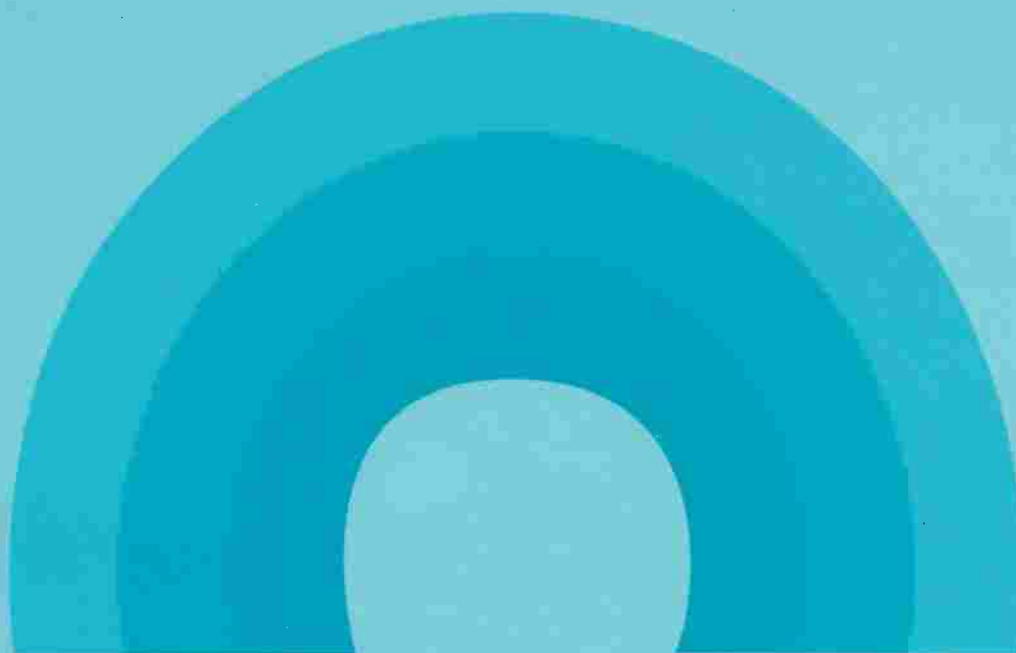


*Touch for Health Kinesiology Association of America and
Association of Specialized Kinesiologists in the United States
present their*

Journal of the 1997 Joint Conference



***Together In
Abundance***

**July 10-13, 1997
Colorado Springs, Colorado USA**

**Comprehensive Papers Presented at the 1997 Joint Conference of
Touch for Health® Kinesiology Association of America and
Association of Specialized Kinesiologists in the United States**



Colorado Springs, Colorado USA

July 10-13, 1997

As the Touch for Health and Specialized Kinesiology families gathers from all parts of the planet 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 from others.

We 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 good of all humanity.

The purpose of the Touch For Health® Kinesiology Association and Association of Specialized Kinesiology in the United States' Conference Journal is to disseminate information on research, methodology, results, and teaching of self-development programs in health enhancement, both mental and physical. The Journal is published once a year in July.

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Most of the papers presented in this Journal are not edited by the TFHKA or ASK-US. Some articles may not conform to the policies of either Association.

WELCOME TO TOGETHER IN ABUNDANCE

The Conference / The Journal

By Linda Clark Scott

Welcome to the joint Conference of ASKUS and TFHKA, the Association of Specialized Kinesiology in the United States and the Touch for Health Kinesiology Association. We are very fortunate this year to enjoy the combined energy of our two American Organizational Guiding Lights in the field of Kinesiology.

Every time you open this book, remember —

There are jewels here.

Riches.

Brilliance.

Yours to Take and Use.

Do you like an article you're reading? Contact that author and find out more! They are eager to share their knowledge, enthusiasm, and energy with You.

Are you at the conference now?

Remember to ask yourself every day, "What amazing experience is waiting for me today with these stunning, creative people?"

We are here, Together in the Abundance of our shared vision.

What a fortunate opportunity!!

Enjoy yourself!

Be a trail blazer! Spread the Word!

Please remember to honor and delight our conference chairpeople by personally acknowledging them for producing TIA. They are Carol Boschetto (California, TFHKA) and Simone Charlop (New York, ASKUS), and they have been working together on this event since mid-1996. They have had the responsibility both of coordinating and melding the needs and opinions of our two organizations, and of accomplishing all the business of the conference itself. Please acknowledge them both, with your appreciation, constructive criticisms, and suggestions for the future.

Also please appreciate that something very valuable is happening in TIA: the integration of two important groups in our Kinesiology world. Integration is our specialty. We congratulate ourselves for achieving the integration of two bodies of people. May this be the beginning of ongoing communication, appreciation, and mutual support between TFHKA and ASKUS. May we serve joyfully and well as we nurture the discipline we all love.

And finally, this precious journal has been graciously and efficiently assembled by Marcia Hart (Idaho, ASKUS). Thank you so much, Marcia! You bring us treasures, beautifully packaged.

With warm good wishes,

Linda Clark Scott

Ontario, Canada; President: ASKUS, member: TFHKA

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MAIL BOXES ARE US

A Different Kind of E-Mail (Energy-Mail)

By Marcia Hart, MA, ICBT

December 1997

Introduction: We come to this conference to expand what we know and do, to share our ideas and skills, and to promote the healthy growth of specialized kinesiology. This is an opportunity for each of us to notice where our old beliefs blind us, to open our hearts and minds to more possibilities and experiences, and maybe to switch to a whole new paradigm for viewing wellness and our role as health care practitioners, educators and researchers. The first step is to take responsibility for our own energy systems, how we think, and, therefore, what we perceive and act on. This prepares us to work objectively with the energy systems of others.

Mail Box Openings

It came to me in a dream recently that we are like those openings you see in doors for pushing mail through, or the blue mail box you see standing on the curb with the door that can be opened by anyone wanting to deposit mail within.

Yes! Thoughts and experiences drop into our awareness and direct our life like mail drops into a mail box and finds its way to its addressee. *We are open to and continue to collect mail (thoughts) of a certain kind until we change the zipcode of our mail box!*

It's as though we stand in every moment with our mouth open, like birds in a nest, waiting for the next morsel to be dropped in for our digestion. We may not recognize that *our thinking determines the kind of mail we receive* and we probably believe that someone else must have put us on *all the unwanted mailing lists* we receive mail from. Certainly *WE* would not have ordered all the *junk mail* we get!! Guess what! We did order it, and we continue to receive it until we change the nature of our thinking and acting.

Who Puts Us on These Mailing Lists?

You ask, "How did I put myself on some of these mailing lists?" "How could I have ordered in such challenging reading and demanding packages to respond to?" Well, the patterns created by the thinking of our

ancestors and genetically passed along form one piece of this puzzle. We are the recipients of all the thoughts that our ancestors picked up, hosted and passed on to their following generations. Their thinking forms the background from which we developed.

Another structuring element of our zip code that draws specific mail to our mail box is all the thoughts and beliefs of our current family, peers, teachers and culture (*our collective life tribe*) that we have internalized. Add to this, all the *pet thoughts and feelings* that we have individually acquired and attached to in our lives, and you have a third determiner of our present zip code and the kinds of mail we receive. And, of course, with the clutter of all this pre-conceived thinking, it's very hard to have a new experience or an authentic, creative thought.

Being the *analytically-prone creatures* that we are, it would be easy to start to catalogue all our beliefs and thoughts that make up our *mailing address*. It would be easy to judge, justify and blame factors outside of ourselves and once again give away our power to creatively think and feel what is real to us. Another choice is to use the impact, the energy and excitement, of the moment to change our mailing address -- our identity and view of reality.

Change Your Mailing Address

"How can we change our mailing address?" We become willing to feel ourselves and our life, instead of thinking about them. We start to notice what our thoughts are creating and bringing to us in our life. We honor the nature of our energy system and know that at some level of organization we are setting ourselves up for the kind of mail that we are receiving.

How we think does indeed determine our reality! Every time we have thoughts of judgement of another, of ourselves or of a situation -- for example, "That shouldn't be happening," "They or I should not be doing that," "Life is that way and I have no power to change it" -- we begin to make our beliefs our reality. In so doing, we give our creative power to the very thing we judge, fear, admire, lust for or believe we do not have. We establish our zip code by the way these thoughts alter our energy system and limit the power of our mind to direct us -- the details of how this dynamic works is the topic of another paper or book!

Take A Different Action

When you spot an action, feeling or thought that no longer works for you -- and I'm guessing that most of you are discovering that many of the *old ways of thinking* no longer work for you -- it is time to find a way to *forgive (give forth) your judgement and need for life to work as it used to.*

Once you release these thoughts, which have become like actual *things* in your life, you can begin to *accept* the situation *as it is* and allow the energy of it to activate you until your awareness changes and you have a whole new experience of it. Releasing the attachment you might have to any idea or belief releases energy into your human energy field. *The more you release energy into your field, the more your energy field changes and ultimately changes your zip code and way of thinking.*

Life is Designed to be Invigorating

My suggestion is to shift your perception of any irritation, annoyance or discomfort that stirs up an unwanted reaction in you. As well as irritating, this experience could be considered stimulating or invigorating, if you feel it without judging it! It's all in the perception and judgement of it.

A hand on your shoulder that comes from out of the darkness as you walk down an alley creates the same pressure and sensory stimulation as a hand that is laid on your shoulder by a lover. But, oh what a different interpretation we tend to make of these two stimulating touches! When we are not attached to *expecting* a particular kind of interaction with life, we respond to the alley-hand on our shoulder and the lover-hand on our shoulder in ways that are attuned to the input of the moment. When we are attached to pre-conceived thoughts about ourselves and life, we have fewer options of how to assess and perform when that hand touches us from behind.

Pre-conception leaves us with very little room for responding to our gut intuition. We find that our intuitive input is buried under all the other mail we already have in our box. Without our intuition, we have no way of assessing what is *truly real*.

Get On the Universal Mailing List

The more we empty our mail boxes and release our pre-conceived thoughts and pet ideas, the more likely we are to get on the *universal mailing* list and start receiving some bonafide information about ourselves and the potential of our world. This is only possible when we stop making everyone and everything else in the world the cause -- excuse, is more like it -- of our powerlessness to know how to see objectively and to take appropriate action in any moment.

We must take back the power that we have

given to others and give up our favorite excuses which keep us on unwanted mailing lists. We must be willing to stand alone, if that is what it takes, in our own truth and knowing. And from this trans-personal perspective, we can open ourselves to the sea of mail -- thoughts -- that is around us and draw in what we need to create the life that we want to be part of.

The actions of acceptance, answerability and forgiveness must occur before our mailing address will change. Then, our address may change from one that used to read:

“take everything personally and literally,”
“repeated patterns,”
“no way out,” or
“no new options,”

To an address that reads:

“choice is mine to explore,”
“creative thoughts accepted and applied,”
“broader perspective is enjoyed” or
“multiple options are always present.”

How Open is Your Thinking?

What thoughts are guiding your life? Are you

getting the mail you want to get? Are you loaded down with mail that you do not like dealing with? Are you always complaining about all the junk mail that fills up your mail box and demands your attention daily? Or, do you maintain and update your mail box to receive the kind of mail that you desire.

Our Energetic Mandate is to Evolve

We can no longer get away with ignoring our energy system and its dynamics. Even when we persistently stick our head in the sand, we get our butts/but's kicked so hard that we eventually have to pull our head out of the security of our beliefs and take responsibility for how we are managing the power of our spirit. The easy way to do this and to avoid the butt-kicks is to accept change and then surf the waves it generates! As the *electronic age* develops, we must realize that it is a mirror of our energy system.

**Responsibility for our continu-
ance on earth lies within each of us
and the quality of our e-mail
circuitry.**

FOWLER'S PHASES OF FAITH AND THE 5 ELEMENT METAPHORS

Taken from *Remembering Wellness*, a forthcoming book
copyright John F. Thie, 1997

We use a variety of different models of reality when we use Touch For Health (TFH) or other Kinesiology as methods of improving performance or having more personal bests. Each of these models entails certain assumptions and ideas which we believe to be true, even though we may not be conscious of these beliefs.

We may not recognize our faith in the assumptions of our own world-view as faith. We might want to simply call it "Reality". We might just say, "that's just how life is." When I use the word faith I want to define it as the process by which we each construct our personal world-view, the set of beliefs which allow each of us to have meaning in our lived lives. We all strive to know about our world and understand it, but the human being cannot know everything. We cannot even contemplate everything that we do know in the same moment.

So we construct conceptual models which make sense of our experiences. Our belief in the truth of our model is our faith. This faith is different for each person and changes with the model we are using for making meaning out of the present circumstances. The various phases in the cycle of life have correspondingly different faith assumptions and different models of what is real and allows meaning and understanding. These phases are cyclical, like nearly everything else.

The five element model of faith is looked at in nine ways as seen on the TFH chart, which was taken from my interpretation of the Chinese, Japanese, Tibetan and Indian models of reality and my personal model based on naturopathic and chiropractic understandings. I am working on understanding how more meaning can be brought into an individual client/student/patient life and with more meaning more health/wholeness.

Assessment balances will help you understand what could be the major energy blockage at the moment, which is interfering with the ability to reach the desired goal. The individual muscle assessment and correction and relating the possibility of the five element metaphor to the person in relationship to the goal is another model for understanding where there is conflict in the individual energy/ personal environment/life force/innate intelligence and the ultimate environment/chi/ki/universal intelligence.

In our seeking wholeness we are in different phases of faith development and since these phases are cyclical we can be in any one of them for the goal which we are seeking. Our continued development can be blocked because of the stage of faith development needed for that goal is blocked by our world-view for that goal.

Faith is related to our image of what is real for us in our own world-view. We store nearly all our knowing in images, which relate to our five senses and our intuition, our feelings about it, a representation of the state of affairs in relation to the particular goal. Faith is our ability to be sensitive to the stimuli of our internal images which are both conscious and unconscious. Our beliefs in what is the ultimate environment, the final reality and our ability to celebrate our coming to terms with our personal understanding of this ultimate environment is our faith. Our faith is relational not only cognitively, it involves what our image is of the ultimate environment and is very personal. This understanding is not often spoken to in the healing process of the "scientific community." In TFHK we do much of what is done as in all other healing arts based on our faith in the model which we are using to help others.

Scott Lownsdale has recently outlined J.W. Fowler's *Stages of Faith Development* in the Spring issue of *Psychology and Theology* Vol 125, #1. Fowler describes seven stages of faith development which can be condensed into five phases which correspond quite well with the five element metaphors. When we are using muscle testing to indicate an imbalance or inhibition in the flow of meridian energy, we can consider whether the corresponding "phase of faith" is significant for our current balancing goal. A blockage in the corresponding element would indicate a possible faith issue that is important for achieving what the person believes that they want. This is a way to use TFHK to pay attention to the Soul, which includes everything about the whole person, including belief and faith.

It's important to be conscious of faith, as a vast majority of the U.S. population (90%) believe in a divine being and one third of the population describes their belief as a "strong conviction". In order to help people, we need to have some awareness and respect for their world-view. Even if a person is an atheist, or believes there is no greater spiritual force at work in life, this also constitutes a belief and faith which is a significant factor in how he or she will see and experience life. One's belief in what is possible, and the limits of existence, one's vision of the "ultimate environment," has a profound impact on the experience of life and the fulfillment of potential.

Fowler's stages of faith are based on the cognitive developmental psychological model of Piaget and Kohlberg. Fowler applies this cognitive psychology to concepts, ideas, beliefs and faith regarding the true nature of the world and our lives. "Faith enables us to see our lives against a backdrop of a more comprehensive image of what constitutes the true power, true value, and meaning of life.... Faith forms a way of seeing our everyday life in relation to holistic images of what we may call the ultimate environment.... The [person's] image of, and relation with the ultimate environment determines the way he or she pursues the inescapable, inevitable task of finding meaning and purpose in life.... This image is

(a) Consciously held, (b) Has the dynamics of a relationship with a person, to one degree or another, (c) Is the central, most important force in a person's life, shaping perceptions, priorities and passions, and (d) Changes throughout the lifespan as a result of faith development through stages." I would add that these stages, while descriptive of the prevalent forms of faith through linear developmental stages, also constitute phases in our cycles of belief which we may experience at any age or stage of development.

Intuitive-Projective Faith

Lownsdale describes a pre-faith stage of infancy which I combine with the intuitive stage of early childhood faith for our purposes in the five element cycle. This corresponds to the developmental stage from roughly eight months to seven years old.

- In the Pre-stage we first distinguish some separateness between ourselves and the world (comprehending the comings and goings of our mother/caregiver).
- We begin to make use of speech and symbols to make meaning.
- We have difficulty seeing cause and effect at this stage and are given to "magical thinking."
- We see only one perspective at a time. We assume that our own perspective is the only one that exists and project that perspective onto others, assuming that they see things in exactly the same way that we do.
- IMAGINATION, dream and vision imagery is essential for creating meaning at this stage.

This phase of life corresponds to the Wood element (Liver and Gall Bladder meridians). We might consider whether blockage of energy in this phase represents an imbalance in our use of imagination.

- Are we using sufficient creative vision and dream imagery to allow a large enough conception of the universe in which to fulfill our full potential?
- Are we dwelling in our own personal dream-world to the extent that we are

ignoring concrete circumstances and consequences. (Yes, it is important to learn to fly with your imagination, but actually attempting to fly from the roof of a building could have severe consequences.)

- Are we paying too much or too little attention to intuition, symbols, and signs? All of the sights, sounds, sensations, etc. of our daily experiences can resonate with meaning. Reflecting on the symbolic or metaphorical potential of events in our lives can be a powerful tool for assessing our personal balance, wholeness and wellness. Denying that our feelings and experiences have meaning leads to a meaningless existence. Yet assigning particular meaning to events or "omens" without evaluating whether this actually makes sense in the context of a lived life leaves us at the mercy of superstition—beliefs that are not grounded in our knowledge of ourselves and our lives.
- Are we stuck in the phase of cognitive egocentricity, failing to consider different perspectives, or the perspectives of others? Are we assuming that our own current opinion (on a subject that relates to our goal) is the only one right answer or viewpoint? This may result in magical thinking. We may believe that we are the only source of valid ideas, and even that our current perception is the only possible perception. This can severely limit our resources and our options.
- Perhaps we are neglecting the egocentric perspective and become overwhelmed by multiple options and the varied opinions of others. Do we need to get back in touch with what is best for us personally at this particular moment?

Literal Mythic Faith

The literal/mythic stage corresponds to the "school years" from around age seven until adolescence. This stage is characterized by a focus on the stories and beliefs of the community.

- We are given to literal interpretation of moral rules and attitudes.

- We favor a singularity of meaning, in which fact is distinguished from and valued over fantasy.
- There is a focus on Reciprocity.
- There is a tendency to Perfectionism.

This phase corresponds to the Fire element (Heart, Small Intestine, Circulation Sex and Triple Warmer meridians). Energy imbalance in this element might indicate an imbalance in our faith in and identification with group beliefs.

- Are we taking the attitude that our particular group or community has all the right answers? Do we believe that our own culture, family, professional group, etc. is the only group that is doing things right? Do we feel that the only way to reach our personal goals is by completely conforming to the conventions of the community?
- Perhaps we are neglecting the truths of the culture in which we find ourselves. Could we benefit from being conscious of conventions and not always having to re-invent the wheel or go it alone? Do we need to make the shift from our own individual perspective to the larger group perspective in order to achieve our current goal(s)?
- Are we hemmed in by a narrow, literal interpretation of the group beliefs? Do we expect precise reciprocity in our community dealings? Are we taking the attitude that if we do "right" according to our conception of community standards, the result or reward must be commensurate, or else we feel betrayed by our community?
- Are we not literal enough when we consider group mores? Do we loosely interpret the letter of the law, while circumventing the spirit of the law?
- Do we see ourselves as excessively bad or excessively good based on our ability to strictly adhere to moral rules and attitudes that do not allow much room for mistakes? Are we trying to maintain an image of ourselves as perfect, or seeing

ourselves as worthless if we are less than perfect?

Conventional, Synthetic Faith

This stage corresponds to adolescence. The child moves into adolescence and becomes disillusioned with literalism and blind acceptance of authority. Increasing abilities of abstract thinking allow reflection upon the self and the capacity to view one's own actions from multiple/others' perspectives.

- We can see the value of others' evaluations.
- We tend to seek the approval of others/authorities outside of the self.
- There is a tendency to fail to use creative internal resources.
- We internalize the beliefs and practices of our community and behave accordingly.
- We see ourselves in terms of our relationships or community values and rituals.

This phase corresponds to the Earth element (Stomach and Spleen/Pancreas meridians). Blockage in this element may have something to do with our beliefs and faith regarding our conception of ourselves in relation to others or the community.

- Are we placing too little or too much reliance on seeing ourselves through the eyes of others? Are we denying the value of the evaluation of others, or do we focus on others' opinion of us to the exclusion of any internal sense of self?
- Are we placing too great a value on conforming to the values of our peer group, neglecting the formation of our own personal values? Are we unable to live up to the values of our immediate community, and suffering a low sense of self-worth as a result?
- Are we engaging in too much or too little reflection on our own feelings and thoughts? Are we "wallowing" or fixating on our own thoughts and feelings to the extent that we get bogged down and stuck, or are we in denial of our true inner thoughts and feelings about our experience.

- Are we having difficulty in making commitments, keeping promises, or sticking to our personal values? Are we determined to follow through on our promises or goals with a steadfastness or fanaticism regardless of the consequences? Have our mistakes and shortcomings in following through on our sincere intentions resulted in a negative self-concept?
- Are we defining ourselves exclusively in terms of our relationships and roles?

An imbalance can be severe in this element if we have suffered a betrayal by a significant individual or group in our personal life. Energy imbalances can occur when events seem to contradict our most cherished and deeply held beliefs. When we choose to or feel forced by events to re-examine our concept of self and the content of our faith; when we retrace the development of our personal world-view and question what we believe in, there tends to be a high degree of disequilibrium. The Goal Balancing technique is very useful in becoming conscious of this process and coming to terms with it.

Responsible (individuated-reflective) Faith

This is the stage of young adulthood. At this stage we begin to assume personal responsibility for our own personal lifestyle, beliefs, and attitudes.

- We work to construct an individual, rational, functional world-view.
- Symbols are considered as conceptual/metaphorical, rather than having singular, literal, fixed meaning.
- Paradoxes, polarities, and complexity are a challenge at this stage as we balance our personal priorities and seek to distinguish relative and absolute truths.

This phase corresponds to the Metal element (Lung and Large Intestine meridians). Energy imbalances in this element may correspond to issues of assuming personal responsibility.

- An imbalance in this element can result from no longer defining ourselves as a

composite of our roles and meanings we have for others. Are we having difficulty defining and asserting our own view of ourselves and life or are we failing to take personal responsibility for the roles that we play in different areas of our lives and the choices that we make in different contexts?

- Are we focusing on goals that are not in keeping with our personal values, or are we in the process of creating a rational, workable, world-view that will clarify and facilitate the achievement of our goal(s)? Perhaps we need to critically analyze and reshape our present world-view, our faith in what's really real, in relation to the goal which we are seeking. Or perhaps we need to critically analyze and reshape our goals in relation to our personal beliefs.
- Are we becoming frustrated by our inability to "solve" paradoxes or be in full control of the complexities of our lives? Perhaps we are too apt to throw up our hands and assume we have no responsibility when confronted with a situation that we cannot single-handedly resolve. Are we too rigidly identified with one polar extreme, or do we tend to get tossed on a sea of relative values with no fixed compass of principles?

Reintegrative (conjunctive and universalizing) Faith

These stages correspond to mid and later life. Fowler defines the "universalizing" stage as a separate and rarely reached stage of faith, while the conjunctive stage is seen as less rare, but still not a stage attained by most people. At this stage we re-evaluate and re-integrate all of the aspects of self and life experience.

- We rehabilitate all of the aspects of ourselves that have been left undeveloped, ignored, evaded, or denied.
- Paradoxes and Polar opposites are not seen as puzzles to be solved, but rather as mysteries to be accepted and appreciated.
- Either-or propositions are reframed as both-and.

- Humans are seen as BOTH determined and personally responsible for their choices. God is personal and abstract. There is both good and evil at the core of the Soul.
- We can a sense of transcendent value of faith and community among all humanity. This sense is extended in the "universalizing" stage to a fellowship among all beings and a connection with the ultimate environment, "living with a sense of felt participation in power that unifies and transforms the world."
- We have a tendency to sacrifice personal, individual life for the benefit of all.
- We develop a passion for the greatest good and the highest truth over lesser concerns of nation, tribe, institution, family, success, money, sexuality, etc., a "monotheism" in opposition to "idolatrous gods". While we value our experience of life perhaps more than ever before, we hold it loosely, feeling less concern for our individual survival.

This phase corresponds to the Water element (Kidney and Bladder meridians). Imbalances in this element may indicate an issue of reintegration of forgotten or undeveloped aspects of the Soul which relate to our goal(s).

- Reaching a new goal requires reintegration of the Soul, the whole person, to fit the new circumstances. Is there some aspect of ourselves that we need to awaken to reach our goal? Are we fixating on some fault in our character that may need to be recognized and accepted, but not necessarily revealed in?
- Are we hesitating to adapt ourselves to meet our goals because of the changes that will also occur in addition to our goal? Perhaps we need to alter our goal to match a more comprehensive understanding of our circumstances, or we may need to give up some of our need to control the outcome of acting according to our beliefs, accepting that "the future's not ours to see," or that we must keep our commitments regardless of the consequences.

- Do we need to look at an “either/or” debate from a broader more integrated, “both/and” perspective? When we realize that polar opposites are no longer problems to be solved but paradoxes to be accepted, we may experience a great release of tension, or we may experience a crisis in determining where to put all of the energy previously devoted to a certain “side” of a debate or battle.
- It may be necessary to accept that human beings are both good and evil; God is both personal and abstract; people are both responsible and victims of circumstances.

The Shen Cycle of the Five Elements

For nearly all goals, these are the phases of faith that correspond to the cycle of change, or growth, necessary to reach the goal. This is the shen cycle of the five elements. In healthy circumstances when our energy is flowing through it's cycles, imbalances are corrected with a good night's rest. We move from one goal to the next, fulfilling our telos, our life's purpose, and tend to have more joy than any other feeling or emotion.

So, for any goal, we might :

1. Start with an intuitive feeling about what we need to be doing to fulfill our telos, the purpose for which we were created.
2. From this intuitive feeling we might then look to our community or culture group to find the “right” way to reach the goal.
3. This would be followed by analyzing and understanding our goal from our own personal point of view, and assessing whether the group norms are appropriate for us personally in the current circumstances.
4. Next, we would assume responsibility for our personal lifestyle, beliefs, commitments and attitudes, and the consequences which our actions will have for ourselves and others.
5. Having recognized the roles that we play with others, and the perceptions others may have of us, we allow ourselves to be who we are and make the changes in ourselves corresponding with our own goals and purposes. Finally we achieve a transcendent sense of purpose, living as

if the goal was already accomplished and manifesting in our lives either instantaneously or gradually.

The Ko or Control Cycle of the Five Elements

The Ko or control cycle may be useful when we find an imbalance in a particular element. When we analyze the pattern of imbalances on the five elements diagram, it may indicate the likelihood of a particular element “controlling” another element. In this case, it may be more fruitful to consider the metaphors of the controlling element than those of the element that shows the imbalance.

1. When a muscle test indicates an imbalance in the Intuitive Faith (Wood) element, it may indicate too much or too little Responsible Faith related to the specific goal. Examining the areas of our lives in which we may be taking on too much or too little responsibility could correct the imbalance in the Intuitive Faith (Wood) element.
2. An imbalance in the Literal Faith (Fire) element could be controlled by, or have an imbalance because of, a lack of reintegration after reaching a goal. Or, perhaps we have reintegrated our life in ways that are not yet appropriate if the goal is not yet a literal reality.
3. An imbalance in the Conventional Faith (Earth) element might be balanced by looking at Intuitive Faith. Are we relying too much on convention and not listening to our own intuitive knowing for guidance toward our goals? Or perhaps we are indulging in “magical-thinking,” failing to note obvious cause and effect relationships (conventional wisdom).
4. An imbalance in the Responsible Faith (Metal) element might be balanced by considering being more literal and following the rules of the group. Perhaps we can to use the group energy for accomplishing our goals rather than feeling that we have all the responsibility for seeing that things happen. When we take responsibility for things that are literally out of our control, it may show up as an imbalance in the metal element

and what may be needed is a more literal look at reality.

