes closet by seasons, not a insignificant accomplishment considering my attachment to clothes and my indecisiveness around what to wear!

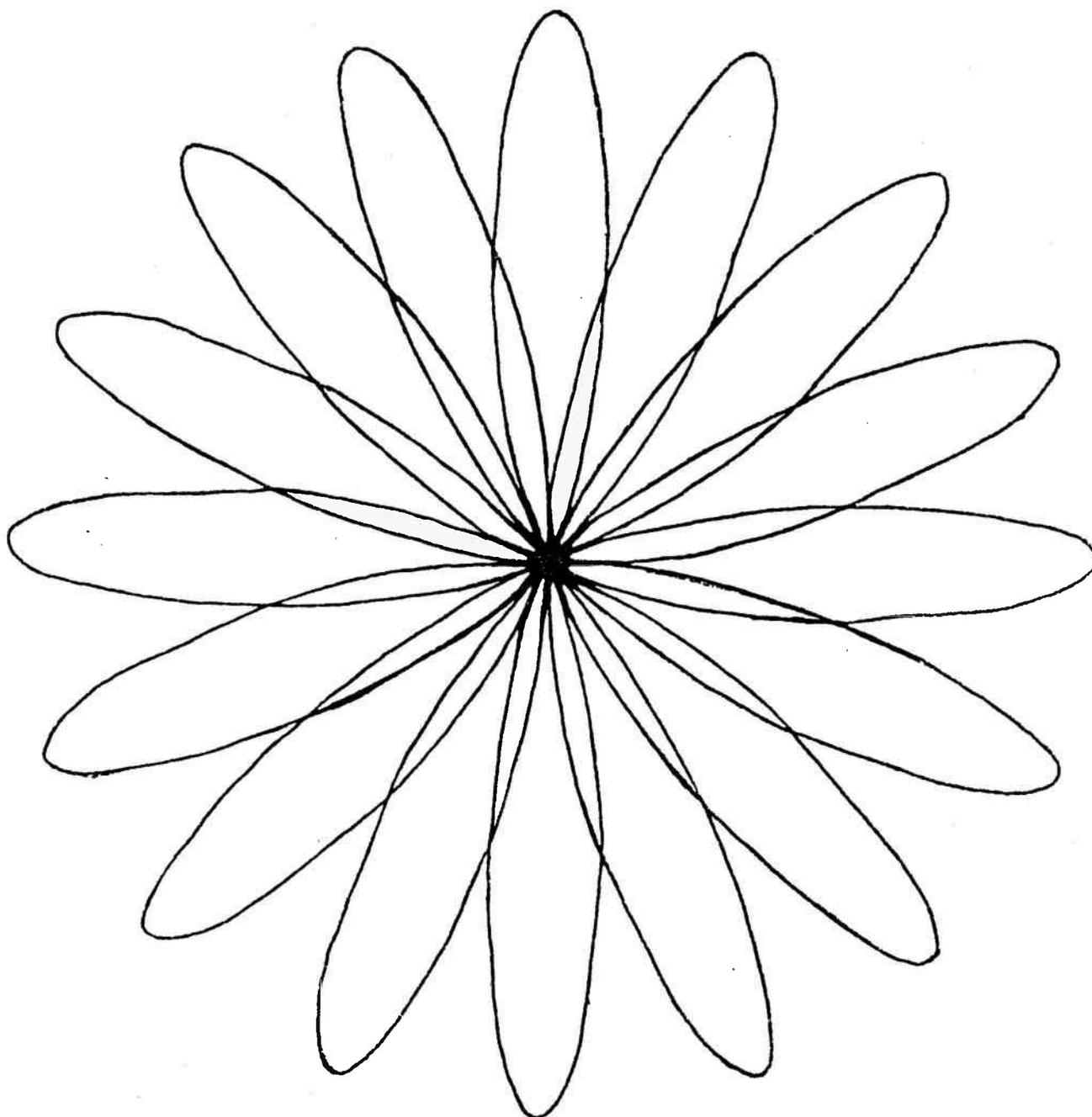
It was apparent to me that I was able to counteract the intense pain with an immense joy and sense of clarity based on an awesome trust that came through so powerfully that I simply did not know what to do with it. My experience told me I had been "through" infinity. My person did not know how to communicate with my "new being." I felt more like a verb than a noun. My friends were startled by my gauntness. I was eating well, moving in a rhythm, and delighted in being able to count my ribs and locate my neurolymphatic points. Those who experienced the full cycle of illness and healing with me shared my pain and joy, and I felt understood. Some who missed part of the cycle wanted to know when I'd "get back to the way I used to be," and when I saw a reflection of fear, I picked up a portion of that fear and began to allow myself to "forget." I stopped doing many of the things I intuitively found helpful and began to travel "downwards" once again to experience the leftovers of grief still re-cycling all the realities of losses, i.e. changes. I had to quit my job and identify myself with a healthier oriented system; I had to readjust my vision of my husband, who was as truly thankful for my aliveness as I was for his support and understanding. I experienced his male energy like a ground wire at times connecting me to the earth's energy when I needed it the most.

So on one of my journeys, while still connected to this reality, I was surrounded by the presence of all the souls of the above

mentioned persons, who simply told me I would survive and didn't have to waste any of my own energy because it was lovingly being sent from all directions. Thus remembering, I am assured that the universe is a hologram, for I experienced it myself. And though my conscious self may not be

manifesting these memories at that moment, my inner self always has the imprint.

Touch for Health friends, I want to thank you for the love and light of safety with which YOU have surrounding my BEING!



Spheric Integrator ©

Balancing Meridians

by Elizabeth Barhydt, BS, and Hamilton "Hap" Barhydt, PhD

We first learned about balancing meridians from Richard Utt. As explained in his book, *Applied Physiology II*, a meridian is in balance only when all of the acupuncture points on the meridian are in balance. A meridian can be brought into a state of balance by individually testing each acupuncture point and balancing those points that are found to be out of balance or lost. (Note: Utt has shown that it is possible for an acupuncture point to disappear from its normal location and thus in effect become

temporarily lost.)

A simple way to test meridian balance is to use a balanced indicator muscle (see Note 1). Run your hand over the length of the meridian in the forward direction (i.e., from beginning to end); then test the indicator muscle and note the result. Repeat the test after running your hand over the meridian in the reverse direction (i.e., from end to beginning). There can be three possible results as shown in the table below:

<u>Condition</u>	<u>Forward</u>	<u>Reverse</u>	<u>Indication</u>
1.	locked	locked	All acupuncture points are in balance.
2.	locked	unlocked	One or more acupuncture points are out of balance.
3.	unlocked	locked	The meridian energy is switched or reversed.

The exciting thing to notice is that, when the meridian is fully balanced, running your hand over the meridian in either direction will not unlock the indicator muscle. We don't find this situation very often except when the testee has had their meridians balanced previously.

Usually we find the 2nd test result where the indicator muscle tests unlocked after running the meridian backwards. But this means that one or more acupuncture points on the meridian is out of balance. This can be corrected by testing the acupuncture points individually and balancing those that are out of balance, as described in Richard Utt's *Applied Physiology II*. It is a complex procedure because an acupuncture point has seven possible states of balance, some of which require the use of a magnet to detect.

We experimented with this ourselves, using Elizabeth as the testee. We used the heart meridian first because it has only 9 acupuncture points on each side. When we started, the indicator muscle tested weak when the meridian was run in the reverse direction and strong when the meridian was run in the forward direction. Testing the

individual points per Richard Utt's procedure, we found several out of balance, including hyper and hypo frozen points. We then proceeded to balance them using Richard Utt's balancing procedures. (Details may be found in *Applied Physiology II*.) Finally we retested the heart meridian and found that the indicator muscle remained strong after running the meridian in either direction, just as Utt had predicted. We repeated the experiment with the lung meridian, which also has only 9 acupuncture points, with the same result.

At this point we had spent over two hours balancing just two meridians! We had intended to continue to balance all the meridians, but the thought of balancing the bladder meridian with 67 acupuncture points on each side got us to stop and review the situation. As usual we thought there had to be an easier way. After some experimentation we worked out the following procedure:

1. Check the meridian overall state of balance by testing a balanced indicator muscle after running the meridian backwards and again after running it forwards:

- a. If condition 1 above is observed, the meridian is in balance.
 - b. If condition 3 above is observed, do Cook's Hookups to correct the switching and repeat step 1.
 - c. If condition 2 above is observed, continue to step 2.
2. Two-point CL (see note 2) the two ends of the meridian. The indicator muscle will unlock.
 3. Balance by using the Digital Determinators (Finger Modes) to determine the priority balancing mode. [Note: In a very high percentage of cases either the Frozen Muscle Basic Balance or the Structural Basic Balance from our new book, *Self Help for Stress and Pain*, will accomplish the required balance, eliminating the need to do Digital Determinators.]
 4. Confirm the balance by retesting the indicator muscle, presuming you are still holding the meridian balance signal in Signal Lock. The indicator muscle should now test locked.
 5. Further confirm the balance by repeating Step 1. Condition 1 should now be observed; that is, the indicator muscle tests locked after running the meridian in either direction. This confirms that there are no out of balance or lost acupuncture points.

To complete the experiment, we repeated our earlier experiment using Hap as the testee. We determined that his heart meridian was in condition 2 and proceeded to locate the out of balance acupuncture points by testing each point using Utt's procedures. Next we balanced the meridian using the procedure just described. We retested the meridian and found that it was now in condition 1. We retested all nine acupuncture points on the heart meridian and found them all to be in balance. We repeated the test on the lung meridian with the same result.

We then proceeded to balance all 14 meridians described in the *Touch for Health Book*. Note that the bilateral meridians (all except the central and governing meridians)

need to be individually balanced on both sides.

We then went on to check the 8 additional meridians described in Dr. Wayne Topping's book on the 8 additional meridians. We found them to all be in balance. Since none of the original 14 were found to be in balance initially, we feel that it is safe to assume that the 8 additional meridians were not initially in balance. We speculate that, since the 8 additional meridians appear to be connectors between the other 14, balancing the 14 also balanced the additional 8. So we also wonder if starting by balancing the additional 8 would balance the basic 14. We leave this as a possible area of research for someone else who may be curious of the intricacies of meridians.

One might ask, "Why balance the individual meridians, when virtually everyone is running around with out of balance meridians?" Our basic answer is that the more balance you can develop in your body-mind, the better it will be able to cope with the many stressors that it continually encounters.

Hap had a problem with the mitral valve in his heart (diagnosed as a heart murmur by the medical community). He normally manages this situation by appropriate nutritional supplementation, balancing the heart valves (see note 4), balancing the autonomic nervous system (see note 5), maintaining the heart-brain balance (initially described by Steven Rochlitz, see note 6), and BALANCING the heart, triple warmer, and circulation-sex meridians. To maintain these balances he found he must limit his maximum pulse rate to about 128 during aerobic exercise (about 80% of the maximum heart rate for his age of 60 years). When he occasionally gets over-enthusiastic and exceeds this pulse rate, he often experiences mild chest pains afterwards. Generally he finds that his circulation-sex meridian has gone out of balance. Rebalancing the mitral valve, if required, and the circulation-sex meridian results in immediate relief from the pain.

Elizabeth slipped in the shower room and gave her head a hard knock against the tile wall, creating a mild abrasion and a good sized lump. She immediately did our basic

Self-Help for Stress and Pain techniques, in particular the Reactive Muscle, Frozen Muscle, and Structural Basic Balances, right at the scene of the accident to minimize the developing trauma. When she returned, Hap used the Digital Determinators (from *Professional Health Provider II* by Bruce and Joan Dewe) to find out what else could be done. The indication was Cranial Inspiration Reset. After completing this balance, there was still some throbbing and residual pain; so we proceeded to check the meridians that ran through or near the affected area. The stomach and gall bladder meridians were out on both sides. After balancing these meridians, the throbbing went away completely and the pain was nearly gone, and the lump was much less tender to the touch.

So we urge you all to balance your 14 meridians so that they test strong after zipping in either direction. Then, when you are experiencing a problem, to recheck the meridians and rebalance those that have gone out of balance. If our experience is any guide, this should help to reduce the stress and pain being experienced by your body-mind.

The next time that you check somebody's Central Meridian with a balanced indicator muscle after zipping down and after zipping up and find it locked both times you know that person has been doing their meridian balancing homework.

Notes

Note 1: Balanced Indicator Muscle. Remember that a balanced indicator muscle will test locked after saying, "My name is [use correct name]", and will test unlocked after saying, "My name is [use incorrect name]."

A muscle that tests locked in both cases can usually be balanced by tapping the alarm points for the associated meridian associated with that muscle or using the Frozen Muscle Basic Balance from our new book, *Self-Help for Stress and Pain*.

If the muscle test results are reversed, this can be corrected by doing the correction for Visual Inhibition or the Five Finger Quick

Fix, also described in *Self-Help for Stress and Pain*.

Note 2: CL is short for Circuit Localize. To circuit localize a point, place two fingers on the point and test a balanced indicator muscle. The indicator muscle response reflects the balance condition represented by the test point.

Note 3: Signal Lock is a technique for holding the signal from a muscle test in circuit for the purpose of doing additional muscle tests relative to the specific imbalance indicated by that signal or for carrying out balancing corrections. Techniques for signal lock include spreading the legs (from Dr. Alan Beardall), opening the jaw (from Richard Utt), zipping up the forehead (from Jan Cole), etc.

Note 4: Balancing the Heart Valves. Heart valve balance can be checked by CLing the spot where a stethoscope would be placed to check that valve and testing a balanced indicator muscle. Use the Frozen Muscle Basic Balance from *Self-Help for Stress and Pain* or use the Digital Determinators to find the priority balance technique.

Tricuspid valve: on line with nipples just to the right of the sternum.

Mitral valve: directly under left breast nipple (about 1 inch down on men, less on women).

Aortic valve: on upper edge of 4th rib just to right of sternum.

Pulmonary valve: between 3rd & 4th rib 1 to 2 inches left of sternum.

(Right and left refer to testee's right and left sides.)

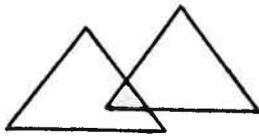
Note 5: Balancing the Autonomic Nervous System. In the autonomic nervous system, the sympathetic nervous system facilitates (or speeds up) organs (in most cases), and the parasympathetic nervous system inhibits (or slows down) organs (in most cases).

The sympathetic nervous system can be CLed by touching the right ear lobe and testing a balanced indicator muscle.

The parasympathetic nervous system can be CLed by touching the left ear lobe and testing a balanced indicator muscle.

Use the Digital Determinators to find the priority balance technique. In most cases the Frozen Muscle Basic Balance from *Self-Help for Stress and Pain* will bring balance.

Note 6: Heart-Brain Balance. This was first described by Steven Rochlitz. He uses a modified cross crawl incorporating the subscapularis muscle into the contralateral arm movement to establish heart-brain balance.



heart-brain symbol

We test for heart-brain balance by two-point CLing the heart and brain with a balanced indicator muscle or by using the double triangle heart-brain balance symbol. (See our paper, *Universal Symbols*, published elsewhere in this journal, for more details.)

Balancing can usually be achieved by putting the double triangle muscle test signal into Signal Lock, and tapping the heart meridian alarm point or using the Frozen Muscle Basic Balance from *Self-Help for Stress and Pain*. For the odd case where this doesn't work, use the Digital Determinators to find the priority balance technique.

Note 7: Frozen Muscle Basic Balance. This new balancing technique from our book *Self-Help for Stress and Pain* is somewhat misnamed. We have found that in most cases the technique will balance all activated under energy and over energy meridians and muscles. For example, do a 14 or 42 muscle test, checking for both over and under energy muscles and meridians. Then do the Frozen Muscle Basic Balance. Then repeat the muscle tests. In most cases all the muscles and meridians will be found in balance. If some out-of-balance muscles are found, they are probably reactive and can be balanced by using the Reactive Muscle Basic Balance, also found in *Self-Help for Stress and Pain*.

Note: *Self-Help for Stress and Pain* is available from the T.H.Enterprises store.

Stress, What We Can Do About It

by Elizabeth Barhydt, BS

Abstract

When we talk about the holistic health triangle, we deal with the whole body: structural or physical, chemical-nutritional or detox, and mental-emotional or spiritual. This paper deals with the mental-emotional aspects of the body, showing how we create stress and suffering in our lives and how we can deal with this stress constructively.

Introduction

It is quite clear to me that stress is here to stay. It seems to be a natural part of living. What we need to learn though is how to deal with the stress in our life. But before we can learn to deal with our stress, we have to learn what is the cause of our stress, what lies behind it.

What is stopping us from getting what we want out of life? Why are we constantly badgering ourselves about what people say or do, or about what they don't say or do, or about our wants and desires, our hurts and our disappointments, about our feeling of being intimidated?

Do you ever wonder why we keep creating the same situations over and over again? We can change relationships, or change jobs, and still create the same pattern of stress and suffering. Is it the job or relationship that is causing the problem or is it our own internal emotional programming? The changes needed to reduce stress are within ourselves, but how do we change the internal programming?

It seems like we keep churning over in our minds things we don't have instead of concentrating on things we do have. What we have a tendency to do is to create more stress and suffering. If our happiness depends on what other people say or do, we are in deep trouble.

Addictions and Preferences

Ken Keyes, Jr., author of the well-known *Handbook to Higher Consciousness* (ref. 2), helped me to get started on the Road to Happiness. His basic premise is that **ADDICTIONS ARE THE ONLY CAUSE OF SUFFERING.**

In this context **suffering** means any form of mental stress, and **addictions** refer to any emotion-backed demand. An addiction is something you may want and when you don't get it, you create suffering. If you are concerned about what people say or do and create being hurt, disappointed, angry, or annoyed when they don't behave as you want, this is an example of an addiction, which you may or may not be aware of.

What can we do about addictions and the resulting stress? If we wish to eliminate the stress, we must learn how to up-level our addictions to preferences. A **preference** is a desire or demand, something you want, but, unlike an addiction, you do not create suffering or emotional stress if you don't get your preference.

The difference between an addiction and a preference can be explained as follows. If you are addicted to getting approval from someone, you will create suffering if you don't get the approval, but as a preference, you will not create any suffering or emotional stress if you don't get the approval. Yes, you would still prefer to get the approval, but considering it is only a preference, you don't have to create the suffering and stress when it is not forthcoming. As a preference, you can still continue to work for approval, you just don't choose to create the stress and suffering if you don't succeed.

This is one way that we can delete stress. In fact, experience shows that you are more likely to get what you want, if you can come from a non-addictive frame of mind, since the absence of stress allows you to perform more effectively.

OUTSIDE EVENT WHAT IS	+	ADDICTIVE PROGRAMMING	=	SUFFERING
OUTSIDE EVENT WHAT IS	+	PREFERENTIAL PROGRAMMING	=	HAPPINESS

If you have a tendency to create stress even though you up-level your more obvious addictions to preferences, then you need to look further for more subtle addictions.

Remember that it is only our internal emotional programming that determines our addictions. To up-level our addictions to preferences, we need to modify our internal programming. The changes that are needed are within ourselves. If we can change within, we won't be so antagonistic toward others and ourselves.

Accepting What Is

One of the first things we have to do is to not deny our feelings. We have to get out of our rationalizing heads and into our gut level where we instinctively feel our emotions. This became quite apparent to me when I was working on regaining my health. In my head I wanted to be healthy, but a little voice in my gut asked, "Do you want to bet?" Through muscle testing we discovered that for me at a subconscious gut level being sick was a way of life and my body didn't want to change that.

Before I could start getting well I had to accept that part of myself that wanted to be sick. Accept the unacceptable. Being healthy for me was very threatening, because I no longer had a built-in excuse for getting out of things I didn't want to do. Being sick had become a way of life, although I wasn't really consciously aware of that. And my subconscious programming to be sick was going to strongly resist change and giving up that built-in excuse.

The **what is** in my life was that I was sick. What was causing my suffering was my addictive demand that I not be sick. I was emotionally rejecting the **what is in my life**. I had to look at my internal emotional programming to see why I was keeping

myself stuck on being unhealthy. The changes I needed to get well were entirely within myself.

The first thing I had to do to correct this situation was to accept myself not being healthy. What you resist persists. That isn't saying I had to like being sick. We have a tendency to deny how we really feel, our hurts, disappointments, sadness, anger, disgust. This is where all the stress comes from. We need to accept an awareness of how we are really making ourselves feel, to stop telling ourselves things are OK when they really are not.

We create our own reality; so let's start taking responsibility for it. Nobody is doing it to us. We do it to ourselves, and that is OK. Just be aware of what our internal programming is. "An angry person lives in an angry world, and a loving person lives in a loving world." (Ref. 3) Remember everybody is doing what he or she needs to do. They are working out of their own programming, and it does not mean anything about us.

