

The Reflexo-K Procedure

A New Synthesis of Reflexology & TFH

by Yvette Eastman

The Reflex-K procedure is a synthesis of Reflexology and Applied Kinesiology, that allows you to do Reflexology, even if you do not know the specific points on the hands and feet, and, even if you are not fully acquainted with Applied Kinesiology.

Begin your session by performing the pre-tests that you know in order to insure that your partner will give a clear muscle test, that permission is obtained to perform Reflex-K, that this method is the most beneficial for your partner, the most respectful of his/her needs. That you are both hydrated, and remember to be aware of proper breathing while testing.

You might ask: "Is Reflexo-K the most effective way to work with _____ at this time? Is there a more effective way? "This will qualify the work and simultaneously calibrate "yes" and "no".

Add to your balance any information you already have about balancing towards a goal, identifying the emotion locked into the system about the goal, the % of Negative Emotional Charge(NEC) involved. Use the skills you possess to locate the issue, emotion and other pre-tests.

Ask: "What % of correction is acceptable to the body today? More than 30%? More than 40%?" etc.

Ask: "Is that acceptable to you?" Muscle test "yes" or "no". If unacceptable, find out the % acceptable. Then use ESR or your own personal system as part of your 'negotiation for repair' and retest.

Since I like to add in as many personal insights as possible, I ask: "When you think of the pain, (swelling, etc.) what colour is it? (Or what colour do you see? Sense? Feel?)" Then, "Focus on the colour and make it stronger, sharper."

"And when you see (colour), what does it make you feel like? (...what does it remind you of?...what feeling do you get?" This is a way of

obtaining an emotion consciously rather than through one of the charts. since emotion is a carrier wave for any change, it is always more effective to use emotion for more lasting corrections.

Now request the priority meridian for rebalancing. "What will it look like when I get there?" is an excellent way to request a muscle indication of response toward a specific question. The person's own system will then choose the arm to fall to the energy in a test or stay strong in answer to your question. It tends to avoid the leading that a practitioner might do when he/she is not in neutral.

Touch, using index and middle finger together, (neutral polarity), each finger and each toe on both hands and feet and the kidney meridian at the centre of the ball of the foot. (See figures 1, 2, 3, and 4 on the next page for the locations of the meridian ends on the extremities.)

An indicator change on the big toe will need to be prioritized by touching individual corners of the nail, for Liver or Spleen, and on the pinky finger for Heart or Small Intestine. Middle toe responds to Stomach along with second toe. If you know the associated muscle test, you might like to test it.

Once the priority meridian is located, follow its path. (If you know the internal path, more information is available to you). Ask you partner about specific discomforts along that path. For example, an indicator change on Small Intestine meridian, pinky finger – so notice if there are white spots on the pinky nails, (zinc deficiency or stress), vertical striations on the nails, (high acidity, mineral deficiency), split or shattered nails, (shattered or scattered energy). Follow the trail of the meridian to the wrist; ask about wrist problems.

Go to the elbow; ask about it, or notice if there is any skin involvement at the elbow or along the arm, or muscle problems along the meridian, shoulder or shoulder joint problems, side of neck pain or tightness, teeth, jaw, middle or inner ear