5. An imbalance in the Reintegrative Faith (Water) element could be changed by considering how we feel about Conventional Faith. Are we able to see ourselves through the eyes of others? Are we being self reflective enough in terms of how reaching our goal will allow us to be different and therefore less conventional? Maybe reaching our personal goals won't fit conveniently into our social circumstances and result in a whole series of changes and adjustments in our life. How will our roles and relationships be different when we reach our personal goals? Sometimes Reintegration Faith is not possible and therefore the goal is not accomplished. Perhaps it is not really our own personal goal but something we are attempting because of suggestion, demand, or force form others.

Considering the faith dimension of the five element metaphor can be useful in helping each of us as a Soul, a whole person, to fulfill our telos, our reason for being or purpose in life .

When we allow all of these elements and phase metaphors to function simultaneously, we are able to be fully the soul we were created to be and have a life that is characterized by an awareness that our ultimate environment includes all human beings. Our life is lived in knowing that we are fulfilling the telos for which we were created on a moment by moment basis. We recognize that we are far from perfect, yet we know that we are on the right track and come

back into balance very easily. We have a sense of some security and significance in our life. We are able to give and receive love. We hold life to be of great value, but hold life loosely, striving to be who we are rather than live as long as possible.

All of these phases of faith occur cyclically, sometimes shifting moment to moment, sometimes characterizing long periods in our life. Some phases may be consistently experienced according to our personality or time of life, while others are only experienced for fleeting moments. Still, we are capable of all of these phases of faith, and will naturally cycle through them.

When our lives do not contain a sense of security or significance, when we are not able to love and do not feel loved, when we are holding on to life too tightly, that's an indication that we are out of balance. We can assess our posture and use muscle testing to give us an indication of where we are out of balance. It can be of great benefit to take a moment to do this on a daily basis. Using these metaphors of the faith cycle in understanding ourselves and our goals can be very effective in coming into harmony with our own ultimate environment and finding our place and purpose within it.

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THE "RESULTS" KINESIOLOGY SYSTEM

By Rose Mary Boito

Abstract: The *Results System* is described along with some of its applications.

Buried deep within all of us is a spark, an eternal spark, which glows no matter how much our life circumstances have been instrumental in forcing that spark into a dying ember. It only takes a small breeze to ignite that spark into a flame; a flame that burns brightly; a flame that warms us and the world we encompass. That breeze is called LOVE.

Love Sets the *Results System* Apart

The complexity of our spirit/body/intellect expresses itself in energy. The world around us moves and changes because it also is energy. Humans, in an effort to experience life, and adjust to the ever changing universe, encounter *stress*. And stress reveals itself in various ways. In the body it is called disease. In the spirit, it is called energy blocks. In the mind, it is called emotions. Nevertheless, *stress* interferes with optimal flow in the system as a whole. If one part is affected, the whole is affected.

Results is a Kinesiology system specifically designed to release stress. More common words used to deal with stress are re-mission or re-gression. These temporary solutions only serve to band-aid a deeper festering problem. Yet, the body is equipped to deal with all energy blocks by filtering them so that the stress can be handled efficiently. But, when the body is in an overloaded state, stress rears its ugly head. In *Results* there are no temporary solutions. Stress is re-leased, giving immediate and permanent re-sults. Healing takes place because balance is re-stored and energy blocks are re-leased.

One of the most efficient ways that *Results* deals with stress is through nutrition. We have come full circle to a time when most opeople are willing to hear the news about their eating habits. The body is always in a state of stress when it encounters too much processed food. It takes energy to digest properly combined foods. But not nearly as much energy as to digest combinations of improperly combined foods or processed foods containing chemicals not friendly to the body's systems. The stress that our body experiences for optimal digestion of less than perfect food robs the whole system of energy and puts us into a state of stress. A simple tool like being guided in the *Results System* toward drinking more water is a sure way to direct a client to a less stressful life.

Nutrition

A beautiful girl came to me stating that she was having severe panic attacks, and the doctors wanted to put her on Prozac. We went into the *System* and immediately went to Nutrition, Water, and then to Food. "What do you eat?, I asked. "I like fast food," she replied. "How often?" I asked. "At lunch," she said. "That wouldn't do it," I said, "What do you drink?" "Iced tea, 11 a day." I winced. But, that is not the cause of the panic attacks. "What do you put in this tea?" "Five sugar packets and 5 Equal packets ... each." I asked, using SK, if this was the cause of the panic attacks and the answer was "Yes." I instructed here in the importance of water as a hydrator, and asked her to substitute at least one glass of water for one glass of tea each day. She agreed. Two weeks later she had given up Equal altogether, and was drinking

only water because she noticed how much better she felt. She is completely free of panic attacks and never required the Prozac.

The emotional stress placed on the body is probably one of the most difficult to deal with. It is our perception of that the past triggers action and reaction in the now. We cope, struggle, manage, but never really get to the core issues that keep us in the unbalanced state of stress. Hidden and buried, these stresses become increasingly bothersome requiring more and more energy to stay buried. *Results* facilitates the client in bringing to light what is hidden and releases it immediately.

How does this happen? One of the best explanations is found in Anthony Robbins work, who says that the only way to discontinue a habit is to create a void in the psyche, and replace it with a positive habit. Using the *Results System*, we first determine (using SK) whether the source of the problem lies in the physical, nutritional, emotional, electrical or spiritual realm. Usually the pattern of an unhealthy belief system (unique to that individual) emerges throughout the *Systems'* vast probings. Once the pattern is evident, we reverse the wording in the belief system into more positive tones. This is called Emotional Stress Release. The next step is to anchor the new belief system with one of the selected methods in the *Results System*, usually a meditation or a verbal response from the client. This triggers a response from the brain's endorphins to change perceptions. This is called Emotional Replacement. There is immediate and permanent healing. The stress of holding on to outdated belief systems is re-leased.

Finances

A financially floundering (in her perception) client came to me to find her way clear to some prosperity. After some delving with the *Results System* as guide, we determined that

she believed the people in PA do not value what she says. We reversed the belief system to say, "My words are valuable." She was actually blocking her way to prosperity by believing that she couldn't earn money with her trade in her newly chosen home. Needless to say, she is prospering and no longer uses energy to feed a hidden, unhealthy belief system.

Experiment

Become aware of a pattern of negativity in your life. Try putting it into a belief system: i.e., "I am unworthy" or "I always lose." Turn that unhealthy belief system into one with a positive tone: i.e., "I am worthy of ..." or "I am a winner" or "I am lucky."

Use SK to test. If the test yields a weak response on the positive belief system, you do not really believe the statement and it is not part of your belief system. You actually believe the negative statement. Place your fingers on NV points for the Sacrospinalis at the frontal eminences, between your eyebrows and the hairline. Hold these points until the pulse balances. State the positive belief system again and retest. This should yield a strong response.

Results works with the brain to re-establish its proper balance. For most of us, the right hemisphere of the brain is the seat of emotion, creativity and intuition. It controls motor functions on the opposite side of the body. The brain's left hemisphere controls motor function on the right side of the body and is responsible for language, logic and linear thinking. Processing information and learning from two integrated hemispheres makes for a balanced, stress-free ability to cope, process and learn. *Results* actually rewrites the past and allows us to gain a new perception on past trauma and pain.

Repatterning

A young father of six brought his sixteen year old son to me stating that the boy could not read. All attempts by the school system to alleviate the problem proved ineffective. I set out to use one part of the *Results System* called Repatterning that balances the right and left hemispheres of the brain, integrating them, and allowing the body to process information in a stress-free manner. In repatterning, it is customary for the client to read some material to the facilitator, both before and after the Repatterning process. The boy read with much difficulty beforehand, even though I had selected a particularly simple passage. After the Repatterning, I handed the boy a different piece of reading material. He began to read smoothly, never faltering. I turned to his father, my mouth agape, just as tears were rising in his eyes. The boy let the book drop, tears streaming from his eyes. He looked over at his father, proclaiming "I can read!"

The *Results System* releases stress through nutrition information, Repatterning the right and left hemispheres of the brain, and changing unhealthy belief systems. Releasing stress is a giant step towards self empowerment. Self empowerment is the path towards love; giving love, receiving love, and loving ones self. And love is the key to keeping our own flame burning brightly.

The *Results System* is the loving gift of Margaret Fields Keen, learned in a Near Death Experience. Her story is told in PMH Atwaters book, *Beyond the Light*.

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Simple Brain Integration Technique™

By Carol L. Boschetto

Abstract: Introduction of the *Simple Brain Integration Technique™* which is adapted from the Edu K procedure known as P. A. C. E.

Simple Brain Integration Technique™ is a technique adapted from the Edu K procedure known as P. A. C. E. *Pace* stands for **p**ositive, **a**ctive, **c**lear, and **e**nergetic in the Edu K format.

In Kinesiology we learn how to perform effective pre-tests with a client before we start a balance so that our client has clear circuits and can give clear answers during a muscle test.

Edu K uses the term '*anchoring*,' which associates a Kinesthetic (muscles and movement) experience with a specific new learning (a shift). Within a balance we 'anchor' each step and each pre/post activity or issue 'on line' for our client.

We do this by stating or having our client state what was 'up' for balancing and is now clear. We know it is clear because our 'indicator muscle' showed 'weak' or 'no' before we cleared (balanced) and is now testing strong (anchored). In this way the brain 'gets' that a shift has taken place.

As a young student of Kinesiology and taking my first class (Brain Gym), I began to formulate simpler ways to accomplish things we were learning that the body would accept.

**To P.A.C.E.,
one must do the following.**

Positive- Cook's Hook-ups to Diffuse emotional stress.

Active- Cross Crawl to Activate left/right cerebral hemispheres.

Clear- Brain Buttons (K-27 and Umbilicus) to Stimulate neurotransmitter production at the synapses in the brain.

Energetic- Drink Water to improve testing; Water serves as the medium that conducts electricity within the body.

The Brain Gym way says that by "pacing ourselves we set aside the cares and worries of the past and future and prepare ourselves to learn (shift) in the present moment."

P.A.C.E by Imagination

As a student, I noticed that when I did P.A.C.E. I felt together, focused, grounded, and present. The only problem was that I was lazy and did not want to perform the activity! I began to 'think' (imagine) P.A.C.E. and felt the same results. Next, I had a fellow student muscle test me before and after my imagined P.A.C.E. It worked! While everyone else was actively pacing, I was pacing by means of my active imagination. I left the class full of knowledge but not wanting to share my new skill with my teachers and peers.

Years later when I began working with clients, the S.B.I.T.™ came into play again. This is when I developed the 'touch' technique because it was important for me to show my clients I was with them and not doing hocus pocus.

I began touching the hemispheres of the brain one by one while thinking *P.A.C.E.* and thinking *integration*.

One of the things I learned in Brain Gym is that when you balance, you become 'integrated' and 'on' for whole brain learning. Sometimes during or after a balance, I noticed and sensed my client was floaty, scattered, not all there. It was a perfect opportunity to 'integrate'.

The Touch Technique to Integrate

- 1] Start on the left hemisphere area by touching the left temple area and thinking "P.A.C.E." and "integration." Hold your touch and until it feels finished, or test if your not sure.
- 2] Go on to right hemisphere,
- 3] Go to the top-bottom (under chin area), and
- 4] Go to the front-back (forehead and occiput).

Your holding time will be determined by the time it takes for that particular hemisphere to integrate. When completed the client feels whole, together, focused, grounded and present

By touching the left and right temples you are creating a sort of 'in the air' X (cross crawl symbol). Your client leaves your office feeling great and you as a practitioner have the satisfaction that you did not leave your client lacking in any way. Your client is fresh to go on with his day without the signs of 'processing' that sometimes take hours to work through before feeling clear.

There are many opportunities to use S.B.I.T™ with your clients. I particularly find that if you are working through something extreme or emotional it is very effective. I have also found that after a session involving spiritual work (see TFH Journal 1995, Spiritual Growth through Kinesiology, page 11), this technique is usually if not always indicated.

It is true that we are all scientists in a way. Kinesiology in many ways is a brave new step in future medicine on the planet. I believe God gives us all gifts. Thank you for letting me share mine with you.

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Reference:

Dennison, Paul and Gail.

Brain Gym, A student Guide, Parts I, II. Educational Kinesiology Foundation: Ventura, CA, 1997.

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S.B.I.T™ is a trademark of **Innovations**.

For more information on other simplification techniques please contact:

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APPLYING KINESIOLOGY TO BODYWORK

By Jeanne Girard

Abstract: The use of directional challenge, meridian balancing, skin receptor work, scar reintegration, setting priorities for work to be done, improves sports massage and post-surgical recovery bodywork.

Learning new kinesiological approaches and applying them to my bodywork practice has been both rewarding and stimulating. Especially helpful have been the use of directional tissue challenge and work with meridians and acupuncture point energies.

In my 1978 TFH 1 course I came to appreciate, while still in massage school, what Golgi tendon and spindle cell manipulations could do to balance muscles, improve posture and function, increase energy and lessen pain. Since these are goals of most massage clients, TFH synthesis has become an important adjunct to my work.

My second major encounter with directional work was in Toby Hanson's 1982 Tao-Key seminar, where we learned to identify and balance individual acupuncture points by using inspiration/expiration, polarity (as expressed by the positive or negative charge at a fingertip) and direction of tissue pull at the point location. This process improves how the point receives, stores or transforms meridian energy. A better-functioning meridian then contributes vitality and appropriate energy to its related organs and muscles as well as the body's entire meridian system.

Sometimes when pain-tapping was less productive than desired, I would find that the involved meridians had weak points and strengthening them made the meridians and related tissues respond much better to pain-tapping (as well as other procedures).

Balancing acupuncture points also helps improve function and quality of tissues the meridians travel across. One sports massage student of mine was able to return to ski racing after his non-healing ankle and foot improved when 2 points on his GB meridian were tested and balanced in just a few minutes.

Whether doing sports massage with clients wanting to improve performance or helping post-surgical patients recover more quickly, balancing meridian energies and working with directional challenge have both been very effective.

I soon realized that doing skin receptor work and scar reintegration was just a beginning. By checking what types of tissue in an area of dysfunction needed work first (skin, muscle, tendons, ligaments, fascia, nerves, blood vessels, bone) as well as depth, speed and direction of application, I found that the area could be quickly be reorganized in an optimum fashion.

Injury and Surgery Recovery

As an example, a former dance teacher had arthroscopy and lateral collateral ligament repair on her left knee. After a month of physical therapy did not lead to the progress expected, she came in for "whatever you can do to help." After taking care of reactive muscles, gait faults, shock absorbers and scar reintegration, I checked for any acupuncture points out of balance anywhere on the body. There were two: Stomach 36 below the patella and lateral to the tibia, and Gall Bladder 32 at

the side of the leg above the knee crease. Once corrected, the whole knee felt "more together and less uncomfortable."

I then checked for the need for directional work and found a diagonal of shortened fascia pulling superiorly, laterally and posteriorly on the lateral knee and scar areas. Adding the benefit of muscle energy work, I had her alternately externally rotate her left leg from the hip against my myofascial release strokes going inferior, medial and anterior and then relax with them. After a series of these, done slowly and at an intermediate depth, muscle testing showed no further need for tissue releases. Upon session's end, the leg extended further, tracked better, hurt less and eventually healed faster.

Headaches, TMJ Dysfunction Work

When clients have presented with headaches and/or TMJ dysfunction, I use all the techniques referred to above and add directional challenge to cranial sutures.

In the 1988 Applied Kinesiology Synopsis textbook of Dr. David Walther, he strongly recommends challenge vector analysis for detecting cranial faults. He also describes two types of challenge - *rebound*, in which a vector of force is applied and released before muscle testing; and *static*, in which a vector of force is applied during the testing. He states that the rebound challenge is typically preferred for checking the cranium, the pelvis and the spine. (pp. 352-3)

Many of the corrections for TMJ dysfunction (in itself a cranial imbalance) also help with headaches; many headache sufferers also have TMJ and are unaware of it. Dr. Walther warns us that corrected cranial faults will recur unless sacral imbalances are corrected as well. He suggests balancing the psoas and piriformis muscles to help with stabilizing the sacrum.

Dr. John Upledger relates in *CranialSacral Therapy* that almost any immobilization of fascia in the body can put drags on the fascial system and result in craniosacral system dysfunction and possibly headache. He tells of a woman whose migraine history of 20 years ended when her appendectomy scar was released. (p. 240)

Dr. Jean-Pierre Barral, another osteopath, names the liver as a potential source of the problems found in the right eye and right frontal area. He has had cases of sinusitis and headaches improving from freeing restrictions in the liver with visceral manipulation. (*Visceral Manipulation*, p.91)

In his Neuromuscular Therapy I & V seminars, Paul St. John demonstrates pelvic stabilization and multiple cranial decompression protocols that very well could undo many cranial imbalances if done in priority.

Checklist For Complaints of Headache, TMJ or Backache

I offer the following chart as an example of a checklist one might consider using to address the possible needs of a client with complaints of headache, TMJ or backache. One would probably want to begin with a clearing and a 42-muscle balance.

Pain Tapping	Reactive muscles
Homolateral muscles	Gait faults
Shock Absorbers	Hypertonic muscles
Cranial faults	TMJ dysfunction
Dural Torque	Stress receptors
Pitch, Roll & Yaw	Acupuncture points
Pelvic Stabilization	Muscle Energy
Scar Reintegration	Myofascial release
Sacral corrections	NMT scalp release
Directional Tissue Challenge	
Multiple cranial decompression	
Craniosacral Therapy	

Under cranial faults, we would check if the body would like the rebound or static method for all suture tests, or if we should recheck each time. Since the inspiration assist and expiration assist cranial fault corrections (pp. 354-5 in *AK Synopsis*) take care of many other faults, they should be done first if indicated.

In terms of checking for other faults, I do my best to first eliminate fascial restrictions in the area of a suture with directional tissue challenge by tugging the tissue at the level of fascia (not skin) with varying vector forces to discover any forces causing an Indicator muscle to weaken, using the static test.

I then move the fascia away from the direction of weakness until the original test results in a strong indicator muscle.

I then go to the sutures themselves and use additional challenges to the ones of approximation (pushing the bone margins toward each other) and separating used by applied kinesiologists. I do this mainly because I have found some sutures apparently needing a different force applied to them.

The additional challenges I use are:

- Shearing (margins sliding in opposite directions) - Check 2 directions
- Overlapping - Check 2 possibilities
- Rotation (the entire sutural line seems rotated clockwise or counterclockwise)
- Upheaval (one margin seems elevated in relation to the other)
- Depression (one margin seems depressed in relation to the other)

When applying the vector forces to represent

and accentuate a potential sutural condition, place the fingertips along the bony borders of the suture and with a light pressure (and "heavy" intention of contacting bone), either shear, overlap, rotate, lift or depress the borders during the testing of the indicator muscle.

In the conference presentation, examples will be shown of how this is done in more detail. Abundance in healing and in successful kinesiology work is possible for us all as we expand our choices.

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References:

Barral, Jean-Pierre, DO.

Visceral Manipulation. Eastland Press: Seattle, Washington, 1988.

Hansen, Torbjorn, D.Ac..

Tao - Key Workshop notes; San Diego, 1982

St. John, Paul.

Neuromuscular Therapy I & V seminars; Boulder, Colorado, 1988 and 1995.

Thie, John F., DC.

Touch For Health. DeVorss & Company: Marina Del Rey, California, 1994.

Upledger, John E., DO.

Craniosacral Therapy. Eastland Press, Seattle Washington, 1983.

Walther, David S., DC.

Applied Kinesiology. SDC Systems DC: Pueblo, Colorado, 1988.

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Confidence: The Key to Success in Kinesiology

by Arlene Green

Abstract: Fundamentals are identified which can help students and teachers develop an inner sense of confidence in the system and in themselves. Knowledge, Clear Motivation to master the work and Practice are the three basic essentials to building confidence.

Using kinesiology with ease and sharing it with others involves both an external and internal process. This paper will focus on some of the fundamentals in helping students and teachers to develop an inner sense of confidence in both the system and themselves.

Think back to the very first kinesiology class that you took. You probably found this work fascinating and even magical. Most students leave class excited and enthusiastic to use or share their new found knowledge with others. In my experience, most students end up using the simple skills on themselves, at first, but when it comes to working with others their follow-through does not match their initial intention. What is it then that challenges or sabotages one's enthusiasm to share this wonderful healing work with lots of people? In my experience, one of the key underlying factors is their confidence.

Students taking kinesiology classes for the first time often find the modality to be a completely new kind of experience. Even experienced body workers are challenged by the subtle art of muscle testing. Along with the finesse of muscle testing comes a wealth of new information. Just trying to get it all in class puts some students into overwhelm.

When the student gets outside of the classroom environment and finds that they need to communicate this 'new language' to others who have no frame of reference to this work, then they are really challenged. So how

can we prepare students to have the confidence to use kinesiology with others as they progress through their learning process?

Mastery of Knowledge and Skills Builds Confidence

The first step in building confidence is knowledge. Mastery of the material is one of the surest ways to confidence. Take steps to make sure that the material is understood. Read carefully the materials and ask questions in class to make sure that the information is clear.

Also very important in this kind of work is the need for lots of practice. There is no substitute for experiential knowledge with this kind of hands-on work. Supervised practice with an experienced teacher is best in order to get quality feedback on technique in the early stages of learning.

Over the years, it has become quite clear that those students who make a commitment to practice this work regularly and take follow up classes are the ones who end up using kinesiology. Taking classes close together seems the most supportive in the initial stages of learning. Taking classes with different instructors is also beneficial and provides a wider range of information and also a greater diversity of teaching styles.

Make Learning Fun

One of the best ways to make sure students take in the new information easily is to make

learning fun. As teachers become more confident they often become more playful, creative, spontaneous and everyone has more fun. Presenting the material in a variety of different teaching styles (i.e. visual, auditory, kinesthetic, left/right brain approaches) will help address the learning needs of most students. It is also important to encourage students to ask questions, not only to clarify their questions, but to provide a learning environment in which the students feel safe and secure.

Build Student Ability to Talk About the Material and His New Skills

In addition to laying a solid foundation by teaching the physical techniques, students need to have some competency in being able to communicate to others what they are doing. One of the biggest stumbling blocks for new students comes outside the classroom when they realize that they are on their own in articulating this work to someone new.

Students need to be adequately prepared for this before they leave the classroom. The languaging of how to do this process needs to be taught with emphasis like we would teach techniques.

Keep the explanations simple, direct and positive. Encourage students to take notes on how to communicate this work, and even write down sentences verbatim as resources for the future.

In using the 'self responsibility model,' students need to be taught how to coach another to balance them. One of the most important things in coaching another is to always give positive feedback. Instead of "don't push so hard," say "push more gently," reframe what they're not doing right into what or how they could do it better. Keeping the feedback supportive will help engender confidence and a desire to participate more.

Practice and Study

Once the students have the knowledge of the techniques and are prepared with communication skills, the next step in fostering confidence is encouraging them to use their skills. It could be suggested that students get together with fellow students outside of class to practice. One could ask for volunteers to set up a group practice and set the date before ending class on the last day.

For students who continue on with classes, I require 2 or 3 case studies be done in between classes in order to receive their certificates. This reinforces the need for them to make a commitment to use and practice this work.

I start each follow up class with an opportunity for each student to share any exciting balancing stories they have with the class. Having the students share their "wins" or success stories helps to enhance their confidence and increases everyone's enthusiasm. As students realize that they and their classmates can have positive results with this work, not just the teacher, it also helps to build confidence in the system of kinesiology too.

Teacher Development

Some students, who after using kinesiology and developing confidence with it, may choose to go on to be a practitioner, while others may choose to be an instructor. The motivation to teach this work to others comes initially from one's belief in the value and efficacy of this process. Students realize how much of a difference kinesiology had made in their own lives and the lives of their friends and family that they want to be able to empower others with these same skills too.

One question that the prospective instructor might ask himself is, "Am I willing to take the time and energy to make it happen?" Being a

teacher involves a commitment to doing the work and putting oneself out in the public. Another question to ask would be "Am I willing to take a chance that it won't be financially profitable?" Making the time and investment, of both energy and money, doesn't guarantee a class will happen.

The passion to teach comes from the confidence of knowing that this is the right thing to do. If one's desire to teach Kinesiology is aligned with one's vision, life path or Truth then there may be a greater willingness to take a risk at doing this pioneering kind of work.

Once the new teacher has gotten clear on his intention to do the work, then knowing the material and believing in himself will help to fortify his confidence in actually following through with teaching.

Mastery of the information for the teacher involves many of the same elements as for the basic student. Take lots of classes and even consider refreshing on both basic and instructor level classes more than once. Familiarity and practice will promote confidence. Taking classes from different instructors enables prospective teachers to view different role models and a greater variety of communication and teaching styles.

Clear Self-Limiting Programs

Teachers should assess their understanding, knowledge and skill of the material and determine whether their assessment is real or perceived. Real knowledge is to know what you know and what you don't know. Perception of your knowledge or your abilities, on the other hand, may be clouded by your subconscious belief system. If we are carrying sabotage programs about our ability to perform in the teaching role (i.e. public speaking, assertiveness, making mistakes, etc.)

it will affect our confidence level and our ability to be the best we can possibly be.

Ask yourself if you believe in yourself and your ability to be successful with this work. If you can't respond with a resounding "yes!", then explore which beliefs about yourself may be limiting your potential. Once you identify the issues that may be creating stumbling blocks for you, then take some action to choose a more true and productive reality; a good time for a goal balance!

Make an Action Plan

Making an action plan is the next step for instructors to take to achieve success. Instructors should ask themselves "Who do I want to reach," How do I want to go about sharing this with others," and "When do I want to do it by?" Once the direction is decided on, then a game plan and strategies can be developed.

It may be easier for new instructors to have assistance with initial classes. Find a good networker who would like to sponsor a class or another instructor to team teach with. Sharing responsibility with another may help make doing their first class not feel so overwhelming. One of the biggest boosts to confidence and self esteem for a teacher is following through on his plans to teach a class.

Practitioner Skill Promotes Client Confidence

One's confidence in kinesiology and in one's abilities is also important for the practitioner in kinesiology. We are working with subtle energies and if the practitioner has difficulty maintaining their 'center' due to uncertainty or lack of confidence this can sometimes show up in the accuracy of their test results. This is particularly true with new students who often will miss the subtle imbalances as they're learning the art of muscle testing.

Confidence in the process for both the practitioner and the client play a very important part in the healing process. It has been shown that confidence in the treatment regime or modality on the part of the practitioner can have an effect on its effectiveness.

This 'belief' in a particular approach has even been shown to penetrate double blind studies. The confidence in the healing approach can also play a very powerful role in how well the client responds. We are all aware of the placebo effect and how a fake pill can enhance the recuperative abilities of someone, just because they believe it will help. The confidence that a client has in his/her therapist and the approach that they are using can be as much the key to healing as the actual approach.

The Three Basic Elements

Achieving confidence in this work for students, practitioners and teachers, all seem to involve three basic elements.

The first is knowledge; one must feel comfortable in knowing the material, both on the mental and kinesthetic levels.

The second ingredient in having confidence is the clarity of desire to do the work. Without the motivation to do the work and assurance that one can do it successfully the third essential element might not be reached.

The third aspect in achieving success is to actually do it. There is no substitute for doing the work. Practice may not make perfect but it will lead to confidence.

* * * * *

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Vision Improvement

by: Grace Halloran, Ph.D.

Abstract: Vision Loss: Multiple Causes = Multi-Discipline Solution. Grace Halloran reviews here her design and study of a holistic approach to interactive eye-health care for Macular Degeneration, Retinitis Pigmentosa, Glaucoma and Diabetic Retinopathy. Vision degeneration is often due to many conditions which demand an inter-disciplinary approach to promote the recovery of sight.

The Multi-Discipline Therapy Study

From September 7, 1996 to April 1, 1997, five separate groups of visually impaired individuals participated in a two-week course of multi-discipline therapies and training sessions.