When we talk about taking responsibility, we are talking about taking responsibility for our feelings, for our own emotional programming. We always have a choice on how we feel at any particular moment. Have you ever noticed how one person might be angered by a certain situation and another person will think it is funny and not create any anger. It is their internal programming that created their very different reactions to the same situation.

We can learn to take full responsibility for everything we experience. **"It is our own internal programming that creates our actions and also influences the reactions of people around us."** (Ref. 3)

Everybody is our mirror. Usually what we don't like about someone else, or about what

they are doing or saying, is something we wouldn't like about ourselves. When we can start accepting ourselves the way we are, then we can start accepting others the way they are. When we talk about acceptance in this context, we are referring to the emotional level only. We do not mean that we necessarily approve of the situation or may not try to change things (from a preferential space) at a later time. What we are accepting is the here and now moment, the **what is** in our life.

Affirmations

Another way to decrease stress is to use positive programming. Again what we want to do is to change our addictions to preferences. The use of affirmations can be very helpful if they are being used in this way. On the other hand, using an affirmation that supports the addictive demand will keep creating the same stress of suffering over and over again.

Even though you are using affirmations, they may not be the best affirmations for you. We want to use affirmations we can live with. Muscle testing is a useful technique for checking to see if an affirmation is energy building and thus stress reducing.

As an example, I recall a client in 1982 who came to me crying, angry, annoyed, disgusted, etc. She was not able to concentrate on her work because her mind was addictively dominated by her eighteen year old daughter, who was drinking excessively, smoking pot, and using hard drugs. "What can I do?", she cried. "Can't she see how she is abusing her body? I don't want to have anything to do with her. When she calls for me to come to get her in the car, I just tell her, 'Don't come home.' Go stay with your filthy friends. You know I don't approve of your behavior!" And on and on she went with her lament, making herself right and her daughter wrong.

Now this client was committed to holistic health. She had healed herself from smoking, alcoholism, and cancer, using holistic health techniques. She also believed very much in the use of affirmations. The affirmation she was using was, "I can forgive myself for

abusing my body". She was saying this affirmation over and over again to no avail. It was at this point I started using muscle testing to check her for her use of affirmations. By using muscle testing we were asking her body whether she accepted the affirmation at the gut level. This took me out of the picture and put the responsibility back on her shoulders, letting her make the decision whether she wanted to use the affirmation or not.

When I tested her arm as she was saying her affirmation, "I can forgive myself for abusing my body", her arm unlocked. She started crying again. I asked her if she could accept herself when she was abusing her body by drinking, smoking, and having cancer. She replied that she couldn't. In her mind there was no way that she could accept or forgive herself for what she had done. So saying the affirmation was meaningless to her. It was only words.

The insight I got was that for her using the word "forgive" was a confirmation that she had done something wrong. Jesus said, "Forgive them for they know **not** what they do." This is quite different than saying, "forgive them for what they have done." We need to learn to not blame ourselves for our past problems. We can see these as valuable lessons that can help us to act in a more constructive way next time. Blaming only prolongs the stress and suffering and blocks us from moving on to a more productive attitude.

As the session went on she started to see how her daughter was her mirror. She couldn't accept her daughter drinking, smoking, and taking drugs, and abusing her body, because she couldn't accept herself when she had abused her body by doing the same. Her daughter was only her mirror reflecting all the things she didn't like about herself. This is why she was creating so much stress and suffering over what her daughter was doing.

I suggested that she put down on paper about five affirmations that she thought she could live with. I gave her one also, "I can accept myself when I abuse my body." (Note: affirmations usually are most effective when structured as a positive statement in the present tense; this helps to keep us in the here

and now moment.) I muscle tested each one of the six affirmations to determine which ones she responded to with positive energy. The only one that muscle tested strong was the one I had suggested. She decided to use that affirmation, "I can accept myself when I abuse my body."

Don't reject the **what is**. Acceptance is on the emotional basis only. She didn't have to like what she had done in the past. She can keep her opinion that it was not a healthy thing to do. She can work on changing the situation, which she did, curing herself from drinking, smoking, and cancer. By using this affirmation she is now up-leveling her addiction that she not abuse her body to a preference.

When I saw her again she was all smiles. Her daughter stopped drinking, smoking pot, and using drugs. When she was able to accept herself, she was able to accept her daughter just the way she was. She was able to relate to her daughter from a loving, caring space, rather than from an angry space. With this change, her daughter no longer needed to persist with her provocative behavior. Then she and her daughter were able to live together in harmony.

Taking Risks

We are like a baby monkey in a tree reaching out for a higher branch while still having his tail wrapped around the branch he is on. He is reaching out, but still holding on for dear life. He is afraid to let go for fear he might fall. Afraid to take the risk of letting go. If you don't take the risk, you may never know whether you can do it or not. So we keep ourselves stuck. We keep doing the same things over and over again even though they don't work. We act as robots. You have to let go of past addictive negative programming to move on.

When we refer to **programming** in this context, we are referring to everything that we constantly tell ourselves with our endless mind chatter. These are the tapes that run endlessly and continually shape our automatic emotional responses.

What we are talking about letting go of is our negative, self-sabotaging programming by taking charge and changing what we are

telling ourselves. We have to take that risk in order to grow and to reduce our stress and suffering. Sometimes it is not as bad as you might think. Look for the positive potential in something we might label as a bad experience. Ask yourself what is the lesson you can learn from this, rather than what went wrong or who is to blame.

What is stopping us from getting what we want from life?

This reminds me about a client who went to her boss, asked for a raise, and got a 25 cent an hour raise. She was very upset and created a lot of hurt, disappointment, anger, and disgust. She even thought about quitting. She thought she was worthy of a bigger raise, like \$2 an hour more. The bottom line is that it is best to be specific about what you want. If you think you are worth \$2 an hour more, ask for it. If you are too general, you take pot luck. Put out for what you want, but don't be addicted to getting it. You have to take a risk. Feel good about what you want.

My husband, Hap, used to say to me all the time, "If you want something, tell me what you want. Don't ask me what I want." It is often very risky asking for what you want or telling the other person what you want for fear that they will say no. So, when I wanted to do something, I would ask Hap if he wanted to do it, and frequently he would say no. I finally realized that if I asked Hap to do something I wanted to do, without telling him that I wanted to do it, he would say no if he didn't want to do it. But if I told him what I wanted to do, he still had a choice. Most of the time he would agree to do it support me. That was a gift he could afford to give.

One day when we were visiting my mother in Pennsylvania, I said to Hap that I would like to go to Michigan to the ICAK 20th anniversary meeting. Hap said fine. My mother and sister jumped all over me. "You didn't even ask him if he wanted to go, you told him you wanted to go." What she didn't understand is that I didn't tell him he had to go. I just told him I would like to go. He could have said yes or no. If I would have asked him if he wanted to go without telling him that I wanted to go, he may have said no. Then I would be creating needless suffering and stress.

How To Stop An Argument

It takes two people to make an argument, and only one person to stop it. To coin a phrase, there are two sides to every coin.

In my counseling sessions I use a pillow with a different design on either side. I hold it so that I see one side and the client sees the other side. It is amazing how many times we would sit and argue about what we saw. The bottom line is that what the other person is seeing or saying is just as right as what you are seeing or saying.

When you are having an argument, what the other person really wants to hear is that you heard what they are saying. Merely acknowledging what the other person said and deleting your need to respond with your own version will usually end the argument, often with surprising results.

A good example of this occurred when I was working in an office. I had just returned from a week-long vacation at a Ken Keyes' workshop. My desk was piled high with backlogged work. One of the other girls came into my office and asked me to get something for her. Because I did not immediately drop what I was doing and get what she wanted, she became quite impatient and started yelling at the top of her lungs, "You never cooperate around here! You never do anything for anyone else!" Now this was not the first time this sort of thing had happened with her. Previously I had always re-acted angrily and defensively. Now I tried a new response that I had learned at the Ken Keyes' workshop. I said to her quietly and with compassion, "I hear you saying that I don't cooperate around here. Thank you." Somewhat confused by this unexpected response that left no handles for continued argument, she said, "That is not what I meant." She found what she was looking for and went storming out of my office. She never accused me of being uncooperative again or made unreasonable demands on my time. All I had done was to acknowledge what she said. She had been acting out of her own programming, and her attitude meant nothing about me.

Holding Grudges

Maybe you have wondered why sometimes someone you might know very well suddenly doesn't want to be with you. This happened with my mother one time when I went to visit with her. When I wanted to give her a hug like I always do, she pushed me away. I couldn't understand what happened. My rationalizing mind said that maybe she is not feeling well. I thought no more about it.

A few days later I came to visit again. When I went to give her a hug, she pushed me away again. I couldn't figure out what I could have done wrong. I wouldn't knowingly do anything to hurt her.

She didn't want me to come near her. I created sadness and disappointment, but again I just shrugged it off, hoping that things would change. Finally my sister came to me and told me what happened and asked me to speak to her. It seems I had been planning a birthday party for the sister with whom I was staying with. I was very careful to invite all her friends so that no one would be slighted. I invited my sister with whom my mother was staying which was about forty miles away, but they couldn't come I just assumed that if this sister and her family couldn't come, my mother couldn't come either since she would be dependent on them for transportation. I never gave it a second thought to ask her directly. My mother was very upset because I did not ask her personally. And as the story goes, she went around telling everyone how bad I was and how very much I had hurt her.

I wanted to heal this breach and knew that for this to work I had to do it in a nonconfronting and nonblaming way. I went to my mother and said to her, "I hear you are very angry and upset with me because I did not give you a personal invitation to the birthday party. You have every right to be angry. If I was in your shoes I would be very angry too. I hope you will accept my apology for my error." Then I gave her a big hug and she hugged me back. She responded and the problem was over.

People have a tendency to hold onto grudges and to feel separate from another person

instead of going to the person and telling them how they are feeling.

I remember having a very good time while visiting with a friend. Two years later I met the same person again. I was very happy to see her and went to give her a big hug, but she pushed me away. I couldn't understand this at all. Finally I said to my friend that I would like to talk with her privately; so we went into another room. I said, "I am making myself feel sad, hurt, and disappointed on how you are treating me. What could I have done that you didn't like? I would like to give you the opportunity to tell me what is bothering you." She had lots to say. I just

listened. I didn't interrupt her. I didn't need to defend. She was acting out of her own programming which meant nothing about me. After she got through, I thanked her for sharing her feelings with me and gave her a hug. After that things were much better between us. She still felt a little separate, but at least we could talk.

Silently give the other person permission to feel the way they do by internally accepting them just as they are. If the other person's friendship means a lot to you, you might have to take the risk and find out what the problem is. That is the risk I had to take.

What You Can Do About Stress

1. Up level all addictions to preferences.
2. Get in touch with your emotions, feelings.
3. Do not deny your feelings.
4. Take responsibility for your own actions and emotions.
5. Use affirmations you want to live with.
6. See that everyone is just your mirror.
7. Put out for what you want but don't be attached to getting it.
8. Learn to take risks.
9. Remember, there are two sides to every coin.
10. Give the other person the emotional space to be where they are at.
11. Don't play the right -wrong game.
12. Give up the need to defend.
13. Share your feelings from a non addictive space
14. Remember you are beautiful, lovable and capable just the way you are.

Shakespeare said, "THINGS ARE NEITHER GOOD NOR BAD.

IT'S ONLY OUR THOUGHTS THAT MAKE THEM SO."

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Universal Symbols

by Elizabeth Barhydt, BS, and Hamilton "Hap" Barhydt, PhD

Abstract

The use of symbols in muscle testing is explored. Primary attention is given to symbols that exhibit a universal tendency to induce a "weak" muscle test response. The paper explores the mechanisms behind this "weak" response and how to energy balance to eliminate the weak response. The paper also looks at how symbols are currently used to sell products.

Background

Visual Symbols are basic to our thought processes. Spoken language, a unique part of our human heritage, becomes even more powerful as we use symbols to record our thoughts in written form. Our dreams are primarily visual, and although we don't always recognize it, they are also highly symbolic. Our basic experience of reality is what we experience in our "mind's eye", a primarily visual experience.

What we may not realize is the pervasive subconscious effect certain symbols have on our meridian energy system and thus ultimately on our feelings and actions. These symbols seem to be universal in nature, perhaps related to Jung's concept of universal archetypes deriving from a universal consciousness. Everyone who has not been balanced to them reacts in a similar way.

We have found four general classes of symbols:

- 1) Those that indicate various states of electromagnetic balance or integration,
- 2) Those that trigger chakra imbalances,
- 3) Those that have a positive or balancing effect, and
- 4) Those that are neutral, that is, have no known effect.

This paper deals with the first two classes of symbols.

Electromagnetic Balance Symbols

The symbols that we are most familiar with in a muscle testing situation are the symbols for various states of electromagnetic balance or integration shown in Figure 1.

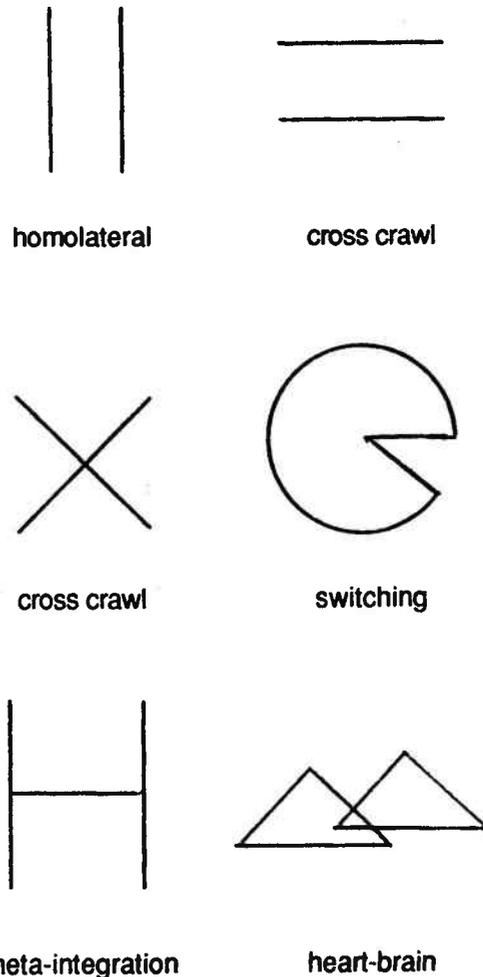


Figure 1. Symbols for Electromagnetics

For example, a person who muscle tests weak while looking at the symbol for homolateral crawl will also muscle test weak after doing the homolateral crawl. Similarly a person who muscle tests weak while looking at either of the two symbols for crosscrawl will also muscle test weak after doing the

crosscrawl. Thus we can use these symbols to make a quick assessment of the testee's state of brain integration:

- 1) Strong to || and weak to X or = equals unilateral state of integration.
- 2) Strong to X or = and weak to || equals bilateral state of integration.
- 3) Strong to || and also strong to X or = equals trilateral state of integration.

Unilateral = one-sided (homolateral) brain functioning
Bilateral = two-sided (right-left) brain integration
Trilateral = three-dimensional (right-left, up-down, front-back) brain integration

Switching. We first experienced the use of symbols at a workshop given in Los Angeles by Dr. John Diamond, author of the well-known book on muscle testing, *Your Body Doesn't Lie*. He showed that a person with an electromagnetic polarity reversal, generally called "switching", will muscle test weak while viewing the familiar computer game "Pacman" symbol. Correcting the switching will enable the person to muscle test strong while viewing the symbol.

It is interesting that the principal symbol from one of the all-time favorite arcade computer games corresponds to an electromagnetic imbalance. We would suspect that viewing other symbols from popular computer arcade games may also cause imbalances in our meridian energy system.

Doing the Five Finger Quick Fix (Refs. 1 and 2) will provide Full Electromagnetic Balance (or Trilateral Integration) enabling a person to muscle test strong while viewing any one of the first four symbols.
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Meta-Integration. A further state of brain integration, discovered and named meta-integration by Steven Rochlitz (Ref. 4), is tested by the symbol H. A person who muscle tests weak while viewing this symbol will also muscle test weak after doing a combined homolateral-crosscrawl exercise such as jumping jacks or after saying, "I will try . . ." A person who muscle tests strong while viewing this symbol will also muscle test strong after doing these same exercises.

The H symbol is similar to the symbols we will discuss in the next section since it induces a chakra imbalance in people who muscle test weak while viewing it. For the H symbol the imbalance is always in the crown chakra. Any technique that will correct this chakra imbalance will enable the testee to muscle test strong after doing jumping jacks or saying, "I will try . . ." A very simple way to do this is to lightly touch your ESR (emotional stress release) points while repeating the phrase "I will try . . .".

Heart-Brain Integration. We also have a symbol to test for heart-brain integration, the double overlapping triangle. Hap discovered this symbol one day when he overexercised and stimulated an excessive pulse rate. While resting afterwards in a meditative state, the symbol appeared in a visualization. Doing a heart-brain integration balance will enable a person who initially muscle tested weak while viewing this symbol now to test strong while viewing the symbol.

Chakra Balance Symbols

Perhaps the best known of the chakra balance symbols is the 3-tined fork, the classical "devil's pitchfork". Dr. John Diamond first pointed out the effect of this symbol on a person's energy in his book, *The Body Doesn't Lie*, (Ref. 3). He included a black and white reproduction of the famous painting by artist Grant Wood, *American Gothic*. Almost everyone will initially muscle test weak while viewing this painting. By selectively masking various areas of the painting, you can show that it is the pitchfork, not the stern faces of the farmer and his wife, that causes the weak muscle test. Our investigations have shown the weak muscle test response results from chakra imbalances induced while viewing the painting or the 3-tined fork symbol.

As an interesting sidelight, we worked with two artists several years ago, energy balancing them to their paintings. We found that they muscle tested weak while viewing any one of their paintings. In each case by selective masking we could relate the weak muscle test response to some specific part of the painting. Again in each case we found out-of-balance chakras.

Correcting the chakra imbalances will balance the response to viewing the symbol. Perhaps the most interesting way in which to balance chakras is through age recession. The idea behind this technique is that the chakra imbalance reflects a deep-seated paradigm shift (i.e., an internal and probably subconscious shift in world view). If desired, the specific incident that triggered the paradigm shift can be determined by muscle testing yes-no questions after using muscle testing to determine the precise recession age.

There is also an emotion associated with each symbol. The specific emotion can be determined by muscle testing. The emotion most often associated with the 3-tined fork is "fear of the known."

A dramatic example of how this works involves an unmarried young lady with a baby living at home with her mother. She experienced extreme difficulty in breathing whenever she went outside. This made simple activities like working in the yard or going shopping very stressful. As a result she stayed home most of the time. She also compulsively awoke each night with the fear that her baby was choking, and she would go to the baby's room to check her breathing.

She muscle tested weak while viewing the 3-tined fork symbol. We put this into signal lock (by spreading the legs) and tested the finger modes to find the priority mode, which turned out to be chakras. We did an age recession and found that the muscle test strengthened for times earlier than 11 am on the day after she was born. Further muscle testing with yes-no questions revealed that the emotion was fear and the person involved was the doctor.

At this point the mother exclaimed, "That was when they put the tubes down her throat!" Then she explained that her daughter had been born prematurely and that she had difficulty breathing because of excess mucous in her throat. She had never talked to her daughter about this, and the daughter had no conscious recollection of the incident

We then balanced the chakras by lightly touching the young lady's ESRs. Then returning to the present, she muscle tested strong while viewing the 3-tined fork

symbol. As a further test, we suggested that she go out into the yard and take in some laundry that was hanging there, which she did without experiencing any breathing difficulties. We saw the young lady and her mother again a week later, and they reported that she was no longer experiencing breathing difficulties. She was still waking in the night, but realizing that her fear for her baby's breathing was really her subconsciousness fear for her own breathing when she was a baby, she was not creating any anxiety and did not bother to get up and check her baby.

Examples of symbols that trigger chakra imbalances are shown in Figure 2, along with the emotion most commonly evoked by the symbol. We first found the 3-tined fork and the asymmetrical cross in Dr. John Diamond's book on Behavioral Kinesiology, *Your Body Doesn't Lie* (Ref. 3). Actually there are many more of these symbols than are shown in Figure 2. We have discovered a number of these symbols by testing symbols that seem to affect our energy level. Some of the symbols are totally different; and some are more complex symbols that contain a basic chakra balance symbol within their patterns.

The balance correction is usually a chakra balance with an associated emotion and paradigm shift. When age recession is used, the age at which the paradigm shift occurred is most often found to be between 3 and 6 years of age. However, we have found that the paradigm shift can occur at any age including adulthood and prebirth.