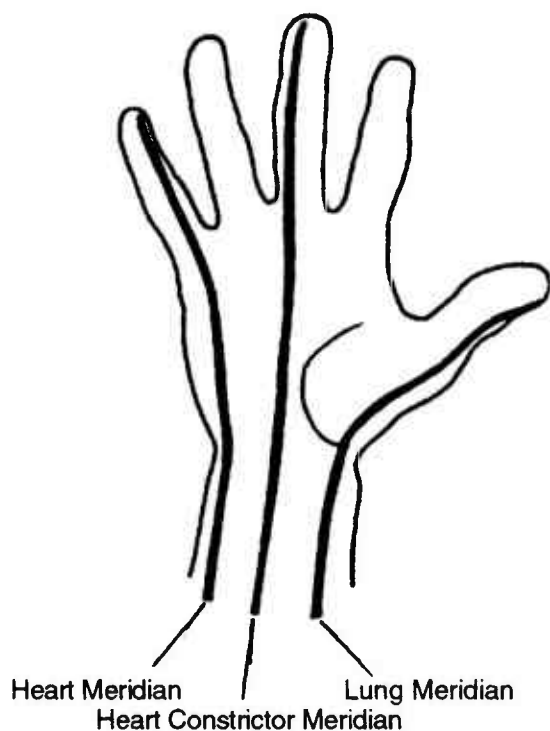


Figure 1

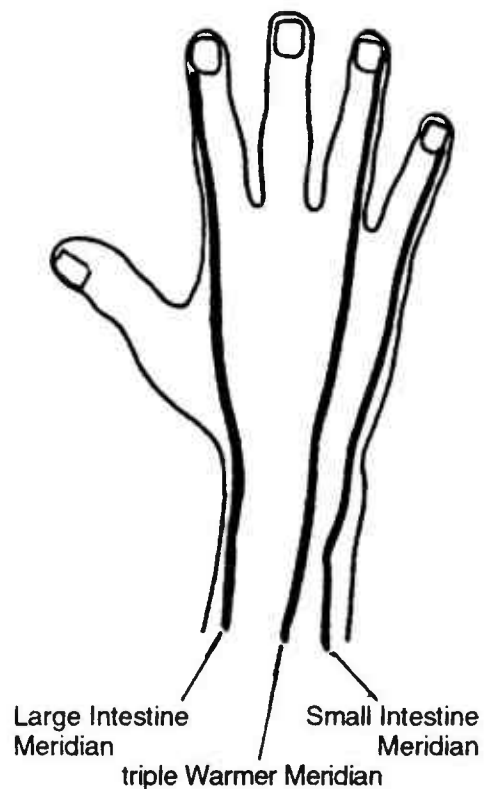


Figure 2

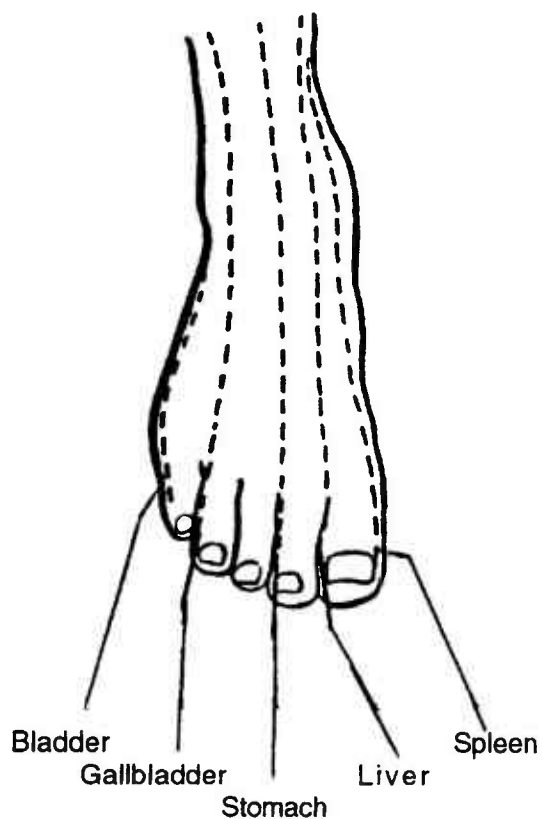


Figure 3

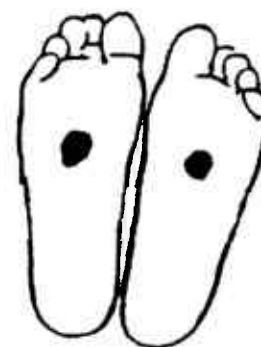


Figure 4

involvement. The more information you have on line, consciously, the better for your correction. All of these "symptoms" lie along the SI meridian so you might also ask about the small intestine function.