The two-week study course was based on the MaximEyes Vision Improvement Program, developed by Grace Halloran, Ph.D. There were a total of twenty-two individuals, aged 13 to 83; thirteen were diagnosed with Retinitis Pigmentosa (RP), two with Macular Degeneration associated with Retinitis Pigmentosa (RP/MD), four with Age-Related Macular Degeneration (AMD), one with juvenile macular degeneration (Stargardt's), one with Glaucoma, and one individual with Diabetic Retinopathy participated in the intensive therapy/education program.

The intensive programs were administered by Grace Halloran, Ph.D. All participants were tested pre- and post-intensive by August L. Reader, M.D., F.A.C.S. Visual examinations consisted of Humphrey Field Tests (30-2 Central), standardized best corrected visual acuity, Ishihara Color Plate identification, bio-slit lamp examination and intraocular pressure.

The two-week intensive provided over 75 hours of therapy, training and education in the following areas; between 25-30 treatments of Electro-Acuscope 80 (Bio - electrical

stimulation of Acupuncture points), biofeedback and stress management education and training, Touch for Health (applied kinesiology and neuro-lymphatic stimulation, Tyro Instrument (visual color identification & retraining), 20-25 sessions of Light Resonance Therapy (color therapy, blue green, green yellow, and magenta), eye health exercises, acupressure, deep tissue massage, foot and hand Reflexology, Total Body Balancing, nutritional education and supplementation consisting of multiple vitamins and minerals, DHA, Ginkgo Biloba, Plant-Oxidants and Trace Mineral Clay (188 trace minerals), group discussion, and peer counseling.

The results showed overall improvement in many of the field of vision and visual acuity tests. Color identification had mostly similar pre- and post-testing partly due to the type of color test employed. However there was a dramatic improvement - from 0 of 18 correct at the pre-therapy test, to correct identification of 14 of 18 at the post-test (a remarkable increase of color vision), in an AMD (age-related macular degeneration) participant.

At the time of this writing, three 'Controls' diagnosed with Retinitis Pigmentosa have been evaluated. The Controls were tested identically to the participants. None of the controls received any therapy, education or training. All three post-tests were nearly

identical or slightly worse than the pre-test evaluations on these Controls.

Keywords: Acupressure, Acupuncture, Biofeedback, Color Therapy, Diabetic Retinopathy, DHA, Deep-Tissue Massage, Electro-Acuscope, Foot Reflexology, Ginkgo Biloba, Glaucoma, Macular Degeneration, Nutrition, Retinitis Pigmentosa, Stress Management, Touch for Health, Trace Minerals.

**“Do not go gentle into that good night;
Old age should burn and rave at close of day;
Rage, rage, against the dying of the light.”**
Dylan Thomas (1914-53), Welsh poet.

Background

There is an epidemic of serious eye disorders facing this country. Over 17 million Americans are now visually challenged in the United States. Within the next several years over 75 million Americans will pass the mid-century mark. The National Institutes of Health estimates that nearly half are at risk to develop impaired sight. If these eye disorders were fatal, there would be a global panic.

Little has been done to prevent devastating visual conditions, such as macular degeneration, retinitis pigmentosa or diabetic retinopathy.

Until recently Macular Degeneration was called Senile Macular Degeneration. Researchers and health care professionals felt that this condition was part of the ‘normal’ aging process, and therefore did not warrant intervention or preventive measures. Renamed Age-related Macular Degeneration (AMD), it now accounts for more than forty-five percent of the low vision cases in industrialized countries. Individuals diagnosed with Retinitis Pigmentosa (RP) are always told that nothing can be done to prevent the progressive blindness. The majority of the visually challenged population, aged forty and

under, are impaired from RP and Diabetic Retinopathy.

Age-Related Macular Degeneration

There are two types of AMD: *Wet and Dry*. The macula or fovea is where central acuity is processed in the photo-receptor cells located in the retina that enables clarity of vision to occur. The retina is often considered the back of the eye and the front of the brain.

The area on the retina that houses photoreceptor cells identified as ‘cones’ are concentrated in an area not much larger than the head of a ball-point pen. The cones are responsible for translating light entering the eyes into shape, size and color. There are color specific cells that pick up red, blue and green. Other cells pick up horizontal, vertical and diagonal lines. These cells are stimulated by light bouncing off objects being viewed, and each piece of information is processed within the brain and visual cortex.

When an individual is diagnosed with the ‘wet’ type of AMD, the area of retinal tissue is flooded with fluid from the lymph and vascular region and does not allow images to be clearly identified (distortion and wavy lines, not unlike looking through a fish tank).

The eyes have been considered ‘immunologically’ privileged. The eyes have a sluggish or slow and limited lymphatic system, allowing little if any rejection to transplantation. If the wet type of AMD is caught early (within a few days), some physicians employ laser surgery, cauterizing the leaking area. The laser permanently scars retinal tissue, and cannot be used directly on the macular area, as that would cause irreversible blindness.

The ‘dry’ AMD is where blood vessels become blocked and atrophied such that nutrients and blood flow is depressed to the area. Tissue starved for the life-giving supply,

stimulates more capillaries to be created in an effort to provide a new blood supply to the tissue. In the attempt to regrow supply lines, the tissue becomes more and more dysfunctional.

Doctors who often tell their patients that they won't go completely blind from AMD do not fully realize the implications that statements makes. The individual is left confused and emotionally devastated. After all, what is blindness when what they are experiencing is not able to see and function clearly in the sighted world? The ability to focus and transform light into images, and colors clearly is a form of 'blindness' that completely debilitates not only the person affected, but the family as well.

Wet or dry, the result is the same: *clear, central acuity is impaired or lost*. The ability to read, to recognize friends and family, to witness the rites of spring and the colors of the blossoms in their glory, to be able to turn the heater up or down accurately, set the proper wash cycle, to sew, or even spot an embarrassing stain on clothing is gone.

Life is altered completely on all levels; social, educational, financial, recreational and survival issues are seriously challenged. The adjustment for most from a sighted world to a visually impaired one is often cruel and isolating. Most eye doctors do not address the emotional issues, or even guide the individual to helpful training and support systems.

Retinitis Pigmentosa RP is a progressive, inherited, blinding disease. It is a genetic disorder that often attacks entire families.

There are at least nine known types of RP:

- Abetalipoproteinemia RP-dietary deficiency
- Battens Disorder-usually fatal before adulthood

- Cone Dystrophy RP (Macular Degeneration)
- Dominant-passed from one generation to the next
- Lawrence Moon-Biddel-Obesity, developmental disabled, gait difficulties
- Recessive Refsums-metabolic disorder, normally in Scandinavian countries
- Ushers - Deafness associated with RP
- X-Linked

The typical symptoms of this disorder affect night vision, produce tunnel vision, progressing to total blindness. Millions of dollars of research over the last twenty-five years has brought little hope to the many people who live with this disease. There are some breakthroughs in the genetic make-up of some of these types, but none have produced effective treatment to date.

"These debilitating and blinding disorders affect approximately 100,000 people in the United States and countless others around the world. The incidence has been estimated to be approximately 1 in 3,500 births, and all social, ethnic, and racial groups are affected." -The National Eye Institute, a U.S. governmental agency.

Where many of the other eye disorders affect the elderly, most of the individuals diagnosed with RP are legally blind by their forties. This has traditionally been considered a progressive, degenerative disorder that affects the younger population. Recent studies have found that at least half of the individuals with RP are born to parents with normal sight. Experts estimate that one in eighty people carry the abnormal RP gene.

Again the National Eye Institute clearly sums up the problem and the need for development of a therapeutic solution:

"The emotional and economic costs to our society are enormous, particularly in view of the fact that no effective treatments are known for practically all types, and that many patients become legally blind by the age of 40 or earlier."

Study Points to Multiple Causes

A 1996 study published by the National Institute of Eye Health concluded that there are multiple causes contributing to the destruction of usable vision. Factors ranging from genetic predisposition, environmental toxins (pollution, smoking), increased exposure to UV radiation, drugs, and nutritional deficiencies are some of the influences leading to loss of sight. Factors that most can alter, change or avoid if given adequate information and education. Sadly, this information is not forthcoming from the front line of vision specialists. The individual is given the rote statement, 'nothing can be done,' 'just grow old gracefully and accept the side affects of aging without complaining.'

Alternatives to Failing Sight

For over twenty years the author has studied and developed alternative modalities for the visual system. Having been diagnosed with an 'incurable and untreatable' condition, Retinitis Pigmentosa and Cystoid Macular Edema (macular degeneration), the motivation was personal in the beginning.

The multi-disciplined vision improvement program has been taught in over 8 countries, including Europe and South America. The results are currently being documented by other eye health professionals, under the guidance of pre- and post-examination protocol developed by August L. Reader, M.D., F.A.C.S., a renowned Neuro-ophthalmologist working at Cedar's Sinai in

Los Angeles, and California Pacific Medical Center in San Francisco, California.

Once the initial results have been evaluated and reported, it is our goal to thoroughly investigate each and every modality utilized to obtain the results described in the review of the study on the first page of this report.

The disciplines provided during the two week vision improvement intensive are varied, providing avenues of therapy and education in all of the areas recently identified by the National Eye Institute as contributing factors for visual degeneration.

There is an abundance of literature being published on the positive affects of incorporating a healthier diet, stress management and even meditation. Dr. Dean Ornish has developed one of the most widely accepted and studied heart health regimes based upon alternative lifestyle and therapies.

Touch for Health

One of the most consistent and powerful tools employed in the MaximEyes intensive program is Touch for Health. During the initial muscle testing and remediation of neuro-lymphatic pressure points, a dialogue is frequently generated between practitioner and participant. Within this environment a new understanding of the relationship between the body and the mind is communicated to the individual. Touch for Health affords the opportunity to educate the lay person as to the immediate changes possible in a 'balancing.'

Theory transforms into practice the instant an individual feels the strength returning to their arm or leg that had moments before been 'weak.' Often this leads to an exciting discussion regarding health care and the interactive role practitioner and participant can establish. There are eight Touch for Health sessions provided during the two week

intensive. Each session is a progression of 'hands on' education regarding topics from nutrition to stress management and the ability to learn to massage their own points as established in the Total Body Balancing segment of the program.

Improving lymphatic flow (critical to eye health and visual function), an adaptation of Touch for Health has been instituted into the MaximEyes Vision Improvement Program. All graduates of the two week intensive, designed to 'jump start' circulation to the head and eye area, receive extensive training in Total Body Balancing - based upon the Touch for Health discipline.

Individuals are instructed to open the fourteen meridians with precise muscle movement (muscle dance) and to apply acupressure on the neuro-lymphatic points specified in the Touch for Health book. After stimulation of points, the meridian is then closed by repeating muscle movement. It is recommended that individuals perform this procedure a minimum of twice weekly, along with the other disciplines outlined in the MaximEyes Home Training Version. Most eye disorders are chronic, and the use of this discipline assists in attaining and continuing their improvement. Early follow-up studies clearly show continuing improvement when the home training program is consistently utilized.

After being told for so long that their visual loss is unpreventable, and often times that it is their own fault for growing old, the capability to change a muscle group's ability to resist in so short a time as thirty seconds is astonishing at least, and a powerful tool in overcoming health challenges at best.

Touch for Health has been the catalyst for changing the outlook of visually challenged individuals for more than twenty years in this practice. I am grateful to Dr. John Thie, and

to the many people who have helped support, teach and train this remarkable discipline.

Case Studies

The case studies presented in this paper embody the positive results that have been achieved when multiple alternative modalities are embraced by individuals seeking to prevent or regain visual loss. The cases outlined in this study are statistically small in number, nonetheless they are significant in that they clinically and measurably improve eye conditions that have long been classified as progressive and untreatable.

Sean D., Age 13, Retinitis Pigmentosa - Canada:

Sean's field of vision had become severely restricted, and his night blindness was preventing him from feeling confident at night for school functions. His visual acuity in his left eye was 20/60+2 and at the post- two week intensive test had recovered to 20/25-1 (20/20 is considered excellent acuity). His right eye had been 20/20 at the start. Sean's post Humphrey Field of Vision test indicated improvement in the right eye, with a Mean Deviation going from -27.55 to -26.5 (normal vision fields are measured in the +numerical range). With narrowed fields and a large discrepancy in right and left eye acuities, Sean's visual function was limited. The following statement is from Sean's point of view, and although subjective, is important from the standpoint of improved visual function and quality of life:

"I can see more in the dark. I can see a whole page of printing now, instead of part of a page. My mom is happy for me and pleased with the program. I told my friends about it and they think it's cool. I have more confidence now. I'm playing sports now. I couldn't before. I'm playing basketball and badminton. I'm looking forward to getting more vision. I

do the program every day during the week.”

-Sean D. Age 13, Canada (RP)

Eudora K. 66, Age-Related Macular Degeneration - California

In January, 1997, Eudora's visual acuity in her right eye went from 20/60 to 20/40, and her color identification went from 0/18 (Ishihara Color Test) to 2.5/18 on the right and from 0/18 to 14/18 on the left. A significant improvement in color and acuity. Color perception is affected in AMD, indicating pathology in the cells, showing up as color deficit. The following quote was recorded in late March of 1997, several months after completing the Intensive MaximEyes program.

“My vision has improved to the point that I can now tell who I am seeing before they are real close. I can see features on faces rather than a blur. The fog that I've been seeing through has been thinning. Not so much fog. Not much problem with glare anymore, either. I'm driving with greater confidence now, not like a little old lady. When I go into town I can see the curb easily. I don't stumble over them anymore. I'm doing the program 5 days a week. I'm very pleased with my progress!”

-Eudora Kruppa Ballico, CA (AMD)

Richard Oliver, 35, Macular Degeneration/Retinitis Pigmentosa- New Jersey

Richard attended the January 1997 intensive. His central visual field was quite restricted, recording Humphrey field mean deviation in the -32.07 (severely restricted) and tested two weeks later at -18.89 in the right eye, and from -31.58 to -13.07 in the left. Significant improvement in field of vision. Richard had extreme sensitivity to sunlight and bright indoor lighting, to the point of wearing sunglasses indoors. His ability to tolerate light, even bright mid-day sunlight significantly

improved during the two week training. The following is a statement from Richard:

“This program has changed my way of thinking. I'm not going blind anymore! I can now see through both eyes! My confidence is back and depression is gone! I can even see small print on a page now! The program was worth every penny. Oh, and my eyes don't hurt anymore. I used to wear the darkest sunglasses I could get and another pair of sunglasses over that to get away from the pain of glare. Now I can wear one pair of sunglasses and glare doesn't bother me anymore!”

-Richard Oliver Marlboro, NJ (MD/RP)

Tony Compton, 50, Retinitis Pigmentosa - California

Tony was tested three times in six weeks before starting the intensive program. His Humphrey field mean deviation read consistently the same: January 5, left eye -31.55 and -31.11 on January 16, and on February 2, -31.02. Two weeks later on February 13, after participating in the intensive therapy program, his left eye read at -29.69. Tony's right eye acuity remained the same for three examination, of CF@1" (count fingers at one foot), to CF@2-3" on the post-test on February 13, 1997. The following is a statement from Tony:

“I've noticed significant changes, especially in my weak eye, in the fields of view opening up. The overall program has brought this about, I think. I'm sleeping better, now that I'm using the relaxation techniques taught in the program. I'm seeing that I need to do the full program, not just parts of it. I was a pro-bowler and had to leave it because of failing sight. I'm bowling professionally again! I have seen, through my recorded game scores, the improved vision. I can

see the green leaves on the trees in my garden now, instead of a green blur! It is like being born again! I've lost weight and gotten back into shape again, now that I'm more active, and because of the program. I haven't had a cold this winter since I've been on the program, no more sinus problems. I'm not a couch potato any more! The presentation of MaximEyes was very encouraging, it woke me up to new possibilities!"

-Tony Compton Fairfax, CA (RP)

John Orser, 46, Retinitis Pigmentosa - Kentucky

John attended the February, 1997 intensive. His Humphrey field mean deviation went from -30.95 to -27.75 in his left eye. His visual acuity at the pre test was 20/200-1 and went to 20/70+1 on the right eye, and from 20/400 (big E on eye chart) to 20/200 on the left. Here is John's personal statement:

"Since coming back from the MaximEyes intensive I have noticed that I have more night vision. I can see the table and chairs on my back porch. And when I go out with friends in the evening I can see the curbs before I trip on them. The program has given me hope and confidence again."

-John Orser Louisville, KY (RP)

Rudy Strunk, 72, Retinitis Pigmentosa - California

Rudy participated in the January 1997 intensive, and had the most significant improvement in visual acuity. At the pre-test, his right eye was CF@ 1 Ft., and was able to read at the 20/400 line, and on the left eye from CF@ 1 Ft. to 20/200. His color test also showed slight improvement. His fields remained the similar in the central field. Here is a statement from Rudy:

"I'm doing the program daily and have noticed improvement since the intensive.

I ride my bike around town and for the first time I can now see where the driveway is and don't hit the curb with my bike! Things seem lighter, brighter. I think this program is the only way to go! I'm very pleased with it."

-Rudy Strunk Turlock, CA (RP)

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References

1. Editorial.
"Intraocular Pressure Control in Glaucoma". Lancet 1984 July, 14:2(8394).
2. Freeman, Elizabeth.
Visual Health - A Positive Approach,. Washington, Naturopathy College, 1985.
2. Jackson, C. R. S.
The Eye in General Practice, pp.78-79, 6th ed., 1972.
3. St. Dabov, M.D.
"Clinical Application of Acupuncture in Ophthalmology", *Acupuncture & Electro- Therapeutics Res. Int. J.*, Vol.10, pp.79-83, 1985.
5. Editorial,
"Electroacupuncture Treatment of Diseases Difficult to Treat in Western Medicine, Including Blindness Due to Macular Degeneration, & Retinitis Pigmentosa," *Acupuncture & Electro-Therapeutics Res.. Int. J.*, Vol.8, pp.177 - 255, 1983.
6. Goutoranov, G., Ivanova, R.
"An Attempt for Treatment of Degenerative Retinae Pigmentosa by Means of Electroacupuncture," *Abst. Czechosl. Congr. on Acup.*, pp.67-68, Brno, 1981.

7. Khoe, W. H.,
"Eye Diseases Treated with
Acupuncture and Nutrition,"
American Journal of Acupunct.,
Vol.4, No.1, p.49, 1976.
8. Li Pin, Ching,
"Observation on Acupuncture
Therapy of 403 Cases of Chronic
Central Angiospastic Retinopathy,"
**Nat. Symp. of Acup. & Moxib. &
Acup. Anesth.**, pp. 101-102,
Beijing, 1979.
9. Ralston, N.
"Successful Treatment and
Management of Acute Glaucoma
Using Acupuncture," **Am. J. Acup.**,
Vol.5, No.3, pp.283-285,
1977.
10. Sato, Y.
"Acupuncture Treatment of Eye
Fundus Diseases," **5th World
Congr. of Acup.**, Tokyo, Japan,
Oct. 22 - 27, 1977.
11. Sun Qing, Yun.
"Acupuncture Therapy of Disorders
of the Eye in China," **Impact of
Science on Society**, Vol.31, No.2,
pp.209-212, 1981.
12. Thie, John, Marks, Mary.
Touch for Health, Pasadena, 1978
revised edition.
13. Trevor-Roper, Patrick D., Peter V.
Curran.
"The Eye and Its Disorders,"
Blackwell Scientific Publications,
Oxford, pp.542 - 4, 547 - 52, 1984.
14. Wong, S. Chin,
"Acupuncture Therapy in the
Treatment of 'Incurable' Retinal
Diseases," **Am. J. Acup.**, Vol.6,
No.4, pp.305 - 310, 1978.
15. U. S. Dept. of Health.
**Report of the Panel on Visual
Impairment & Its Rehabilitation**,
Vol.2, Part U.S. Dept. of Health.
**Vision Research: A National
Plan:1994-1998**, A report of the
National Advisory Eye Council.
National Eye Institute, National
Institutes of Health.
17. Keubler-Ross, Elizabeth.
On Death and Dying. New York:
Macmillan, 1969.
18. Ornish, Dean.
**Dr. Dean Ornish's Program for
Reversing Heart Disease-the only
system scientifically proven to
reverse heart disease without drugs
or surgery**. New York: Random
House, c1990.
19. Ornish, Dean.
Stress Diet and Your Heart. New
York: Holt, Rinehart and Winston,
1983, c1982.
20. Baldry, Peter E.
**Acupuncture, Trigger Points, and
Musculoskeletal Pain: a scientific
approach to acupuncture for use by
doctors and physiotherapists in the
diagnosis and managment of
myofascial trigger point pain**.
Edinburg; New York: Churchill
Livingstone, 1993.

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WILL & THE BODY'S INTERNET

By Marcia Hart, MA, ICBT

Abstract: Establish client's 100% willingness to heal self and have the desired outcome in your SK sessions. Identify and release blocks in willingness with the aid of the List of 16 Willingness Questions that was created by Marcia Hart and Sherry Balcar.

Assumptions:

- Nothing changes in the body unless the brain changes it, and the brain only changes something when the individual is willing to change and have a new experience.
- Thinking gives us ideas and directives. It is our *will* that generates the action of our life? Our will hooks us up to the internet of life and sends the life current through the circuitry of our body/mind to generate life change.

Use this Information To:

- Identify how willing the client is to have what he/she says he/she wants.
- Identify what can release client willingness to implement the work of an SK session.

The Internet of the Body

The internet of the body is the energetic web or circuitry that interconnects all the parts of the body with each other, the brain, the mind and the rest of the universe -- it's a universal, world-wide-web when all of the mind, will and body are interconnected. SK techniques identify and offer changes to the nature of information or energy blocks that exist along our internal information highway. SK techniques offer a link-up service to the individual's internet and his/her will does the linking up and utilization of this service.

The Relationship of Will To Body and Mind

We assume here that **the mind**, ours and universal mind, provides the mental directives which inspire and direct our body function and life action. **The will**, personal and universal, determines how we are aroused and become active with the inspiration of the thoughts of our mind. **The body** responds to the mind's directives and the will's arousal to perform the actions. It is the expresser and physical experiencer of the dynamics of our mind and will.

Maximize Your Client's Ability to Heal Self -- Engage 100% Willingness to Change

The only one who heals anyone is the individual him/herself! SK functions to assist the individual in discovering what he/she must do to heal him/herself. So, why not enlist all the help of the client that could make this healing possible. 100% willingness to heal self is an essential requirement to have this result.

No matter how much a few parts of us may want to change or do something, it becomes impossible to be completely successful at this change or action until we are 100% willing to do this at all levels of our awareness. We have to invest all of ourselves into a desired transformation for it to become complete. This means that the mind has to allow us to be 100% free to act, and then the will has to provide the power and performance to carry it out.

© WILLINGNESS QUESTIONS

Created by Sherry Balcar and Marcia Hart (11/91)

Are you 100% Willing to:

1. Release the need for this issue? _____ (Wave)
2. Accept the benefits of positive change, defuse gently, and cooperate with yourself on all five levels of awareness? ____ (+)
3. To intend to implement the goal of this defusion? _____ (Boxed Triangle)
4. Risk success? _____ (Triangle)
5. Be equal to the challenge (of life) of the goal of the defusion? _____ (Infinity)
6. Deal with the real issues? _____ (Harmony of Spheres)
7. Take responsibility for owning your recovery? ____ (Circle)
8. Communicate directly and honestly? _____ (Star)
9. Own (be responsible for) what you know and walk your talk? _____.
10. Share what you know? _____
11. Own and use your creative/intuitive power? _____
12. Own and use your strength to manifest? _____
13. Act on your intuitive power and make clear choice? _____
14. Surrender to and cooperate with right timing of the cosmic/organic flow? _____
15. Transcend your genetic inheritance and go beyond the model set by your family, society and culture? _____
16. Be successful/prosperous in all ways? _____

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Inside ourselves, all the executives, all parts of our being, must sit down at the conference table and agree to be willing to make a change before it can be fully accomplished. Any action taken under limited willingness will produce only limited results and a lot of return visits to the SK practitioner.

Before doing any correction work in a SK session, I suggest that you establish 100% willingness of the client to do the work and make the change. Also, whenever changes have been identified and implemented in a session, establish 100% willingness to make them part of the individual's life right now.

TECHNIQUE:

1. **Test for 100% Willingness** to ____ at all levels of awareness (P/M/Em/Es/X). (Physical, Mental, Emotional, Essential, X-Factor)

"Your Willingness to _____ is more than 100% at the P/M/Em/Es/X-factor levels."

2. Where testing (you get an indicator change) indicates that willingness is less than 100%, Identify from the List of 16 Willingness Questions **The factor(s) limiting Willingness.**

"Your willingness is limited by factor # 1, 2, ... 15, 16."

3. **Discuss** with your client the willingness issue identified. Ask your client to connect it to the context of the focus of their SK session.

Stack into circuit all aspects that your client identifies as part of the issue (use a pause lock such as the following):

Ask the client to separate his feet and knees as he/she talks about the significant information; then, you touch your client and step your feet

apart to stack it in your own circuit as well..

When the next information is identified by your client, while touching your client, step your feet together and apart again as he/she talks about it. Then, ask him/her to do the same with his/her feet to stack it in his circuit.

4. **Complete setting up the circuit.** Use your SK skills to identify all information that the client's body requires in circuit before clearing is possible.

"Is there more that needs to be put in this circuit before clearing?"

If more is indicated, then go through your SK tools to find what else has to be stacked into circuit before willingness can be cleared.

5. **Use your SK skills to find what will clear the charge** maintaining the blocked circuit. Perform the identified SK corrections until Willingness is 100% at all levels of self.

6. **Continue with your usual SK session.**

AN EXAMPLE:

The issue is improving business and the blockage in willingness is at the emotional level.

At the Emotional Level,

Factor 5 comes up with testing -- "being equal to the challenge of improving business."

This leads to a discussion of what would be required of this person if his/her business improved; what would change in his/her life; is there anything he/she fears such improvement might trigger or require of him/her. All information is stacked into the circuit being built.

Testing then indicates that **more information is needed** in the circuit. Stacked into circuit is:

- * The emotional state of **Pressured vs. Refreshed**, how to do more without feeling pressured is the issue;
- * **Perelandra Rose, Eclipse** -- "I am willing to grow, change and know the truth because I am the author of my life."
- * **Solar Plexus Chakra** -- how to honor my contracts to self and do more work as well.

The circuit now tests ready to be cleared. Testing indicates that Eclipse Rose on the Solar Plexus will clear the circuit. This is done. Testing then indicates that willingness is now more than 100% at the emotional level.

100% Willingness to do what it takes to generate this outcome is now tested. Many circuits are built and cleared as the issues blocking this willingness are identified and cleared.

100% Willingness to make this change gently and easily is finally established. Circuits are built and cleared to release any charge on completing this work gently and easily.

Notes:

1. The List of 16 Willingness Questions is the copyrighted creation of Marcia Hart and Sherry Balcar. This process is offered with the desire that you integrate it into the framework of your own work. Please use and adapt it to your way of working. When you use this list, please give due credit.

2. The symbols listed at the end of some of the Willingness Questions were found to be useful in defusing those particular willingness issues.

References

- Assagioli, Roberto, MD.
The Act of Will. New York: Penquin Books, 1983 edition.
- Buber, Martin.
I and Thou. New York: C. Scribner and Sons, 1968.
- DeRohan, Ceanne.
Right Use of Will. Albuquerque: One World Publ, 1984.
- Fritz, Robert.
The Path of Least Resistance. Salem, MA: DMA inc, 1984.
- Hart, Marcia.
Willing or Not — the dynamics of will keep the energy of the universe in motion. A dissertation for an Aletheia Internship with Jack Schwarz; Marcia P. Hart; Sun Valley, ID, 1994.
- Naimy, Mikahil.
The Book of Mirdad Great Brittan: Clear Press, 1983 edition.
- Schwarz, Jack.
The Human Energy System. NewYork: EP Dutton, 1980.
- Stokes, Gordon and Daniel Whiteside.
One Brain, Dyslexia Learning Correction and Brain Integration. Burbank, CA: Three In One Concepts, 1987.

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"Every time you step in a pile of crap you work some of it into the ground, making it richer; making it possible for something new to grow."