The 3-tined fork is perhaps the most pervasive in our culture. It appears in many forms and can be buried in a more complex symbol. Just holding up three fingers will do it. The fork handle is not required, but there must be 3 tines of approximately the same length. Either an up or down orientation will trigger the response.

The asymmetric cross is also very common and will work in any orientation. The only requirement is that the lower leg must be longer than the other three. A cross with all arms of equal length does not elicit a weak muscle test response.

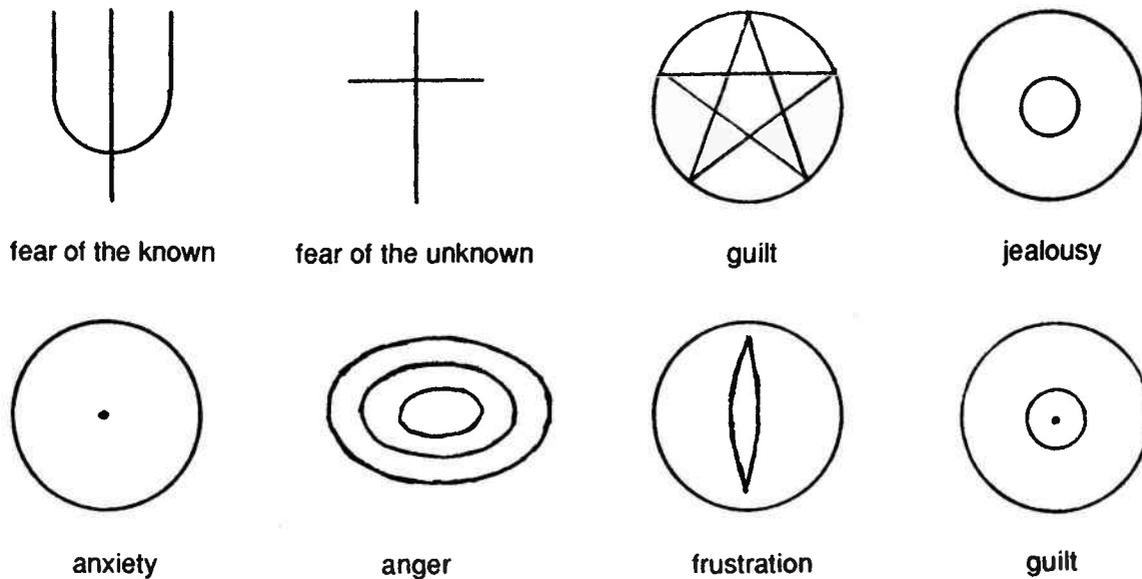


Figure 2. Typical Chakra Symbols

The pentagram, which has been involved in several recent crimes involving drugs and sexual abuse, triggers on paradigm shifts associated with feelings of guilt.

More Examples

We were asked by a typical middle class homemaker to do some energy balancing that might help her come to a clearer decision on whether to have another child. So we used these symbols to trigger various past emotional traumas that might be subconsciously affecting her ability to deal with this question.

In a situation like this we generally run through a series of symbols, starting with the fear symbols and then moving through the other emotions. Each symbol will trigger a chakra imbalance and a past paradigm shift associated with the triggering emotion.

The most interesting example from this series came while viewing a symbol for anger. The age recession went to the very recent past, and the anger was directed toward her husband. The situation was breakfast time. She was busy making everybody breakfast and getting her two children off to school. Meanwhile her husband had his face buried in the morning newspaper and made no offer to help her.

Much the same scene had been going on each morning since their wedding breakfast. At first the young bride was anxious to do breakfast for her husband to demonstrate her love for him; so he quickly got into the habit of being waited on and thought nothing of it. Meanwhile, family responsibilities gradually grew, and making breakfast for her husband while getting two youngsters ready for school was no longer fun. Somehow she stuck with the old routine, not thinking to ask her husband for help, until suddenly the final straw, one more morning, caused the paradigm shift to occur: "Why in the h . . . can't he offer to help?" But still she could not bring herself to ask him for help, perhaps because she was repressing the entire issue into her subconscious until we brought it to the surface with the use of the symbol.

The first example we gave of the young lady who had tubes placed down her throat as a new born baby shows a paradigm shift caused by a single highly stressful event. This example is like "the straw that broke the camel's back", an often repeated routine that finally triggers the paradigm shift.

We find this next example amusing as well as instructive. We were helping a lady deal with marriage issues. Again we were using a symbol for anger. The age recession took us to Christmas Eve when she was 10 years old.

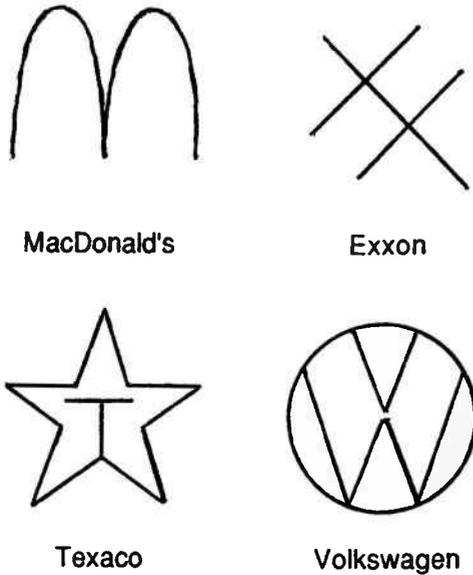


Figure 3. Typical Corporate Symbols

At this point she angrily interrupted the session and pointed out that this was all fakery since she was Jewish and never celebrated Christmas. We talked about this for a bit and discovered that she was angry with her mother for not letting her celebrate Christmas with a tree and presents like the other children on the block. She subsequently married a gentile and celebrated every Christmas with a Christmas tree and gifts for her daughter. At this point we returned to the chakra balancing process and hopefully released the repressed anger towards her mother as symbolized by the Christmas festivities.

We were getting ready to shut down our booth at the New York State Natural Foods Association on a Sunday afternoon. A lady who had visited our booth the previous day came rushing in and anxiously asked us if we still had time to do a private session with her. She explained that she was to meet with a business man with whom she had a contract to write a biography. According to her understanding, they had a verbal agreement to extend the scope of the book for an increased fee. Now that she had completed the extra writing, he was refusing to pay the extra fee.

We showed her a symbol that triggers a chakra imbalance related to anxiety. She

exclaimed, "That's my favorite telephone doodle." We balanced her to that symbol, and she seemed to be much relieved. We had an occasion to talk with her later on. She reported that her meeting with her employer went very well and that he paid her the additional fee. She felt that the chakra balancing session had a significant effect on this outcome by enabling her to be more centered during the meeting.

Corporate Symbols

Many current corporate logos incorporate a symbol that elicits a weak muscle test response. One might speculate that the sales departments have discovered empirically that these trademarks increase sales. We might speculate that their commercial effectiveness is a result of their unbalancing effect on our meridian energy system and chakras.

Typical examples are shown in Figure 3. The MacDonald's symbol is a variation of the 3-tined fork. The Exxon symbol embodies the asymmetrical cross. Actually we have extracted just the peculiar double X from the overall Exxon trademark. Both of these symbols trigger the emotion fear.

The Texaco symbol appears to be a uniquely different symbol. Neither the open five-pointed star or the simple T will elicit a weak muscle test, but the combination does. The associated emotion again is fear.

However, if you turn the open five-pointed star upside down (i.e., so that one point is pointing down and two points are pointing up), it will elicit a weak response with sexual jealousy as the usual related emotion. Also if you add vertical serifs to the cross bar on the T, it also will elicit a weak response and relates to jealousy.

The Volkswagen symbol also appears to be unique. It triggers the emotion anxiety. In the heyday of the VW bug, the medallion with this symbol was a popular theft item with the off-beat crowd.

Reversed Symbols

Some symbols will affect us while their mirror images do not. The letters N and Z when reversed elicit chakra imbalances, while the normal letters do not. These chakra

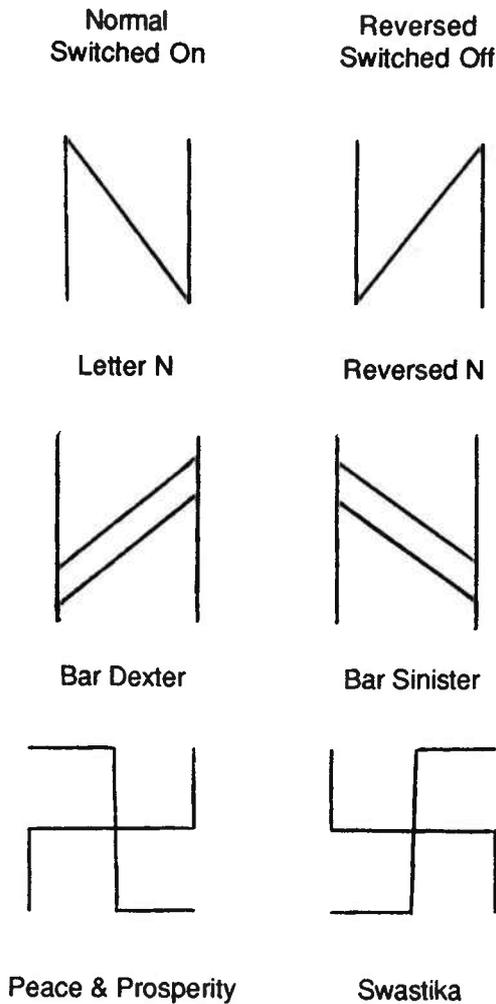


Figure 4. Typical Reversed Symbols

imbalances are related to anxiety and fear respectively.

Another example is the "bar sinister" of heraldry, commonly found today on men's "rep stripe" neckties. Stripes running from high on the left to low on the right will elicit a chakra imbalance related to fear or guilt and a weak muscle test response, while stripes running from high on the right to low on the left do not. Since most neckties run down from the left, or "sinister" direction, it is a good idea to balance your chakra response to

this pattern. This necktie response was first pointed out to us by Dr. Sheldon Deal.

The "bar sinister" on the rep stripe necktie runs the same way as the diagonal bar in the normal letter N. This may seem contradictory, but what we found was that a stripe or bar acts like a double line. If you modify the letter N so that the diagonal line is a double line, then the modified letter will muscle test just like the necktie stripe.

The Nazi Swastika of World War II elicits a chakra imbalance and a weak muscle test response, while its mirror image, which has been used by many cultures as a symbol of peace and prosperity, does not. We have also discovered that the combination of the color red with the color black elicits a chakra imbalance and a weak muscle test response. Can we speculate that the chakra imbalances triggered by the red and black Nazi flag with the swastika contributed to the ability of the German leadership to lead their country down its terrible, ill-fated path?

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Reprogram Negative Personal Life Controllers

by Jan Cole

Abstract

Being of "two minds" on any issue results in indecision, unhealthy internal conflict, and "stuckness" in your life. This paper describes an incredibly simple and swift system can help you clear stopped or blocked areas in **minutes**, erase their emotional holdings, and create space for personal change and self worth without reliving the trauma and pain, without intense analysis, tedious affirmations, and repeated contrived positive thinking. Using muscle testing, you will learn to access and "reprogram" the reptilian level of the brain that is "rutted in" and "obsessive-compulsive", surviving by routine and ritual, and won't experiment or risk.

Many therapies take hours, months of time to break down and reconstruct habits and patterns in your life that keep you from being all you can be. Often the therapies involve dealing with painful memories and emotions. Being of "two minds" on your issues can result in internal conflict, indecision and no movement. I discovered the following methodology to be **faster** than any other technique that I have experienced. By combining and integrating two different systems that I have studied, this method seems to by-pass intense analysis, reactivating the old pain and trauma, writing tedious affirmations, and repeating forced positive thinking.

Example: A woman, in one of the first classes I taught using this system, volunteered to share before the class her intense anger and unhappiness over her husband's late drinking nights and the "terrible fights" they had. Her declaration statement said something to the effect that she was comfortable and calm around her husband's drinking issues, which of course, in reality was not the truth. That evening we cleared her using the technique to be explained. Her news the following week was exciting indeed! Not only was her reaction neutral when he came home late, but the next day they had the "longest talk they'd had in a long, long time." AND he was coming home earlier. All this, as a result of a minute or two of clearing; no long drawn out therapies, no lectures, no advice, no books read, no painful memories or trauma reactivated.

One of the current theories in brain research comes from brain scientist, Dr. Paul

McClellan, Director of the Laboratory of Brain Evolution and Behavior of the National Institute of Mental Health. His triune brain model consists of three developmental levels: Reptilian, Limbic, and Neo-cortex.



The Triune Brain

From: P.D. MacLean

According to McClellan, the brain is linked to an archaeological site, with the outer layer composed of the most recent structure in our development, the cerebral cortex or neo-cortex. The reptilian and paleomammalian or limbic layers of the brain contain structures of early evolutionary forebearers.

"The three brains amount to three interconnected biological computers, each having its own intelligence, its own subjectivity, its own sense of time and space, and its own memory and other functions." (Richard M. Restak MD, *The Brain*, Warner Books Inc, 1979)

Characteristics of the different levels:

REPTILIAN LEVEL:

- defends territory
- deceptive behavior
- awe for authority
- obsessive-compulsive neuroses
- social pecking order
- mating, nesting
- a closed system:
 - avoids jeopardizing safety
 - won't disequilibrate
 - won't experiment
 - rutted in
- survives by routine and ritual

LIMBIC LEVEL (old mammalian, expresses through emotions)

- provides for memory and personal identity
- emotional script or program
- bonding
- unity
- family
- community
- sociable
- affectionate
- guidance
- nurturing
- prolonged care of offspring
- broad based responses to learning with tendencies to generalize

NEO-CORTEX LEVEL (new mammalian, expresses through words)

- non-emotional
- rational
- establishes highly specific responses for each stimulus
- allows for effective survival strategy planning
- preserves and procreates ideas
- communicates through functional reading, writing, math

FRONTAL LOBES (believed to be wired to limbic, but not to neo-cortex)

- maintains a relaxed brain level
- takes in the whole situation
- uses speech to store complex ideas and to make associations
- uses inner speech to regulate activities on the conscious level
- handles abstract, hypothetical ideas
- goal sets
- analyzes
- initiates
- inclination toward altruism and empathy
- tends to see care of self as by-product of well-being of total group
- able to care for and alleviate suffering of others

(Notes from Neurology of the Brain course, University of Northern Colorado)

Jim Williams, researcher, lecturer, instructor for 17 years, and Bill Strempe, D.C., a successful Denver chiropractor of Insearch International Inc. in Denver, CO, feel that we access and have a way of expressing each of these levels in different ways:

1. the Neo-cortex through words,
2. the Limbic through emotions and
3. the Reptilian through muscle testing "into" so-called brain computer files and subfiles.

The system they have developed works mainly, they believe, with the Reptilian level, which is ritualistic, routine, rutted, defensive, obsessive-compulsive neuroses.

Combining the ideas of Williams and Stemple with those of Three in One Concepts (Gordon Stokes, Daniel Whiteside, and Candace Calloway) has proven a fast and effective way of clearing out old patterns that keep us "stuck" in different areas of our lives and/or unable to create or move with inspiration. These life controllers, as they're sometimes called, are issues we are unable to verbalize, share or even at times know about.

Once you've learned "the words" in this system the technique is incredibly simple. Consider now what your life is telling you that you may not be hearing? Which are the non-working parts of your life?

The procedure developed by Williams and Stemple for resolving issues blocking inspiration goes as follows:

1. Make a declaration--a positive, 1st person, present tense statement which **DIRECTLY CONTRADICTS** how a given aspect of your life is working.

Example: "I am organized and tidy at home."

2. Immediately test both arms for right/left brain congruency. If either or both are weak continue the following process. If not find another issue.

Note: I use PMC's for the tests. I also check and correct for any switching before I start.



3. If weakness is found, **LOCK IN** (pause lock, if you will) the awareness of the weakness by an upward **THUMB STROKE** mid forehead from the bridge of the nose. Both arms now usually test weak.

4. At this point, beginning with a strong muscle test, I age recess the individual for the possible source related to the issue.

5. I also incorporate the Behavioral Barometer developed by Three in One Concepts, muscle testing for specific emotionally related words and any "relationship to others" the issue might have, i.e. male/female, mother/father, grandparents, siblings, peers, teachers, etc. noting, of course, each test response. I feel the more information from the brain computer into conscious awareness the quicker and more powerful the shift or release of a "holding" pattern.

6. Lock in (pause lock) this additional information stroking upward from the bridge of the nose again.

7. With this significant information on the "computer screen" we are now ready to search for the file that will clear the issue. Using the following file list, developed by Williams and Stemple, muscle test to find

which of the sub-files tests strong as an indication for correction.

SPIRITUAL
SELF-CONCEPTS
EMOTIONAL
STRUCTURAL
CHEMICAL
SEXUAL
GROUNDING
WITHHOLDING
PRIOR DECISIONS
FEARS

Example: "I have (or you have, depending on who is doing the testing) a **SPIRITUAL**, or **EMOTIONAL**, or... issue with being organized and tidy at home." Test each sub-file separately until you find one with a strong muscle response.

8. Test to see if you have agreement, a strong response in both arms. If the test is **STRONG, LOCK IN** (pause lock) by the **UPWARD THUMB STROKE** on the forehead two times.

9. Retest the original statement again.

Example: "I am organized and tidy at home."

10. There may be more issues around the declaration. Thumb stroke up the forehead once again, this time saying "**RELATED ISSUES**". Test "**UNRELATED ISSUES**". If no weakness in the arm test, you are finished.

11. If weak, continue through the sub-file list again until you find another word that will strengthen the statement,

i.e. "You have a _____ issue with your declaration of _____."

12. The correction is the same as before:

Lock in the file with an upward thumb stroke on the forehead.

Retest both arms again the declaration's congruency, repeating steps 6-9 until the muscle tests are strong for the declaration as well as the age recession, emotional words and relationship words.

Check all circuits that were once weak to make sure they now test strong.

(I seldom find anyone who needs steps 7-9.)

Sometimes the results from this procedure are immediate, and the person feels or perceives differently. Sometimes the results are more subtle and are noticed later in particular situations.

There is an amount of data equivalent to many computer chips stored in your brain and in your body, as you have reacted to and

with the world, and the world has reacted to and with you. You will probably never run out of issues to clear. Some you may not want to clear, and some may not matter very much, but some do matter. Find those areas that "stop" or "block" you, declare, edit, and refile your "mental computer" to break old habit patterns and create space to expand your abilities to participate in life in new ways.

THE BEHAVIORAL BAROMETER

<p>ACCEPTANCE</p> <ul style="list-style-type: none"> Choosing to • Approachable Optimistic • Acceptable Adaptable • Worthy Deserving • Open <p>WILLING</p> <ul style="list-style-type: none"> Receptive • Adequate Prepared • Answerable Encouraging • Refreshed Invigorated • Aware <p>INTEREST</p> <ul style="list-style-type: none"> Fascinated • Tuned-in Needed • Welcomed Understanding • Appreciated Essential • Caring <p>ENTHUSIASM</p> <ul style="list-style-type: none"> Amused • Jubilant Admirable • Attractive Delighted • Excited Alive • Trusting <p>ASSURANCE</p> <ul style="list-style-type: none"> Motivated • Daring Protected • Bold Brave • Considered Affectionate • Proud <p>EQUALITY</p> <ul style="list-style-type: none"> Lucky • Co-operative Involved • Purposeful Reliable • Concerned Sincere • Productive <p>ATTUNEMENT</p> <ul style="list-style-type: none"> In tune with • Congruent In balance • Creative Perceptive • Appreciative Tender • Gentle <p>ONENESS</p> <ul style="list-style-type: none"> Quiet • Safe Calm • At peace Unified • Completed Fulfilled • At-one-ment 	<p>CHOICE</p> <p>CONSCIOUS</p> <p>SUBCONSCIOUS</p> <p>BODY</p> <p>CHOICE/NO CHOICE</p>	<p>ANTAGONISM</p> <ul style="list-style-type: none"> Attacked • Bothered Questioned • Burdened Annoyed • Indignant Opposing • Inadequate <p>ANGER</p> <ul style="list-style-type: none"> Incensed • Furious Over-wrought • Fuming Seething • Fiery Belligerent • Hysterical <p>RESENTMENT</p> <ul style="list-style-type: none"> Hurt • Embarrassed Wounded • Used/abused/confused Unappreciated • Rejected Dumb • Offended <p>HOSTILITY</p> <ul style="list-style-type: none"> Trapped • Picked-on Put-upon • Frustrated Deprived • Sarcastic Vindictive • With-holding <p>FEAR OF LOSS</p> <ul style="list-style-type: none"> Let-down • Not-heard Bitter • Disappointed Threatened • Over-looked Frightened • Unwelcome <p>GRIEF AND GUILT</p> <ul style="list-style-type: none"> Betrayed • Conquered Discouraged • Unacceptable Self-punishing • Despondent Defeated • Ruined <p>INDIFFERENCE</p> <ul style="list-style-type: none"> Pessimistic • Immobilized Rigid • Numb Stagnant • Unfeeling Destructive • Disconnected <p>SEPARATION</p> <ul style="list-style-type: none"> Uncared for • Unloved Unacceptable • Loveless/unlovable Unimportant • Melancholy Morbid • Deserted
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Behavioral Barometer
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The BEHAVIORAL BAROMETER is used in Three In One Concepts
Identification and Definition of Distress

Break through the Boundaries of Fear

by Joan R. Dewe, M.A.