Now you can test the statements: "The best correction is Reflexology.", or "The best correction is TFH" Etc.

Always ask first, "What will the muscle test response look like?"; so you will know what to

look for: Yes-No / Fall to energy / Indicator change (Make sure you know what the muscle test is saying.)

If Reflexology is priority, then ask:

"Is it necessary to do the whole foot, yes or no?"

"How many reflexes need to be worked? more than 1, more than 2, more than 3, ..."

"The first priority is on the sole of the foot, the dorsum, medial side, lateral side..."

Use a body scan on that area until you get an indicator change, or use a Reflexology map and choose your reflex from there.

Ask: "Hard pressure, Soft pressure, Still pressure, Rotation, Clockwise, Counter-clockwise, etc."

To work the reflex, use your thumb on the sole of the foot, index on the dorsum. for the hands use either thumb or index. Be gentle. Pain is not healing. Holding is a common correction.

If TFH is the correction of choice, then ask:

"How many corrections?"

The first priority is -Meridian Trace, NL, NV, AHP, Muscle."

Perform the needed correction.

Retest the meridian out on finger or toe.

Perform the muscle test to see if it is strong.

Retest the emotion or the feeling discussed.

Retest the issue or goal you tested toward.

Retest the % NEC.

Test the % of correction performed.

Ask if the person is happy with that %. If not, test for when they need another session.

If they are happy with the %, test to see if another session is needed or another form of therapy and when.

Ask if there is need of homeplay, and if so what, how often, how long.

Ask if there is any limitation on the correction, withdrawal issues, food addictions or deletions.

CELEBRATE!

In Brief

1. Pre-tests (Goals, % NEC, Emotions, all other pre-tests)
2. Two finger touch on each toe/finger/ball of foot
3. Assess involved meridian(s) (which organs, related symptoms/discomforts)
4. Muscle test for priority reflexes or TFH corrections. Use body scan and/or diagrams.
5. Correct priority(ies). Retest correction point, meridian out, associated muscle, emotion, % NEC, goal, % correction.
6. Check for Homeplay, withdrawal issues, limitations, food or supplement changes, next session.
7. Celebrate!