The Myth of Chiron/The Reality of Ethics

By Debra Hurt

Abstract: The myth of the wounded healer, Chiron, lives on in each of us and requires of SK practitioners the honesty and integrity to meet our clients and our healing work in the truth of our wholeness, instead of in the disability and needs of our woundedness.

Myth: n. (Gk mythos) 1: a usually traditional story of ostensibly historical events that serves to unfold part of the world view of a people or explain a practice, belief, or natural phenomenon. 2: PARABLE. ALLEGORY.

Mythology: n. 1a: an allegorical narrative. 1b: a body of myths, esp. the myths dealing with the gods, legendary heroes of a particular people and usually involving supernatural elements. 2: a branch of knowledge that deals with myth.

Archetype: n. 1: the original pattern or model of which all things of the same type are representations or copies: PROTOTYPE. 2: an inherited idea or mode of thought in the psychology of C. G. Jung that is derived from the experience of the race and is present in the unconscious of the individual.

We Embody Our Myths

Many of us think of myths and mythology as archaic fables from an earlier, simpler, more naive time. These are stories that we were forced to read as schoolchildren and promptly forgot. Yet we are surrounded by and are embodiments of myth. The myths of our cultures, the myths of our genders, the myths of our particular generations, etc. As I refer to myth and mythology throughout this paper it is as defined above by Webster's New

Collegiate Dictionary and should not imply in any way a judgment on the content of the myth or any belief about its authenticity or validity.

The myths of the past were transmitted orally as plays and songs, traveling to distant lands over the course of months or years as sailors and merchants carried them as part of their cargo on long tedious voyages. Today, we transmit our myths at lightning speed, moving them half way around the world by means of the telephone and the Internet.

Some of our myths are new; the response of the collective to the changes in our world due to technology and our relation to it. Consider a few of our current mythologies:

The Sovereign or Freemen movement in the United States. Individuals who fear the power of the government and strive to assert their independence from its influence.

UFO aficionados of all nations. This mythology is very complex and diverse in its application and includes its own characteristic bridging of past, present and future, including various creation myths. This mythology demonstrates the search for reason and hope from an outside, superior source that will either

teach us how to balance our relation to technology or bring the destruction that we deserve. (This varies with the different branches of the mythology.)

All of the major world religions. One adheres to a specific structure of beliefs that explains and/or justifies the current state of the world. Any conflict between the perception of the world as it is and the perception of the world as it should be within the religion's structure are overcome through the mechanism of faith.

The "Cheeseheads" of Green Bay, Wisconsin and elsewhere. This relatively recent myth of relatively few adherents centers around the Green Bay Packers football team. This myth encourages its adherents to strongly identify with the superior football prowess of the team and wear outrageous hats, disrobe and paint their bodies for display in sub-zero weather, and engage in bizarre hand movements and recitations.

The myriad New Age "light beings". This myth centers around the language of ascendance and encourages one to relate to the world through energy and light. This myth is especially dominated by a lack of darkness and a pre-occupation with expressing only one's "highest nature."

The myth of Consumerism. This myth is especially pervasive in the developed countries. Attainment is represented by material objects that are reputed to have various desirable qualities. These objects may make life easier, provide more leisure time, increase one's chances of finding love and affection, or provide a convincing experience of safety and security. Continued attainment requires continued consumption.

These are just a few examples of modern myths. We may feel drawn to one or more modern myths as an expression of our natures. For example, someone with a strong warrior nature is not likely to be drawn to the New Age movement. On the other hand, this individual may feel right at home in the Sovereign movement, the Cheeseheads cult or one of the world religions that has a more aggressive structure. Yet even if we aren't drawn to the specific qualities of certain of these myths or don't identify with or "believe" in them, they still carry important information or "reminders" for all of us.

The Sovereigns remind us to hold our governments accountable for their decisions and their use/abuse of power. The UFO fans expand our vision beyond our known world and remind us to be open to any possibility. The world religions provide us with many reminders: about our boundaries, our capacity for compassion, our need to focus outside ourselves. The Cheeseheads encourage us not to take ourselves so seriously and to have a little fun. The New Agers inspire us to realize our full potential and try to be the best we possibly can. The Consumers remind us that we live in the material world and may stimulate us to recognize that material can't last forever without responsible stewardship.

All of these myths and more are whispered to us by our parents, our cultures, peers from the moment we are born. Yet these are not the only types of myths that we experience from our births. Those ancient myths that we regard as curiosities are speaking to us, too, telling us the stories of the archetypes, the enduring qualities that make us human and that make us heroines and heroes of our own myths.

Now I'd like to tell you a story...

The Myth of Chiron

(Chiron--from the same Greek root as for the word "hand".) Kronos (also called Saturn) was out of favor with his wife, Rhea, because of his infuriating habit of consuming their offspring. Fed up with her husband's insatiable appetite, Rhea hid their infant son, Zeus, from his father.

Kronos was searching for his son when he happened upon his niece, Philyra the nymph, daughter of his brother Oceanus (also called Neptune.) Philyra dodged Kronos' amorous advances by turning herself into a mare and fleeing. Kronos likewise took the form of a horse and pursued her, finally overtaking and mounting her.

The issue of this odd "courtship" was Chiron the Centaur. *Chiron's initial wounding came at his birth.* His conception in the animal world and embodiment of animal drive and instinctual nature was evident in the lower half of his body--that of a horse. His birth to an immortal mother in human form and expression of human intellect and consciousness was evident from the hips up--that of a man. *In this we find Chiron's first wound; the wounding of the physical and the mental bodies.* An irreconcilable conflict is set in motion between them, each striving for supremacy over the other.

Chiron's father, Kronos, was by then long gone and--luckily for Chiron--ignorant of his existence. His mother was so disgusted at seeing what she had produced that she begged the gods to turn her into something else. They obliged by turning her into a linden tree. So Chiron came from what could safely be called a "dysfunctional family." Deserted by his father, rejected by his mother, *this is Chiron's second wound; the wounding of the emotional body.*

The abandoned Chiron is rescued by Apollo and raised by him as his foster son. Apollo, the Sun God, was also the god of medicine, hunting, riding, the arts, herbs, literature, archery and other martial arts and philosophy. All of these he taught to Chiron who was an ardent student. Under the tutelage of Apollo, Chiron sought to develop his human faculties and reason to their utmost. In fact, in Greek history, only Chiron and Pholus among the centaurs were able to exercise any degree of self- mastery.

Here we find Chiron's third wound; the mind successfully defeating the body. Chiron was described as "sage" and "friendly to men" by the chroniclers of his time. Some say that his animal nature also imparted to him the wisdom of nature, presenting only the benevolent rather than the destructive aspects of nature, in contrast to the other Centaurs. He was considered pivotal in the progression in the art of healing from the "occult to the rational school of therapeutics." 1

Chiron won the trust, respect and renown of many wealthy patrons in Thessaly in Northern Greece. He was given the sons of gods and princes to educate in the ways of "civilized manhood." Among his students were Jason, Hercules, Achilles and Asclepias. The Greek heroes and rulers learned what they knew of healing, poetry, song, the arts of combat, hunting and philosophy at his hooves.

He married the nymph Chariclo, had children and lived together with his family in a cave at the outskirts of human settlement.

Chiron was often present at celebrations and rituals given by his wealthy patrons and was always considered welcome by them. There are several accounts of *his fourth wounding*, most of them involving a party of some kind at which he and other Centaurs are present. In one account, the occasion is a wedding. The

wine flowed freely and the other Centaurs, all of whom had a hard time holding their liquor, became quite rowdy. Some of them became so audacious that they attempted to rape the bride! In the fight that ensued, Hercules drew his bow and shot an arrow--dipped in the Hydra's poison--at the Centaurs attacking the bride. In the chaos, it was Chiron whose leg was struck by accident before the arrow reached its mark.

Being immortal, Chiron could not die from his wound but the Hydra's poison had no antidote. He was forced to endure terrible pain. *This last wounding then, is the wounding of the spiritual bodies.* In his search for some way to end his agonizing pain, Chiron became a truly great healer. He amassed tremendous knowledge which he was able to use to increase his effectiveness in healing others, yet was unable to use on his own behalf.

By some accounts, Hercules made a case to the gods for Chiron to take Prometheus' place on Mount Caucasus where Prometheus was being punished for mocking Zeus and giving fire to mortals. Each day a vulture would come and rip out his liver and eat it. Each night he would grow a new liver and the torment would begin anew. He could only be released if someone offered to take his place. In order to take Prometheus' place, Chiron would have to give up his immortality. When presented with this choice, Chiron accepted and exchanged places with Prometheus, surrendering his immortality. He died and after nine days, Zeus transported him to the sky as the constellation Sagittarius.

Chiron and You

Think about how you came to be involved in Kinesiology. Chances are that Kinesiology became an important step on a journey already underway; a journey of healing or of self-discovery. *A desire to satisfy a perceived lack somewhere inside you -- that is the*

archetype represented by Chiron, The Wounded Healer.

Every character in the story also reflects possible ways in which we can allow ourselves to be seduced away from ethical behavior in our work, griefs that we carry, ways in which we hide from ourselves.

Kronos presents several possible choices. His devouring of his children represents the ways in which we sabotage our students or our clients when we allow our fears of being surpassed, or being left behind to take over and dictate our actions. His sense of entitlement in pursuing the unwilling Philyra and taking her against her will reflects our sense of "entitlement" when we take credit for our clients' efforts and wear our "success stories" like medals. His abandonment of Philyra and Chiron demonstrates the attitudes we indulge in when we justify a client's lack of progress with glib phrases like "You're obviously holding onto this..." in order to distance ourselves from what we perceive as a failure that might reflect on us adversely.

Rhea personifies our fears that when we do have new experience or develop an aspect of ourselves that our old patterns of reaction and behavior will arise and "devour" our growth.

In addition to portraying the "victim", Philyra also shows us what happens when we reject parts of ourselves; especially parts that we find difficult to face. In an effort to avoid her offspring, she is willing to give up human consciousness and movement. To what lengths are we willing to go to avoid confronting certain parts of ourselves?

Apollo is the light of intellect, creative expression, the abstract study of healing (Chiron is credited with being both the first practicing healer and the first botanist), ethics, the arts, and philosophy. Yet, though Apollo

is able to show intellectual interest in Chiron, he is unable to give and receive love. Apollo's romantic history is a complete disaster, implying an inability to blend the heart and the intellect. This teaches us to beware the pitfall of fascination with techniques at the expense of compassion.

Hercules is a complex character; the archetype of the masculine hero and the principle of domination that has both haunted and propelled Western Culture. (It may be no accident that there are proportionately more women in our field than men. But that's another subject...) He also represents the strength and individuality through which the "progress" of culture has been achieved. Hercules' own wounds are the death of his more timid, more moderate twin brother which condemned him to act out an increasingly one-sided, larger than life heroic figure (the Superman/Superwoman) and the wounding and subsequent agony of his revered mentor.

Prometheus is a trickster who shows contempt for authority. He expresses the desire for recognition, the attachment to our clients' progress, our renown interest in "cheating" god by taking credit for our clients' changes. His being chained to Mount Caucasus for his defiance of "divine law" echoes our own slavish attachment to material reality and our domination by our emotions and insecurities. He even has his liver removed daily. (Plenty of material to explore in that alone!) Perhaps Prometheus' most poignant message is in reminding us for the need of humility and compassion as a result of the knowledge gained through our own suffering.

Practitioner As Wounded Healer

These are the supporting players in the story of Chiron but what about Chiron himself? What significance does he hold for us as Specialized Kinesiologists? As men and women? Why am I bothering to tell you this story, anyway???

In a discussion of shamanism and the call to shamanism, Jeanne Achterberg makes several references to *the archetype of the "wounded healer."* As a cultural response to a "gender-related" wounding in Asia,

"...women on the outskirts of the Chinese family were the only ones that dared mediate with the ancestors, since they had very little to lose by engaging in such a fearsome task. When economic circumstances threw them back on their own resources, they used intuitive abilities in a supernatural application to 'dodge the vicissitudes of a male-dominant society.'"²

Wounding of the mind or emotions:

"A long-standing debate has existed in anthropological writings on whether shamanism is a shelter for deranged personalities."³

Wounding of the body:

"A person who survived smallpox, the most dreaded of all plagues, could live to walk among the ill and treat them with no fear of infection. Any brush with death from which a person emerged with knowledge of the encounter, as well as specialized immunity, should be a clear calling to healing."⁴

The most significant phrase in the previous quote is "from which a person emerged with knowledge of the encounter". The call to shamanism or healing then is not a random blunder but rather a quest or transformative experience in which one distills knowing from disaster.

And again wounding of the body,

"The prospective candidate's behaviors tend to indicate a greater than usual facility for using the imagination, and/or a miraculous ability to recover from significant illness--hence, the notions of the "divine illness" and the "wounded

healer" that are prevalent throughout the literature on shamanism."⁵

The Legend of Woundedness Continues

Chiron's story is a legacy out of an ancient culture that gives form and structure to our own current day struggles. The names have changed, but the wounds have not.

"Chiron's story underlines the need for acceptance of our woundedness as a precondition for any healing that may follow; it also shows how the wisdom of our own psyche may bring us healing in ways that we have difficulty receiving."⁶

One of the reasons we have difficulty in receiving it is that we have convinced ourselves that there is no wound there.

"Often (Chiron) represents things we can do well for others but cannot do for ourselves qualities which others perceive strongly in us but which we do not see. Often these are the very things which we urgently need for our own growth and healing, but they 'slip through' and are passed on to others."⁷

His conception was the product of coercion and deceit. He was unrecognized by the masculine and repulsed by the feminine. He was in the world but not of it. His education, even though it encompassed the arts (and both typically masculine and feminine pursuits) was presented as a rational, linear discipline. He battled throughout his life to control his body, his desires and his instinctual drives by developing his mind.

His primary occupation was the development of young men, one of whom delivered unspeakable pain through an art taught to him by the same mentor that he wounded. He sought relief from what he knew best, and though many benefitted from his efforts, for him it was inadequate. The agent of his wounding negotiated his release from

suffering. He relinquished his birthright and found peace. Any of this sound familiar?

Ethics and The Healing of Our Wounds

We have all had one or more of these experiences. We may relate to them as traumatic--even devastating, as "character building", as something that happened once upon a time, or a dim, vague feeling.

Whether conscious or unconscious, vivid or dim, traumatic or indifferent, these wounding experiences shape our self concepts and how we relate to the world. This especially includes our mores and ethics. We may feel "entitled" to do certain things that we would consider "wrong" if others did them simply because we feel we've earned the "right" because of our wounding. We may compromise our integrity without realizing what we are doing because on some level we "feel better" when we indulge in certain feelings, thoughts or activities.

Our wounds represent that which we will protect at any cost -- we've spent many years developing ways to protect them, from exposure, from further pain. And we may protect them even to the extent of ethical abuses of very subtle kinds. Our challenge is to become an active observer of the blend of the instinctual animal nature and the rational human consciousness--the drives of the body and the exaltations of the Soul--all of which provide the battleground of the emotions.

Our wounds can lead us into questionable acts by activating our devotion to pet beliefs or limitations. It feels good to receive recognition, to be "seen," to be "heard." What could be wrong with working hard so that we can have that feeling again and again? Maybe nothing, maybe much. How can we know what the effects are if they remain unexamined or simply unconscious?

Carl Jung addressed it this way:

"Conscious and unconscious do not make a whole when one of them is suppressed and injured by the other. If they must contend, let it at least be a fair fight with equal rights on both sides. Both are aspects of life..and the chaotic life of the unconscious should be given the chance of having its way too--as much of it as we can stand. This means open conflict and open collaboration at once. That, evidently, is the way human life should be. It is the old game of hammer and anvil: Between them the patient iron is forged into an indestructible whole, an "individual."8

The individuality, the respect we win within ourselves can then be supported and respected in our clients as autonomous beings themselves.

So what can we do and why should we bother? Again from Jung, "That which we do not bring to consciousness appears in our lives as fate."9 We must seek to consciously relate to and understand all that we can about the wounds that we carry so that we don't we don't have to continually reactivate and relive them.

What we come to terms with we don't have to keep being "slapped" by and in turn "slap" others with. These others can be our parents, our partners, our children and especially our clients, with whom we don't have the same emotional ties.

"That is why in seeking for the meaning of your suffering you seek for the meaning of your life. You are searching for the greater pattern of your own life, which indicates why the wounded healer is the archetype of the Self--one of its most widespread features--and is at the bottom of all genuine healing procedures."10

Committing ourselves to the process of inner exploration and identification of the archetypal images we carry reveals how

"the basic human psychological structure is formed. We might think of them as the natural blueprints that dictate the shape of our inner mental structures, or the basic molds that determine our instinctual roles, values, behavior, creative capacities, and modes of perceiving, feeling and reasoning."11

This is the discovery of our primary wounds and the primary ways in which we wound others--both deliberately and by chance. Once discovered, the nature of the wounds themselves may suggest or even dictate their remedies.

This is an internal, personal journey in which there is great risk and great reward involved. Yet there is no need to be afraid. Don't you watch people undergo this process almost every day? Don't you sometimes act as a guide for those who choose to make expeditions through their inner landscapes to come to terms with their own unique imagery, mythology and wounding? Don't you deserve the same? Don't your family members, friends and clients deserve to be released from holding up your mirror for you? Until we can identify our primary wounds and begin to remedy them we are blind to the greatest threats to our ability to behave ethically with our peers, students and clients.

Honesty and Integrity Lead to Healing

Of course Kinesiology can be an effective means for initiating this inner exploration, but there are myriad other possibilities as well. Even the remedies of Chiron's own time can be effective: ritual, song, herbs, prayer, poetry and observing one's dreams. Very effective is a period of daily reflection or meditation in which one can contemplate one's actions and words. Our expectations of honesty and

integrity in others are continually bombarded by our diminishing cultural values. We must guard against lowering our expectations of our own honesty and integrity.

Discipline is the focusing of power. Self-mastery is the integration of the whole and wounded parts of the Self with and through all our means of perception. When we combine discipline and self-mastery in service to the creative source, like Chiron, we are released from suffering and find peace. And ethical behavior becomes effortless.

**Our friends show us what we can do,
Our enemies teach us what we must do.**
-- Goethe

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Footnotes

- 1 Jayne, Walter A., MD. *The Healing Gods of Ancient Civilizations*, p. 360.
- 2 Achterberg, Jeanne. *Imagery in Healing*, p. 20.
- 3 *ibid*, p. 20.
- 4 *ibid*, p. 22.
- 5 *ibid*, p. 21.
- 6 Reinhart, Melanie. *Chiron and the Healing Journey*, p. 28.
- 7 *ibid*, p. 26.
- 8 Zweig, Melanie and Jeremy Abrams. *Meeting the Shadow*, p. 117.
- 9 *ibid*, frontispiece.
- 10 Reinhart, p. 30.
- 11 Johnson, Robert A. *Inner Work*, p. 28.

References

- Achterberg, Jeanne.
Imagery in Healing. Shambhala Books,
Boston, MA, 1985.

Bulfinch, Thomas.

Bulfinch's Mythology. Random House,
New York, NY.

Guggenbuhl-Craig, Adolf.

Power in the Helping Professions.
Spring Publications, Inc., Dallas, TX,
1971.

Jayne, Walter Addison, MD.

The Healing Gods of Ancient Civilizations. University Books, Inc.,
New Hyde Park, NY, 1962.

Johnson, Robert A.

Inner Work. Harper and Row, San
Francisco, CA, 1986.

Kabat-Zinn, Jon, PhD.

Full Catastrophe Living. Delacorte
Press, New York, NY, 1990.

Kirk, G. S. Myth:

*Its Meaning and Functions in Ancient
and Other Cultures*. University of
California Press, Berkeley, CA, 1970.

Reinhart, Melanie.

Chiron and the Healing Journey.
Arkana, London, 1989.

Veyne, Paul.

Did the Greeks Believe in Their Myths?
University of Chicago Press, Chicago, IL,
1988.

Zweig, Connie & Jeremiah Abrams.

*Meeting the Shadow: the Hidden Power
of the Dark Side of Human Nature*.
Jeremy P. Tarcher, Inc., Los Angeles,
CA, 1991.

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Communications Modes

By Warren Jacobs, M.D.

Abstract: Use SK skills to identify the priority communication mode used under stress so that communication can continue in stressful times.

Primary Sensory Modes Under Stress

We have the sense of sight, of hearing, of touch---but it is suggested that when an individual is under stress, the senses shut down except for the one basic sense that is peculiar to each individual. It is helpful to know which sense this is to give improved understanding of our failures to communicate with each other in times of stress. For this purpose we separate individuals into:

- Visual
- Kinesthetic
- Auditory Tonal
- Auditory Digital

Under stress, the **Visual person** is only open to *what is seen*---how things and persons appear is pre-eminent to this person. This is the individual who says, "We can't do that! How would it look?"

The **Kinesthetic person** under stress does not respond to words, sounds, reasons, or what he or she sees. The only way to reach this person is with *touch*. Under stress this person's head droops, the position of the face is down, the shoulders slump, and often sobs are heard. The body may shake. Feeling takes over.

The **Auditory-Tonal person** under stress becomes *super-sensitive to sound and turns the right ear towards the other person*. What is seen has little effect. Facts and figures are also ineffective. Logic is out, and the tone of voice of the other person is all important.

The **Auditory-Digital person** is *computer-like under stress, and the left ear is presented,*

perhaps with the head tilted upward as if this superior intellectual human being is in touch with a higher intelligence. Only facts, figures, and reason/logic may enter. There is no room for the feelings of others at this stressful moment.

Identify Your "Under-Stress" Mode of Communication

To test with kinesiology, we ask the individual to think of a stress while holding one hand over the thymus. An indicator muscle should test weak. If not, have the individual choose another stress and retest until the indicator goes weak with a hand over the thymus. Now we are ready to see which communication mode is active in this person. Test the indicator with each mode position while the person thinks of the stress:

For Visual--	eye to eye
For Kinesthetic--	face to the floor
For Auditory-tonal--	right ear to tester
For Auditory-digital--	left ear to tester with head turned up

The weak indicator tells us the basic communication mode of the individual under stress.

Modes May Change with Kind of Stress

With many individuals there is one pattern *for mild stress* and *one for deep stress*. Discuss with subject, or better yet, with family members, associates to identify when these two different patterns show up. Good luck!

Warren Jacobs, M.D. is a medical doctor with thirty-five years experience in the practice

of family medicine. For the past fifteen years he has been involved in the use of alternatives to the standard surgical and pharmacological approaches to health problems, especially the use of Applied Kinesiology. He has been most influenced by the work of George Goodheart, D.C., John Thie, D.C., & John Diamond, M.D.

The Use of AK and SK in Practice

These techniques draw upon the concepts of health and balance found in the ancient societies of China and India. This approach to health care sees the therapeutic relationship between doctor and patient as a partnership with shared responsibilities for the outcome. Often the clue for the direction for the treatment lies within the patient rather than with the doctor. This method is used to facilitate the exposure of what is perhaps already known by the patient on some level, but which has been heretofore denied to consciousness. This is in contrast to the traditional western approach where the patient has the pain, the fear, the illness, and the *question* while the doctor has the *answer*.

This alternate method suggests that often the patient has the question, etc. and also has the answer! The doctor functions more as a facilitator, teacher, partner, and friend. He has the method by which the patient can gain access to that which is already inside himself but resides on some level where it remains hidden and as yet unusable.

Initially, a determination can often be made with kinesiology to establish where the complaint has its roots. Is the root of the problem in nutrition, structure or emotion? From this beginning one can explore in increasing depth from the general to the specific depending on the willingness of the patient, and the art and skill of the facilitator. This method is rapid, painless, cost-effective, and safe.

Warren Jacobs, M.D., with his techniques in applied kinesiology, has been enthusiastically received in the United States, Canada, Switzerland, Italy, Israel, Austria, and Spain. He is a certified Touch For Health Instructor with a certificate granted by the International Kinesiology College of Zurich, Switzerland, and has served on the Board of Directors of the Touch For Health Foundation, John F. Thie president for the past six years.

So often traditional western medical treatment, despite the application of the wonderful advanced technologies presently available and despite great expense and careful investigation by competent medical experts, the patient is much the same as when he began treatment. Dr. Jacobs finds that with applied kinesiology often and quickly a determination can be made as to the cause of the problem. Approaching the person from a perspective that allows a view of the disease or ease to be a reflection of the interaction of nutrition, emotion, activity, or past experience, (whether conscious or unconscious) is often more rewarding than merely treating symptoms.

Taking this concept one step further, man, in both mind and body, exists not in a vacuum but rather is influenced by his position in the family, in the group (at work, sport, religion, social association) or what have you. One must be willing to take all this into account if it is so directed by the body during muscle testing.

George Goodheart gave us the muscle test. John Thie tied the muscle test to the eastern concept of balance within the individual organs, structures, and energies. John Diamond went a step further using kinesiology to demonstrate and uncover, in a layer by layer fashion, the emotional imbalances that often block and control our behavior in unhealthy patterns. Next, the International Kinesiology College of Zurich, Switzerland, headed by

Bernhard Studer and Rosmarie Sonderegger, gives us the model learning center for training in the use of these successful methods.

body, and to those who wish to be of help to their fellow man.

* * * * *

What grand tools these are. Dr. Jacobs takes great joy in sharing the wonder and effectiveness of these techniques with those who wish to expand their skills in the uses of kinesiology, to those who seek to increase their understanding of the workings of the

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SELF-APPLIED KINESIOLOGY

BODY ELECTRICS

Getting It All Together

By Ed Long

Abstract: Shortcuts to balance and conscious-subconscious integration are given.

Since the early 70's Touch For Health has adequately covered the basics:

NLs	Meridians	Muscles Testing
Points	Pulses	Alarm Points
Switching	Elements	Water
Nutrition	Surrogating	Vertebrae
Time of Day	Cross- Crawl	Goals

Each year dedicated Applied-Kinesiology practitioners have contributed many additional correction procedures --

more meridians	muscles
testing modes	colors
sounds	symbols
flow lines	emotions
affirmations	movement
body electrics	yin-yang

We all have easy access to this information. The overwhelming number of choices available has made it essential for many of us to branch off or specialize - OR - to develop shortcuts and combinations to better utilize as many of the most beneficial solutions as possible. The latter has been my choice - shorten, simplify and make full use of all of the above.

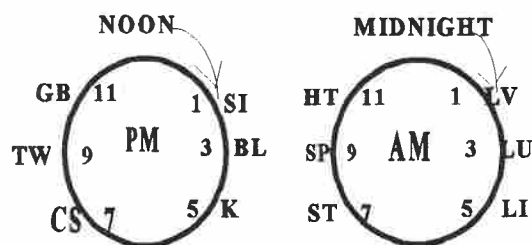
Four Procedures Are Dealt with First:

1. ENVIRONMENT - Senses - Colors
- Symbols - Sounds
2. PREPARATION - CLEAR Hands,
Head, Neuro-Switches.
3. BREATHING - Ratio - Rugae -
Diaphragm
4. CONSCIOUS - SUBCONSCIOUS
Integration (Covered in this paper)

With practice all this can be thoroughly accomplished in less than 5 minutes.

Time of Day Balancing

Therapy-localizing Alarm Points will show strong on present time and weak on the opposite 12- hour time. Having two clocks - each divided into six 2-hr segments of AM and PM keeps a simple balancing procedure constantly in view. Tapping the present time Alarm Pt. reduces its over/energy and any TFH energizing procedure tonifies its opposite under/energy organ. An immediate "Quickie" balance is achieved as AM and PM times both tonify. Combining all twenty meridians on one "clock" is desirable but is somewhat overwhelming at first.



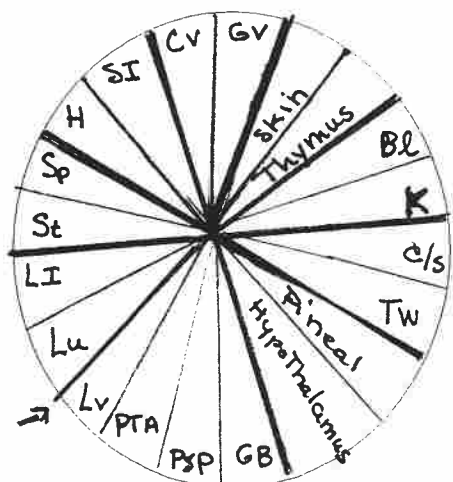
Time of Day Balancing

Pieces of Pie

Each of the body's 20 Meridians (The basic 12, Central, Governing, & the Six extra) move their energy in a predictable order. Putting each on its own "piece of pie" & pairing it with its "Element" partner groups the basic into six (or ten) more easily understood, learned & utilized sources of information.