Stop a moment and list some of your greatest fears.

At the base of every one of our fears is simply *the fear that I can't handle* whatever life may bring me. Typical examples include:

Fear of	illness	translates into fear of not handling illness.
	making mistakes	translates into fear of not handling making mistakes.
	losing a job	translates into fear of not handling the loss.
	getting old	translates into fear of not handling aging.
	being alone	translates into fear of not handling being alone.

Now if you knew that *you could handle anything that came your way*, what would you possibly have to fear? You would no longer need to attempt to **control** either the outer world or other people. What a relief!

All you have to do to diminish your fear is to *develop more trust in your ability to handle* whatever comes your way.

Belief in self = trust in self = feel good about self.

eg. Mother to child - "Be careful" = I don't want anything to happen to you
= *I might fall apart*
= I don't trust my ability to handle it.

What a difference if the mother said to the child - "Take lots of risks, dear."

Our goal is to be able to say, "Whatever happens to me, given any situation, I can handle it."

Five truths about Fear

1. The fear will never go away as long as I continue to grow.
2. The only way to get rid of the fear of doing something is to go out and do it.
3. The only way to feel better about self is to go out and do it.
4. Not only will I experience fear on unfamiliar territory, but so will everyone else.
5. Pushing through the fear is less frightening than living with the underlying fear that comes from a feeling of hopelessness.

Exercise: Think of one fear and hold your ESR points.

- a. Get in touch with the fear. What are your feelings about it ?
- b. What do I want ? How will I handle this ?
- c. Know
 1. The fear won't go as long as I grow.
 2. What am I willing to do to handle it ?
 3. I will feel better about myself as I do this.
 4. We all feel fear on new ground.
 5. Inner power comes from pushing through the fear.
- d. Put a symbol (frame) on your decision to push through the fear.
- e. Visualize yourself handling it.
- f. Say, "I can handle it!"

Source: Susan Jeffers, *Feel the Fear and Do It Anyway*

Clearing Sabotage Programs

by Joan R. Dewe, M.A.

One dread that computer owners face today is that somehow, often through a rogue software program, a "glitch" will happen in the works, causing loss of computer memory, erasing stored programs, or creating false conclusions. Once this happens, it is a frustrating, expensive, and exhaustive process to identify, find and erase the source of the problem and its ongoing destructive effects.

Likewise, in our own built-in bio-computer, our brain, we may have a sabotage program that occasionally comes on line and creates havoc to the motivational direction in which we are consciously heading.

Our brain has had its software programmed by an infant, based on her perception of life, people, and experiences and with her own expectations. In your experience, does the infant always have the big picture, free of misperceptions ?

Perhaps a certain program served us well at one stage of our life. However, the program may no longer be appropriate to our current situation. In fact, that message may continually head us down a self-destructing pathway, when consciously we wish to function in a different way.

Over the past eighteen months we have tested clients (when we feel they are ready for this level of awareness) on various basic life statements with yes/no statements to find if there is a clear consistent agreement of motivation, or whether there exists a conflict or reversal of attitude at a deep level originating from earlier life programs.

Let us take the example of a client presenting a low energy problem, such as loss of motivation, exhaustion, burn-out, depression, overgrowths, post-viral syndrome, etc.

Before getting on with the clearing procedure, take a personal history of family, illnesses, operations, problem areas, interests and activities. Then with these insights available, proceed with the muscle testing and balancing.

The Goal they will be working on is, "I have abundant energy."

Muscle test to find the present stress level as a percentage.

1. CL Thymus and measure
 - mental energy level as a %.
 - physical energy level as a %.
 - spiritual energy level as a %.
 - immune energy level as a %.
2. Test willingness to benefit
 - mentally as a %.
 - physically as a %.
 - spiritually as a %.
 - emotionally as a %.
 - other factors as a %.
3. Before working on the Goal, clear on "life statements" (see table on next page) and possible "sabotage programs" culled from the person's history. Use yes/no statements. Test each statement in pairs, using a statement and its opposite. Look for reversals and conflicts.
 - A reversal occurs when the person muscle tests weak for a statement that would test strong when they are in balance, and tests strong for the opposite statement.
 - A conflict occurs when the person muscle tests the same way for both a statement and its opposite.
4. Number the stressor statements that show reversals or conflicts.
5. Test for the most important one to clear first. Make a guess and then muscle test to confirm. If the statement tested does not confirm, test another statement.
6. Test to see if best to clear the program by tapping the appropriate acupuncture point (or use DD to determine priority balance technique if a PHP II grad.)

Life Statements (as presented by Carol Albee in 1987)

-I'm glad I'm alive. (I'm not)
-I'm glad I'm a woman/man - girl/boy (I'm not)
-My needs are OK by me. (They're not)
-I like to be needed and touched by (I don't)
-I like to need and touch(I don't)
-I am optimistic. (I'm not)
-I can take my time. (I can't)
-I have a right to abundant energy. (I don't)
-I want abundant energy. (I don't)
-I handle my fear. (I don't)
-I like who I am. (I don't)
-I deserve a satisfying job/relationship. (I don't)
-The only way to rest is to get sick (It is not)
-I wish I were dead. (I don't)

-
7. Age recess to best age to clear the program by saying, "Take yourself to the best time to clear this sabotage program. Show me that you are there with an indicator muscle change." It is not necessary to consciously verbalize the particular age or time that the person has returned to.
 8. Test for reversal or conflict at that age.
 9. Find the acupuncture point to use to tap out the sabotage program:
SI-3, TW-3, K-27, or the beginning or end points of meridians on the face,
e.g., BL-1, ST-1, GB-1, TW-end, SI-end, LI-end, GV-end, CV-end.
 10. Have the person look at an X while doing eye rotations, clockwise, counter clockwise, both open and closed, and simultaneously saying,
"In spite of this reversal/conflict of attitude, I deeply and profoundly love, accept and respect myself."
 11. Muscle test to check if the statement is clear.
 12. Instruct the person to return to the present time. Check that the statement is still clear.
 13. Find the next most important statement to clear, and repeat the process until all the "life statements" have been cleared.
 14. CL the Thymus and recheck % energy levels for the physical, mental, emotional, spiritual, and immune as before.
 15. Now you are ready to work on the goal and balance it in your usual way.

(We would now check for Pain Behaviors, as described in the *Structural Neurology* text by Three-In-One Concepts, and DD to find the specific corrections the body needs to upgrade its energy, using the PHP II synthesis.)
 16. Home reinforcement: The cleared statements may now be used as positive affirmations.

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Imaging for Performance

Application of the Neuro Enteric Holographic Technique (NEHT)

by Bruce Dewe, MD, and Joan R. Dewe, MA

Sometimes when we correct a muscle in the usual way (NLs, NVs, reactivity, etc) there is not as much functional improvement as we expect. The muscle tests strong in the clear but does not appear to function as well as expected. One reason for this is that the brain retains a mental picture of the muscle in its weak state.

Testing:

(using Quadriceps as an example)

1. Test Quadriceps. (If weak strengthen with NL, NV etc)
2. Test strong Quads while they visualize the muscle - eyes closed.
3. CL in turn to NL, NV, and SI alarm, as they continue to visualize.

Retest Quads each time.

Involved reflex will reverse the weakness.

Correction:

1. Person LOOKS at the quadriceps (problem area) throughout the correction.
2. At SAME time work the involved reflex (NL,NV, SI alarm).
3. Tap frontal bone at low frequency (1 Hz) = slowly.

Challenge:

1. Retest the Quadriceps while the person visualizes the muscle.

Results:

Corrections hold longer and often the organ systems associated with the same meridian will show improved function.

Improve Your Chest Expansion

by Joan R. Dewe, M.A.

The following procedure is taken from our Professional Health Provider program (PHP 1) and has been used for many years by my husband, Dr. Bruce Dewe, in his medical practice. He has taught many mothers how to take care of their children when they have had chest infections, congestion, tightness or pain on breathing. This has reduced their need for medication.

Many people, for various reasons, do not breathe correctly. Rather than filling the lower lobes of the lungs first, they tend instead to raise their shoulders and fill the upper lobes with resultant minimal lower rib-cage and diaphragm movement.

Correct breathing should cause the diaphragm to flatten, thus making the stomach protrude on inhalation, and to flatten on exhalation. If you think of the lungs as a cup to be filled, you pour into the bottom first and gradually fill it up. In the same way, the most efficient breathing allows the lungs to fill from the bottom upwards.

If you do not have a tape measure handy, useful pretest is to place both thumbs at the xiphoid process at the base of the sternum and rest the palms of your hands around the rib margins. Observe on inhalation the degree to which the thumbs move apart.

The reason for poor chest expansion is sometimes due to the disharmony between proprioceptors of the three layers of muscles which run diagonally between the ribs. Nerve impulses pass to the external intercostal muscles on inspiration and to the internal intercostal muscles on expiration. The muscles act as each other's antagonists, and mutual inhibition can cause restriction of

breathing and reduce rib-cage expansion. (The innermost intercostal layer is incomplete, but can be involved.)

Use an indicator muscle and circuit-locate, using all your finger tips, lengthwise between the ribs, on the front and back of the chest. Indicator muscle change shows intercostal muscle involvement in that area.

Before correcting, find the emotion involved with the constriction of the chest.

Correction exercise:

This is a non-specific stimulation. The spindle cells of the muscles are stimulated transversely. (Because of the narrow space between the ribs it is probable that golgi stimulation also occurs). It may help prevent friction if you use moisturizer or talc.

Pressure is in a linear direction along each rib space. Move specifically from the side forwards to the sternum, and from the side back towards the spine. (This is to follow the lymph and venous drainage). Repeat the movement four to five times.

Retest with circuit-locating and indicator muscle. Check that the emotion no longer causes indicator muscle change.

Finally retest chest expansion exercise as above, with hands around rib cage on inhalation. It is very likely that some teaching will be required on correct breathing habits.

To have this technique performed when one has an acute or chronic chest condition brings wonderful relief to the sufferer.

Neuro-Emotional Points

Do we have NEs as well as NLs and NVs ?

by Bruce Dewe, MD, and Joan Dewe, MA

We are all aware of the power of the neurolymphatic (NL) and neurovascular (NV) points in reversing muscle weakness. We learned about these circuit breakers in the TFH Introductory workshop. Michael Lebwitz, a chiropractor, reasoned that there probably were also equivalent points which worked as emotional circuit breakers.

He was looking for more emotional stress release (ESR) points. He reasoned they should be present on all meridians that begin or end in the head. In fact what he found were not more holding points, like the ESR points on the forehead, but rubbing points. The points were not on the head but on the neck, limbs and body.

Because there are twelve paired meridians and only the six yang pairs appear on the head the neuro-emotional points are shared on a 5 element basis.

He found the following points effective:

GB 31(.5) LI 16 B 10
SI 10(.5 or 11) TW 15(.5) ST 30

His procedure is easily adapted to the TFH format. Results include higher stress toler-

ance, calmer disposition, and improvement in chronic conditions.

Testing:

1. When a muscle tests weak CL the NE point. (as an alternative to NL or NV).
2. Make person aware of the 5 Element emotion for that meridian.

Correction:

1. Hard sustained pressure for 40 sec. on the involved point.
2. Person thinks about the 5 Element emotion throughout process.

Challenge:

1. The muscle now tests strong.
2. The muscle tests strong when the NE point is touched (CL'd).

Note:

ST 11 and GB 31 often result in crying.

The diagram below shows the 5 element emotion and the shared NE points:

Diagram of the NE points on the body.

TFH and Being Assertive

by Bruce Dewe, MD, and Joan Dewe, MA

The assertive person is one who is able to communicate clearly and confidently their needs, wants and feelings to other people without abusing their rights in anyway.

Being assertive is a socially acceptable alternative to passive, aggressive or manipulative behavior.

Assertiveness training courses are becoming popular. I believe that within the TFH syllabus we have already some of the best tools in assertiveness training. Even with basic TFH it is possible to achieve worthwhile changes. Using the PHP II skills the changes are profound. If you have taken the structure/function workshops, *Under the Code* and *Louder than Words*, from our sister organization, Three-in-One Concepts, these skills will add further to your inner power.

Assertive people DO:

1. Decide what they want.
2. Decide if it is fair.
3. Ask for it clearly.
4. Are not afraid of taking risks.
5. Are calm and relaxed.
6. Express feelings openly.
7. Give and take compliments easily.
8. Accept and give fair evaluation.

Assertive people DO NOT:

1. Beat about the bush.
2. Go behind other people's backs.
3. Bully.
4. Call people names.
5. Bottle up their feelings.

Very few of us manage to be assertive in all areas of our life. Some manage at home but not at work. Other manage at work but not in personal relationships. Much of our happiness depends on how successful and satisfying our relationships with the key figures in our lives have been.

Gael Lindenfield in her book, *Assert Yourself*, (published by Thorsen Publishing Group) gives much practical advice that we as TFHers can use to advantage in our work of bringing people to wholeness. I recomend the book to you.

Five things that help us and our children learn this behavior:

1. **Models.** Someone who is assertive with us and whom we trust, respect and would like to be like.
2. **Love and encouragement.** These build our sense of self worth.
3. **Caring evaluation.** We learn to see ourselves, our actions and demands realistically.
4. **A sense of values.** To assess our own and others rights.
5. **A basic feeling of security.** To help us experiment with risks and make mistakes.

The essence of assertiveness.

Two primitive adaptive instinctive responses when encountering a problem area are a desire to flee or a desire to fight for our lives.

We may not experience these responses other than fear or anger. Both are biochemically produced by stress chemicals circulating in the body and manifest themselves as follows:

1. Flight - passivity
Type I behavior (back-brain)
2. Fight - agressiveness
Type II behavior (back-brain)

In the **flight/fear/passivity** response blood drains from our head and upper torso, our face becomes pale and our legs tense up to run. The extreme flight/fear/passivity response is to faint or go into shock.

In the **fight/anger/aggressiveness** response, our upper torso and head become suffused with more blood than our lower body. The muscles of our neck and shoulders become very tense and taut and

our face becomes hot and red. Does this sound familiar?

Many mental health and relationship problems are the result of over reliance on these two basic animal responses.

There is a third response that mankind has developed to help solve the problems of living together as we do in communities. It is the ability to:

1. Discuss
2. Argue a case

3. Negotiate civilly

The aim of assertiveness training is the development of this third response (Type III behavior) which is often a more appropriate and successful way of communicating with others.

Most people are confused about the different responses and fail to be assertive because they are fearful of being seen as either passive or aggressive.

Comparing the responses of type I, type II and type III behavior.

A. Non Verbal Signals

Passive-Type I

whining voice
Clenched, wringing hands
Shuffling feet
Downcast eyes
Stoop, shoulder droop

Aggressive-Type II

Shouting
Loud voice
Pointing finger
Folded arms
Still posture

Assertive-Type III

Calm controlled voice
Relaxed posture
Direct eye contact
Arms open
Upright

B. Key Words or Sentences - used with the non-verbal signals.

Maybe

I guess

I wonder

Would you mind very much if

Sorry.....Sorry.....Sorry

Excuse me please

But

You know

If

I hope you don't mind

You'd better

If you don't

Watch out

Come on

Should

Bad

Stupid !

You !

Just you wait

I

I think

I feel

I want

I'm willing

Let's

How can we resolve this ?

What do you think ?

What do you see ?

The Stress without Distress Workshop, teaches that:

When we encounter a problem or go into stress, our survival mechanisms are activated. First we enter a state of alarm (or alert), next the adaption state and, if the stress is not attended to, we enter the exhaustion phase.

The TFH emotional stress relief technique (ESR) activates reflex points (called neuro-vascular points) which bring more blood to the frontal lobes of the brain. Back brain thinking is the survival response mode. Here we store automatic responses based on past experiences and the primitive flight/passivity or fight/aggressiveness response (Type I and II behavior). Front Brain thinking is creative thinking with new options and new

alternatives. (Type III behavior)

Stress chemicals seem to have the effect of reducing front brain - back brain communication and left brain-right brain integration. Thus they prevent us thinking creatively under stress. ESR reverses this process. This has the effect of reducing/erasing the biochemical trigger to the old stress memories.

People enroll in assertiveness training courses because of one or two specific problem areas in their lives. They will be keen to discuss these at length. Doing this with hands on frontal eminences has far more value than simply "airing the problem".

How to use TFH skills for assertiveness training.(explained in *Stress without Distress* manual)

1. Find a good indicator muscle An IM with a Clear Circuit is best
2. Test willingness to explore honestly and to upgrade Do ESR until willing
3. Muscle Test several problem areas - relationships/situations.

When we ask a person to focus on the specific stress event we reactivate the person's survival mechanisms. Having an arm sticking straight out from the body is not a survival trait. Hence the arm tests weak on the muscle test.

Relationship with spouse (.....name.....)
Relationship with children (.....name/s.....)
Relationship with parents (.....name.....)
Relationship with workmates (.....name/s.....)
Relationship with neighbors (.....name/s.....)
Relationship with friends/relatives (.....name/s.....)
Relationship with other TFHers in my area (.....name/s.....)
Saying 'no' to overtime at work
Sending cold/overcooked food back in a restaurant

4. Muscle Test several phrases. (Use a Yes/No Response here.)

I am able to express positive feelings.
I am able to express negative feelings.
I am able to refuse requests and invitations.
I am able to express personal opinions.
I am able to express justifiable anger.
I am able to give a compliment to a friend.
I am able to receive a compliment from a friend.
I can ask the doctor for more information/a second opinion.

Other suitable phrase - the table above will help.

5. Decide which balancing technique to use:

Goal Balance

(eg.) If you continually put your children down or use patronizing language with them use a goal like: "I respect my children and give clear instructions in a relaxed way"

Stress without Distress skills

"When I think of my sister's bossiness" (Hum/count)

Emotional Stress Release

"Before going into a meeting"

"Before confronting a person you are at odds with."

PHP Balance.

When working with client professionally, the PHP skills allow you to find the priority technique to deal with the emotions involved and the best age to deal with it.

6. Retest to see the change in muscle response.
7. Ask how they will be different and will notice the change?

YOU HAVE PERMISSION TO PHOTOCOPY
THE NEXT THREE PAGES TO MAKE OVERHEADS

Assertive people DO:

1. Decide what they want.
2. Decide if it is fair.
3. Ask for it clearly.
4. Are not afraid of taking risks.
5. Are calm and relaxed.
6. Express feelings openly.
7. Give and take compliments easily.
8. Accept and give fair evaluation.

Assertive people DO NOT:

1. Beat about the bush.
2. Go behind other people's backs.
3. Bully.
4. Call people names.
5. Bottle up their feelings.

Aids for Developing Assertiveness

1. Models.
2. Love and encouragement.
3. Caring evaluation.
4. A sense of values.
5. A basic feeling of security.

Comparing the Responses of Type I, Type II and Type III Behavior.

A. Non Verbal Signals:

Passive-Type I

Whining voice
Clenched, wringing hands
Shuffling feet
Downcast eyes
Stoop, shoulder droop

Aggressive-Type II

Shouting
Loud voice
Pointing finger
Folded arms
Still posture

Assertive-Type III

Calm controlled voice
Relaxed posture
Direct eye contact
Arms open
Upright

B. Key Words or Sentences

- used with the non-verbal signals.

Passive-Type I

Maybe
I guess
I wonder
Would you mind very much if
Sorry.....Sorry.....Sorry
Excuse me please
But
You know
If
I hope you don't mind

Aggressive-Type II

You'd better
If you don't
Watch out
Come on
Should
Bad
Stupid !
You !
Just you wait

Assertive-Type III

I
I think
I feel
I want
I'm willing
Let's
How can we resolve this ?
What do you think ?
What do you see ?