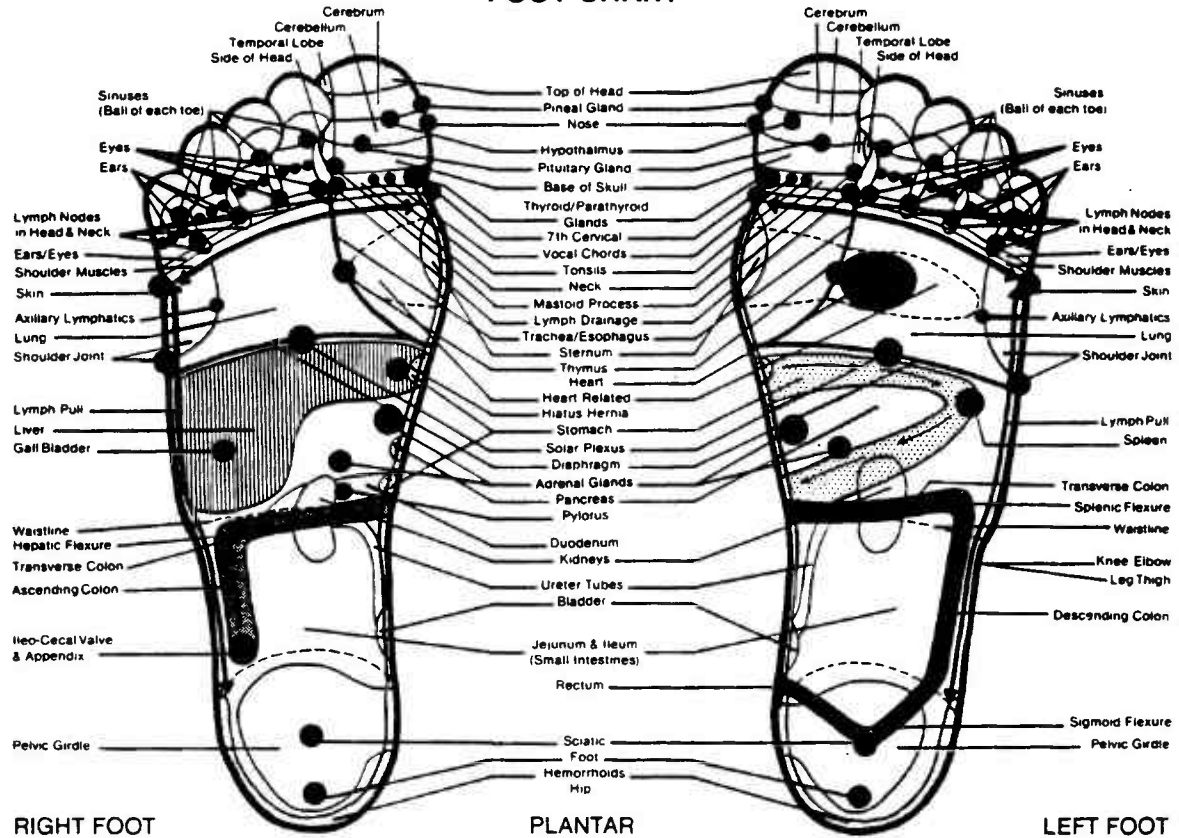
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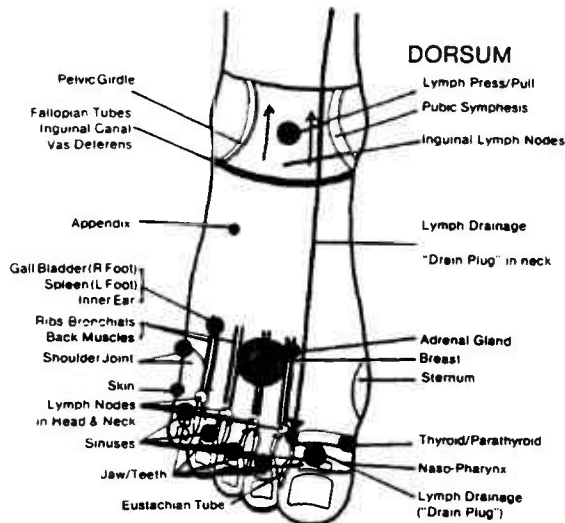
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FOOT CHART