For example:

Liver (Wood element Yin) presented in this paper would be paired with Gall Bladder (Yang).

**Pieces of the Pie****APPLICATION OF PIECES OF PIE**

Time of Day	1-3 am Liver-Yin	1-3 pm GB-Yang
Organ	Liver	
a. Yin-Yang	Yin	
b. Emotion	"Content"	
Muscle	Pectoralis	
	Major Sternal	
a. Test	Arms fwd, Press up & out	
b. Action	Down & in	
c. Other Muscles	Rhomboids	
Posture	L/R Ankle	
a. Emotion	"Happy"	
b. Sound (aeiou)	"TH"	
B to Z		
Qi Gong		
a. "Healing" Breath	"Shuuu" (Thumbs) (Fists on knees, looking at nose) (Breathe "fire" to navel)	

Nutrition**Pulse****Acu-Press**

Tonify 1st & 2nd

Sedate 1st & 2nd

Alarm Pt.

(hum - count)

Quick**Vertebra****NV****Meridian**

NLs -- Anterior

-- Posterior

Element

Color

Sound

Emotion

Taste

Season

Climate

Controls

Vit A-leafy veg.-

Green peppers

L wrist #2, Deep

Liv 8-K10 - Liv 4-Lu 5

Liv 4-Lu 8 - Liv 2-Ht 8

Liver (CT.)

Ft L4

T5,6

12

1st toe to ribs

R 5,6

T5.6

Wood

Green

Shout

Anger

Sour

Spring

Wind

Earth

Additional Information

Stores Carbohydrates

Releases glucose

Synthesizes proteins

Produces bile

Alcohol causes 70%
of its ailments**Conscious-Subconscious Integration****"The Secret of Perfect Living"**

Our daily life is a sum total of our natural needs to fulfill our desires and relieve our stresses. The brain could be described as a "desire fulfilling, stress-relieving machine".

James Mangan, spending 45 years of intensive study and experiments in his search for the secret, summarized 12 ways mankind has attempted to achieve productive worthwhile lives:

1. God
2. Service
3. Wisdom
4. Action
5. Art
6. Security

- 7.Happiness 8. Money 9.Pleasure
10. Health 11. Love
12. Self-Development.

Mangan sought a formula for combining the 12 into one and concluded that the answer to benefitting the whole person was to get our conscious and subconscious together for every second of our lives.

Few of us understand, believe or even care that we get well from the head down. And, when inflicting pain on ourselves, few stand an unlimited amount without having enough sense to know we are doing it ourselves. Our conscious mind with "credit-grabbing" and "fault-finding" ability dominates. As Pogo aptly puts it "We have met the enemy, it is us."

Words are not the subconscious mind's business - it resists them. It knows that 99% of our problems are created by what goes into our mouth and what comes out of it and would advise: "Never, Never, NEVER find fault with, condemn, or criticize yourself or anyone else to achieve Oneness.

"Our brain halves differ in size, nature and words. The "all-hearing" subconscious, relishes our walking 50 feet to bring in every sense with each step taken; it loves to work and then gaze proudly at it — so make sure some of your work is visible. The subconscious revels in formulas ("do it"); and subconscious belief is 1000 times stronger than conscious belief.

A great deal of background information has been summarized here as has been my choice of 20 (from over 100) key "Switch words". This gives a good foothold for beneficial use.

To Use The Chart:

In each of the 10 squares the "Switchwords" for the paired small-print problems are the paired large print words above them.

1. Observe the problem word and state the Switchword - while believing what you really desire
2. Spend no time or thought on the Switchword's meaning. It works just like a switch on the wall - flip it - a light goes on.

* * * *

References:

John Thie.

Touch For Health.

John Diamond.

Life Energy. 1985

John Barton.

How To Take Care Of Yourself Naturally. 1980

Wayne Cook.

Logistics of Vibratory Energy.

Wayne Topping.

Balancing The Body's Energies, 8 Extra Meridians. 1984

James T. Mangan.

The Secret of Perfect Living 1975.
18th printing

Bruce Lee.

Tao of Jeet Kune Do. 1975

Koichi Tohei.

Aikido

James DeMile.

Wing Chun Do. 1977

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Meeting Your Six Human Needs: The Key to Attaining a Healthy, Happy Life

by John Maguire

Abstract: This article is based on the teachings of Tony Robbins, and is discussed on his Power Talk cassette tape series Volume 26. There are six emotional needs which we can meet through our relationships, work, lifestyle and beliefs. The degree to which you are meeting your needs determines your level of fulfillment in life. In this paper I will discuss these needs and the importance of being balanced in fulfilling all of these needs in order to be truly happy. You will discover ways to meet each of your needs. I will then show you how to better fulfill these needs by changing your perception or by changing your approach. This can dramatically improve the quality of your life. The first human need is the need for certainty. It is our need for comfort, our need to avoid pain and gain pleasure, our need for survival. This is our most fundamental need in life.

**We All Have the Same Needs,
The Only Difference Is the Vehicles We Use
to Fulfill Them.** The ways in which you meet your needs can be considered your vehicles. A vehicle can be a relationship, activity, job or belief. Some vehicles are neutral - they meet your needs, but they don't do anything to improve your life. Some vehicles are destructive and can mess up your life. Some are positive and make your life and the lives of others better.

Vehicles We Use to Comfort Us
Consider what gives you comfort when you are under stress. Common things people do to feel more certainty and comfort is eat, organize their desk or their closet, or try to control other people. In order to feel certain, some people create a negative belief or identity for themselves. For example, the person who believes "I'm a procrastinator" is certain about the way he is, and it gives him comfort when he is confronted with his lack of promptness.

Some people create a positive identity and apply faith. They believe that no matter what

happens they are certain they will be able to meet the challenge.

Most people use an artificial vehicle to gain certainty, such as money or material objects. This can be a source of security, but the danger is if they become attached to it and use it as their primary means to gain certainty. This can result in living in fear of losing their money or possessions. If they do lose it, they feel totally insecure. Remember stories of people who lost all their money in the stock market crash and then jumped out of buildings having lost all sense of security.

The same problem can occur if you try to get all of your security needs met through a relationship. When the relationship starts having problems, you lose your sense of certainty and become insecure.

Having many vehicles to get your security needs met is a much more reliable approach.

What Are Your Vehicles or Ways You Meet Your Need for Certainty? Which relationships give you comfort and security? What work activities provide a feeling of certainty? What sports, hobbies or other activities do you feel certain will give you pleasure and comfort? What beliefs give you a feeling of certainty? Does your faith in God, in yourself or in universal intelligence provide a sense of certainty?

List both the positive and negative vehicles you use to fulfill this need.

Uncertainty Motivates Action & Change

If you have too much certainty you can become bored. Think about what happens in a relationship when you are certain about everything the person will say or do; or a job which becomes totally routine and predictable. You get bored and need to experience the *Second Human Need: The need for uncertainty and variety*. Surprise, diversity, challenge and difference: these experiences comprise our second human psychological need.

Certainty gives us a sense of comfort and peace, where uncertainty gives us a sense of excitement and adventure. These needs are inherently in conflict, yet they are the yin and yang of each other: we need both to be in balance and to be truly healthy. If you have too much uncertainty and not enough certainty you become anxious or afraid.

Vehicles of Adventure & Excitement

Positive vehicles for fulfilling this need include going to sporting events and movies, as well as playing sports, games, dancing and traveling. Negative vehicles include taking drugs or alcohol, and doing criminal acts. Criminals get a tremendous sense of excitement and challenge planning and pulling off a burglary or robbery.

How do you get this sense of variety in your life? Which relationships, activities and areas

of your work do you find stimulating? What are some of the good vehicles, what are some of the not so good vehicles:

There may be relationships and activities which fulfill both your need for certainty and uncertainty. Something you do well, such as, doing a kinesiology balance may give you lots of certainty and comfort, as well as variety and challenge.

What do you do when you are in a relationship where you are not getting your variety needs met? Some people find that variety and challenge in their work. Others find another person to provide them with excitement. They may even cheat on their partner even if it is against their morals. People will violate their values to meet their needs. A positive approach would be to take on the challenge with your partner to create excitement and passion in your relationship.

Some people get a new job, a new relationship or a new place to live to get variety. The problem with these are they often don't last. You can get variety by having a stimulating conversation, or by taking on a brand new challenge which will make you grow. You can learn something new.

You can change your focus and start to notice the little things that make something or someone exciting and different. There is variety in your job, your living space and your relationship. You just have to look for it.

Experience Significance

The Third Human Need is to experience significance. This is the sense of being needed and feeling important. This is an emotional need which drives you.

A law in nature is: Everything must serve a purpose. This law results in the need to have meaning in our life and a sense of purpose. It is also the feeling of being unique and standing

out from the crowd, being recognized as a leader or one who makes a valuable contribution.

A negative way to meet this need is to tear everybody else down. By putting others down, people with low self esteem feel better about themselves. Violence is another way some people resort to fulfilling this need. Others meet their need for significance through adopting a negative identity, acquiring a disease or a psychological disorder such as being manic depressive or obsessive compulsive. Some people get ill to gain a sense of significance. No one was paying attention to them and no one made them feel important or needed. Once they are ill, everyone comes to spend time with them. Suddenly they become important.

Some positive ways to gain significance are learning a skill or acquiring knowledge. Getting a degree and having letters after your name can provide a sense of significance. Having children can give you a feeling of importance. They fulfill a need to be needed. By achieving something important, you feel a sense of purpose, a sense of significance. You can get a sense of uniqueness by your style, by the way you dress or speak or the way you do things.

What are the things you do to make yourself feel significant or unique or needed? In what relationships do you feel needed and important? What have you achieved that makes you stand out?

We Need to Feel Connected to Others

If you are so busy being unique, it separates you from other people. When you are totally significant you are totally different, which violates the *Fourth Human Need: The need to feel connection and love*. Feeling part of a group, family or team and really connecting with people can fulfill this need.

We can feel this sense of connection through our relationships with friends, family, children and lovers. Sexuality is a tremendous experience of total connection. Spirituality, the sense of connection with our creator, is one of the ultimate connections of love. Being in nature and feeling totally connected to your surroundings, to God or to yourself can fulfill this need.

Being connected to and loving yourself is very important for meeting this need. Pets can provide love and connection. Studies have shown that elderly people improved in health when they got a pet. Being a member of a team, club or association can give you a sense of connection.

How do you get this need met? Include relationships, activities and beliefs:

If you have too much love and connection and not enough uniqueness and significance, you can lose your own identity. Just like certainty and uncertainty, fulfilling your needs for significance and connection should be in balance to achieve greatest health and happiness.

Meet All Four Needs Simultaneously

These first four needs are the fundamental needs. Some activities can help you meet all four simultaneously, such as joining a club, organization, church, or community. A relationship can also meet all four needs. If you meet your first four needs through destructive means it will not allow you to meet the last two human needs, which are primary and essential to become totally fulfilled.

The Need to Grow

Our Fifth Human Need is: growth. It drives you to expand yourself, your awareness and to learn and develop new skills, distinctions and positive attitudes.

We are not happy unless we are growing as people. Ideally our relationships provide growth. Reading, going to seminars, listening to cassette tapes or watching educational videos or TV can fulfill this need. Have a high standard for yourself and keep raising the bar to go to greater heights.

List the things in your life that keep you growing and expanding:

We Need to Contribute to Life

Contribution is the Sixth Human Need: to strive to make a difference for others. This involves doing something, not because you will gain from it, but because it is right. It is selfless service. Many people meet this need by doing volunteer work. Being in a helping relationship can fulfill this need if you are focused on giving to others without concern for what you will get back.

List ways you fulfill this need.

Evaluate Your Needs and Actions

Whatever human beings do, they have a reason. They believe at some level their behavior will meet one of their needs. Subconsciously, our brain learns many ways to meet our needs. Some are destructive, some are neutral and some are very positive. Look back over your list and circle the positive ones which you want to spend more time focusing on. Put an X in front of destructive or neutral ones you wish to eliminate.

Think of each of your needs on a scale of 0 to 10, where 10 is total fulfillment. Rate each vehicle on the scale and put its score next to it. If you have a vehicle, such as smoking which feels good but is not good for you and you want to quit, find another healthy vehicle which will give you at least that level of fulfillment, otherwise you are going to go back to the old habit.

I noticed that I was wasting a lot of time watching TV. When I did the above assessment it scored low on meeting my needs. I decided to cancel my cable service and started reading instead of watching TV. That simple change made a dramatic difference in the quality of my life. When I wanted to watch the NBA basketball championship games I went to the gym and watched the games while I ran on the treadmill. This way I got to enjoy the excitement of the games, meeting the second human need. Since I ran for over two hours during each game, I gained more certainty (the first human need) that I would do well in the upcoming NY Marathon. I also felt connection (the fourth human need) with other people I met at the gym and growth (the fifth human need) as I experienced greater aerobic fitness and health.

Now look over your list and see which human needs are not being met to the level you would like. You have the ability within yourself to feel completely fulfilled in all six categories in any situation or relationship, regardless of how others respond to you. You just have to ask yourself these questions:

“What do I need to believe/perceive or appreciate about this situation in order to feel more fulfilled in this category right now?”

“What do I need to do in order to feel more fulfilled in this category right now?”

Thus by changing your perception or by changing your approach you can experience more fulfillment of each of your needs.

Give What You Wish to Receive

One way to change your approach and more completely fulfill your needs is to give that which you wish to receive. If you make someone else feel needed, important, and special they will usually make you feel needed, important and special. If you make someone

else feel tremendous love and connection, more than likely you will get that back.

Now look for an activity which you absolutely love to do. Write down on the 0 - 10 scale to what level it meets your human needs:

Activity	Certainty	Uncertainty
Significance	Connection	Growth
Contribution		

Now write down an activity which you do not like to do but you have to and rate it on the same 0 - 10 scale.

Activity	Certainty	Uncertainty
Significance	Connection	Growth
Contribution		

You will probably notice that the scores on the first activity are all close to 10, while the activity you'd prefer to avoid gets very low scores.

Now think of ways you can change how you perceive this activity or ways you can do this activity differently.

I noticed that walking my dogs was becoming routine and boring. I had to do it, but I was not enjoying it as much as I used to. My perception had become: "I am too busy for this and it is taking me from important things I need to do." I changed my perception to "Great, now I get a break from my work to have fun being with my good buddies."

I changed my procedure as well. I varied where I walked them, sometimes going to the beach and other times going to the park where in both places I get to notice the beauty of nature. To experience more variety, sometimes I play my harmonica while walking with them and other times I listen to educational tapes on my walkman. This helped me grow by learning more and becoming more practiced on my instrument. When I came across other people, I started spending more time connecting with

them. I have made many friends in the course of my dog walks. I have also had more fun playing with my dogs and really feel closer to them.

Take a situation or relationship in which you wish to experience greater fulfillment of your six human needs and look at how you can change you perception and/or your approach:
Old perception:

New perception:

New approach:

Demand Excellence in Your Performance

Whenever someone is at peak performance and peak health, it is because their *Six Human Needs are being met: they are driven to excel and be their best*. Take on the challenge to create a life which meets all six of your needs and live a life of abundant health and happiness.

* * * * *

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Emotions of the Feet Relationship to 4 Elements

by Nettie Meissner

Abstract: The relationship of the four elements, the feet, hands and body is developed here.

In the beginning God created the world and all therein and on the 6th day He created man and thereafter Reflexology was born. Yes, you read me correct. Reflexology was born out of the need for man and animal to relieve pain. Although man and animal didn't realize what the word pain or discomfort meant, they soon learned out of necessity that a gentle massage or pressure made their discomfort change to happiness.

In the early 1920, Mrs. Eunice Ingham wrote the first books on Foot Reflexology. Under the direction of colleagues she did the research and know we have a name for the treatment. She wasn't the only one doing reflex testing to help mankind. In the 1950's Dr. George Goodheart needed better results with his chiropractic patients. Much research was put into testing muscles and to his amazement the body would react and hold its balance. With much encouragement from Dr. Goodheart, John Thie, D.C. wrote the first book for the average layman. In 1973 the first Touch for Health book was published and now it is world wide knowledge. Yes, there is a Mr. and Mrs. Santa Claus.

In today's fast pace society it is much easier to take a pill to rid ourselves of pain than take the time to manipulate portions of our body. Remember the last time you took a moment to rub the feet or hands, suddenly the blood seem to rush to those areas and the body is ready for the next 6 hours of work.

The 4 Elements in Relationship to the Feet and Hands:

#4 Earth and its relationship to the heel.

Earth is The Heavy Element or the 'I Need' element. Physically, it represents the feet, legs, thighs, and the pelvis areas of the body. The earth is self-sustaining, slow, yet gravity is very strongly expressed, telling us where things fall. An example is the elimination of waste for the purpose of cleansing the body of its natural resources. The human being and the earth have an instinctive power to create and to show true power and control. This passive, male image element shows the stability of the heel and its ability to cope with life. The earth element personality displays a strong attitude of responsibility for existence.

#3 Water and its relationship to the bladder, intestines, kidneys, as it reflects all the soft organs of the abdomen. Water is the element that reflects the Sea of Emotions and it resides above the earth. Within all regions of the bodily functions you will find fluids and a constant motion of water. Water is the element that can show uncontrolled emotions in a person by changing direction, being too low, having too much can be dammed up, yet emotional in nature, secretive, impulsive, strong odor and boils above and below the surface of emotions.

Water is a feminine element with mysterious-seductive movements and not like the earth in stability. Air and fire are digested through its elements showing the emotions of anger and pity, yet stormy and calm. Water is the elements that says "I Feel". When Earth and Water meet, growth and life can be possible.

- #2 Fire element with its burning shining element from the sternum to the shoulder blades showing all the breath of life.** Fire is a masculine, positive, element that will provide the enriched blood with oxygen while heating up our ambition and courage. Fire is the internal power off the personality.

The hands are a good expression of fire. They are constantly busy with a tendency to be the center of attraction. It is the beauty of the color green that can be seen in its vast territory. Fire can be swift as in destruction like a heart attack. Fire is the burning element of our ego striving higher to reach its goal. Its only goal is "I Want, I Do."

- #1 Air element and its Thoughtful Perception stemming from the shoulder blades up through the skull.** Our lives are organized through the air field as understanding, comprehension, senses and is represented by the central nervous system, the brain, and the skin.

Air has a color of light blue and is positive with a masculine overtone. All communication will pass through the air. Air is energy, light, and elusive with the ability to sight, taste, smell, with the exclusive ability of making use of existing information. Air is swift, but needs to be contained within our lung framework.

Air can reflect the bad energies of overexertion, mental anguish, physical

fatigue. We abuse the air that we breath by not opening our house for an airing to allow the bad electrical energies to move on so we may breath the new air of life. Our toes represent the air and the ability to live with each other and the ability of Air is "I Think."

Fire and air are masculine in element and they compliment each other.

Air=Light, Fire=Hot,
Water=Wet, Earth=Heavy.

Water and Earth are descending, passive elements with feminine energies. Meanwhile Fire and Air are ascending, active elements with masculine energies. Above the toes are the extreme comprehension and below the toes are the extreme of sensations, and we live in the midst of the two. When an imbalance occurs between the zones than we have an equilibrium problem and that is where reflexology and muscle balance pull these body zones together.

1. Air is Light and seeks to disperse.
2. Fire is Hot and seeks to ascend.
3. Water is Wet and cold and will flow to the lowest points.
4. Earth is the Heavy element and has static, yet strongly influenced by gravity.

Sixty percent of today's problems are brought on by unsuspected foot problems. A large percentage of dislocations in our modern life we consider to be purely psychological when they are just a matter of poor feet and the disinclination to walk? Many people spend a lifetime of misery while vainly seeking relief through only psychological correctives when the original cause is not psychological. The affected person finds it difficult to become aware of the situation though they have the poorest feet--because his feet don't hurt.

In my practice I have seen clients come in with beautiful feet, yet complaining of many

different problems. Upon looking at the feet, they waddled, could not curl their toes, hips often locked, foot pulses were absent and it hurt to walk barefooted. Beautiful feet but the pallor was almost dead-like white.

In the computer world, WINDOWS are the eyes into more adventure and longer life of our world. When we become complacent in our computer and not adventure into other avenues, eventually life become stagnant and we go nowhere.

Our feet are the WINDOWS to our soul and life. In the cement and electrical world we have a hard time escaping, but we must find the earth and put our heels in it to help release our stresses and learn to communicate with others.

With the water portion or intestinal area of our feet we can move out the bad energies. When we place the foot down of the muscular ball of the foot, this will represent the upper muscular lung and ribcage strength. When the toes are placed on the sand, it stimulates and helps bring the air into the rest of the body. Walking works the reflexes of the feet to help relieve our stresses and build the body. The hands are also the busiest of our body and therefore must be massaged on a daily basis.

**Open the Windows of Your Body
and Let the Emotions of Your Feet
and Hands Assist in Your Life.
Soon You Will Have the Ability to
Think Clearer and Handle the
Problems of Life, So Tune into the
Body's Needs. Walk, it Does a
Body Good.**

* * * * *

References:

John F. Thie, D.C.

Touch for Health.

Eunice Ingham

Foot Reflexology

Dr. Simon J. Wikler

Walk - Don't Run

Rev. Hanna Kroeger

New Dimensions in Healing Yourself

Avi Grinberg

Foot Analysis

* * * * *

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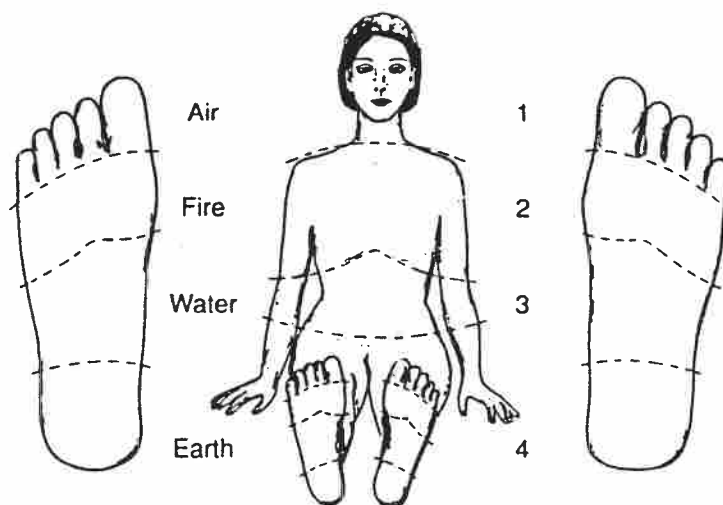


Figure 5. The four elements represented in the feet and body.

On Target Nutrition

by Andrew Morris

Abstract: With muscle testing we can design a customized nutrition program focused toward a specific goal. We will identify which areas in a person's nutritional regime are the most important to modify and how to adjust them.

Introduction

Our nutrition is undoubtedly one of the most important factors in determining our health, vitality, productivity and appearance. It is a very popular area in alternative therapies and health as evidenced by the number of best selling books on the subject. But doesn't this year's best seller give exactly the opposite conclusions as last year's? Which one is right? How can it be that people report benefits from each of the various books which contradict each other?

The answer is that all of them are right...for some people some of the time. The problem is that making things simple is what sells books. A book which claims to have the one diet that will solve all problems for everyone by having you pay attention to ONE factor is easy to sell. Unfortunately, *nutrition is a complicated subject with many important factors*. Any one factor can help a person dramatically if applied correctly and can unbalance a person significantly if used improperly.

The Study

Last winter I conducted a *pilot project to study the effects of using muscle testing to determine which nutritional factors need to be adjusted*. One of my intentions was to determine the relative importance of different aspects of nutrition which various experts suggest as important. I also intended to understand the interrelationship between factors which seem to contradict each other.

I began seeing 21 participants an average of 2 times per month for a period of 3 months. The

study concluded with 17 participants. Each participant had a primary goal along with other desired outcomes for the study. The participants were students and faculty of a massage school and their associates. (Not a random sample.)

The factors which I evaluated for are listed below. The percentage of participants which needed a change in each area is shown as well.

- Acid Alkaline 40%
- Food Combining 33%
- Food Sensitivities & Intolerance 33%
- Vital Energy Sources 27%
- Cleansing 23%
- Blood Sugar Regulation 20%
- Add Specific Foods 20%
- Specific Supplements or Nutrients 17%
- Emotional Reactions 17%
- Percentage of Macro Nutrients 15%
- Hydration 12%
- Time of Day Factors 5%
- Body Types 5%
- The Effects of Drugs 5%

Summary of Results:

Goals included increased energy, weight increase, weight decrease, increased mental clarity, better digestion and elimination and better athletic performance among others. Nearly all participants reported higher and more even energy levels, greater mental clarity, better digestion, and feeling more in control of how they feel. Several participants reported weight decrease without intentionally eating less. Of those who wanted to gain weight, more than half did. Each participant

reported satisfactory progress towards their goals.

Muscle Testing Protocol:

1. Establish a clear goal and have the participant state the goal as a fact.
2. Test the person on their goal and put the off-response in circuit.
3. List options and see which options would switch the indicator muscle on.
4. Use priority mode to establish which is the priority area for attention.
5. Explore options in that area using yes/no testing to determine what changes are needed
6. Verify that those changes will strengthen the previously weak indicator muscle.
7. Discuss implementing the changes with the person.
8. Repeat steps 4-7

Analysis

The key to effectively using this process is being able to discuss each topic with the person and educate them about the areas of their nutritional approach which need modification. It is helpful to have a working knowledge of each area of importance so we can test intelligently what might be needed to help the person progress toward their goal. Therefore I will provide some discussion of each topic and what changes were most commonly indicated.

Acid/Alkaline

This is the degree to which a person is stimulated (Acid) vs. the degree to which they are sedated (Alkaline). High blood pressure, hot, fast metabolism, high energy and reddish color are some aspects of acid while low blood pressure, cool, slow metabolism, low energy, cravings and pale color are some aspects of alkaline.

Nearly all of the participants who needed changes in this area needed to become more acid. This is best achieved through an increase in easily digested protein such as fish, eggs, and yogurt or cottage cheese. It is necessary to recognize that digested protein is the best long term solution to acidify a person while undigested protein is probably the most common cause of the low energy state associated with alkaline. Some participants also needed to replace some of their (excessive) raw vegetables with lightly cooked ones.

Food Combining

This factor most commonly came up as priority in people with slower digestion/metabolism and low energy.

For most participants the relevant changes were:

1. Take liquids without food. Usually 30 minutes before and 1-3 hour after meals.
2. Take fruits like liquids - without other food.
3. Take animal protein without refined starch. If you take difficult to digest protein like beef, less total starch in a less concentrated form tests better and gives better results. For example, fish with potato usually tested OK while beef and potato did not. A less concentrated starch like carrot or squash tested better.

These changes related to Acid/Alkaline balance as regulated by undigested food, especially undigested protein which is alkalizing.

Food Sensitivities & Intolerance

I used testing against C1 and the allergy modes. The most common factor was wheat, then uncultured dairy, followed by corn, especially in the form of chips. Hydrogenated oils also needed to be eliminated by some

participants. I was surprised by the participant's willingness to make these changes when they were indicated. I attribute this to the fact that they knew that the change was directly related to their goal.

Vital Energy Sources

Fresh, raw unprocessed organic foods are highest in vital energy. Rare meats and fish can also be a good source. The most common changes needed in this area were an increase in lightly cooked organic vegetables and organic fruit. Some participants benefitted from raw or rare fish, usually tuna. For some of the participants it was important not to increase their tendency towards alkaline. (i.e. not large amounts of raw vegetables or vegetable juices)

Cleansing

Toxic buildup in the colon, liver and gallbladder were key factors for some participants. Colonics, proper use of enemas and a saltwater cleanse were used by several participants with excellent results.

The saltwater cleanse is a simple, gentle cleanse is done by drinking a quart of warm water with 2-3 teaspoons of sea salt on an empty stomach. Plan to stay near a toilet for a few hours. More salt makes the action more vigorous. This would not be recommended for persons on a sodium restricted diet. Also, liver/gallbladder cleansing was helpful, although this is best done with supervision.