How to use TFH skills for Assertiveness Training

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Relationship with friends/relatives (.....name/s.....)
Relationship with other TFHers in my area (.....name/s.....)
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I am able to express personal opinions.
I am able to express justifiable anger.
I am able to give a compliment to a friend.
I am able to receive a compliment from a friend.
I can ask the doctor for more information/a second opinion.
Other suitable phrase - the table above will help.
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(eg.) If you continually put your children down or use patronizing language with them use a goal like: "I respect my children and give clear instructions in a relaxed way"
Stress without Distress skills
"When I think of my sister's bossiness" (Hum/count)
Emotional Stress Release
"Before going into a meeting"
"Before confronting a person you are at odds with."
PHP Balance.
When working with client professionally, the PHP skills allow you to find the priority technique to deal with the emotions involved and the best age to deal with it.
6. Retest to see the change in muscle response.
7. Ask how they will be different and will notice the change?

The Effect of Gemstones upon the Meridian System

by Robert Alan Frost

Abstract

Properly selected gemstones can be employed to produce full electromagnetic balance. Gemstones appear to act as buffers, giving the system greater integrity under stress. Although not a replacement for diagnosis and treatment of the underlying causes of neurological disorganization, the possible applications for healing and improved performance are vast and exciting.

At the conclusion of a shamanistic course in the summer of 1985, a Swiss Alexander Technique teacher was advised by the American Indian lecturer to carry four particular gemstones. The author was contacted to supply these stones. Before the Alexander teacher received them, five of his fourteen basic Touch for Health muscles tested weak. With the recommended stones in hand, all fourteen muscles tested strong! This initial discovery stimulated the research in this paper.

Further investigation revealed that for each individual, certain gemstones eliminate active alarm points, rebalancing over-energy in the meridian system. When all over-energy is eliminated, all muscles test strong. It was first hoped that specific gemstones would balance specific meridians in everyone. This would have provided a simple cookbook like system of meridian balancing. Unfortunately, only the following instance (of constant gemstone-meridian correspondence) was found: in every subject tested, chrysoberyl or precious topaz corrected all imbalances connected with the circulation-sex meridian. In all other cases, individual testing is necessary to determine which gemstone balances which meridian. This person-specific effect suggests that all systems of correlating individuals with gemstones based upon birthdays or other general factors are of little use, at least in the area of meridian balancing.

Initial findings indicate that for a gemstone to act upon the meridian system, it need not touch the skin but must be no more than 1/2 cm. away. Every place upon the body tested equally effective except over the heart-thymus area. In fact, for most subjects, gemstones placed upon the upper portion of the breast

bone actually disorganized the system, weakening most or all test muscles. Therefore, many currently popular systems of gemstone healing which recommend wearing gemstones (especially quartz crystals) over the heart may need to be reconsidered. Wearing jewelry upon this area may also be ill advised. It is possible that gemstones placed upon this area could have some desired effect. However, as this disorganized the system in these studies, it should likely be avoided when meridian balance, clear thinking and good coordination are required.

Unexpectedly, it was found that one gemstone may block another's effect upon the meridian system. Even two stones, either of which balances a specific meridian, may be ineffective when used together. Of particular interest were azurite and malachite. Both are copper hydroxides which are nearly always found together in nature. Either one eliminated all active alarm points in one subject but both together did not.

To avoid such an interference effect, it is desirable to locate the minimum number of gemstones needed to bring all the meridians into balance. According to the International College of Applied Kinesiology, if a previously strong indicator muscle weakens when the five fingers are placed around the navel (or the palm over the navel in order to contact alarm points for all meridians) the subject is not in full electromagnetic balance. Repetition of this test with various gemstones provides a technique for determining which stone brings the system into balance. In some instances in which most or all of the meridians test over-energy, it may be necessary to use two different gemstones to effect full electromagnetic balance.

The tested gemstone(s) carried on or near the body apparently act as an energy buffer giving greater stability to the meridian system when under stress. This can be especially useful to the therapist in keeping him in balance while working with others. For this purpose, Dr. Jimmy Scott, founder of Health Kinesiology, carries in his pocket a jade stone he found while skin diving in Jade Cove, California.

For centuries there have been books which have attempted to prescribe specific gemstones for desirable goals or particular ailments in all people, i.e. "Aquamarine improves eyesight." Such generalizations, although sometimes useful, ignore variation between individuals. On the other hand, kinesiological testing may be able to identify which gemstone is most effective for a given person with a specific problem. For example, in a limited sampling, chrysopase most often tested as the best stone for promoting sound sleep. It did seem to help in limited trials. For other people, other stones tested best for the same purpose. If assembled personal data (personality profiles, medical histories, etc.) can be correlated with particular gemstones and ailments, useful generalizations may emerge. Then it would be possible to state, "For this type of person under these conditions, this gemstone has found to be statistically the most useful one for this problem." Such correlated data could provide the needed cross checking to make kinesiological testing of gemstones for specific problems more scientific.

In an example of the use of gemstones for both meridian balancing and to achieve a goal, a lawyer in San Francisco asked if a gemstone could help her to balance her energies, remain centered in the truth and to speak in one clear line of reasoning. From nearly 100 different tests of gemstones, three were found to produce full electromagnetic balance. Asking her body revealed that, yes, a stone could help her with her desired goal. Retesting the whole group of stones for her goal identified only one, cat's eye jade, also one of the three chosen for balancing her energy. Had two stones been required, one for energy balance and one for the goal, further testing would have been needed to be sure that interference did not occur between them. Kinesiological testing next indicated the

presence of a preferred location on either little finger. The association of truth and clarity with the heart and the location of the heart meridian upon the little finger may be the reason for this preferred location.

It is important to test if there exists a preferred location for the gemstone and if so, where it is to receive maximum benefit. Also useful to increase the positive effects of gemstones is to increase your conscious awareness of their effect through the following practice: Sit quietly a few moments and sense your own internal state. Pick up a gemstone which has been shown by kinesiological test to have an effect upon you and sense the difference. Repeat this cycle a few times. Continue this practice for several days or weeks until clearly aware of the difference the gemstone makes. As you pick up your balancing gemstone, sense your change of energy state and practice gratefulness to God/nature for providing these helpful energies in beautiful gemstone form. Intense conscious awareness and gratefulness may renew and increase the positive benefits of gemstone use.

The use of gemstones in therapy offers a useful opportunity for a positive placebo effect. This desirable placebo effect can be achieved by giving the patient the stone used in the session to carry away with him. Thereafter, the beauty of the stone and the tactile assurance of touching it may enable the patient to re-experience and stabilize the positive effects of the whole therapeutic session.

Although anecdotal evidence from case histories is in itself no clear proof of the effectiveness of any technique, various examples of gemstone work with patients is included in this paper to stimulate further experimentation, research and application.

Gemstones can be associated with measurable pain relief. A nineteen year old soccer player suffered a sports-related injury to his low back. Muscle testing revealed weakness and pain upon testing both the adductors and the gluteus medius (spreading the legs apart and pulling the legs together) both of which are associated with the circulation-sex meridian. Either a precious topaz or a chrysoberyl in contact with his

body relieved all pain and caused both muscles to test strong. Although this young man never wears jewelry, he taped these stones upon his thigh before playing soccer, pain-free. Within a few months, the injury had healed, requiring no further gemstone application.

A European legend from the middle ages states that kings wore a cat's eye chrysoberyl ring for strength in battle. Battle in those days was fought from horseback requiring that one cling firmly with the legs to one's horse (adductors) and be able to strike an opponent or push him away with a leg (gluteus medius). As chrysoberyl always strengthens these muscles, this legend is quite believable. Such a ring would make one strong in horseback battle.

A sixty-two year old hefty Swiss woman suffered from painful disc problems in the low back. Chrysocolla brought her meridian system into balance. Sitting up from lying was the most painful movement for her. With a chrysocolla in her hand, she sat up with, in her own estimation, 80% pain reduction. Placing the stone down, 100% of the pain returned. After a few more trials, she suddenly placed the stone into her ample bra and said, "Mine!" Assured that she could keep it, further tests were conducted to make sure this was more than a placebo effect. Several different stones were placed into identical envelopes. Neither she nor the tester knew in which envelope the chrysocolla was located. Only the envelope with the chrysocolla, when held in her hand reduced the pain.

Dominique Monette M.D., Brussels, uses gemstones in cases of pain behavior. The disorganizing effects of pain, memory of pain and how one reacts to pain can often be eliminated, she reports, by simply placing the chosen gemstone upon a specific bodily area for a short time. Dominique determines the gemstone, bodily area and time duration of application through kinesiologic testing.

A fifteen year old female with an overdue and irregular, two-to-four month long menstrual cycle was tested. Rhodochrosite balanced her meridian system. Holding it in her hand overnight, she awoke with her cycle starting.

Carrying it with her daily, she now has a normal 28 day cycle.

A twenty-three year old woman with strong allergies to cats found the allergies absent when she carried her meridian-balancing green quartz.

A sixty-seven year old woman complained of weakness in her arms when supporting anything over her head. As suspected, her anterior serratus muscles tested weak. Florite balanced her meridian system, returning strength to these muscles. With a florite in her pocket, taking a heavy box down from a shelf above her head became easy.

Another fascinating area of gemstone research in kinesiology is in the use of gemstone essences. Produced by a method similar to the making of flower essences, gemstone essences diffuse through the body, jogging old emotional patterns on the subconscious level. Taking the drops also provides for the placebo effect through doing something daily with the intention of changing the problem. Gordon Stokes' initial experimentation with new gemstone essences produced by the author reveals that their use takes one through an initial emotional down or minor depression on through to a higher state of emotional functioning. He advises to continue taking the drops even though the initial drop of mood and energy is unpleasant. He tests kinesiologically for dilution, number of drops, number of times to be taken per day and length of treatment.

Some gemstones imbalance the meridian system. Opal and diamond are typical examples. This disorganizing effect may return even after rebalancing the meridian system with the gemstone (as done in a Health Kinesiology allergy treatment). It has been observed that many people who often wear opals are high-strung, active, nervous and even exhausting, but lots of fun to be with for short periods of time. It is as if the opal gives too much energy.

In general, gemstones should not be in contact with the body during sleep. They may be too stimulating for sleep processes. Exceptions exist, such as the use of chrysopase to aid sleep; so when in doubt, ask the body.

It is not suggested that the mere act of carrying a stone replaces other balancing techniques. The stone acts as a crutch, giving support to a weakened system. Provided the system has the needed raw materials, the stone can promote healing exactly as a crutch allows a person with a broken leg to continue to walk while the healing process takes place. The stones don't heal us, but they can be a great help in supporting the healing processes.

The effect of gemstones as tested by alarm points doesn't remain constant. After some time of carrying the gemstone, alarm points will again become active but will require a stronger test pressure than without the stone. It seems that the gemstone is still helping but, as underlying causes have not been corrected, there is a partial return of active alarm points. Quick balancing techniques of all kinds, for all their temporary usefulness, should not be used repetitively while ignoring the deeper causes of disorganization.

Many areas for future investigation with the meridian effect of gemstones, some of which are touched upon in this paper, lie open to investigation. Those interested in combining their efforts and findings in this new area of kinesiological research are invited to contact me, Robert Alan Frost, at Hochstrasse 56, CH-4053 Basel, Switzerland.

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Neurologic Disorganization

by Robert Alan Frost

Abstract

Neurologic disorganization, or switching, is caused by the nervous system's complex response to incorrect nerve receptor signaling. Switching may disturb perception, cognitive processing, motor and organic functions. Popular quick-fix treatments for switching often leave underlying causes untreated, making it necessary to continually repeat the quick-fix. With kinesiologic techniques and methods of inquiry, underlying causes may be located and treated, permanently correcting neurologic disorganization.

Neurologic disorganization, or switching as it is commonly called, is a state of confusion within the nervous system. Although sometimes caused by problems within the central nervous system itself, neurologic disorganization is most often caused by incorrect nerve receptor signaling. Acting upon information received from nerve receptors, the nervous system directs all the functions of the body. When some disturbance causes nerve receptors to relay correct information, the response of the nervous system is inappropriate. In computer programming, this principle is stated, "Garbage in, garbage out."

One typical nervous system response to stimuli from nerve receptors is the activation of certain muscles (facilitation) and the sedation of other muscles (inhibition). Through this mechanism of muscular facilitation and inhibition, the nervous system mechanically balances body structure and coordinates movement. By responding correctly to an incorrect signal, the nervous system creates mechanical imbalances and directs movement inappropriately.

What was at first only an incorrect signal has led in this example to poor balance, alignment, and incorrect patterns of movement. These imbalances stimulate more nerve receptors which signal the nervous system to attempt to adapt the body to the imbalances (which the nervous system created in response to the incorrect nerve receptor signaling). This creates further imbalances and so forth. This confusing chain of reactive, adaptive imbalances characterizes all neurologic disorganization.

These feedback reverberations between the nervous and structural systems create a chain of imbalances, often upsetting the function of organs as well. If higher spinal and brain centers are involved in the processing of incorrect nerve receptor signals, difficulties may arise in any of the structural (muscle, tendon, ligament, connective tissue and bone) or organ systems, creating symptoms far removed from the original imbalance. When one of these symptoms becomes severe enough, one seeks professional help. The patient then presents the problem to the doctor or therapist who seeks to eliminate it. Direct treatment of such symptoms may be only temporarily effective, or may lead to the emergence of other secondary symptoms, if the underlying disturbance has not been corrected. Diagnosis and treatment of the primary disturbance is the most effective solution to the many problems neurologic disorganization creates.

When the nervous system receives conflicting information from various nerve receptors, as is the case when some receptors send incorrect information, generalized confusion may result. In this state of neurologic disorganization, the two eyes may receive unsynchronized motor impulses resulting in double vision or other visual disturbances. Interpretation of visual and auditory stimuli may also be confused as in dyslexia (learning difficulties). Switching may be responsible for pain, postural imbalances, organ malfunction, problems with orientation and coordination, concentration and learning difficulties, mental confusion, problems with seeing, reading, hearing, speaking, and reversal (switching) of numbers, letters, syllables, left and right, and other opposites.

Switching may also manifest in unresolved health conditions which resist treatment and by the doing of the opposite of what was requested or intended. Typically, people with such problems are considered stupid, handicapped, or retarded. Especially if so labeled in youth, one tends to accept and believe such labels. Early recognition and treatment can prevent the social stigma and many personal difficulties resulting from neurologic disorganization.

Correction of neurologic disorganization requires an understanding of the various nerve receptors, knowledge of how the nervous, structural, and organ systems of the body interact, and techniques to locate and correct cells which signal the nervous system to increase muscular tension. This serves to prevent damage to the muscle fibers, the tendons, the attachment of the tendons to the bones, and the bones themselves from overstretching of the muscles.

Muscle tone (the level of constant muscle contraction) can be directly affected by manipulation of the golgi cells. Activating the golgi cells by pulling the extreme ends of a muscle apart increases muscle tone. Sedating of the golgi cells by pushing the extreme ends towards the center of a muscle reduces muscle tone.

Spindle cell receptors, in the contracting fibers of a muscles, monitor the level of muscular contraction. The spindle cells are responsible for signaling the nervous system to reduce the tension in an overcontracted or cramped muscle. Pushing the spindle cells together with two hands or fingers along the muscle in the direction of the muscular fibers reduces muscle tone. The application of this technique to a tight upper trapezius muscle between the neck and shoulder can swiftly reduce tension and pain in the muscle and lower the shoulder a few centimeters. Stretching the spindle cells by pushing the two hands or fingers into the belly of a muscle and pulling apart will stimulate the spindle cells to signal the need for increased tension in the muscle.

Signaling levels from golgi and spindle cells are not responsible for most of the subjective sense of posture and movement. Being told not to slouch and to stand straight does not

create lasting postural change because proprioceptor signaling has not been changed. Thus the new attempted posture feels wrong and the old poor posture still feels right.

The golgi cell and spindle manipulation techniques described are used to rebalance muscular tone by adjusting the signal levels produced by these proprioceptors. Through such treatment, the body's sense of its own balance and orientation changes, making the new postural tension levels in the muscles feel correct. Also pains are thereby reduced and new patterns of more efficient posture and use become more automatic. Changing muscle tone and the sensory awareness of correct posture use through golgi and spindle cell manipulation in an example of the correcting of neurologic disorganization through adjusting the output signal of sensory nerve receptors.

Manipulation of the golgi and spindle cells can swiftly return full extension to a shortened muscle. Such techniques may be successful for sports injuries, allowing the player to return quickly to active participation. Care must be observed, however, to give a damaged muscle time to heal even though pain has been relieved and range of motion has been restored by these methods.

Trauma to a muscle often causes neurologic disorganization. If proper treatment to the golgi and spindle cells is given soon after an injury, the maladaptation responses characteristic of neurologic disorganization can be avoided.

Chemical receptors (chemoreceptors) relay information to the nervous system concerning the chemistry within and upon the body. The most sophisticated chemoreceptor is the hypothalamus, located under the skull, at the root of the nose. This organ consists of brain tissue, hormone producing tissue, and nerves which hang into the bloodstream making continuous chemical analysis of the contents of the bloodstream. Since its secretions control the activity of all other hormone producing glands, it is called the master gland.

Foods or chemicals in the mouth are partially absorbed through the veins under the tongue

and are thus swiftly in the bloodstream. The hypothalamus detects the chemical content and is believed to initiate the energy reactions detected by muscle testing.

Many kinesiologists test chemical substances, especially potential toxins or allergens which could be dangerous to present directly, through closed containers placed upon the body. No satisfactory mechanism for this phenomena has been proposed. Observations should now concur, allowing the kinesiologist to diagnose correctly and treat detected problems.

By eliminating switching, these techniques improve coordination and learning abilities. Thus, these simple techniques are used in schools with success. Athletes also use them for a quick tune-up before competition.

In some, this quick treatment is adequate to establish lasting neurologic organization. For most, unfortunately, all the signs and problems of switching soon return. For all the benefits, temporary elimination of switching is only a symptomatic treatment. For this reason, the effected improvement of learning and coordination, so useful in schools, must be repeated on a regular basis to continue to be effective.

By identifying and solving the underlying problems of neurologic disorganization, many health, coordination and learning difficulties may be solved on a permanent basis. If, despite all attempts at permanent correction, signs of neurologic disorganization recur, the patient should be referred to a more qualified specialist.

To locate the underlying cause(s) of neurologic disorganization, touch an active (muscle weakening) K27, (CV24 or GV27) while simultaneously stimulating suspected causative factors. Suspect factors must have no effect upon muscle strength when tested alone (in the clear). If they do affect muscle strength, this must be corrected before further testing. A factor which tests strong when tested in the clear is stimulated simultaneously with the touching of the K27s. If the factor eliminates the muscle weakening effect of active K27s, it is a causative factor of switching. Treatment of such factors should permanently eliminate neurologic disorganization.

The most commonly found causes of neurologic disorganization include problems in the neck, the skull, the pelvis, the jaw hinge (temporomandibular joint), the gait mechanism, cloacal synchronization, ionization, the orientation of the body segments to each other, and in failure of normal organization to develop. Faulty proprioceptor signaling from anywhere in the body may cause switching. Asking the patient for a history of injuries will help the kinesiologist to know where to look for such problems.

Toxic chemicals or an imbalance of internal chemistry may cause switching. Nutritional supplements which eliminate the active K27 will help such a patient.

If an active K27 is eliminated by placing the other hand upon the forehead (two handed therapy localization of the K27s and the forehead), the cause of switching is mental. Much research is still needed in the examination and treatment of the mental causes of switching.

Though temporarily treated, switching may occur repeatedly during a single session, especially when issues of high emotional charge, will, or control are involved. Creating an atmosphere of relaxation and trust in the therapist will help the patient to remain unswitched. Observing the body language of switching (head tilt, body asymmetry in general, a change in the tone of voice, or a change in the coloration of the skin) will help the kinesiologist to be aware of the moment when a patient switches.

The tendency to switch (in both patient and therapist!) may be prevented by a symmetrically balanced posture, and by active awareness of the two sides, the top and bottom, and the back and front of the body. Also helpful is to keep both eyes well open and to attend to both visual fields, including the right and left peripheral extremes. Conscious awareness of opposites (spatial or mental between each side of an inner conflict) helps prevent neurological disorganization.

Locating and correctly treating the underlying causes of neurologic disorganization is likely the most important step towards health, success, happiness, and improved function in all areas of life.

NEW EYES AFTER 45

by Janet Goodrich, Ph.D.

The prevailing message is, "Forty-five years old now? Arms too short to read the newspaper? Ha, ha, well we've all seen better days. Time for you to own a stylish pair of reading glasses." It's a familiar tune for all of us supposedly over the hill. Even if our vision has been acute all our life, every one of us is supposed to end up blinkered by magnifying lenses while we pursue one of our favorite pastimes, reading. The ophthalmological textbook says, "By the age of 65, 100% of all people will need reading glasses." Not me, by glory.