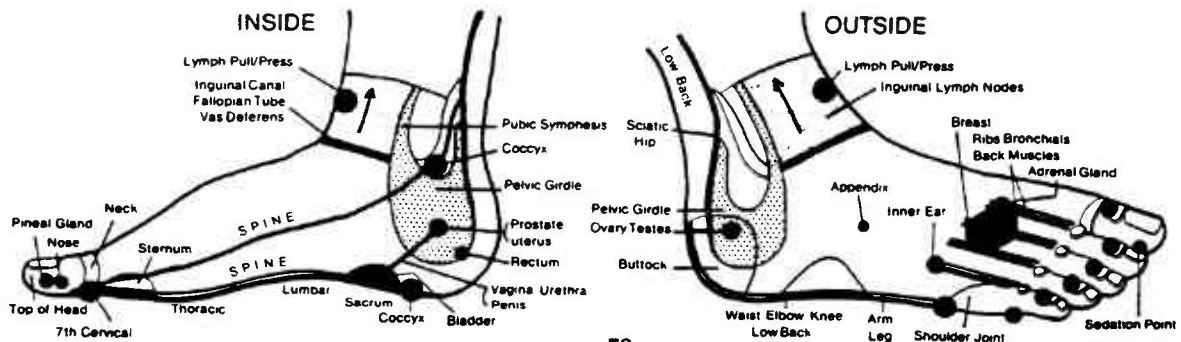


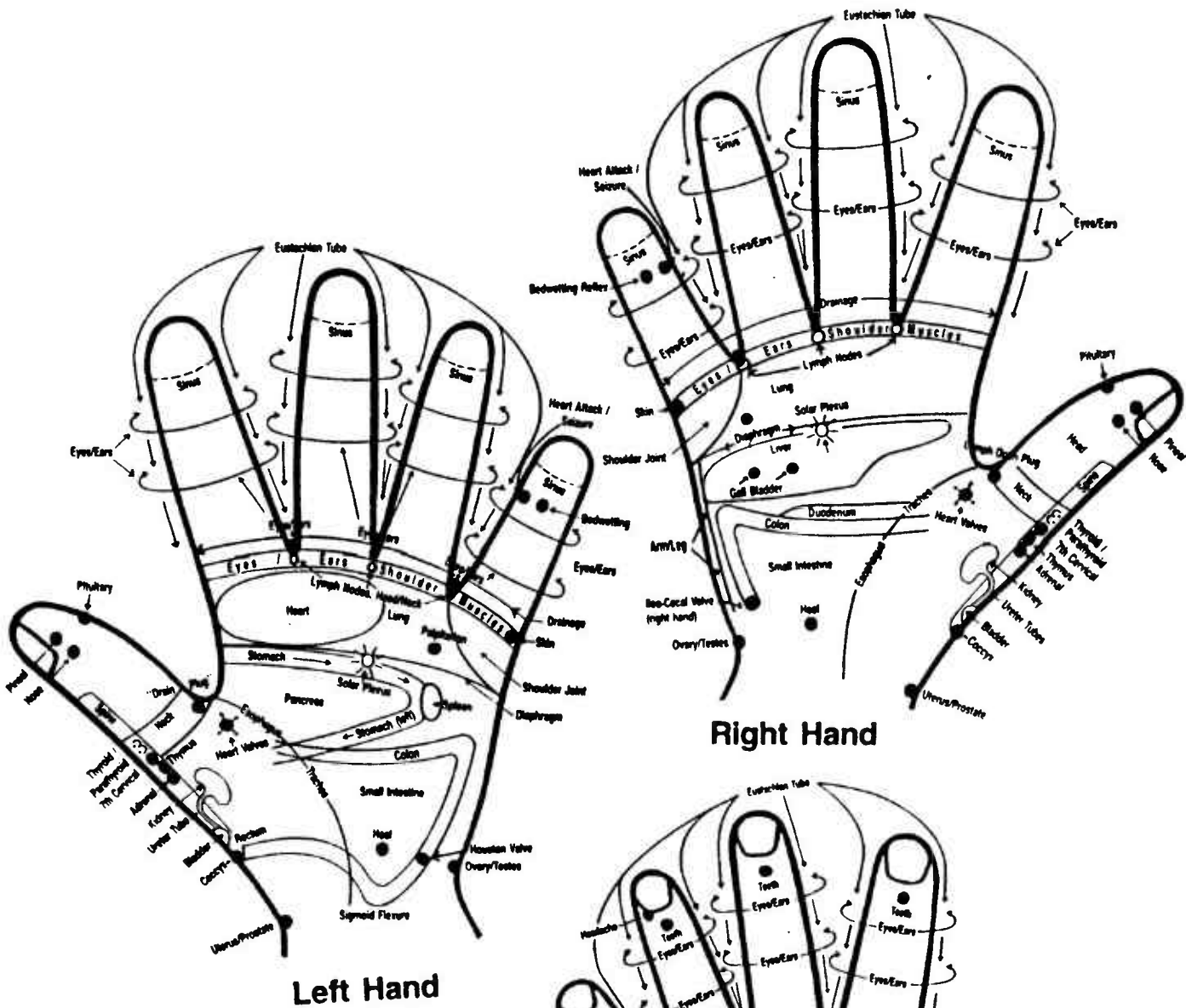
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