Blood Sugar Regulation

Blood sugar regulation with diet is best achieved with smaller meals which include digestible protein taken frequently throughout the day. Some participants needed to eat as frequently as every 4 hours and to have small (7-12 grams) portions of protein 3-4 times per day. For others, they only needed to avoid heavy sweets and go no more than 6 hours without food.

These changes related to the Acid/Alkaline balance and the Percentage of Macro nutrients present. Most participants enhanced this area by increasing their digestible protein intake.

Add Specific Foods

Ocean Fish was the most commonly needed food when this factor tested to be the priority. Other foods which participants needed were whole grains, steamed vegetables, sea vegetables and fresh fruit were also indicated in some cases.

Specific Supplements or Nutrients

The most indicated supplement was HCl followed by Vit. E, Vit. C, Calcium/Magnesium and pancreatic enzymes.

Emotional Reactions

A variety of techniques were used here and no single method stands out. The approaches included: suggesting that they not sit at their desk during lunch or watch TV during dinner; using ESR and Affirmation technique on their goals and laterality repatterning.

Percentage of Macro Nutrients

Here we addressed the percentage of calories from Carbohydrate, Protein and Fat. There are popular programs which suggest that 40/30/30 is ideal for everyone. My testing indicated that the ideal macro nutrient balance varied from person to person over a range of 40-55% Carbohydrate of 17-30% Protein and 20-40% Fat.

Each individual tested to have a unique ratio which was ideal for him/her. The most frequent range was from 42-47% Carbohydrate, 22-27% Protein and 30-35% Fat. Although this factor was not indicated very frequently, when it was indicated it was often the #1 priority.

Most frequently the biggest change the participant needed to make to achieve the recommended ratio was to increase their

protein intake. It is important to consider the nature of my sample, as some of the participants had previously been deliberately emphasizing a low protein, high carbohydrate approach.

Hydration

We are all aware of the need for adequate water. I believe that the low percentage of participants needing more water was due to relatively high consumption prior to the study. The use of water without chlorine tested to be essential. Some participants benefitted from adding 20-30 percent apple or pear juice to their water to aid absorption.

It was also indicated that a decrease in caffeine, especially coffee was helpful. Testing indicated 1/2 -2/3 oz water per pound of body weight per day was ideal.

The factors Time of Day, Body Types, and The Effects of Drugs did not test to be relevant for many of the participants.

Conclusion

To have an effective approach to nutrition one must include at least being aware of a wide

range of factors, any of which can be very important for a given individual. Even though Acid/Alkaline, Food Combining and Food Sensitivities and Intolerance were most often the priority, each of the other areas such as Vital Specific Supplements and Percentage of Macro Nutrients produced significant benefit for participants in the study.

It seems that we can benefit from understanding the relationships between different aspects of nutrition. Finally, we can not afford to ignore any of the many parts of nutrition which can either enhance or diminish our health and vitality.

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JOURNEY INTO THE DISCOVERY OF OPTIMAL HEALTH

By Dee Oldham

Abstract: Specialized Kinesiology provides excellent tools to design and create a personalized journey into the discovery of optimal health. Primary suppositions of this program are: 1. The blueprint for perfect health is within us. 2. We are whole, body, mind and spirit 3. We are always changing. Dr. Andrew Weil in his book Spontaneous Healing gives an 8 week program to help one change lifestyle to favor spontaneous healing. Dr. Weil's program is based on these same suppositions and makes an excellent foundation for this model. This model gives us an opportunity to integrate our knowledge and varied SK skills to create a gentle personal program. Ten people will have completed the 12 week pilot program used to develop this model. Conclusions are presented.

Dr. Andrew Weil appeared on a local PBS channel, as a main feature, during their fall membership drive. During one of the segments I saw and heard him describe his program Optimum Health in 8 Weeks. The wholeness of the program and his guidance to draw on the body's healing system attracted me. He said that healing is an automatic process and comes from within and our healing system operates continually.

Dr. Weil had included healing activities for body, mind and Spirit. His program consisted of small steps that build on each other to create a foundation for optimum health. The suggested activities were divided into five groups; projects, diet, supplements, exercise, and mental/spiritual.

Projects

There was a project for the week usually learning about some area pertinent to health. Some of the projects were, learn about your water supply, check on what kind of fats you have in your pantry and find out about the suggested tonics, and decide if any of these tonics are for you.

Diet

The activities in this group are often some additions one could make, such as adding broccoli, trying various forms of ginger, substituting soy products for meat, and the importance of cooked greens. I especially liked his positive approach of learning to include healthy foods instead of the idea you can't have a, b, c, d, ... just the beginning of a long list.

Supplements

Vitamins C, E and selenium and the addition of a tonic were among those included.

Exercise

Dr. Weil suggested starting gently with a walk of 10 minutes several days of the week and working up to a more ambitious program.

Mental/Spiritual

Activities, starting with breath observation, and breath exercises in subsequent weeks are a part of this program. He also included being aware of beauty, such as, flowers, music and art.

His program consisted of small steps that build on each other to create a foundation for optimum health.

Discussion

Several of my clients talked with me about seeing Dr. Weil on TV and what I thought of his program and I told them it was very well planned and quiet doable and I felt it was a brilliant idea. Some clients told me they were reading the book and beginning the program and I also had incorporated several of his suggestions in my own life.

I woke up one morning knowing the whole plan for using Specialize Kinesiology (SK) to individualize a program using Dr. Weil's book as a guide. Included in this awakening was the idea of doing a pilot project to furnish information as to how it would work and to present this at the TFHK/ASK-US Annual Conference. It was clear to me my project would be 12 weeks instead of 8, would involve the recognition of goals; and include activities from the SK modalities.

How do I describe it? What will I call it? It will be a **journey**, an expedition, jaunt, pilgrimage, excursion. These words brought forth in me a sense of anticipation and adventure. Since each person would be in the process of unfolding and developing her plan and it would be a growth process into **discover**. **Optimal** was the word that came to me so I coined it to mean "superlative". I defined **health** as "wholeness, soundness of body, mind and Spirit, an inner joyfulness, a state of well-being." This journey sounded exciting to me and like one I truly wanted to experience myself and along with others. It became the *Journey into the Discovery of Optimal Health*.

This 12 Week Pilot Project Would Consist of the Following:

Goals,

Suggested activities,

Activity checklist, and

Monthly progress meetings designed to motivate and support us.

We would conclude with a celebration and look at the future. The blueprint, pharmacy, and all intelligence necessary for optimal health are within each of us; and SK is an excellent tool for accessing this intelligence.

Methodology

I wanted to be sure of having at least 10 people complete this pilot program so I asked for 16 volunteers and they chose either afternoon or night group. All participants agreed to attend 4 sessions, one session every four weeks and to do the paper work. As an affirmation for her commitment each person gave a check for \$40 at the first three meetings. The \$120 was returned to them at the last meeting when they submitted the paperwork. Those not completing forfeited the payment.

Preparation for First Session

Volunteers who expressed an interest were sent the following:

- An invitation to journey into the discovery of optimal health; a description of the pilot project.
- Two questionnaires:
 - 1] Why did they want to take part in the program?
 - 2] How did they rate their health at the start of the program?
- Goal sheets to fill out; they could list anything they wanted; then, select 3-4 priorities from this list.

Session One

A train whistle signaled a "welcome" and "the beginning of the journey." This was followed by introduction of our fellow travelers and an overview of the program.

As a group, we aligned the energy of participants to the choice of taking part in the session and the 12 week program. We muscle tested the individual's position on the Behavioral Barometer, and as a group we worked with the *Top Ten Stress Reducers* of Sharon Promislow.

I believe focusing on what we want is the key to motivate us to make lifestyle changes; therefore, I chose to spend the major part of this first meeting focusing on goals. Everyone brought her sheet of goals with the priority ones selected. We did a guided exercise focusing for a little more than one minute, imagining how it would feel when our goal had been achieved. We did this for each of the priority goals.

I prepared suggested activities similar to and including those Dr. Weil suggested in his book. Each participant then selected her choices in the various categories for the first 4 weeks. There was also a check list prepared. Everyone was given two file folders, one for my records and a personal one. The meeting was closed with a group balance to support the priority goals and the intention to continue the journey.

Preparation for Session Two

The preparation of the file folders in the first session took more than the two hours planned for this process and did not give time to fully consider the choices offered. Therefore, I prepared a packet listing suggested activities from which they could select the activities for the next 4 weeks, and a checklist to prepare before coming to the second session. Each individual was to design her own personal plan. This was mailed to them about 10 days before the meeting date.

Session Two

We started with sharing some of the benefits discovered on the first leg of our journey.

We discussed the importance of placing our attention positively on what we wanted. This was followed with a "how to" demonstration of positive focusing. Then we focused as a whole group and then smaller groups. This exercise seemed to really bring everyone together and created a firm support for all participants.

Next we used "I feel, I want and I am willing" exercise from the Three in One Concepts. to deal with any areas that needed strengthening.

We discussed having a buddy or partner. The group felt this would be an excellent idea if we had planned to do so from the beginning but did not want to do so in the middle of the journey.

We closed with anchoring our selections for the next four weeks and affirming the intention to return for the next meeting.

Preparation for Third Session

Each participant was sent a packet a week before the session so she could select her activities for last four weeks of our journey

Session Three

The train whistle blew and "all aboard" was called. We shared discoveries and successes on our journey.

In order to change an unwanted behavior it is necessary to acknowledge the payoff received from this unwanted conduct. We divided into small groups and through discussion and muscle testing acknowledged the unwanted. We then chose behavior that would be supportive in meeting our needs so we would no longer benefit from the negative behavior. We did eye modes and tapped in the new behavior.

Session Four

A "toot toot" and "all aboard" opened this session, followed by a time for sharing our discoveries and successes. All joined in the celebration and wonder of who we are, and what we had accomplished.

Everyone filled out two questionnaires; one to rate current state of health and one to give feedback about the design and production of the program. All checked their folders to see that all the paperwork was completed; I returned their checks.

Our last activity was to make a decision if and how they would like to continue with a self plan.

Conclusions — Participants reported the following:

Some of the goals, were not really what the person desired.

Almost everyone found they achieved several of the goals on their first sheet from which they selected priority goals.

Most of group bought flowers at least some of the time for one of the Mental/Spiritual activities and found the flowers made a significant difference.

Several said they had been much more successful than they had thought possible.

Many were amazed at how strange and yet pleasing it is to give attention to their own well being.

Several said they were pleased with how much more focused and disciplined they felt.

We are in the middle of our journey as I write this paper, so sessions three and four were written and planned. The other sessions and

conclusion were those current at the time of this writing. There will be a summary of the finished pilot project furnished along with the presentation. The exercise of focusing one's attention on the desire will also be done as part of the presentation.

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References:

- Benson Herbert with Stark, Marg.
Timeless Healing. New York: Scribner, 1996.
- Chopra, Deepak, M.D. New York.
Perfect Health. Harmony Books 1990.
- Chopra, Deepak M.D.
The Seven Spiritual Laws of Success. San Rafael, CA: New World Publishing, 1994
- Chopra, Deepak, M.D.
Journey Into Healing. New York, Harmony Books, 1994; also in Audio from Random House.
- Chopra, Deepak, M.D.
Weight Loss, New York Audio , Random House 1994.
- Diamond, John.
Life Energy. New York: Dodd Mead, 1985.
- Dyer, Wayne, Ph.D.
Real Magic. New York: Harper Paperbacks, 1992
- Holdway, Ann.
Kinesiology. Rockport, MA: Element, 1995.
- Weil, Andrew, MD.
Spontaneous Healing. New York: Random House, 1995.
- Weil, Andrew, MD.
8 Weeks to Optimum Health. New York: Alfred A. Knopf, Inc, 1997.

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HEART TOUCH

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Over-Energy and Trauma Survivors A New Direction for Abundance

By Sharon Plaskett

Abstract: The use of non-judgmental noticing and understanding of the areas of over-energy assist in the treatment of trauma survivors.

One of the most challenging situations we find ourselves in, as facilitators, is that of working with survivors of trauma. Whether the result of accident, death of a loved one or abuse, these clients challenge our abilities, engage our empathy and force us to take a closer look at our own most deeply held beliefs.

How do we aid and support one another toward healing while enriching our own lives as well? Can we show empathy and maintain healthy boundaries at the same time? What is a safe, supportive way to aid their steps toward change; encouraging the new, while honoring the old? These are some of the considerations and skills I would like to touch on during this presentation.

Be Free of Judgement In Counseling

A cardinal rule that applies to the counseling profession is that the client must always be viewed with and have access to unconditional positive regard. This means, in part, that I will never respond to information they share with me in a judgmental manner. This is a unique relationship, different in its kind to any other; wherein the client experiences a safety and acceptance that may be new to them. It's purpose is to create the opportunity for their grief, pain or anger to be experienced without bringing harm to themselves or anyone else. It is necessary for us to both identify our feelings and express them in order for us to heal from trauma. The memory (facts) must be combined with the feelings in order to bring wholeness and completion to an experience.

Volumes have been written on the necessity of maintaining unconditional positive regard when participating in the healing relationship.

My purpose for this presentation is to take a new look at some familiar tools we already have available to us and how much they add to our skills of facilitation and listening.

Noticing

The first is the concept of NOTICING, introduced with the muscle-check through Applied Kinesiology and Touch for Health and refined by Dr. Paul Dennison. In NOTICING, I learn that all information is good. A situation cannot be rectified that has not first been identified. Therefore, any and all information given to me by the client is useful in bringing recognition to the conscious mind. This process of non-judgmental identification validates the unique 3-dimensional quality of each persons experience; helping to delineate as it were, the height, width, and breadth of their trauma.

NOTICING relies on our ability to gather data without inserting opinions, suppositions or "obvious" conclusions. It leaves the interpretation to the client. This is very honoring. This is a process based on the belief that the answers are to be found within the client themselves; that our abilities are tools that we employ in behalf of our clients' journey of discovery. THEY win the prize, we applaud. It may very well be the first time they

have ever felt empowered concerning that certain event. Our faith in them is invaluable to the process of healing. NOTICING not only supports the client, it also creates a zone of safety for me as well. When I realize that my opinions or judgments are not needed, I am more willing to relinquish any personal investment I may have in the results or outcome of the balance. This allows me to more fully support my client without adding my personal issues to their process and I become part student as I am taught while watching them learn about themselves. We both come away edified and strengthened.

Over-energy

The second tool that can be used to good effect is the way we educate for OVER-ENERGY. Using the knowledge that all information is good and useful, let me share with you how I have employed this specific tool.

We are all familiar with the concept of energy as it flows around the meridians and through the many systems and pathways the body employs to communicate with itself. We know that certain increases and decreases of energy are normal as we face the challenges of any given day. When I concentrate or focus on a particular task, I am liable to have more energy trained on that activity than any other.

When I map a FIVE-ELEMENT or WHEEL balance for a client, I tell them that those places where they are OVER ENERGY (O.E.) are places where they have determined they want to work. They have already noticed there is something they want done in this area and they are working on some issue related to that meridian system.

People who have suffered severe trauma have usually experienced a feeling of helplessness at some point, as well. Some may have even become entrenched momentarily in the victim

role. When such a person sees chart notations of O.E. they are often viewed as one more evidence that they are "doing it wrong," "unable to cope," or that "their abilities are inadequate to deal with the situation."

I have found it very useful to point out how hard they are already working on the issues involved. The issues they have already identified and the changes for which they are striving are evidenced by the O.E. As I talk to them about the O.E. areas, they are usually quite surprised that I know what they are working on and again surprised to be complimented on their hard work. I then explain that these issues they are dealing with are very important. Our intent is not to tell them they should actually be working somewhere else. Instead, by drawing their attention to another issue, they will be restoring movement and flow, enabling themselves to more easily accomplish the O.E. goal they are now working on. This they are usually willing and eager to do.

A Should List

Let me illustrate by using what I call the Should List.

All of us have an inner list or description of where and who we would like to be. Many of us can go into a fair amount of detail concerning it.

Have you ever listened to the song "Do You Know the Way to San Jose?" The person is asking directions to a specific place and is eager to get there. However, it is never really clear where they are coming from. If we, each of us, thought right now about how we would get to San Jose from our respective homes, each of us would come up with a different answer. It is a basic law of travel that the way to reach a destination depends entirely on where I am coming from.

By acknowledging the O.E. in a positive way, it becomes important information to the client. "Where I am" becomes part of the journey to "where I'm going" and each aids the other.

Appreciating the tools available to us in our work and putting them to use in new ways aids me in my goals. Through careful and supportive NOTICING I enrich my experience as a facilitator while keeping healthy boundaries. I am able to empathize while honoring their personal journey through the process. And, offering them positive education for O.E., is a wonderful way to celebrate their unique passage from the old to the new.

* * * * *

5 Element Short-Form

By Sharon Plaskett

Establish:

- Clearing Techniques:
- Goal (or identified pain or muscle cramp):
- Pre Activity:
- This system is willing to balance using 5-element short-form balance:

1. Tap around navel

2. Locate

the one major over-energy

- a. Yin or yang system of one element
- b. Both yin and yang of one element
(Determined by using Alarm Points)

Educate

concerning significance of O.E.

3. Locate

(muscle check to find) most appropriate system to draw energy to:

- a. Within element
- b. To adjacent element (etc.)

Educate

Ask: How will adding this concept help you to accomplish O.E. goal?

4. Identify & Clear Low Energy

- Use Touch for Health muscle checks to demonstrate low energy in that system
- Circuit locate appropriate correction technique & correct
- Re-check muscles to show they are now strong.

5. Alarm Point Test of O.E.

The Alarm Points show that O.E. is now corrected and energy balance (movement = physical, mental or emotional) is restored.

Establish:

- Post Activity:
- Restate Goal:

* * * * *

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Presentation of the Touch For Health Instructor's Workshop Flip Chart

By Loyce Price

Abstract: Presentation of the TFH Flip Chart and explanation of its purpose.

This Chart is for:

Individuals who would love to share the Touch For Health concept, but feel a bit hesitant, or inadequate to teach would benefit greatly by using the Flip Chart. Instructors could take advantage of this chart to offer a superior presentation to a class.

The Flip Chart:

The chart is arranged in 3 sections and consist of the following:

1st Section: Introduction to Touch For Health Concept

- Some of the Sheets are:
- Our (TFH workshops) Purpose
- Dr. Goodheart quote "The body is intricately simple..."
- Applied Kinesiology Definition
- Picture of Leaf Taken by Kirlian Method of Photography
- Demonstration to show the body is energy and electric (6 fun to do demonstrations)
- Screen Door Theory (From TFH workbook)
- The Triangle Concept: Chemical, psychological, or spiritual and structural
- 6 Sheets to Briefly Introduce the 6 basic correction techniques
- Pretests

2nd Section: Covers Individual Muscles:
(See sample on next page)

3rd Section: Supporting Information and Graphics for all workshops:

- Structure
- Balance Record Sheet
- Nutrition
- Live Long and Prosper
- Cross Crawl Exercise
- Hugs! (Poem)
- Bi-Lateral Correction
- 5 Element Procedure
- The Wheel
- Meridian Cycle
- Standing Muscle Reference Chart
- Muscle Dance
- Origin and Insertion
- Alarm Points
- Structural Awareness (2 pages)
- Five Elements Worksheet
- Muscles Used in Specific Sports
- Summary

This Touch for Health flip chart has evolved from 20 years of teaching Touch For Health. It has expanded as Touch For Health has grown from a single workshop, to a basic & advanced course, and then to TFH I, II, and III.

Glass Jar Demonstration

The demonstration using the glass jars as insulators over the ears & mouth, I learned from attending either the 1st or 2nd Annual Meeting during a demonstration by Dr George Goodheart and my classes have always loved that demo.

As I have developed and used this flip chart over the years, I have found it to be a very effective & helpful tool and has provided a focus & direction in presenting the workshop material. I am basically a behind-the-scenes type of person, however, TFH was very exciting to me and something I was motivated to share. My flip chart made it much easier for me, and I hope you will find it useful as well!

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Neural Organization Technique

Researched and Developed by Dr Carl A. Ferreri DC Brooklyn, New York, USA.
Presented by Evelyne Rupp, N.O.T. Instructor, Vancouver, BC, Canada.

Abstract: NOT is an essential technique used to organize the nervous system. By using specific protocol to connect the neurological circuits, the body's four survival systems can operate automatically, by adjusting and resetting after any structural, biochemical or emotional trauma, and, therefore, regaining energy and vitality

Understanding Our Defense Mechanisms

Neural Organization Technique (NOT) is a system for organizing the nervous system and, therefore, the body it controls. This organization is what enables us to survive and function in any situation, and to exist in a hostile environment. Therefore, everything we need for survival, with the exception of food, air and water, must be found within the body itself. It has the resources to be self-healing, self-regulating, and self-perpetuating.

Physical or emotional trauma and poor diet can interfere with these automatic functions, upsetting the body's homeostasis. These survival systems are neurologically coordinated, so that when one is "turned on" the others are "turned off". Ideally, this should make things simple for both diagnosis and treatment. Problems arise however, when there is a partial "turn on" of one system and a partial "turn off" of another.

N.O.T. is a form of specialized kinesiology which not only provides access to the body's own knowledge of itself, but also enables the practitioner to locate and define the specific health problem or imbalance. Using the specific reactive muscle on the opposite side, N.O.T. gets to the root of the neurological deficiency.

Neural Organization Technique uses specific protocols to reorganize the body so it can

function as it was designed to. It addresses the four primal survival systems of eating, the fight or flight response, reproduction, and immune function, which includes the repair, growth and controlled reproduction of tissue.

These systems are mutually exclusive in their function, as the body acts essentially in a one-track fashion. When one system is activated, the other systems are suppressed. Eating, for example, effectively turns off or suppresses the function of the reproductive and defense systems. Reproductive activity turns off or suppresses the function of the feeding and defensive systems, and the fight or flight response suppresses or turns off the function of both the feeding and reproductive systems. This is to conserve energy, and to ensure, that each system can function optimally without distraction or interference from the others.

In everyday life, we notice that when we are in love, we usually are not hungry, nor do we want to take flight. And, when we are hungry, our focus is on food and not on our mate. When danger is near, however, we focus on getting out of the situation; we do not experience hunger, nor do we think about being in love, unless it is to help our loved one get out of danger.

Everything that affects the body must, of necessity, affect and work through the nervous

system. If the body has proper neural organization, it will be able to function as it was originally intended. Some of the functions which depend upon good neural organization are the coordination of our stride (gait) when we walk or run, our sense of balance and posture, hand/eye coordination, and sense of direction.

The organized neurological function of the brain itself depends on the very subtle and synchronous respiratory motion of the bones of the skull, which pumps the cerebrospinal fluid. Early in the N.O.T. protocol, we are introduced to the dura, a very strong membrane encasing the brain and spinal cord, which is attached to the sutures of the skull, 1-3 cervicals and the coccyx. When a threatening situation presents itself, the body's reflex system must react to protect it from serious injury. The first priority is to protect the central nervous system (which is what makes the body work), and to hold the head on the body.

It is within the fight or flight system, driven by adrenal activity, that we perform almost all the other survival activities necessary for our existence. This system allows us to "hunt for food" (work), run, play etc. It is our basic operational system for all necessary activities

Whenever a circumstance demanding some sort of activity or when some sort of stress is encountered, this system becomes activated "in relation to" the level of the particular stress perceived. The body can only react to stress as if it were a danger or some sort. Any activity has a certain potential for causing injury (we could fall or otherwise injure ourselves). Therefore, the first priority of this system, as part of our survival complex, is to initiate programs designed to protect the central nervous system.

The nervous system is encased in the moveable bony housing of the skull and spine. Being moveable, this bony casing is subject to damage. It must be remembered that we are dealing with primitive or innate response systems, which were created to function in a hostile or primitive environment. Survival in such primitive settings is a matter of life or death encoded in us from early times. The response mechanism must therefore deal with this grave possibility innately, automatically and immediately.

The proper reaction to danger would be to run. There are times when we would like to do this in our jobs or daily life, but most of us instead just clench our jaws and carry on. When this happens, the neurological and physiological mechanisms are not satisfied and the normal "defusing" of the "arming" mechanism can not occur. The stress is then locked in, causing a disruption in the normal functioning of the body's processes.

Three Primal Defense Systems To Minimize Damage and Protect the Body:

1) The Reactive Muscle System of Survival.

This system is designed to hold the bones of the skull and spine together, and to literally keep the head on the body when in danger. The extensor muscle groups, which are our fight/flight muscles (particularly those in the neck), contract to hold the head in place.

If the rhythm of the cranial bones signals a dysfunction, this system remains in place until signaled otherwise. The combination of the

- labyrinthine and ocular righting reflex systems and
- the vestibulo-ocular righting reflex system, and
- their relation to the tonic neck righting reflex system,

are the neurological mechanisms involved in this signaling phenomenon.

A chronic reactive muscle system imbalance results if these reflex systems are not corrected and balanced. The first symptoms noticed are usually chronic posterior neck tension. This causes headaches, eye and special senses problems, and chronic weakness of the flexor muscle groups, including the anterior support muscles of the neck and abdomen.

If a muscle is in a chronic hyper-tensive state, it cannot rest properly and fatigues easily when stressed. The support muscles of the spine, both internal and external, are extensor in nature. If they are compromised by the hypertension, there is a loss of spinal stability.

2a) The Defense System of the T.M.J.

The muscles of mastication (chewing), particularly the masseter muscles in this case, lock the jaw externally to prevent dislocation if struck. The temporalis muscle contraction holds the side joints (suture) of the skull together. The buccinator muscles tighten over the teeth for protection. Both sets of the pterygoid (internal muscles) are activated to lock the jaw on the inside to stabilize the sphenoid (center bone of the skull) on the inside.

This muscle action mechanically stabilizes and holds the skull together if struck. The pulling action of the pterygoid muscles flexes the bone, causing an increase of tension of the cranial dura (covering of the brain), providing both stabilization to this most vital organ, and resilience to cushion it from damage.

If this system remains activated, facial and dental pains, scalp and head pains, ringing in the ears, dizziness or loss of equilibrium, and a host of other symptoms may result.

2b) The Dural Defense System.

The contraction of the pterygoid muscles activates the coccygeal group of muscles at the base of the spine, pulling the sacrum and coccyx forward. This increased dural tension reduces the possibility of motion inside the skull, which stabilizes all the cranial bones, while still allowing for a very controlled cranial bone motion, pumped by the increased respiratory activity of the diaphragm. This increased dural tension pulls the brain away from the sides of the skull, stabilizes the brain in the skull, and causes the dura to act as a sort of trampoline for the brain to bounce against, in the event of a blow to the head.

We often see animals pull their tails down between their legs in times of danger. It may be to get the tail out of the way, but, more importantly, it increases the tension on the spinal dura to protect and stabilize the cord within the canal, and pulls the spinal bones together, thereby increasing the tensile strength of the spine to make it more resistant to either subluxation or luxation. The spine is shortened by the dural tension, bringing vertebrae closer together and slightly compressing the discs to reduce the degree of spinal curves. This increases the tensile strength of the entire spine.

Because of the way the dura is attached, this action increases the tension of the spinal dura, which stabilizes the cord in the canal, pulls the spine together for

structural integrity and specifically stabilizes the upper neck (cervical) bones.

3) The Fascial Defense System.

Both the skin and fascia contract over the entire body when danger is perceived. In animals, we see this contraction causing their hair to stand on end, partly to scare a predator by enlarging their size, and partly to act as a cushion, for the body, face, head and spine. The hair along the spine stands almost straight up, but what is happening underneath the surface is what is important.

In humans, this same contraction makes our hair stand on end and gives us goose bumps on the skin. The skin tightens, contracts and hardens somewhat, and we feel a tingling sensation, particularly along the spine. This contraction forces the blood away from the surface to help increase the supply to the muscles, where it will be needed for increased muscle activity, and to help prevent heavy bleeding from any superficial wounds. The fascial contraction holds the body and its parts together and tightens around the joints to stabilize and strengthen their function. If this system is not released, poor circulation, joint problems, and endocrine deficiency may ensue.

If the defense system is not neutralized because of continued cranial distress signals. The intestinal, digestive and sexual problems will become chronic.