Yes, the lens of the eye does stiffen with age. Like the rest of the body. Shall we forego yoga and bouncing on the rebounder because we have reached our 45th birthday? Many people do. And as you already know, what you don't use, you lose. In addition, the suggestibility factor is hot. Right on his forty second birthday Joh Hale could no longer see the newsprint. His best buddy, an optometrist, had told him this would happen.

Ignorance about options prevail. It's easy to throw on a pair of magnifiers. Yet the results are insidious. Increasing dependence and even eventual loss of good distance vision. Natural Vision Improvement students are rebelling against this programming that wipes out the keenness of our most important faculty. We take 80% of our total brain input

in through our eyes. And you do have a choice. Swim upstream without glasses as time flows on. Stay out of reading glasses or back your way out of them now with:

Tromboning

To rejuvenate and maintain the flexibility of your precious crystalline lens, make yourself a paddle. You can use a piece of cardboard or even a picture postcard. You can put bright colored stickers on it or paste on appealing images from magazines. Be creative, be zany. Carry your paddle with you in your pocket or purse. Bring it out. Cover your left eye with your left hand. Grasp your paddle in your right hand and bring the paddle in and out, near and far, from your nose to the length of your arm. Hum a tune. Vary the speed. Do this **tromboning** action for two or three minutes at a time. Move the paddle toward your midline into the space where you would hold a book. Do the same action with your other eye. Tromboning is always done with one eye covered. It is excellent for warming up to reading tasks. Use it for a few seconds before the morning paper or evening pleasure reading. You are flexing your lens rather than encouraging it to sit and grow slovenly.

(Excerpted from *Natural Vision Improvement* by Janet Goodrich, Celestial Art, Berkeley)

First Metatarsal Subluxation

by Phillip Maffetone, D.C.

A dorsal or posterior subluxation of the first metatarsal, often found bilaterally, is one of the most common, hidden, and often asymptomatic problems in the exercising individual. It most often creates or aggravates problems elsewhere. The origin is usually the result of wearing shoes that are too small, a fact seen frequently in over 50% of the athletic population.

Like weight, many people think that their shoe size should be as small as possible - the smaller the better. In addition, people often think that the dimensions their feet have attained by age 20, 25, or even 30 will remain the same throughout life. This is not true. In many individuals, the foot will change in size in later years regardless of their age.

An increase in foot size can occur for several reasons. Normal compensatory changes, resulting from weight gain or loss, gait problems, muscular imbalance, or pregnancy, take place naturally in the body. As a result, the foot size will sometimes become larger. This is apparently due to the relaxation of the ligamentous and tendinous attachments, followed by an expansion of the bones in the foot. These delicate changes may cause a profound increase in size of one or, as is usually the case, both feet. In individuals who spend all day on their feet, and especially in athletes who train many hours in the course of the year, this is an important factor. Generally, the more active the person the greater the likelihood that the feet will become larger after the age of 25.

As many as 52% of the new athletic patients seen in our clinic over an eighteen month period were found to be training in shoes too small. Once the problem was diagnosed these patients were found to require a change in shoe size ranging from 1/2 to 1 1/2 sizes larger. Many needed a larger shoe immediately. Some, after finally wearing the proper shoe, had a foot which continued to increase for six months after the initial diagnosis, eventually ending with a total difference of up to 2 1/2 sizes.

Many of these changes which take place are normal compensations. Troubles are compounded, however, when the individual is unaware that one of the changes taking place is an increase in the size of the foot. After a certain age, people no longer have their feet measured when buying new shoes, as they do not realize their feet could be any different. As a result, the same shoe size is worn for years, or even decades.

First Metatarsal subluxation

This problem of the exercising foot in a short shoe typically leads to a slow "jamming" of the toes, characteristically precipitating a dorsal or posterior subluxation of the first metatarsal into the medial cuneiform. The calcaneal bone is often involved as part of a whole cycle of mechanical problems, often leading to a tarsal tunnel syndrome. Other ankle subluxations, including the talus, navicular and cuboid bones, can develop secondarily. In time, the toes become "spring-like," and when a shoe too small is slipped on, the toes spring in, and the tightness of the shoe is often never realized. The first metatarsal, however, is not as permissive as the other digits and therefore, takes most of the abuse. Ultimately, this may result in any number of foot related problems such as hammer toes and bunions.

Any problem in the structural, chemical, or mental triad of the body may relate, via the nervous system, directly or indirectly to that subluxated metatarsal. It is interesting to note that because of the slow onset of the problem, the first metatarsal is often asymptomatic - people usually don't complain of pain in that first toe joint. More often the stress is transmitted upward, and the symptom, whether pain or dysfunction, is seen in the ankle, leg, knee, hip, low back, and at times even in the cervical spine or temporal mandibular joint. Some patients, however, will complain of pain in this area, but it is usually a second thought only after protesting other symptoms.

Diagnosing the Problem

Even though the first metatarsal is frequently asymptomatic, the problem is relatively simple to diagnose:

1. Observation

Visual examination of the feet will reveal trauma, or micro-trauma, to the front of the foot, including discoloration of the nail bed (the all-too-common black toenail), blistering or callousing of the toes, first metatarsal swelling or any deviation from the normal anatomy. In more extreme cases, inspection of the shoe will reveal wear and tear, from inside out, as a result of the nail trying to push out of the shoe. This is common in certain athletic shoes. In more classic cases, this may not be seen from the outside but can be palpated from the inside of the shoe.

2. Measuring

Another means of identifying this problem is by simply measuring the foot. With a metatarsal jamming, the person usually shows the need for shoes at least a half size larger than is presently being worn. Sometimes the length is correct but the width is too narrow. Have the feet measured in a competent shoe store, being sure they are measured in a standing position on a hard floor. Occasionally, with some individuals, it may be necessary to have the feet measured two or even three times during the day, due to normal size fluctuations. (Of course, any meaningful **daily** size fluctuations must be differentiated from abnormal changes that may take place such as edema, and certain pathological changes.) Simply compare the actual size of the foot with the shoe size (measured) presently being worn. There is, however, one major drawback to this method: the shoe manufacturers' sizes are not consistent with the standard measuring devices used by the shoe stores. Also, yesterday's size nine may be today's eight and tomorrow's eight and one half.

An easy way to evaluate a patient's shoe that may be too small is to take out and observe the insert often found in many types of athletic footwear. Look at the wear pattern (the indentation made from the toes) on this insert, and see if the areas compressed by the toes are not completely on the insert. A foot

that overlaps the bottom of the shoe obviously is in the wrong size shoe.

Shoe store salespersons have often said that people frequently refuse to wear a larger shoe size, even if they fit better, than they have worn in the past. This is a cosmetic problem which can be dealt with through education, and is a component of the mental aspect of the person.

3. Palpation

A patient with a first metatarsal subluxation will often have palpable tenderness on the dorsum of the joint. Occasionally, only minimal tenderness is experienced until passive movement of the joint is added with palpation. At times, minimal palpable tenderness is detected.

4. A.K. Evaluation

A simple challenge of the first metatarsal, using a standard muscle test, will quickly evaluate a first metatarsal subluxation. The direction of the challenge is usually straight posterior, but occasionally the vector is more medial and/or caudal. Rarely is it in other directions, but it is certainly possible, depending on the origin of the problem.

Testing the shoe for improper fit can be easily done with the patient standing. Again, using a standard muscle test, have the patient stand without their shoes on and test the indicator muscle to be sure of its status. Have the patient put their shoes on, wearing the same type of socks they normally wear with the shoe laced the same way as during exercise. Then test the muscle indicator. An inhibition of the muscle is merely a general indicator that something, probably with those shoes, is not normal. It is typically the fit, although other problems can exist such as the shoe support, the lacing technique, or poor foot/shoe compatibility.

Correction

Treating the problem is twofold:

1. Correct the actual subluxation.
2. Instruct the patient of proper footwear.

Correcting the first metatarsal is a simple manipulation. Adjust the metatarsal in the opposite direction of the weakness created during the challenge. This is usually straight

anterior and is done, for example, with the right hand while the left stabilizes the ankle at the lower end of the leg. When the proper manipulation is accomplished, as well as proper nutritional support and patient education as discussed below, taping or other structural support is rarely required. Be sure to re-challenge the joint to be sure the proper adjustment was made.

Nutritional Factors

Follow-up nutritional support may be an important aspect of preventing a recurrence. Using accepted oral nutrient testing, it may be found that a particular vitamin or mineral will abolish the positive challenge of the first metatarsal. More often, this nutrient is zinc, and only occasionally has manganese been found to be a factor. The proper supplement, given three or four times per day for approximately one month, will help in the recurrence of the problem.

Patient Education

One of the most important aspects of treating the first metatarsal subluxation are the instructions to the patient. They must be made aware of the importance of properly fitting shoes. The remainder of this chapter pertains to both doctors and patients.

There are a number of ways to choose the right size shoes:

1. Spend adequate time trying on shoes in the store. Find a hard surface rather than the thick soft carpet found in many shoe stores, where almost any shoe will feel good. If there is no sturdy floor to walk on, ask if you can walk outside. (If you can't, shop elsewhere). Try on the size you normally wear. Even if that feels fine, try on a half size larger. If that one feels the same, (or even better), try on another half size larger. Continue trying on larger half sizes until you find the shoes that are obviously too large. Then go back to the previous half size and usually that's best one. You may need to try different widths if you can't get a perfect fit, which is what you should strive for. Don't let anyone say that you will have to "break them in" before they feel good. Even though you may develop the reputation of being a nuisance at your local shoe store, your body

will benefit. It would also be worth educating the salespeople if they are unaware of these types of problems.

2. For those people who have a significant difference of more than a half size between their two feet, it would be best to wear two different size shoes. If this is the case with you, then write the shoe company whose shoes you like, and explain your situation. Eventually, they may cater to the health needs of the thousands who have this problem. If the difference between the two feet are less than a half size, fit the larger foot.

3. In the many years of caring for active people and their foot needs, it has become obvious that, when it comes to athletic shoes, more women fit and function better in men's shoes than in women's. Rule number one, though, is that the shoe must fit. Some women don't fit into men's shoes, and some stores do not carry men's shoes in sizes that are small enough for some women. (Many companies do not even make men's shoes that small.) For the sportswomen, men's shoes usually work best, if they fit.

4. Remember, the manufacturer makes new shoes based on trends of style, color, and what fancy gimmicks can be used to market the shoe through advertisements. That is why many shoes come and go in the market so frequently. So if you finally find the shoe that works great for you, buy several pairs. Just be sure to try them all on, as the same shoe may even vary in size.

In summary, there are many potential problems hidden within the body's structure which can cause unnecessary obstacles affecting a person's health. A posterior subluxation of the first metatarsal joint from shoes that are too small is a very common, yet easily diagnosable and correctable one. Put health before style and trends, by buying shoes that fit properly.

Dr. Phillip Maffetone practices applied kinesiology in the New York metropolitan area. As part of his practice, he treats and trains many national, world class, and professional athletes.

The Wheel of Fortune is All on Your Head

by John Varun Maguire

About four years ago Al Berry, a TFH instructor from Kamloops, B.C., Canada, made an interesting discovery. He observed that under energy in a meridian could be determined by testing points on the crown of the head that followed the pattern of the wheel on Page 110 of the *Touch for Health Book*.

Al and his wife Maxine stopped by the Foundation in Pasadena last November and did some remarkable balancing with me using light (Al at the below number). Doing some pre-tests, Al touched various points on the crown of my head and checked an indicator muscle (anterior deltoid). He then told me which meridians were out of balance. Having never seen this done, I was a bit skeptical that such knowledge could be revealed by my thick skull.

To convince me, Al then confirmed the tests by checking the fourteen muscles, and revealed that the muscles on the meridians he said were under energy indeed tested switched off.

I then said to him, "This is strange, Al. How do you know which points on the crown correspond to which meridians?"

Al replied, "Open the *Touch for Health Book* to page 110 and put it on your head!" He then flipped to the page and put it on top of his head so that the diagram faced his scalp.

It seemed most convenient that the divine forces would place check points for the wheel at this strategic location. I decided to do my own research and share this with other people to see their findings. So far the evidence seems to show that this is an accurate and effective method.

The procedure is simple.

1. Find a switched on indicator muscle. Anterior Deltoid will do.
2. Either the tester or person being tested can touch points around the crown of the head as the indicator muscle is checked. You can begin anywhere and move clockwise or counter-clockwise. An easy way to remember where the points are is that Large Intestine is on the Left (just below the parietal eminence). Heart is at the back of the crown, Kidney on the right and Gall Bladder is in the front.
3. If the indicator muscle switches off, it indicates that the meridian is under-energy. You can confirm this by checking the corresponding muscle for each point that tests off.
4. If you like, you can use the strategies of balancing by the wheel and choose where to begin the balance.
5. After doing the balance, recheck the muscles that were off to see that they are now switched on, and recheck the points on the head to confirm that they are now cleared.

If you would like to share your observations with me, you can reach me at J. V. Maguire, 6688 Wildlife Rd., Malibu, CA 90265, (213) 457-3888. If you want more information about the light balancing procedures, you can contact Al Berry at 6254 Meadowlands Cres., Kamloops, B.C., Canada V2C 5J1, (604) 573-3450.

MORE ESR POINTS LIFE BEYOND THE FRONTAL EMINENCES

by Frank Mahony

Several years ago, a student in a basic TFH class asked me if there were other ESR points besides the frontal eminences. I said I wasn't aware of any, but I would look into it. After doing a bit of experimenting I discovered another eminence point - the thenar eminence, located on the meaty part of the palm where it joins the wrist near the thumb, which I introduced at the TFH Conference in 1984. I jokingly refer to this point as lung 9 1/3. The very next week I had a learning deficit client, a boy age 13, who could not stand to be touched on the head, so this discovery was quite timely and effective. These points can be touched together as in prayer, or touched separately by any finger, and even with fingers of the same hand, as if you were holding onto the cuff of your shirt when putting on a top coat. One of the benefits of these points is that you can hold them with out anyone else knowing, whereas the head points are quite obvious, or where there is a head injury making those points inaccessible.

As time went on, I discovered additional ESR points located on the nipples, the top of the tibia bone just below the knee, and on the soles of the feet where the front and side contact surfaces meet. This would be Kidney 1 east, or west, or north, or south, depending on which direction one is facing. It could even be K1 SSE, ESE, NNE, or NNW, or any point on the compass. (Just joking again. Sorry!) Anyway, the point is just lateral of K1, so you don't have to be a boy scout to figure out where it is. As for the discovery of the nipple points, that was a dirty thankless job, but somebody had to do it. These points are usually held by the client by crossing the arms and placing the palms on the nipples. One can combine nipples with the hand points, which can be placed on any of the other stress points, which sometimes seem to produce noticeable additional benefits.

There doesn't seem to be any particular benefit of one point over the other, except for the convenience for the situation, such as the head injury making it impossible to touch the

head, or vice versa. But it gives us some options we didn't have before.

Why certain points of the body are specialized in dealing with stress is no more apparent than why one point in the ear affects the ankle, or why foot areas are related to organs, etc. Observing what people do when under stress offers important clues about the efficacy of these particular points. For example:

- People often clasp their hands to their foreheads under stress, particularly in response to shock.
- Wringing the hands together is another classic maneuver.
- Novice singers often clasp their hands together in a near death grip, which now appears to be an unconscious anti-stress gesture more than just not knowing what to do with one's hands.
- tagged as a classic defense posture by body language proponents.

If true, this would be another clue as to its function more as an anti-stress point we unconsciously resort to when feeling under attack, rather than protecting our vital organs, or reaching for an imaginary concealed weapon. Alan Pease, in his book, "Body Language," equates the thumbs pointing up, in this posture, as showing self confidence, and being "cool," which I suspect he means a person who doesn't get flustered. To me it just represents the most natural and comfortable position for the thumbs to be in with the palms flat to the breast.

It can often be observed that the hands are folded in various ways just below the knee when sitting, either with legs crossed, or not. Although I can't recall observing anyone grabbing the soles of their feet when subjected to shock or stress, I have been surprised at the number of people who have stated that they often massage their own feet for relaxation, and particularly the area noted

herein (junction of the front and side contact surfaces in the soft tissue).

Benefits

The benefits of the additional ESR points are obvious to the experienced, but for the sake of review, hand points are handier than most (pun not intended, but why not). Additional ESR points allow for several points to be held simultaneously, by the person being worked on, and by those in attendance. So, for instance, a team of balancers could hold the head, knee, and foot ESR points while the person being balanced crossed the arms across the breasts, making contact with the hand and nipple points, or any combination of the above. And just imagine what benefits a contortionist would realize by being able to contact all of these points at the same time.

At this point, let's get some hands on experience with some of these new points and we'll bring it back in fifteen minutes and get some feedback as to your results and any innovations, or things that you feel should be shared. Team up any way you would like. One-on-one equates to seven and one half minutes each. That would give each a chance to work on three or four stresses using one of the additional points for each stress. So do it in what ever number you feel practical, so that everyone gets a chance to unload some stress as well as have experience as both the facilitator and stresse. If you want to gang

up on somebody where everybody grabs a point, go for it. If you use "Asking The Body Questions," then you might ask the body if it has a preference as to which points should be used for each stress. You might even discover some new ones, or that the body has its own preference.

Locations of ESR Points

Frontal Eminences. Approximately three finger widths above each eyebrow directly above the eyes.

Source - Touch For Health

Hands. Thenar eminence, on the meaty part of the palm near the thumb, adjacent to the crease of the wrist. Mythical Lung 9 1/3.

Source - Frank Mahony

Nipples. Self explanatory.

Source - Mahony.

Tibia Approximately two finger widths below top of tibia on the flat inside surface.

Source - Mahony

Foot. Sole of the foot approximately one finger width lateral of Kidney 1, at the junction of the contact surfaces of the ball and side of the foot.

Source - Mahony

EMOTIONAL TAPPING THE DEPRESSION CORRECTION

by Marge Murray

My thanks for this paper have to go to Dr. Roger Callahan and Norma Harnack who were those who inspired me to see the correction I will write about. The other emotional corrections that work with tapping all lie on the Law of Five Elements in the control cycle.

Dr. Callahan wrote about the Phobia Tapping. The correction came from looking at what controlled fear which lies in the water element. The control is sympathy. It turned out that yang (stomach) worked more often than yin (spleen).

The same principle works with the other emotions. Let's move to anger which lies in the wood element. The "stuck" form of anger is temper. Metal controls wood and the yang of metal is large intestine. Therefore, tapping on the ends of large intestine the same way that you would on stomach for phobias will control temper. Occasionally, you may have to use lung. You can determine this by touching the large intestine and lung alarm points and muscle checking. The strong alarm points will give you the correcting meridian.

Now move to joy in the fire element. The "stuck" emotion here is embarrassment. It is noteworthy that we turn red when we are embarrassed. The control for fire is water and the yang of water is bladder. It is also noteworthy how many people have the urge to wet when they are embarrassed, so this could also help wetting problems. Occasionally, you may have to use the kidney meridian.

Sympathy is in the earth element. This one is "stuck" when you can't help but to feel sorry for every unfortunate animal and person. These are people who cry uncontrollably at every funeral. The control for earth is wood and the yang of wood is gall bladder. Sometimes you may have to use the liver.

I left the best for last. This is the correction that has come up the most after the phobia tap as a tapping correction in my practice. As a matter of fact, last November and December almost one third of the corrections I did were this one, with great results. There were a lot more happy people at Christmas.

This correction lies in the metal element which is grief, guilt and loneliness and ends up in depression. The control for metal is fire and the yang of fire is small intestine and triple warmer. I have found that, by far, the correction for depression lies in triple warmer. Not only have people felt lighter and happier after tapping on the ends of the triple warmer meridian, but some have actually reported a lowering of their thyroid medication. Occasionally, I have had to use small intestine as a secondary tapping.

The procedure for the emotional tapping corrections on the Law of Five Elements is the same as the phobia tapping taught in the Facilitator Workshop. Simply adjust the meridian to the control of the emotion that you want to clear and follow the same steps.

Visual Motivation Cards

by Gordon Stokes

BACKGROUND: Originally developed by Dr. Manfred Clynes whose book, *Sentics*, outlines the research involved, the visuals on these cards depict the actual "wave shape" of specific emotional states as recorded by a machine that Dr. Clynes calls a "Sentograph". The testee responds to the visual with the same emotion the wave-shape depicts, complete to changes in breathing, heartbeat and movement. In other words, Dr. Clynes has created a kind of emotional "short-hand" that by-passes Dominant/CIA control and speaks directly to the body's cellular awareness.