Rarely, however, are these patterns traced back to the root cause. N.O.T. corrects the basic neurology, working with the reactive muscles and systems.

It is important not to mix other techniques into the basic N.O.T protocols as this only confuses the body. There is a specific way to open each neurological program. Once you get into a program segment, stay in it and finish the correction. Thereafter, other treatments and methods will be more effective and complete. When the neurological deficits are corrected, then the body's immune and biochemical systems can work properly. Any subsequent work on the meridians or at the emotional level will help stabilize the body so that it can heal itself.

* * * * *

Pre-requisite for NOT Seminars:

minimum = TFH 1-2-3

Basic I:

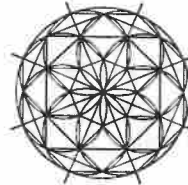
Gait reflexes, Cranial injury complex, Limbic (immune) system, Survival, Systems of the TMJ, Category I (Atlas), Category II (Pelvis of the skull), Category III (Lumbar/Disc), Idiopathic Scoliosis are covered.

Basic II:

Learning disabilities, Endocrine, Cardiac back stress syndrome, Extremities, Emotional Clock Clearing are covered.

* * * * *

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Teacher-Student and Practitioner-Client Interactions: Mutual Adverse Influences and What to Do about it.

By LaVonne E. Schmitt-Gordon, RN, MS, CHT
Allen R. Schmitt-Gordon, Ph.D.

Abstract: Over a period of years we have observed inaccuracies of muscle testing with students and clients due to factors related to the person doing the testing, often due to lack of presence, intention, or level of sensitivity. Other factors include working too closely in each others energy fields, incomplete closure with surrogate testing, being too sensitive and manifesting the imbalances of energies around them and their environment. This paper will explore the use of rituals and other ideas that relate to the practitioner creating energy field clearings, developing sensitivities intentions and to support accurate outcomes with muscle testing.

Many Factors Alter Muscle Testing

This paper addresses some of the issues associated with inaccurate testing on the part of the student as well as the practitioner. We have observed that aside from the errors made by new students in assessing whether a muscle is 'locked' or not, and the uncertainties found in learning any new technique, a number of inaccuracies can be traced to the influence of subtle energies affecting us in not so subtle ways. It is or should be obvious that the results of the balancing and testing techniques that are being taught, all depend upon accurate testing.

New students and clients are probably not always aware of all the different kinds of factors that can affect muscle testing. It is up to the instructor or practitioner to not only be aware of these influences but find ways of teaching the students and clients of ways to become aware. Touch for Health, as a biofeedback tool, of course teaches this. Our goal in this paper is to examine the ways in which this can be taken farther, that is, the use of Touch For Health as a means of growth and improving self-awareness.

Students are often prone to crises of confidence in learning something new. Aside from this, however, are a myriad of subtle energies that can affect the results of muscle testing as well as affect how a student might feel after a class. These might include the student being affected by someone else's energy.

Practitioners and instructors are not immune to this either. One thing that should always be asked when testing, concerns the degree of openness and clarity the practitioner has. This, of course, is a very difficult thing to gauge or measure. Two experienced practitioners can get different results from testing the same person.

Self-Knowing and Self-Observation Are Essential to Reliable Testing

In order for the student to gain awareness of these subtle influences, the instructor or practitioner needs to be able to teach how to do this. This means that the instructor or practitioner needs to have an understanding of these processes by manifesting them in his/her actions and be able to integrate them into the learning experience. Basic self-observation skills must be developed in the context of

learning muscle testing and balancing skills. Without this basic self-knowing, one cannot separate out one's own energies from those that might affect him/her and the client or student.

Learning muscle testing skills is an entry point into this process. One must tune into oneself in order to determine how a muscle is responding to the test. In doing this and quieting the internal chatter, the tester also becomes sensitive to these other energies. To reach this place, the tester must be comfortable with him/her self as well as know how to deal with these other energies, some of which may be uncomfortable.

Methods For Developing Intuitive Skill

Development of these intuitive skills requires some work. Some of the tools and methods that we have found to be helpful are described below:

1. Muscle testing -- what does the practitioner get from the testing? What is the tester's intention for testing. This is in addition to the role of the practitioner in trying to help the client.
2. Transition -- Taking time between different activities to 'digest' and complete the previous one and prepare to 'ingest' the next one.
3. Meditation, prayer -- Taking time to get to know yourself.
4. Intention -- Provides focus and direction. Helps to keep from being blown around by external and internal forces.
5. Internal 'check-ins'-- Periodically, stopping what you are doing to determine where your energy is at and remembering who you are and what you are doing
6. Affirmations -- Means of reminding yourself of who you are outside of the negative self talk. Helps to make intentions stronger.
7. Rituals -- "Rite of separation from old ways of being and thinking and behaving, and integrating into new modes of living."1
8. Imagery -- "Strategy for evoking change in body, in attitudes and behavior"2
9. Understanding the physical, emotional and physiological themes of the various organ/meridian systems.3

Our experience with Touch For Health, integrated in with these processes, has given us valuable tools for our own growth. It has assisted us in becoming more sensitive to ourselves as well as to our students and clients. It is therefore important to us that the scope of the Touch For Health curriculum be expanded to include these self-awareness activities, one of the outcomes being improved muscle testing.

References:

1. J. Achterberg, B. Dossey, and L. Kolkmeier. *Rituals of Healing*. Bantam: NY, 1994, p. 2.
2. Ibid, p 36
3. A. Schmitt-Gordon & L. Schmitt-Gordon. "Introduction to the Organ Energy Synthesis as a Way of Understanding the Triad of Health and the Nature of Imbalances," *Proc. Touch For Health 6th International Conf*, 1996, p.122 - 125

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Allergies

The Health Kinesiology Perspective

By Jimmy Scott, Ph.D.

Abstract: Many practitioners work with "allergies." How many of them use the same definition of allergy? Some prefer not to use the word "allergy" preferring instead to call it "substance sensitivity." However, substance sensitivity is vague and does not distinguish between "allergy" and "tolerance," two processes which are entirely different, both energetically and physically. Clearly, comparing techniques which use differing definitions clarifies little. Likewise, claiming Technique A is better than Technique B because the "cause" is addressed, or that Technique C works better than Technique D because it works on a "deeper level" makes no sense without a thorough theoretical and practical analysis and understanding. The major point here is that without a deep understanding of the energy system, whatever one does in Kinesiology may not be as it seems. As an example of this, a discussion and demonstration of the differences between allergy and (in)tolerance will be used. I will show that clarifying these concepts will allow more precise and accurate kinesiology work to be accomplished. I will show that the same results can be accomplished by using more than one technique, by clear understanding of the body's energy system.

Allergy and Intolerance Testing

I have observed many times, and it is easy to demonstrate, that *both* the client and the kinesiologist must be properly meridian energy balanced (MEB) before doing any muscle testing. If someone is "allergy tested," for instance, and then the practitioner gets balanced, the test results are likely to be different. At least part of the reason is obvious. Suppose the client had over energy in the large intestine meridian (LI). Being exposed to apple, for example, affects only the LI meridian, by reducing its energy level — from over to normal energy. Apple "allergy" will not show up. MEB'ing the client will immediately change the test result.

Since the practitioner's energy interacts with that of the client, any energy imbalance on the part of either will change the test result. (This is true for all kinesiology, not just allergy testing.) Note also that the practitioner MUST

test the LI energy, in this case, because no other meridian will be affected. Any stressor (allergy or otherwise) might affect only one small aspect of the energy system, so unless that one small aspect is specifically tested, no stress will be indicated. If you test 13 muscles, that 14th one may be the one!

What is "Allergy?" In Healthy Kinesiology we use what is called an *Operational Definition*. What this means is that when a series of steps are taken, if a particular outcome is achieved then *allergy is present*. These steps are:

1. Meridian Energy Balance both client and practitioner.
2. Obtain both Conscious Permission from the client and Energy Permission to do the work.
3. Place the test substance near Central Vessel 6 (CV6).
4. Touch Triple Warmer 21 (TW21).
5. Test an indicator muscle.

6. An unlocked muscle indicates allergy; a locked muscle indicates no allergy.

The TW21 point is an allergy reflex, so that if energy is disturbed in any part of the energy system the indicator muscle will react accordingly (meaning that it is not necessary to test all muscles). This process has been used over 15 years by thousands of kinesiologists. I have found no one who has described any procedure which is simpler or more reliable and sensitive.

This procedure is so sensitive that even homeo-pathic substances can be used. The overall energy patterns are tested, including the carrier material, so if the person is not allergic to that carrier material, then the homeopathic substance is being tested. In other words, with this procedure if the person reacts ("weakens") to the substance, *however small the amount*, they are allergic. The person is reacting to the actual energy pattern of the substance, not the amount.

In HK we make the careful distinction between *allergy* and *(in)tolerance*. With tolerance the amount of the material is critical. How much of the material the person can tolerate is precisely what is being tested. If they are allergic the tolerance will be zero, but they can have a zero tolerance and still not be allergic. (If you just drank two liters of very good water you might now have zero tolerance for more, but not be allergic to it.) After determining there is no allergy to a substance, the steps for tolerance testing are:

1. Meridian Energy Balance both client and practitioner.
2. Obtain both Conscious Permission from the client and Energy Permission to do the work.
3. Place a specific amount of the test substance near Central Vessel 6 (CV6).

4. Touch the atlas / axis junction on the side of the neck at the base of the skull,
5. Test an indicator muscle.
6. An unlocked muscle indicates intolerance to that specific amount; a locked muscle indicates no tolerance to that specific amount.
7. Start over at Step 3, changing the amount of the substance. The idea is to determine the amount they can tolerate which is just a little bit below the amount they cannot tolerate.

Use the above procedure to demonstrate that the atlas / atlas test is *not* an allergy test. Take anything the client 1) is not allergic to by the TW21 procedure above, and 2) tests strong by the atlas / axis test. For a specific amount of substance you will find the atlas / axis test strong. Now increase the amount of substance. If one apple is strong, try two...six...twenty-five. Eventually there will be a weak muscle, indicating the person cannot tolerate that specific amount. However, with the TW21 test, no amount of the substance will weaken the muscle. Allergy is the inability for the body to process a specific energy pattern. Tolerance is the body's ability to handle large amounts of that energy pattern / physical substance.

The implications are clear. If the person is allergic, as HK defines allergy, then they should totally avoid the material (until the allergies are energy corrected). With tolerance, the person can be exposed to a certain amount of the substance, but should not exceed that exposure (until the tolerance is improved through changes in energy and / or metabolic functioning). Confusing the two concepts can make a dramatic difference in the lives of some clients — totally avoiding something versus limiting their exposure.

Allergy Correction & Tolerance Improvement

Since allergy is only an energy disturbance, it is very easy to correct. Tolerance, however, is a combination of energy and metabolic / biochemical functioning in the person, thereby requiring changes in both systems in order to effect the most significant tolerance improvement. I do not include the actual procedures here because they are readily available elsewhere. (Health Kinesiology Stage 1 and 2 classes and in *Cure Your Own Allergies in Minutes*. They have also been published in the Proceedings of the ASKUS meeting, 1996.)

In the early 1980's I published a "Generalized Method for Balancing Energies," in which I pointed out that energy corrections require that the stressor be present. If the person's energy is stressed, by anything, the nature of the energy disturbance can be assessed and then appropriate corrections applied. That is why we expose the person to the food we are testing for, or have them think of their exam, or of a Goal, or have them touch their toes, etc. We recreate the stress so we can correct it. Once we affect the energy system with a stressor, we may correct that imbalance in a number of ways. Actually, any way which works will be OK, in the general sense. In practice, however, we find that some ways are superior in the sense that the correction is more robust — resistant to breaking down again. Further complication arises when different methods of allergy testing are used. An insensitive method may indicate "correction" when a better method still shows reaction. As in the example above of the LI meridian reacting: if the anterior deltoid (GB meridian) is tested, "no allergy" will be indicated, whereas the use of TW21 would indicate allergy. Remember, reduction or elimination of physical symptoms is not the

same as allergy elimination — the person could just be reacting in a different way or different place in the body. Besides, allergies are far from being solely physical, they can affect the mind or spirit equally significantly.

So, assuming adequate testing procedures, then anything which will permanently effect the necessary energy change will correct the allergy. This could be the HK allergy correction, either Tapping or SET, psychological corrections, standing on your head whistling "Dixie," incantations by your favorite witch (-doctor), or anything else. Our job as energy kinesiology professionals is to evaluate objectively and thoroughly the available procedures, or invent new ones if needed, and to use the most appropriate, powerful, and effective techniques with our clients. Anything less is unprofessional, and I believe, unethical. Our unwillingness to do so will prevent progress in our field and acceptance of our profession.

Jimmy Scott, Ph.D. began developing Health Kinesiology in 1978. He lives with his wife, Linda, on a small farm in Ontario, where they direct the International HK organization. They may be reached at:

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Hormone Balance in the 90's Is Living Really Better Through Chemistry?

by Linda Clark Scott,
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Abstract: Many people in our industrialized society, both women and men, are demonstrating the effects of "estrogen over-dose". As Specialized Kinesiologists, we have excellent ways of identifying the need for, and optimal usage of corrective supplementation. In this paper I will describe causes and symptoms of this hormone imbalance as well as possible corrective measures the Specialized Kinesiologist can recommend using over-the-counter skin care products.

In a Nutshell

- The hormones estrogen and progesterone are associated with female reproductive functions. In reality they are important to most *every animal for a variety of uses*.
- The current, prevalent phenomenon of estrogen dominance seems to be responsible for a host of ills in our society, affecting both males and females and a multitude of animal species.
- A significant factor in this phenomenon is xenoestrogens.
- Use of supplemental natural progesterone can significantly ameliorate estrogen dominance.
- As a Specialized Kinesiologist, you have the skills with which to identify whether progesterone supplementation would be beneficial, and to evaluate and recommend specific products and dosages.

Background

First you need a little layperson's biochemistry. A hormone is *a chemical substance, produced in the body, which has a specific effect on the activity of a certain organ.*² Typically, a hormone is not made in the organ(s) which it is designed to effect. For example, follicle stimulating hormone (FSH) is synthesized in the anterior pituitary gland which is embedded

in the brain. FSH affects the gonads in both sexes. In the female, it stimulates growth and maturation of the egg in the ovarian follicle; in the male, it stimulates creation of sperm in the testes

Another example is epinephrine (adrenaline). It is made in the adrenal medulla, the inner part of the adrenal glands. It causes the physiological "fight or flight" reactions throughout the body: pulse and respiration speed up, blood flow is increased in the heart, lungs, muscles, and lower parts of the brain, sugar floods the blood for quick energy. Simultaneously, other less immediately essential functions are decreased: blood flow to the digestive system and higher brain functions is diminished.

One particular group of hormones is called the steroids. Reproductive hormones and the adrenal hormones are steroid hormones. **Steroid** hormones are all derived from **cholesterol**. The body begins with the cholesterol molecule and transforms it into pregnenolone, which in turn is transformed into progesterone and 17OH-hydroxypregnenolone (both very similar). From those two molecules, *all the other*

reproductive and adrenal hormones are synthesized.

These molecular transformations come about through minute changes, facilitated by enzymes. Often adding or subtracting just one atom or molecule changes one steroid hormone into another. These minute changes in form cause major changes in function. For example, estrogen is synthesized from testosterone and the difference between the two is minute. But that minute molecular difference accounts for the difference between a shapely woman and a virile, bearded man!

Progesterone is a steroid hormone. It is two small biochemical transformations away from cholesterol. It is found in both women and men, and it *does not* cause sex-linked traits. The feminine sex-linked traits, such as a womanly shape, is caused by estrogen.

Functions of Progesterone ⁵

Progesterone:

- Is a precursor of other sex hormones, including estrogen and testosterone
- Maintains secretory endometrium (uterine lining)
- Is necessary for the survival of the embryo and fetus throughout gestation
- Protects against fibrocystic breasts
- Is a natural diuretic
- Helps use fat for energy
- Functions as a natural antidepressant
- Helps thyroid hormone action
- Normalizes blood clotting
- Restores sex drive
- Helps normalize blood sugar levels
- Normalizes zinc and copper levels
- Restores proper cell oxygen levels
- Has a thermogenic (temperature-raising) effect
- Protects against endometrial cancer
- Helps protect against breast cancer
- Builds bone and is protective against osteoporosis

- Is a precursor of cortisone synthesis by adrenal cortex
- Essential ingredient of myelin production in the Schwann cells ^{5, p. 95}

As you can see, progesterone is a versatile and essential hormone. Many of its functions are directly related to its ability to moderate the effects of estrogen. Think of estrogen as a proliferation hormone and progesterone as a maturation hormone. Estrogen stimulates growth and proliferation of cells; progesterone stimulates development and maturation.

Progesterone production averages around 20 mg per day. However, during the third trimester of pregnancy, it is made in huge amounts (300-400 mg per day) by the placenta. *There is no known toxic level of progesterone.* It has a myriad of important functions, in addition to fostering gestation of a fetus.

Progesterone - Progestin - Progestogen

What's the difference between those three "Pro's"? Very simply, progesterone, whether synthesized within a body or a laboratory, has a unique molecular configuration. Most progesterone on the market today is synthesized from Mexican wild yam root. Even though it is synthesized in a lab, it is called natural progesterone because it is identical in molecular structure to progesterone synthesized in a living body. Both males and females synthesize progesterone.

Naturally occurring molecules are not patentable. The progesterone molecule, being a naturally occurring molecule, is not patentable, so the lab that first isolated and identified it could not claim any exclusive rights to its manufacture. Consequently, manufacturing progesterone is not a big money-maker.

"Progestin" and "progestogen" are molecules which are similar to progesterone. For ease and brevity, I will simply refer to progestin here. Provera is one very popular progestin. However, progestin is lab-synthesized from progesterone, and has slight molecular alterations from the natural progesterone. Since progestin is not found in nature, it is patentable -- a very important fact.

Progestin is similar enough to progesterone that progesterone receptor sites very readily bind with it. Unfortunately, although progestin shares a few functions in common with natural progesterone, it cannot fill many, if not most of the vital functions of natural progesterone. Progestin also causes a wide array of side effects, some of them life threatening. Because of its molecular alteration it is not readily eliminated from the cells through normal metabolic processes like progesterone is, so its effects can linger for a long time. Progestin and synthetic estrogen are widely used in birth control pills and hormone replacement therapy.

Most medical people do not realize that progesterone and progestin are not just different terms for the same substance! Their medical school studies on reproductive hormones have faded over the years. Most of their current knowledge on this topic comes from advertising sent to them by pharmaceutical companies, accompanied by plenty of samples. Pharmaceutical firms are much more interested in selling their *progestin*, despite its side effects and limitations, than in educating physicians on safe, natural, inexpensive, over-the-counter forms of *progesterone* supplementation.

Estrogens

Although natural progesterone is one single molecule, estrogen is actually a class of at least three similar molecules: estradiol, estrone, and estriol.

Estrogens in general tend to promote cell division, particularly in hormone-sensitive tissue such as the breast and uterine lining. Among the three estrogens, estradiol is most stimulating to the breast and estriol the least. Estradiol is 1,000 times more potent in its effects on breast tissue than estriol. Studies of two decades ago clearly found that over-exposure to estradiol (and estrone to a lesser extent) increases one's risk of breast cancer, whereas estriol is protective.

Synthetic ethinyl estradiol, commonly used in estrogen supplements and contraceptives, is even more of a breast cancer risk because it is efficiently absorbed by mouth and slow to be metabolized and excreted. The longer a synthetic estrogen stays in the body, the more opportunity it has to do damage. Since this factor of slow metabolism and excretion is true of all synthetic estrogen supplementation, the natural hormones would be superior.⁵

Estrogen Dominance

"Estrogen dominance" is a term coined by Dr. John Lee, a California medical doctor with decades of experience supervising natural progesterone use in his patients. Estrogen dominance is characterized by an over-abundance of estrogen and/or a deficiency of progesterone. Women in industrialized cultures tend to be estrogen dominant.

The western medical community has a mistaken habit of attributing many women's symptoms to lack of estrogen. Among the symptoms of estrogen dominance which have been alleviated with supplementation of natural progesterone are: PMS, menopausal symptoms, osteoporosis (*which is significantly reversed with progesterone!*), tender or fibrocystic breasts, a tendency toward breast cancer, uterine fibroids and cancer, depression, infertility, and many, many more.

Estrogen dominance is not just found in women. In men, estrogen dominance can be the cause of low sperm count, prostate troubles, malformed male genitals and undescended testicles. You may have noticed that male breast and prostate cancer is becoming increasingly common, too. In addition, there is mounting evidence of reproductive abnormalities in wildlife due to estrogen dominance. This evidence includes "chemically castrated" and "lesbian" sea gulls, male and female alligators with abnormal reproductive organs, and Florida panthers with testicular problems. The suspected causes of this estrogen dominance include xenoestrogens and estrogens excreted by women using birth control pills.¹

There are several reasons why estrogen is over-abundant in women:

- Since estrogen is synthesized in fat tissues, as well as in the ovaries, people who are over-weight tend to synthesize too much estrogen.
- Phyto-estrogens (weak-acting plant-derived estrogens) occur in some foods, such as soy. These weak-acting phyto-estrogens help protect Asian women from estrogen dominance, but they are not used in large enough quantities in the typical western diet to protect western women.
- Many western woman do not ovulate, even in the prime of life. Lack of ovulation causes an increase of estrogen, as the body tries harder to stimulate ovulation.
- Use of birth control pills or estrogen or hormone replacement therapy.
- World-wide prevalence of xenoestrogens: estrogen-like petrochemicals (discussed below).

The flip side of the estrogen dominance coin is a dearth of progesterone. Several causes are:

- Plant-based progesterone precursors are not abundantly eaten in western society.
- The corpus luteum, produced after the ovarian follicle releases a mature egg, does not develop when ovulation does not occur.
- Progesterone is a precursor of the adrenal steroid hormones. Stress causes large amounts of progesterone to be converted into adrenal hormones to help manage the stress, so progesterone reserves fall.

Xenoestrogens

"Xeno" means foreign. Xenoestrogens are estrogen-like molecules not normally found in nature. These are man-made molecules, generally petrochemical products. They are so similar to natural estrogens that they are readily taken up by any cells that have estrogen receptors. This occurs in both sexes of virtually every animal species. They have very strong estrogenic effects, and are difficult or impossible to eliminate once they are lodged in living tissues.

Xenoestrogens include gasoline and heating oil, plastics, many patent medicines, synthetic fabrics, soaps and other toiletries, and perfumes. The synthetic estrogens used in birth control pills are potent xenoestrogens. When you breathe fumes from outgassing plastic in a new car, you are inhaling xenoestrogens. Most pesticides, herbicides, and fungicides are xenoestrogens, and they are added to foods by the ton. Many plastic food and beverage containers release xenoestrogens into the foods when they are heated by hot foods and beverages, or by microwaving.

Xenoestrogens are fat-soluble and nonbiodegradable. They become increasingly

concentrated in the fat tissues of animals higher up the food chain. A major dietary source of "xeno's" is animal products. Many livestock animals are injected with estrogens to help them gain fat and water weight for market. Also, they are fed grains exposed to pesticides, herbicides and fungicides, all potent "xeno's" which are then concentrated in the animal's fatty tissues and passed on to anyone who eats them.

Xenoestrogens are difficult or impossible to eliminate so avoid them wherever possible. Use more organically grown foods, less plastic dishware, and use *your* political influence to minimize xenoestrogens in the environment.

Observing hormone levels with Specialized Kinesiology

To support hormone balance, Dr. Lee recommends a wholesome diet, exercise, and reduction of stress. A very important addition, especially for women, is skin cream containing natural progesterone. Consult Dr. Lee's books for more details on the signs and symptoms of estrogen dominance/ progesterone deficiency. There is a list of progesterone skin products in reference 5.

You might want to verbally-test for an individual's estrogen and progesterone levels. This can help indicate if progesterone supplementation might be beneficial, and later whether it is having the desired effects. In Health Kinesiology, we use a scale where 100 is optimal; greater than 100 is an excess; less than 100 is lack of a hormone. You will become more accurate at this kind of "indexing" the more you do it. In my experience, many people have an estrogen level in the 120 to 130 range, and a progesterone level in the 60 to 75 range. That is estrogen dominance. Supplementation with progesterone cream can be very beneficial for these people.

Progesterone Supplementation

Taking in progesterone through the skin is generally superior to oral progesterone supplementation. Progesterone is fat-soluble. When it is swallowed, a very high percentage of it is metabolized by the liver and excreted. When used transdermally, as a cream, it is absorbed into the fatty tissues. From the fatty tissues it is then gradually released into the blood stream.

For a woman in her fertile years, progesterone cream is often used between the time of ovulation, typically around 12 days after menstruation begins, until the next period begins. Use muscle-testing to identify the best schedule and dosage. The dosage can vary a lot according to the concentration of progesterone in the product you are using, but an average range is 1/4 to 1/2 teaspoon per day. There is no known toxic level of progesterone, so you can feel free to experiment with dosage.

It is always important to suspend progesterone supplementation for at least about 5 days per month. This prevents the progesterone receptor sites from becoming fatigued and losing their ability to respond to the hormone.

For a post-menopausal woman, the monthly schedule is a bit different. She will gauge her dosage by the calendar: on for 14 to 21 days, off until the next month starts.

The cream is rubbed into the soft skin in areas with minimal hair growth, such as inner thighs, inside of the arms, belly, neck, chest, and face. It is best to rotate application from one area to another each time you use the cream. The palms are good absorbers, and Dr. Lee tells a story of a man who regularly massaged the cream onto his wife, and eventually noticed that his own prostate problem had cleared up!

Progesterone is also available in capsule form. Use your muscle testing to determine whether the cream or the capsules are most appropriate for a given individual. You might find that in using progesterone to rebuild myelin, the oral supplements are more appropriate. Remember that much of the progesterone from the capsules will be destroyed in the liver, however.

Please Study!

I have done my best to give you a sketch of this important issue. Please study the references listed below. They are both thorough and easy to understand. Considering the increasing incidence of infertility, reproductive organ diseases, and osteoporosis, progesterone supplementation could be a significant, simple addition to many of your client's and friend's lives.

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References

1. Colburn, Theo, Dianne Dumanoski & John P. Myers.
Our Stolen Future. Dutton, 1996, New York. ISBN 0-452-27414-1
An account of the signs and significance of chemicals in nature, especially as they affect reproductive hormones in humans and all animal life. Thoroughly documented and exciting reading.
2. Dorland's
Illustrated Medical Dictionary, 24th edition. W.B.Saunders Company, Philadelphia, 1965
3. *Cancer Forum*. Published quarterly by FACT, Ltd., Box 1242, Old Chelsea Station, New York, NY, 10113; tel: 212-741-2790.
This quarterly journal is very inexpensive & highly informative.
4. Lee, John R., M.D.
Natural Progesterone: The Multiple Roles of a Remarkable Hormone. BLL Publishing, P.O. Box #2068, Sebastopol, CA, 95473, 1993. ISBN 0-9643737-1-8
To order from the publisher, send \$9.95 + \$2.00 shipping. Orders may be faxed to 707-823-8279.
Similar to "What..." but with not quite as many examples and explanations. Addressed to medical practitioners, quite succinct and readable by anyone.
5. Lee, John R., M.D. with Virginia Hopkins.
What Your Doctor May Not Tell You about Menopause. Warner Books, Inc., New York, 1996. ISBN 0-446-67144-4
The unfortunate title belies the extremely broad range of this informative book. It's a must-read for women of any age or reproductive status. A very comprehensive discussion of everything touched on in this paper, and more.
6. Lee, John R., M.D.
Natural Progesterone, "A Remarkable Hormone". Audio tape, see BLL Publishing above.
Dr. Lee is completely engaging and gives a good introduction to this whole topic.

7. Sellman, Sherrill.

The Progesterone Factor: A New Dawn. Light Unlimited Productions, Locked Bag 8000 - MDC, Kew, Victoria 3101, Australia. Fax: 011 613 9855 9991.

Email: golight@netspace.net.au

A pamphlet that gives a good introduction to the natural progesterone issue. Ms. Sellman sites Dr. Lee frequently.