Peter MacArthur of New Zealand extracted the visuals from Dr. Clynes' published research, had them printed in card-form and uses them as part of his work in stress release. Mr. MacArthur brought the cards to our attention and our testing concurs with his: they work beautifully to crack through Belief System blockages.

Our research called for a number of very specific changes which make Three In One Concepts' use of the cards uniquely different from the Clynes' system. These changes include sequence, terminology and application. Also our testing indicated we needed three additional cards (Cards 1, 2, and 3) to broaden our application of the information. In addition, testing the cards with our Behavioral Barometer led to the inclusion of the Maui Jewel Essences to reinforce defusion.

So - developed from our independent research - the packet we present you includes the additional three cards mentioned above, and in no way attempts to conflict with or minimize Dr. Clynes' contribution. With all due thanks to both himself and Peter MacArthur, we include their Card Number Order and basic terminology along with ours to assist your use and understanding. However, the **meanings** assigned the Card Order you now have in hand **and** the descriptive paragraphs in the text "are pure Three In One."

Using the Motivation Cards

1. **Show each card in turn, and test.** When the indicator changes, put the card **in circuit** via the Retaining Mode.

2. **Continue to test in sequence.** Set aside any card that makes the indicator go strong. Continue through the sequence. If the first card came up as #2 or higher, that's the starting point of your testee's cycle. As you complete #12, go back to the beginning of the sequence and **retest the cards that preceded the first indicator change**.

3 - **Evaluate and apply.** Show your testee the informational side of each card chosen. Encourage feedback. **Now have your testee read aloud what it says about the card.**

The first card selected

accesses what the person needs to understand about self right now in present time - the "basic" that needs to be addressed.

The second card selected

relates to how your testee has handled that issue in the past and suggests the presence of a pattern when it comes to similarly charged emotional issues.

A third and/or fourth card

comes as a "consultation" to outline the kind of positive **choices** your testee could make about that (and similar) issues.

Correction: Use eye modes to defuse the issue.

1. Use the Retaining Mode to put Frontal/ Occipital Holding in circuit.

2. Have your testee deep breathe while you do the following process with each of the indicated cards in turn.

A - Using a smooth motion that follows the symbol of Infinity, move the card in front of your testee's eyes. As you do so, have the person say aloud "**I feel** _____"

(the Barometer's desired negative emotional statement)" until you see a release. Then move the card in (for you) a counter-clockwise circle - and continue doing so until eye-tracking smooths out and the indicator tests strong in all Eye Modes.

B - Repeat the above process as the person says aloud "I am _____ (the Barometer's desired state of mind)" until you see a release. Then move the card in (for you) a counter-clockwise circle and ending the card circle until eye-tracking smooths out and the indicator tests strong in all Eye Modes.

CARD NUMBER ONE

(no corollary in MacArthur/Clynes)

LEFT BRAIN - Subconscious blockage

The blockage: backbrain/CIA control, which denies conscious access to forebrain/CAT new options and alternatives. Stress forces us into duplication of past patterns however unprofitable those patterns may prove right NOW. Locked into **reaction**, we focus only on our own fears and feelings. Empathy for others goes begging. "Survival" in the moment takes priority. Deaf and blind to new options, we struggle on as best we can, knowing that "our good isn't good enough." Self-doubt has us by the throat, so naturally we depend on re-assurance from others - which doesn't help, since the only true assurance comes from self. Hence the admonition **LEARN ONENESS**.

The message brought by **Amethyst**: "CHOOSE to move from fear of loss into assurance through increased self-attunement."

CARD NUMBER TWO

(no corollary in MacArthur/Clynes)

MIDLINE - Subconscious blockage

MIDLINE equates with so-called extra-sensory perception. It also equates with the unification of right/left brains - which can't take place unless Dominant fore-and-backbrains work as equal partners. Going forebrain Dominant gives Alternate brain's message the chance to register. When both brains work together, we know more than we can know through detailed understanding or "logic." Once more the "Subconscious blockage" stems from Dominant/CIA's fear of change - even if that change would result in defusing fear itself! Denial "that I can ever be more than I am" sours self-perception. Hence: **LEARN AWARENESS**.

The Maui Jewel: **Aquamarine**. "When extra-sensory attunement suffers due to subconscious hostility, Aquamarine defuses the blockage to release conscious appreciation of, and interest in, what can be perceived beyond the five senses."

CARD NUMBER THREE

(no corollary in MacArthur/Clynes)

RIGHT BRAIN - Subconscious blockage

It's time to start listening to your inner dialogue - time to start becoming aware of the mental images wafting in from your Alternate brain hemisphere. Dominant/CIA has had full rein too long. The rest of yourself, the rest of your life awaits you. Look within to find the freedom, the calm, the balance and harmony that makes anywhere a garden. Balanced brain function fulfills the hunger for wholeness for which we yearn. Consciously shift to Alternate eye/hand. Give yourself practice tuning in. Hence: **LEARN TO USE** Alternate brain function.

"Through its harmonizing influence, the **Emerald** essence serves to increase acceptance, a sense of worth, and openness in present and future time."

CARD NUMBER FOUR
(MacArthur/Clynes #4: "Love")
AT PEACE - Oneness/Separation

Research says the word "Love" has too many non-specific implications. AT PEACE suggests the longed-for state we hope that love will bring. On the barometer, AT PEACE pairs with Loveless/Unlovable. Both desired-state-of-mind and negative-emotional-state manifest through this card. Since most people identify more with separation than oneness, peacefulness equates with unqualified acceptance. Without that acceptance, they feel deserted and alone. Over the years this means less and less communication, more and more suppressed feeling. Waiting for others to give them peace, they overlook the oneness with self which could provide it anytime.

Hence, the Maui message: "When separateness overwhelms us with desertion, **Lapis Lazuli** brings our sense of oneness bubbling back to body, mind and spirit, intensifying self-awareness - and expressing itself in positive communication."

CARD NUMBER FIVE
(MacArthur/Clynes #6: "Joy")
RIGIDITY - Attunement/Indifference

The joy attunement brings comes so rarely that most people wouldn't recognize the feeling. Facing its lack, we toughen up and don the armor of rigidity for the battles in our lives. Only total control of situations, people and circumstance offers hope. Since there's no possibility of achieving such control, we find ourselves continually feeling out of balance and off base. In vain, we try to go indifferent to the real issues of the heart. Pessimistic and immobilized, unfeeling and self-destructive, we do our best to resist change in any form. Could we but realize that destruction precedes creation, maybe we wouldn't resist so hard. The emptiness within might fill with the tenderness, the gentleness, we want shown to us - the tender gentleness that can never manifest until we're tender and gentle with ourselves. Perhaps then we might find it possible to express in tenderness and gentleness with others. As Emerson said, "If you want a friend, BE one."

MOONSTONE: "This essence calms and quiets the deep uncared for and unacceptable-to-self feelings that cut us off from our inner and outer worlds."

CARD NUMBER SIX
(MacArthur/Clynes#7: "Hate")
CONQUERED - Equality/Grief and Guilt

One of the most severe blows to self-awareness comes from feeling conquered. That grim state overwhelms us with a total state of inequality. We "should have been" equal to the battle; we "should have been" able to become the victor, not the victim. Our grief for failure reaches such terrible depths that we "have no recourse" but to deny it and shift the blame to someone else. To stifle further fears, we choose self-sacrifice rather than take up arms again. To avoid more grief, we collaborate with the enemy and - co-operative in our own ruin - surrender our responsibility for change. A hair's breadth from slipping into rigid indifference to self, we loathe our lot.

The Maui message brings hope for the future. For those whose grief and guilt have walled themselves off from hope, "**Opal** brings balance to rigid indifference so that attunement and illumination can take place."

CARD NUMBER SEVEN
(MacArthur/Clynes #1: "No emotion")
DISAPPOINTED - Assurance/Fear of Loss

Having suffered so many disappointments, we choose "no emotion" rather than acknowledge the fear of more pain yet to come. We yearn for the boldness that would give us back assurance. Still, to acknowledge the fear of more pain yet to come. We yearn for the boldness that would give us back assurance. Still, to acknowledge our real feelings might mean further disappointment. At the mercy of those with power over us, we choose the emotional closet so as not to be "let-down and not- heard" again. Of course, we're bitter - who wouldn't be? Threats confront us daily. People over-look our feelings as if they thought us of no consequence. Perhaps they're right. Unwelcome to ourselves, we're unwelcome in the world. Pride? That flew out the window long ago. We want to feel motivated, we want to feel free to show our affection, but we want protection even more. And if suppressing our true feelings brings that protection then we'll have to pay the price.

QUARTZ: "This essence brings the troubled body/mind a renewed awareness of CHOICE so that concentration and meditative centering can take place through the inner power of spirit."

CARD NUMBER EIGHT
(MacArthur/Clynes #5: "Grief")
TRAPPED - Enthusiasm/Hostility

Wounded and resentful, we know the trap has closed upon us. All we can do: act-out as if nothing had happened. But our enthusiasm has fled along with any sense of amusement. Now we have to figure out how to get back at them without actually seeming to do so. We can't just give up and let them win! If that happens once and for all, we'd have to wear mourning. Besides, we've lost a "round" or two before - the fight's not over yet. Losing the last round hurt, but somehow we'll manage to get the upper hand. Somehow, some way, we can make life interesting again instead of faking it.

"When resentment wounds consciousness, **Rose Quartz** rebalances and restores a sense of being needed."

CARD NUMBER NINE
(MacArthur/Clynes #2: "Sex")
SEXUALITY - Choice/No choice

Sexuality, sex-role expectations and the act of sex itself come "on line" here based on the feeling that we have no choice in the matter. It's so frustrating. And half the time the subject and the act itself produce less love than anger. Just take a look at all the energy and emotional charge we've invested in sexuality, "sexual needs," and acting out expected sex-roles! Could it be we suffer from a basic misconception about the total issue? Does it really merit the time and energy we devote to it? What if we could choose our response to the subject, to the act, to the "role" right NOW? Would we act differently? How?

"**Ruby** transforms the blocked energy of over-wrought anger into a willingness to consciously prepare the way toward the highest good for all concerned."

THE STORY SO FAR...

We find it of great interest that the cards' order thus far move us from the bottom of the Barometer up - from BODY through the SUBCONSCIOUS levels to CHOICE, which centered on Sexuality. Now the progression changes.

CHOICE leads directly to Acceptance/Antagonism, exactly as at the top of the published Barometer, and from there downward through the CONSCIOUS level to INTEREST/ RESENTMENT. The message? Perhaps, that the highest level of conscious awareness takes the form of becoming interested in knowing MORE that you know right now.

CARD NUMBER TEN
(MacArthur/Clynes #9: "Apreene")*
EXPECTANT - Acceptance/Antagonism

* Dr. Clynes translates his coined-word "Apreene" as meaning, "A state of eager expectancy in searching for ideas, with a sense of lightness and quiet, absence of anxiety, and trust that ideas received will be worthy, inspired - waiting for an idea to come."

When we operate on a basis of true ACCEPTANCE of one's self, NOW becomes the most exciting time of all. With the power to invoke CHOICE, we're approach-able, optimistic, acceptable, and adapt-able. Naturally, we feel worthy; naturally we feel deserving of the best. In this state, the negative emotional side of the coin operates less and less, until we defuse the SUBCONSCIOUS through acceptance of the NOW. Then the BODY can back us up as a matter of course. The obstructions dissolve, perception clears. We look for the best in ourselves and we find it. In that finding we discover MORE - and MORE and MORE - until the fascination of discovery itself becomes our reason for living.

SAPPHIRE: "This essence releases consciousness from the unwelcome bonds of grief, guilt, indifference and separation to clear obsessive thinking and once more permit freedom of CHOICE."

CARD NUMBER ELEVEN
(MacArthur/Clynes #3: "Anger")
ANGER - Willing/Anger

Most of us repress our anger, lock it away until so much accumulates that it explodes in blind, irrational rage. We hate ourselves for such incidents, but we don't seem able to stop them from happening - no matter how much control we exert over our feelings and behavior. That effort to control extends over others, too. Outbursts of rage "get their attention" when all else fails. Discouraged that we can't reach them any other way, we're equally discouraged that our involvement results in such disharmony - with others and within ourselves. **THE OTHER SIDE OF THE ANGER- COIN: total internalization of rage and fury. This denial eats away like the disease it so often produces.**

"For people whose involvement has resulted in deep discouragement, **Tiger Eye** assists to dissolve the effort to control and awakens acceptance as the key to harmony."

CARD NUMBER TWELVE
(MacArthur/Clynes #8: "Reverence")
AWED - Interest/Resentment

As we allow ourselves to be, do and have MORE, MORE opens up for us. In amazed appreciation, we welcome new alternatives, new options, new studies, new ideas, new insight - both from ourselves and others. We appreciate our essential nature; we care about our own well-being. Our new self-respect extends to others, too. We empathize, not sympathize. We find it easier to recognize our bad habits without justification or blame. Once recognized, we defuse them as a matter of course. As a matter of fact, we're fascinated with that process. More and more "clears," more and more opens up to us. Now we can afford to trust, to be proud, to be increasingly productive. Our manner becomes gentler. Aware of oneness as the goal, consciousness unifies the spirit within to a kinship with all life.

"**Turquoise** defuses the bitterness that comes from fear of loss, suppressed anger and unacceptable separation, replacing them with the assurance of protection, a willingness to prepare, and the calm of knowing oneness with the higher self."

Personality Traits and Their Relationship to Illness

by Wayne W. Topping, PhD, and Bernie Topping

Abstract

During the process of growing up we internalize many different beliefs about ourselves and our relationships to others. While many of these perceived truths serve us well, some don't. When we later experience situations in ways that run counter to some of these deeply held limiting beliefs, our bodies become imbalanced and we develop certain predictable disease patterns such as asthma, colitis, migraines, cancer, etc. We will review how this programming occurs and will illustrate a reprogramming procedure using the "migraine personality trait."

Introduction

Five people each experience the same external event. Will their feelings be similar? No. Why? Because we react in the present according to beliefs we hold about ourselves and relationships with others. These beliefs are intended to protect us and many are positive and have a beneficial effect upon our lives. Some seem to be the best decisions that could be made at the time to allow us to weather difficult situations. However, later in life these same beliefs, no longer conscious, are no longer appropriate for the different circumstances we find ourselves in. In fact, rather than protecting us, some of these beliefs actually set us up for serious health problems. First, let's review when and how we are programmed.

When we are programmed

It has long been recognized that how we are going to handle life's situations, for most people, is already determined by about age six or seven. Over 3,000 years ago King Solomon stated it this way: "Train up a child in the way he should go, and when he is old he will not depart from it." (Proverbs 22:6; Ref. 3) In our time leaders of the Catholic Church have been widely quoted as saying, "Give us a child until he is seven years old, and we'll have him for life." Their affirmation is usually correct, because permanent attitudes can be instilled during these seven vulnerable years. (Ref. 1) Our experience with clients shows that, excepting traumatic situations, the vast majority of traits are internalized during the child's fifth and sixth years.

How we are programmed

Most of our programming is through verbal and non-verbal communication with parents, siblings, or significant others, during early childhood. Some behaviors and beliefs allow us to get our own way, to enhance survivability, particularly in dysfunctional backgrounds such as experienced by adult children of alcoholics. Many of our beliefs are now shaped by the media, particularly through television and music. Others may originate in traumatic experiences -- beatings, near-drownings, divorce, death of loved ones. Some of our programming is pre-birth. (Ref. 7) Obviously traumatic events can deeply affect a child or adult, yet they may have an even more profound effect on the unborn child. A Finnish study researched whether the death of the father would have a greater impact on the unborn child or the newly born child. They discovered that the rate of psychiatric disorders, particularly schizophrenia, were markedly higher among those whose fathers had died before the children were born.

How our beliefs create imbalance and dis-ease

If we grew up in a family where our parents had very high expectations of us, we were criticized whenever we made any mistakes, and we received praise only when we excelled, we probably grew up believing, "I must be perfect." As long as we continue topping the class and scoring 100 percent we are living consistent with our belief. What happens when we receive our first B-grade? This isn't consistent with the belief, "I must be perfect," stress is generated, our body

becomes imbalanced, and we work that much harder to be unified with our belief.

To reiterate, as long as we live consistent with the belief there is no problem. It is only when we live inconsistent with, or move against the belief, that imbalance is created. For about four years now my wife, Bernie, and I have been researching the relationship between specific beliefs -- what we have termed "personality traits" -- and their associated illnesses. We have developed a method, using muscle testing, that allows us to identify and very effectively reprogram such beliefs. (Ref. 6)

Changing personality traits

Each personality trait consists of a limiting belief (a precisely worded statement) and a specific negative emotion experienced when the person goes against the limiting belief either in action or thought. The association of a specific emotion with the belief is what makes this a personality trait. When a person imagines himself or herself acting against the belief, the negative emotion is experienced and the organ function that emotion is associated with is thrown out of balance.

The reprogramming involves four steps. First, a releasing or cutting free from the previously held belief. Second, a disassociation of the negative emotion and the previously held belief. Third, a positive programming to give the person new direction. The final step provides a more generalized positive programming with usually one of these three formats: (a) client towards others; (b) others towards the client; or (c) client towards self. To illustrate, consider the "migraine personality trait."

The Migraine Personality Trait

Migraine Headaches. Migraines are intense, throbbing headaches, often one-sided, and frequently accompanied by nausea, vomiting, diarrhea, extreme lethargy, blurring of vision and sensitivity to light or sound. The throbbing pain is most likely caused by the dilation of blood vessels (vasodilation) near the surface of the brain.

Causes of Migraine

A. DIETARY FACTORS

Certain foods trigger migraines in an estimated one-third to one-half of all sufferers. These include tyramine, a vasodilating amino acid found in aged cheese (such as Brie, Camembert, cheddar and blue), fish, avocados, bananas and figs; all alcohol, especially red wines; monosodium glutamate (MSG), very common in canned or packaged soups and sauces and Chinese food; chocolate; nuts; aged, canned, cured and processed meats; citrus fruits; niacin; "marmite," a salty, aged spread popular in Britain, Australia and New Zealand; and excessive sugar intake. Also going for a long time without eating can allow the blood sugar level to drop, whereupon the cranial arteries dilate in an attempt to deliver more sugar to the brain.

B. FEMALE SEX HORMONES

Migraines are much more common among women suggesting a correlation with the female sex hormones. Female migraine sufferers often get migraines at the time of menstruation and are often free of migraines during pregnancy. Usually migraines begin occurring at puberty and disappear at menopause. However, again this is probably not a sole cause because millions of women go through menstruation without migraines. Maybe women are more prone to those psychological characteristics that predispose a person to migraines.

C. PERSONALITY CHARACTERISTICS

Dr. Alfred Scopp (Ref. 2) describes four personality characteristics which frequently aid in creating migraines:

- (a) An exacting, perfectionistic, conscientious and highly controlled nature. Migraineurs set very high standards, especially for themselves, and become frustrated or upset when their high standards are not met.
- (b) Ambitious goal orientation. Migraineurs may feel there is never enough time to get things done.

- (c) People pleasers. More than most people, the migraineur will go out of his or her way to please others, even at the expense of self.
- (d) Difficulty in handling anger, frustration, and negative emotions. Generally, negative emotions are "held in" rather than being dealt with directly and released.

D. MIGRAINE PERSONALITY TRAIT

Our research (Ref. 6) has shown that when migraineurs reprogram the belief "I don't want to confront differences," more than 80 percent of them will have no further migraines even if they eat foods that formerly triggered migraines.

The migraineur doesn't want to make "waves" and will pretend that a difference doesn't exist rather than confront anyone over an issue. As long as they keep up their pretense of everything being "hunkey dory," they are living in accord with the personality trait and have no migraines. However, whenever they see a need to discuss an issue with someone, or voice their opinion, then because that goes against the trait, they feel insignificant, the body is thrown out of balance and a migraine develops.

To confirm and reprogram the trait

1. Client holds pad of thumb against pad of ring finger on left hand and also with right hand.
2. Test indicator muscles bilaterally after client states personality trait: "I don't want to confront differences."
 - (a) Indicators unlock = not relevant
 - (b) Indicators remain locked = may be relevant. Go to 3. (If client says "I want to confront differences," indicators would unlock.)
3. Circuit localize spleen reflex (base of rib cage vertically below left nipple). Client imagines a situation that goes against trait (should switch spleen reflex off if trait is relevant).

4. Verify wording for reprogramming statements. Change if necessary. Okay to proceed?
5. Do eye rotations (Ref 4 & 5) for each statement.
6. Correct any emotions that are temporarily thrown out of balance.
7. Repeat step 2 to note changes.
8. Determine how many times a day, and for how many weeks, client is to do eye rotations for the four reprogramming statements.

The four reprogramming statements for the migraine personality are:

- 1) "I no longer believe I don't want to confront differences."
- 2) "I no longer feel insignificant when I no longer believe I don't want to confront differences."
- 3) "I feel motivated (to/when I) confront differences."
- 4) "I feel joy towards others."

A word of caution: The above example is given to illustrate the form of reprogramming statements. Because the personality trait, or limiting belief, is so deeply held, reprogramming it will usually create a number of temporary imbalances, like a number of tenpins or skittles that have been knocked over. If these are not put back into balance at the time of initial reprogramming, it is likely that they will gradually fall back in line. However, we want to accomplish the reprogramming without any aches and pains, or other side effects.

Thus far we have researched hundreds of personality traits linked with cancer, colitis, constipation, learning difficulties, warts, etc., and many not yet related to specific diseased conditions.

The reprogramming of personality traits by this method is relatively simple, fast, yet very powerful. Does it work? Ask those of our clients who had migraines regularly for 40

years and after one therapy session are now clear of migraines. What has made it so effective? The specificity afforded by the muscle testing.

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Breathing for Better Health and Energy

by Kate Montgomery, M.T., H.H.P.

Breathing. . . It sounds easy. Breathing is so natural and automatic that we take it for granted. The importance of breathing is so understated. Our very life existence depends on it. But did you know that you can make every breath you take better? You can by making one alteration: That is to breathe using your diaphragm muscle. Belly-breathing, yoga-breathing, or 3-step breathing all mean:

Diaphragmatic Breathing

Diaphragmatic breathing consists of 3-steps. As you inhale, your diaphragm moves downward, expanding the volume in the thorax, expanding the lower lobes of the lungs, moving upward expanding the chest, where the middle lobes of the lungs and heart lay, even farther upward to the clavicular or shoulder area to the upper lobes of the lungs. Exhaling passively ready to begin again! How wonderful, a full breath of air!

Unfortunately, most people breathe from their chest. That is an inefficient way to breathe. Chest breathing takes more work to accomplish the same ventilation/perfusion ratio (air to blood mix) resulting in increased respiratory rate and increased work load on the heart. Chest breathing also gives rise to what is called the Fight or Flight syndrome. Symptoms of increased tension, anxiety, restlessness, shallow breathing, all caused by stress. We don't always realize or notice the change in our pattern of breathing during stressful situations. The balance of mind and body energy is disrupted. The mind becomes disorganized and confused, while the body becomes uncoordinated and unstable. Replacing the breathing pattern with diaphragmatic breathing creates a deeper sense of relaxation and mental calm and allows you to think more clearly. The body becomes less tense as the muscles relax.

Physiologically the results gained by diaphragmatic breathing are astounding! "The pericardium, the sac surrounding the heart is attached to the diaphragm." "As you breathe deep, the diaphragm descends,

stretching the heart downward toward the abdomen." "When the lungs are full, this gives a gentle massage to the heart." "As the diaphragm relaxes, it massages the liver and the pancreas and helps to improve functions of the spleen, stomach and small intestine." (See reference 2.)

Diaphragmatic Breathing - Reactive and Hypertonic Muscles

A study was done by Systems D.C. in 1976 with the use of a Vitalor machine which measures maximum expiratory flow rates and vital capacity. The study suggests that the psoas muscle is reactive to the diaphragm. By correcting the hypertonic psoas the vital capacity should improve 4% to 7% as tested on the vitalor. The rib circumference on inspiration will have a gain of 3.7 cm. This increased circumference is primarily in the lower thoracic cage. For every 1 cm of increased expansion, there is an increase of 200 ml of vital capacity. (See reference 1.)

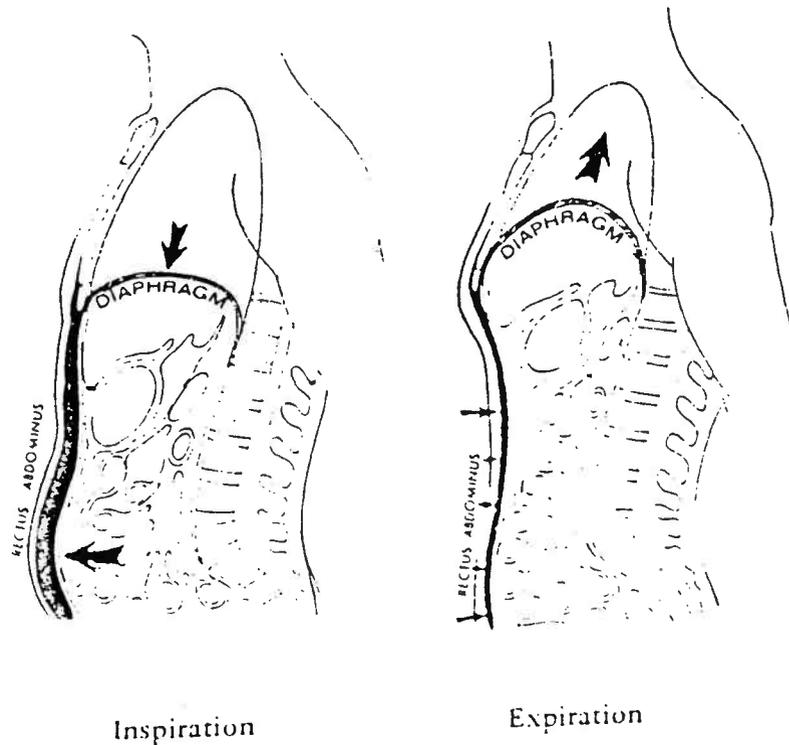
I found this to be true, as to the increased expansion of the lower thoracic cage. I would instruct my clients in Diaphragmatic Breathing, muscle test for its hypertonicity, and then use the Diaphragm Release Method to reactivate the Diaphragm muscle. Using a tape measure, I would measure the lower thoracic expansion. There was at least 200 ml. or more depending on the client. The reason for this increase is that the lower one-third of the lungs are used. The Diaphragm muscle due to its inactive state is hypertonic. Even though you diaphragmatically breathe, not all of the muscle fibers will release and become active again. In order to release these muscle fibers you perform the **Diaphragm Release Method**.

Before I tell about the **Diaphragm Release Method**, let us see how you breathe diaphragmatically. The picture at the top of the next page from Ref. 2 shows a good illustration of diaphragmatic breathing.

On inspiration, the abdominal muscles and the diaphragm muscle extend outward, the diaphragm muscle moves downward increasing the volume of the lungs, expending the lower, middle, and upper lobes of the lungs. On expiration, the abdominal muscles relax and flatten, while the diaphragm muscle fibers lengthen, decreasing the volume in the thorax. Ready to begin again.

To teach someone to breathe diaphragmatically, have them lie down in a quiet place. Have them focus on the upper abdominal area. Have them place their hands on the abdominal area. Instruct them to inhale, pushing their abdomen outward, inhaling slowly, feeling the air rise upward to the chest and then rising to the shoulder area. The breath should be fluid and relaxed. Exhaling passively. This takes practice. The exercise might feel awkward at first. With practice and concentration you can retrain yourself to breathe only diaphragmatically.

Synergistic Effect of Rectus Abdominus Muscle and Diaphragm on Forced Expiration



Muscle Testing for a Hypertonic Diaphragm

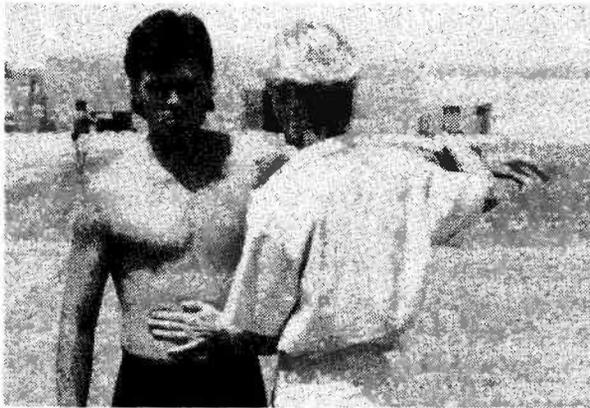
There are 4 steps to balancing and releasing the diaphragm:

1. Muscle test for a hypertonic Diaphragm.
2. Sacral Rock
3. Respiratory Spinal Extension
4. Diaphragm Release.

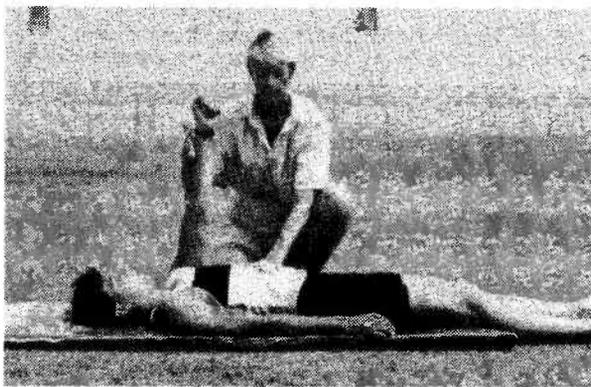
Steps 2&3 reconnect the solar plexus and sacral plexus of the autonomic nervous system.

A hypertonic Diaphragm muscle is a muscle that refuses to lengthen. When a muscle is not used, it stays in a contracted state and atrophys.

Sports Massage Therapist Kate Montgomery in pictures A&B, is muscle testing David Hemingway, a triathlete, for the hypertonicity of his diaphragm.



PICTURE A



PICTURE B

Testing Procedure

- The athlete can be standing or lying down.
- The therapist asks the athlete to extend his arm (using the deltoid muscle.) straight up with the elbow locked. As in picture B.
- Therapist instructs the athlete to hold his arm in that position, while she lightly presses on the wrist to bring it toward the ground. As in pictures A&B.
- Instruct the athlete not to "strong arm" the therapist, but to let the arm fall if it feels like it.

To Test the Diaphragm:

- The therapist places one hand on the upper abdomen of the athlete and one hand at the athletes extended arms' wrist.
- Instruct the athlete to inhale diaphragmatically, hold his breath and push his abdominal muscles outward and hold taut.
- Ask the athlete to hold his arm as you try to bring it toward the ground.

- If the arm comes down or feels shakey, the diaphragm is hypertonic.
- If it holds strong, test the sacrum to see if it is in alignment.
- Have the athlete do the **Sacral Rock & Respiratory Spinal Extension.**
- Retest the diaphragm as before.
- If it comes down or feels shakey still, the diaphragm is hypertonic.
- Perform **Diaphragm Release Method.**

Sacral Rock



FRONT TO BACK ROCK

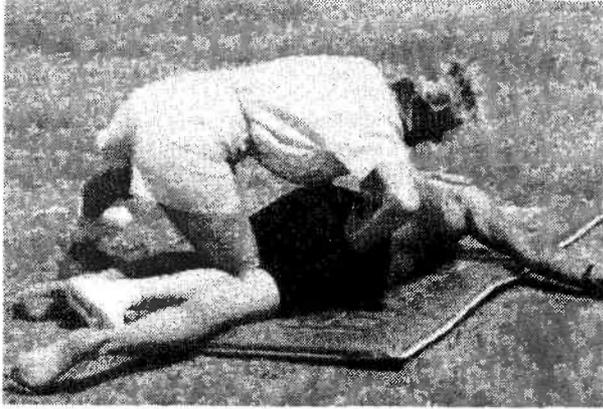


SIDE TO SIDE ROCK

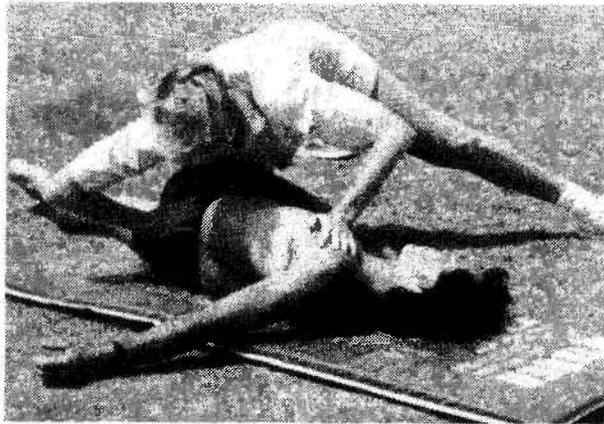
As pictured, sit on a hard padded surface with knees bent and raised. Rock front to back and side to side 3 times each direction. The Sacrum is known as the "pump" for the cerebral spinal fluid

Respiratory Spinal Extension

The spinal extension is done to release the sacrum and stretch the whole spine. This is a gentle stretch of the spine done with the synchronizing of the breath.



PICTURE A



PICTURE B

- Therapist positions her body over the athlete for good leverage. One hand placed above the breast area near the shoulder, the other hand palm down on the sacrum.
- Instruct the athlete to inhale diaphragmatically, as he exhales, **gently** in a twisting motion, press down on the area above the breast and the sacrum, in opposite directions. Stretching the spine, as pictured above.

Diaphragm Release Method

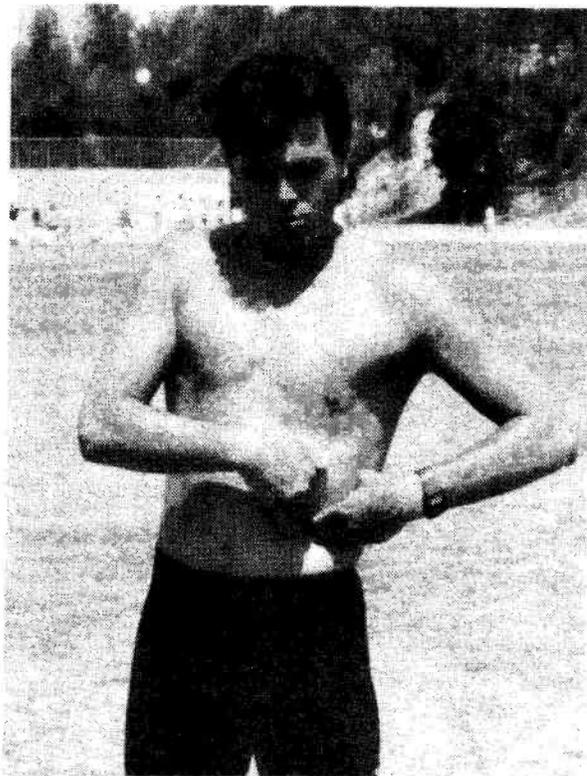
- The Therapist instructs the athlete to inhale Diaphragmatically, hold his breath and push his abdominal muscles outward and hold taut.

- The Therapist takes her/his fingers and presses in and down along the edge of the rib cage of the abdominal cavity. Avoiding the middle where the sternum and xiphoid process is. Start at the apex of the rib cage. Push in and down, moving laterally. Do this 3 times to each side. Have the athlete exhale. Retest the Diaphragm. Repeat till the arm locks and doesn't shake.

As shown in the pictures below and at the top of the next page, David Hemingway shows how you can release your own diaphragm. By holding your breath, you take out of play the accessory muscles for breathing. You are only concerned with the diaphragm muscle.



As pictured, while standing or lying down, inhale, hold your breath, contract abdomen, push your fist in and down along the edge of your rib cage. Do this 3 times.



Autonomic Nervous System

In the autonomic nervous system, the nerves travel down along the spinal column and innervate the different organs and muscles of the body. These branches are known as plexus: The diaphragm is innervated by the solar plexus, as the branch travels farther down it reaches the the sacral plexus. If the sacrum is out of alignment and the diaphragm is inactive, the nerve pathway is disrupted. Both need to be functioning and in proper alignment to keep the body's energy from being short-circuited. This is my own theory based on numerous clients I have worked with. By teaching people how to breathe diaphragmatically, releasing a hypertonic diaphragm, rocking on the sacrum, respiratory spinal extension for stretching the spine, all these will connect your energy system once again. A graphic illustration of the spinal plexus from Ref. 2 is shown on the next page.

The Athlete

For the athlete who needs to gain as much strength, stamina and endurance as possible, this method of diaphragmatic release is wonderful. The best thing about this technique is the athletes can do it themselves.

One major incidence that I saw totally eliminated due to the diaphragm release was the feeling of being sick or nauseated after a competition or the cramp in the side that makes you slow down. Have you ever had these symptoms? Diaphragmatic breathing and release can eliminate this.

To stress the importance of this method, I would like to tell you about a female 400m. hurdler I worked with.

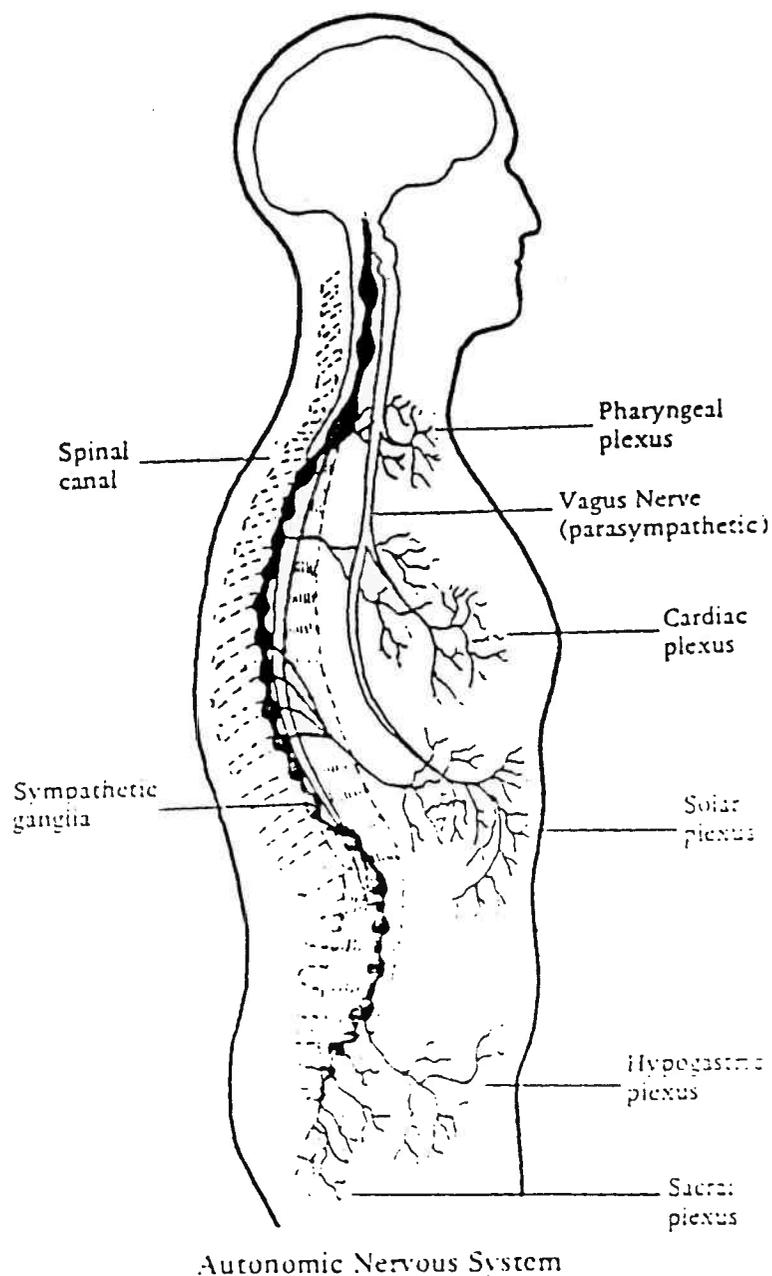
In 1987 at the Mobil Track and Field Championships in San Jose, I met LaTanya Sheffield, who just happened to be from San Diego, CA. She had a history of vomiting after every race. I was giving her a massage, and she was telling me about this. I did a brief muscle testing exam, and every muscle was weak. I noticed that she did not breathe diaphragmatically. Later that evening I explained diaphragmatic breathing and its importance in her running. I taught her how to breathe diaphragmatically, released her

diaphragm, balanced all major muscles in her pertaining to her event, and finished the evening with a light massage. She had been very fatigued up to this point and not sleeping well. Once all was balanced, LaTanya was a new lady.

The next day was the finals of the 400m. hurdles. LaTanya was flying, running faster than she ever had. At the end of the race, she wasn't tired and most of all she wasn't nauseated. She hasn't been since!

LaTanya went on to win at the Olympic Festival in North Carolina that year, took third at the Pan American Games in Indianapolis in 1987, and made the 1988 USA Olympic Team for Seoul, Korea.

By simply learning to breathe correctly and reactivating the diaphragm muscle, a whole new Breath of Fresh Air and Energy can be yours!



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