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ADHD

ATTENTION DEFICIT HYPERACTIVE DISORDER

An Overview of Government Regulations, Colorado School Policies And a Review of Professional Opinions Regarding its Validity and Treatment

Submitted by Joan Spalding M.S. ED.T.
Consultant Educational Kinesiology Foundation

Abstract: This paper is written to clarify information about Attention Deficit Hyperactive Disorder around federal and state regulations and the concurrent school policies that are being implemented in the classroom as a result of these regulations. It also addresses policies that have sprung from court decisions which impact the responsibilities of parents and society.

Professional opinions on both sides of the medication issue as advocated by parents, teachers, psychiatrists and the impact on educational advancement, behavioral change, emotional feelings and physical conditions experienced by the students are addressed. As an alternative to medication, the theoretical and applied methods of Educational Kinesiology (Brain Gym ®) which are used by professional counselors and teachers in the classroom are offered.

ADHD

State and Federal Governments Regulations concerning ADHAttention Deficit Hyperactivity Disorder, (ADHD), as it is now identified, is the fastest progressing disorder of children in the educational system. Uncommon in European, Asiatic and South American countries, this disorder in America, has grown to over 2 million children, or according to figures cited by the Council for Exceptional Children report, (1992), 3 to 5% of the population (Adams 1994). One of the most researched maladies of our time, over 3,000 articles have been written about ADHD (Barkley 1990). Prolific coverage on television and radio has made this one of the most widely debated topics in education today.

For example in December of 1996, as I turned onto to Highway 25 to begin the journey from Colorado State University in Fort Collins to my home in Evergreen Colorado, I listened to an advertisement on the radio from one of the

Denver stations:

"Does your child have a hard time focusing in school? Does he or she exhibit behavior problems at school or at home? Does he feel out of control of his or her emotions? If you answer yes to any of these questions your child may have Attention Deficit Disorder and may need help. Call 1-800 695-0285 (305-587-3700)for information from (C.H.A.D.D.) the National organization for Children and Adults with Attention Deficit Disorder."

Today, many more children in Colorado are being diagnosed ADHD. According to information released by the Colorado Board of Education, 3 out of every 25 students in a classroom will be eligible for services under the criteria defined for the disorder. (Adams 1994)

Parent Perspectives

As an educator and a parent who has had 6 children go through the school system over the years, I have been aware of the increase in the number of children being diagnosed with these symptoms. In my clinical practice with children who have learning challenges, more and more parents are coming to me because their children have been diagnosed as possible ADHD by the educational system.

Many parents will use medication to alleviate the condition, but then there are other parents who are looking for other answers. They wonder about the use of and the long term problems associated with stimulant medications such as Ritalin, Prozac or Cylert, prescribed by doctors for the disorder. Problems occur when parents feel pressured by the schools to use medication for their children so they may stay in the regular classroom and not be put into special education programs

For example, Diane Drieling, Director of Special Services in the Douglas County , Colorado school district calls ADHD a "garbage pail" term. She explains that because teachers would often tell parents "Your child has ADHD," she is teaching a class entitled "Focus for Success" for teachers, teaching assistants and interested parents. In this class they identify problem behaviors and behavioral management techniques. She believes doctors and psychologists are too quick to prescribe stimulants for problems that can be managed in the classroom with assistance from parents.

Where Did It Begin?

Though recently named and popularized in the last 20 years, the history of this disorder reaches back to the 1800's. At that time, hyperactive and inattentive behaviors were identified in patients suffering from serious brain traumas but it wasn't until 1902 that a researcher, G.F. Still diagnosed a childhood disorder known as "Defect in Moral Control" which included impulsive action, inattention

and difficulty in benefitting from life experiences. This condition, he said, occurred more in males than in females and he believed it was related to heredity, trauma and learning history. He felt there was little to be done in remediating this condition (Adams, 1994).

The neurological connection began to be developed in the early 1900's when an outbreak of encephalitis caused the affected children to become restless, impulsive, and overactive. This disorder was then called and continued to be referred to until the 1950's as "Minimal Brain Disorder" (MBD). Further and more involved investigations led to many sub-labels throughout the 1970 and 80's . The latest criteria for a child to be labeled Attention Deficit Hyperactive Disorder (ADHD) was established and printed in 1994 in the Diagnostic and Statistical Manual of the American Psychiatric Association.

What Federal Regulations Have Been Implemented?

The main federal regulations around ADHD stem from the 1994 revisions of the (IDEA) Individuals with Disabilities Education Act P.L. 94-142. Interestingly, it is worth noting that Congress did not include ADD (as it was then known) in the re-authorization of the act. Under pressure from advocacy groups, the U.S. Department of Education reviewed public comments and issued a memorandum clarifying responsibility of state and local school districts for children with ADD under the federal law (Davila, Williams and MacDonald 1991). ADD was now covered under Section 504 of the Rehabilitation Act of 1973 (P.L. 94-112) which established new criteria for physically handicapped disabilities. This law which is commonly known as the "civil rights law for the disabled" states that *no person with a disability that substantially limits one or more of the person's major life activities (such as learning) can be discriminated against.*

In the light of federal regulations, increased activity in the political arena advocated by special interest organizations consisting of families and health care groups has led to legislation which puts students diagnosed ADHD under the label of physically handicapped as part of Colorado special education regulations. Colorado, unlike other states does not contain an "other health impaired" category of the disability as defined in the federal law. To fill this category, in 1992, Colorado chose to include ADHD under Special Education and classify it as a physical disability if it prevents a child from receiving reasonable educational benefit from regular education (Adams 1994).

In addition to the physical disability category, students may qualify for special education if they have significant "Identifiable Emotional Disability." In this category, in order to cover ADHD, the words "to pay attention" were added to the phrase "significantly limited self control." ADHD students can now be covered under this category because the definition now reads "significantly limited self control which includes an impaired ability to pay attention."

Also, students may be covered under the category "Perceptual or Communicative Disability" in which ADHD is referred to as "a basic disorder in the psychological processes affecting language and or learning that may manifest itself in an impaired ability to listen, think, attend, speak, read, write, spell or do mathematical calculations" (Adams 1994).

To fulfill the standards set by Section 504 and IDEA for ADHD students, they are put into a "protected class" status. One of the challenges of putting students into this status is that it be accomplished in an objective manner lest the student carry a negative stigma of being labeled and have long term implications for future life choices.

In Colorado for the purposes of obtaining special education services it is not necessary to have a medical or mental health diagnosis. As a result of the staffing which includes school professionals and parents, four possible results may occur:

1. The child may qualify as being physically disabled.
2. The student may qualify as having a perceptual communicative disorder.
3. The student may qualify as having a significant identifiable emotional disability.
4. The student is not eligible under any of these categories in which case he is referred back to the teacher.

Any reference to the first three qualifiers indicates that a student is eligible for special education services which can continue until the student is 21 years old. The school must then prepare an individual educational plan (IEP) for the student detailing the procedures for "appropriate education" for the student (Adams 1994).

Medications --- Approval and Disapproval

Ritalin, the most common drug prescribed for ADHD is classified as a stimulant which has a subduing effect on children. According to the National Information Center for Children and Youth with Disabilities (NICHCY) policy briefing paper of 1994, the drug acts to stimulate the action of the neurotransmitters of the brain to better regulate attention, impulse and motor behavior (Fowler, 1991). Classified under schedule 2 of the Controlled Substances Act along with cocaine, morphine and opium, this drug is labeled as most restrictive and must be closely monitored by a physician.

One of the questionable effects of taking the drug is the side effects which range from loss of appetite, loss of growth, depression, and the negative effects on the immune system. Doses of the drug usually range from 5 to 20 mg and last for 4-6 hrs. Other side effects include

stomach pains, weight loss, irritability, and social withdrawal. Over medication can cause tic disorder, hypertension, and rapid heartbeat. Withdrawal symptoms include depression, exhaustion, withdrawal, irritability, and suicidal feelings. The drug affects the basal ganglion, and the corpus stratum, the brain areas responsible for motor control and the sense of time (Bosco 1975, Hannaford 1994).

The use of a drug to change behavior in the classroom is the crux of the controversy among professionals concerned with children. One of these well known professionals is Dr. Peter Breggin who is regarded as the psychiatrist who has raised the most controversy against the "drugging of our children." His books *Toxic Psychiatry* and *The War Against Children* are part of his ongoing work to raise awareness about this issue in our country. Breggin, who has written eight books on the topic and appeared on national television many times debating the victimization of children by labeling them diseased, calls ADHD not a disorder but a manifestation of conflict (Breggin 1994).

Stressed Out Survival Oriented Humans

If ADHD is not a disease, then what are the factors that cause this increase in inappropriate behaviors in the classroom and at home? Neurophysiologist Dr. Carla Hannaford in her book *Smart Moves -Why Learning is not all in the Head* (1995) calls these children SOSOH, "Stressed Out Survival Oriented Humans."

Neurologically, she explains that stress causes an overemphasis on survival oriented brain processing at the expense of the rational limbic and cortical functioning in the frontal lobes of the brain. This lack of ability to process in the frontal lobes leads to excessive activity and difficulty in maintaining attention and focus on a task. The frontal lobe functioning controls the fine motor movement, inner speech, self control and reasoning. This may cause the student to be erratic, non graceful, unbalanced,

and have poorly coordinated movements. She also states that ADHD is a label with no proven genetic or pathological background. She advocates non-intrusive child centered common sense approaches that allow children to take charge of their emotions and physical activity (Hannaford 1995).

Creative Classrooms

Creative classrooms who use these methods look at strengths rather than labels. Some classroom teachers use unique methods of keeping all their children involved in learning without the use of drugs. One example is Candis Mowery, a 20 veteran in the Denver Public Schools, who teaches at Godsman Elementary School. Godsman, located in the south east part of Denver with 474 students including ECE (4 year olds) and Kindergarten through 5th grade. Her personal feeling is that there are less students labeled ADHD at her school because the parents do not have the money to buy the medication for the students. Therefore, it is not considered and other interventions are given priority. Godsman has only two students labeled ADHD. In total there are nine students in the adaptive functional classroom.

Mowery also believes in specific kinesthetic movements to keep her class focused and to release learning blocks. As a graduate of the Brain Gym® program of kinesthetic movements developed by Dr. Paul Dennison who founded the Educational Kinesiology Foundation she uses the focusing and cross motor patterning exercises daily in her classroom. She feels these methods were instrumental in the world class success of her "Odyssey of the Mind" team in 1995 and 1996.

Since 1990, Brain Gym® has been selected annually by the National Learning Foundation (the private sector branch of the White House Task Force on Learning) as one of today's leading technologies for education (Dennison 1989).

Brain Gym® grew out of clinical studies started in 1969 by Dr. Paul Dennison, an educational therapist who was looking for ways to help children and adults who had been labeled learning disabled and ADD. His research led him to the study of kinesiology and the relationship of muscles and posture to brain function. Through this research, he developed patterning movements and specific activities which allow integration of the whole brain for learning.

In a recent article in the Dec. 1996 issue of the *Brain Gym Journal*, he described his study of the relationship of kinesthetic movement to learning.

"I began the life long-long study that included discussion with leading behavioral optometrists, a review of the literature on brain dominance and an investigation with each of my students of how to modify the traditional educational program to meet a student's specialized needs." (Dennison 1996)

He found with the inclusion of more movement processes and multi-sensory approaches to learning, his students began to succeed in areas of learning they were not succeeding in the traditional program. His work which is now called Brain Gym® is being used internationally by educators and health professionals.

One of these professionals is Kathryn Jensen M.Ed., who has developed a business providing alternative services for people labeled ADHD. An educator for more than 20 years for the past 10 years, she uses methods in varied areas of Specialized Kinesiology. She has traditional training and experience in Special Education and Counseling and uses these skills to integrate with Specialized Kinesiology.

Her typical clients are school age children who have been labeled or are threatened with the

label ADHD. Many of them have taken Ritalin or are currently on Ritalin. But the majority of the parents seeking her services observe Ritalin and similar drug treatments are not effective. Side effects are a frequent complaint. Usually the students dislikes the way the drug makes them feel.

Her typical clients are unsuccessful students and behavior problems. Many of them are right brain dominant and love kinesthetic activities. She also finds these students are acutely stressed. To dissolve the stress and remove the learning blocks, she uses Educational Kinesiology which brings attention to parts of the brain used for thinking and learning. She believes that stress is diffused through the specific movement exercises that allow the body to develop a whole -brain approach to learning with the student taking charge of his /her needs.

Conclusions

Labels stick. And we as educators know that these labels which cause our children to feel they are victims lacking a locus of control or they are perpetrators of a "disease" are the blocks that inhibit the discovery of potential and strengths of the individual. As parents and as teachers, when we begin to celebrate the unique learning capacities of each child, we will understand that our job is to respond as facilitators of individual learning.

I personally think we have created a "Mammoth": a huge creature that must be fed in order to maintain its existence. Children are its fodder. They form a large population that cannot run away or protest, and are fed to maintain the outdated primitive educational culture where no one is responsible. Children aren't responsible -- they have a disorder. Parents aren't responsible for being home and creating a supportive environment. Breggin (1994) discusses the D.A.D.D. disorder. (Dad Attention Deficit Disorder) Dads aren't responsible -- they aren't there. The teachers

aren't responsible -- they have ADHD children in their classroom. By looking for labels what we have created is a giant business for the drug companies, for government agencies, for doctors, psychologists and psychiatrists.

Beyond All the Labels, Irresponsibility and Limitation

However, there is a way out of the quagmire of labels and victim mentality. Through innovative methods such Brain Gym® which seek to draw out the unique intelligence's of each person, teachers and parents appreciate and applaud differences in each person. Thomas Armstrong, trainer of practical application methods to use all intelligence states in his book, *In Their Own Way*, that children who are stimulated to learn through each of form of intelligence do not have learning disabilities.

He discusses the importance of bodily movement in learning when he quotes Arnold Gesell who frequently said "the mind manifests itself in everything the body does." He quotes Einstein who described his thinking process as having elements of visual and muscular type. The "Dean" of American psychology, William James, talked about the "tactile" quality of his learning, saying that he could not visualize any letters of the alphabet but had to trace over the outline of the letters in his mind to remember them (Armstrong 1987).

Finally to celebrate the uniqueness of each learner, I would like to share this poem Digby Wolfe, an emmy award winning writer, wrote for Golde Hawn who recited it on a TV special.

Kids Who Are Different

Here's to the kids who are different,
the kids who don't always get A's
the kids who have ears twice the size of their
peers ,

and noses that go on for days...
Here's to the kids who are different, the kids
they call crazy or dumb,
The kids who don't fit,
with the guts and the grit,
Who dance to a different drum.
Here's to the Kids who are different,
The kids with the mischievous streak,
For when they have grown,
as history's shown,
It's their difference that makes them unique.

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* This paper has been summarized from the original document. If you are interested in the complete manuscript, please call me at 303-526-0335.

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Joan Spalding

Joan Spalding of New Options for Learning is an educational consultant. She has a masters degree in experiential education and is doing research in the doctoral program at Colorado State University in Special Needs in Education. Professionally. As a volunteer in Russia, she has been involved in developing educational materials and working with individuals and professional groups, teaching methods to release learning blocks and to access individual strengths.

She works with Colorado State University teaching in the Outreach program and also for Carlson Learning Company. As an instructor for the Educational Kinesiology Foundation., She's received over 300 hours of training to teach specific movement methods which integrate all parts of the brain for effective learning. In this capacity, she works one on one with clients developing purpose and balance within the brain-body system. As an educational consultant, she uses techniques from the Seven Dimensions of Intelligence, Behavioral Profiles, Brain Dominance, Vision Training and Brain Gym.

References

Books:

- Adams, Lois (1994).
Attention Deficit Disorders, A Handbook for Colorado Educators.
Logan UT: Utah State University.
- Armstrong, Thomas (1987).
In their Own Way New York: G.P. Putnam and Son's.
- Breggin, Peter R. M.D., (1991).
Toxic Psychiatry. New York: St. Martin's Press.
- Breggin, Peter R., M.D., (1994).
The War Against Children New York. St. Martin's Press: New York.
- Dennison, Paul, (1991).
Brain Gym, Teacher's Edition. Ventura, CA.: Edu-Kinesthetics Inc.
- Gardner, Howard (1993).
Multiple Intelligences. The Theory in Practice New York: Basic Books.
- Hannaford, Carla , (1995).
Smart Moves, Why Learning is Not All in Your Head .Virginia: Great Ocean Publishers.

Articles:

- Aleman , Steven R.,
"Special Education for Children with Attention Deficit Disorders :Current Issues ADD," Court Library of Congress (3 ARTICLES).
- Barkley, Russell A., (1990).
"Ritalin Teatment for Hyperactivity." New York: Guilford Press.
- Bosco, James (1975)
"Behavior Modification Drugs and the Schools:The Case of Ritalin" Phi Delta Kappan (pp.489-492) .
- Forness, Steven R,(1992).
"Attention Deficit Disorders Academic Functioning and Stimulant Medication," UCLA Department of Psychiatry and Biobehavioral Services OSERS, New In Print, (pp.31-36).

- Fowler, Mary, (1991).
"Attention-Deficit Hyperactivity Disorder :Briefing Paper,"Washington, D.C. National Information Center for Children with Disabilities.
- Dennison, Paul E, (1996)
"The Physical Aspect of Brain Organization;" **Brain Gym Journal;** Ventura CA.: Educational Kinesiology Foundation
- Goldhaber, Sandra B.
"Attention Deficit Disorders;" Education Committee of C.H.A.D.D., Plantation FL.
- Nathanson , Jeanne H. (1992)
"Special Education for Children with Attention Deficit Disorder: Current Issues;" Office of Special Education and Rehabilitative Services. Washington, D.C.
- Quinn, P., MD.(1994)
"ADD and the College Student;" New York: Magination Press
- U.S. Dept. of Education (1992)
"A Clarification of State and Local Responsibiltiy under Federal law to Address the Needs of Children with Attention Deficit Disorders.;" Washington, D.C.: OSERS News In Print.
- U.S. Department of Education, (1993)
"Clarification of school districts' responsibilities to Evaluate Children with Attention Deficit Disorders;" Washington D.C.: (Memorandum).
- Wiles, Karen S.(1996)
"Student Self -advocacy or "I Don't Know What I Don't Know Children and Adults with Attention Deficit Disorders;" 6th Annual Conference (pp.125-127).

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MINDFULNESS AND KINESIOLOGY

by Lhasha Tizer, April 1997

Abstract: Mindfulness increases our ability to be present and healthy in our lives. Mindfulness brings us into touch with our 'true self' as we go beyond our thoughts and beliefs about our feelings and into the experience of being present.

We know that to instate and maintain optimal health and well-being we need to approach our life in a holistic manner. This means giving care and attention to all aspects of our being: the physical, the emotional, the mental and the spiritual. We also know when any of these areas are overlooked or neglected that part is then diminished and may suffer. We then say we are "out of balance". Every aspect of our being requires nurturing to function well and depends on a particular "diet" suitable to its specific needs.

Our Emotional Diet

Let us take the example of a good emotional diet. The basic requirements or R.D.A. of this diet is first to have full recognition of our feelings (awareness). The next step is to accept these feelings before we can do anything with them. If we ignore or neglect our feelings and emotions we can become malnourished, feeling lost and disconnected from ourselves. We may also find that these emotions don't digest very well and can yield an emotional stomachache that can take the forms of defensiveness and anger. What is important to emphasize is if basic awareness and acceptance of our feelings is missing it can effect other parts of us in less than desirable ways. Then our well-being is compromised. Our body and being are hungry for a diet that includes noticing and attention if we are to maintain balance. This is this basis of mindfulness.

What you think, you are

I have found that the mind plays an enormous role in the process of creating and maintaining

overall health and vitality. I have witnessed again and again that "what you think, you are." Our attitude, the ways we view ourselves and the world surrounding us, our capacities and limitations have a direct and proportional relationship to health.

As children our sense of self and world was influenced by our earliest interactions with our parents, siblings, neighbors, teachers and friends. We were a receptacle of these influences both good and bad. Our values, beliefs, opinions, and personal data bank were shaped and formed by these forces. Since childhood, our minds have not been free to experience and witness our own truth as it exists. Mindfulness allows us to step into our moment to moment awareness and access our current reality as it presents itself to us. In this way we use the mind to liberate the mind.

The True Self

In my nineteen years of being a holistic health counselor I find most of us to be out of touch with our "true or real self". We carry the burden of certain personal attitudes like "I am unworthy"; "I can't say how I feel because no one will like me"; or "I am depressed and I can't change it". These biases condition everything we do from work to sleep patterns and communication to eating habits. This can become an overwhelming contraction of self and we may feel confused, victimized and powerless to change. We can change this through mindfulness.

The Tool of Mindfulness

Mindfulness is a tool and a practice that enables you to step into your present moment reality, as an observer, and make contact with whatever comes forth in a whole and complete way. We practice it as a guided induction which uses the breath as an anchor to assist in present-centered focus.

Mindfulness is a watching, a taking note of what is current, without changing anything, as a tool towards self-discovery. We watch our sensations, thoughts, feelings, and impulses just simply allowing them to be there noticing if there are any changes. Very rarely in life do we get a chance to look at ourselves and the workings of our minds in so much detail or so completely -- it is very educational. Through this process we can develop a relationship to what is actually going on without guessing or surmising.

Mindfulness is especially beneficial to use in situations where there is emotional and mental stress and conjunctively with the emotional stress release technique.

How to Use Mindfulness and Kinesiology:

1. Ask the person how they are feeling and if anything is going on.
2. Identify the areas of stress and help them to verbalize them.
3. Check for dehydration, switching, zip ups.
4. State a goal.
5. Muscle test and balance the fourteen indicator muscles and any over-energies. Recheck so muscles are now locking.
6. Ask them to think about their stress and retest 14 indicator muscles and

over-energies. Muscles will now unlock.

7. Do a guided mindfulness meditation. You can use your own or "Establishing a Daily Meditation" from *A Path With Heart* by Jack Kornfield.
8. Ask the person how they feel.
9. Retest 14 indicator muscles and over-energies. All or most muscles will re-balance.
10. Recheck the goal.

"Establishing a Daily Meditation"

"...Find a posture on the chair or cushion in which you can easily sit erect without being rigid. Let your body be firmly planted on the earth, your hands resting, your heart soft, your eyes closed gently.

At first feel your body consciously soften any obvious tension. Let go of any habitual thoughts or plans. Bring your attention to the sensations of your breathing.

Take a few deep breaths to sense where you can feel the breath most easily, as coolness or tingling in the nostrils or the throat, as movement of the chest, or rise and fall of the belly.

Then let your breath be natural. Feel the sensations of your natural breathing very carefully, relaxing into each breath as you feel it, noticing how the soft sensations of breathing come and go with the changing breath.

After a few breaths your mind will probably wander. When you notice this no matter how long or short a time you have

been away simply come back to the next breath.

Before you return, you can mindfully acknowledge where you have gone with a soft word in the back of your mind, such as 'thinking,' 'wandering,' 'hearing,' 'itching.' After softly and silently naming to yourself where your attention has been, gently and directly return to feel the next breath. Later on in your meditation you will be able to work with the places your mind wanders to, but for initial training, one word of acknowledgment and a simple return to the breath is best."

From *A Path With Heart* by Jack Kornfield, page 65.

This meditation is a good place to begin and introduce people to the practice of mindfulness. As you continue on the path of mindfulness other types of focuses and

meditations can be done that assist tremendously in the process of awakening to our own truth and in improving the quality of our lives. Mindfulness has been demonstrated to be very effective in pain management as is demonstrated by the work of Jon Kabot Zinn in *Full Catastrophe Living*.

I hope you will employ this in your kinesiology work. I find this practice gives people the tools, self-awareness, understanding and integration needed to become their own healing force.

* * * * *

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ALLERGIES AS SYMPTOMS OF IMBALANCE

by Wayne W. Topping, Ph.D., L.M.T.

Abstract. It is useful to balance for specific allergens. Sometimes, however, it may be better to regard allergies as symptoms of imbalance and their subsequent disappearance as evidence that the client is now more balanced.

Allergies as Energy Imbalances

In *Cure Your Own Allergies in Minutes* (1988), Dr. Jimmy Scott describes an Allergy Tap technique which can eliminate simple allergies about 90 percent of the time. The Allergy Tap involves tapping on the end points of the stomach, spleen, bladder and kidney meridians while the allergen is placed on CV-6.

In *Five Minute Phobia Cure* (1985), Dr. Roger Callahan has this to say: "There is an interesting similarity between allergies and phobias. Both seem to develop spontaneously. Both have a genetic predisposition to occur and both are evidenced by a confusion of the responses which should serve to protect the human organism from harm.

"The immune system exists to automatically counteract any dangerous substance or chemical (germs, viruses, foreign matter) that might enter the parameters of the body. Allergies have been found to be the result of the immune system gone haywire. The immune system, somehow no longer able to identify true danger, "defends" the body against a harmless substance.

"Like the automatic action of the physical immune system, the psychological defense system is designed to protect the body from danger. Phobias seem to be the result of the psychological defense system gone awry. The sweaty palms, palpitations, increased heart-beat, and flow of adrenaline are all symptoms of the "fight or flight" response that, in truly dangerous situations, are lifesaving.

But when no real danger exists, these responses can, in themselves, stress the human organism." (pp 11-12).

Callahan found that about 90 percent of simple phobias could be eliminated by tapping on either end of the stomach meridians, about 7 percent by tapping on either end of the spleen meridian; the remainder related to other meridians. Thus we have allergens as evidence of imbalance within the physical immune system and phobias as evidence of imbalance within the psychological immune system, and both imbalances can be corrected by tapping on the ends of specific meridians while being exposed to the physical allergen or thinking of the phobic situation. For simple allergens or phobias these techniques are very effective.

However, what if the client has numerous allergies or numerous phobias? Then it often makes more sense to look for an underlying cause.

For example in the case of agoraphobia (literally, fears of the market place) the phobia usually grows to include fear of open spaces, crowds, panic attacks, anxiety disorder, etc. (Seagrave and Covington 1989). Practitioners working with agoraphobia have found that hypoglycemia is often involved and that 70 percent of agoraphobics come from alcoholic backgrounds. Thus the phobias then can be seen as symptoms of a larger problem which can be addressed from physical, nutritional and psychological perspectives. Tapping on the ends of meridians to remove the phobias may

be too superficial if the phobias are just symptoms of a more primary condition!

The same reasoning applies to allergies. While Allergy Tapping can be a fast way to eliminate isolated allergies sometimes it may be more appropriate to see the allergies as symptoms of more primary imbalances. Ironically, in addressing the larger issue, for example, alcoholism, we may actually identify allergies to alcohol, B-complex, vitamins, sugars, the grains from which the alcohol was made, and could use Allergy Tapping as a correction procedure in addressing that larger issue!

Allergies as Symptoms of Underlying Causes

Another energy balancing procedure that has achieved outstanding results in eliminating allergies is that developed by Devi S. Nambudripad, D.C., L.Ac., R.N., Ph.D. ("Say Good-Bye to Illness", 1993). Nambudripad's Allergy Elimination Techniques (NAET, for short) uses the alarm points to balance the meridians while the patient is exposed to the allergenic substance. While patients with few allergies may get fast results, in severe cases it may take as many as three visits a week for one or two years' duration until the patient can be regarded as "normal".

In cases of multiple allergies or even universal reaction (allergy to essentially everything) rather than dealing with all the individual allergens it might be worth considering some other factors.

1.The Adrenal-Immune System Connection

In stressful situations numerous physiological changes prepare us for the fight/flight response (Success Over Distress, pp 6-7). The adrenal glands shift into high gear, releasing adrenaline (epinephrine) from the adrenal medulla and a whole series of corticoids from the adrenal cortex. These physiological changes are designed to ensure our survival. Thus the corticoids reduce inflammation in the joints so

that the person who has painfully inflamed joints temporarily has no pain and is able to mobilize him/herself and survive. The corticoids also reduce immune function temporarily, again to enhance survivability. Severe asthmatics will not experience asthmatic attacks when they are frightened: allergic reactions would disable them. Similarly, people who are allergic to dust, will be allergen-free when their body is prepared for a fight/flight response. If they were to react to dust, they could sneeze. When they sneeze they would have their eyes closed and this would definitely not improve their chances of surviving. So we see that when stressed, adrenal function goes overactive, immune function goes underactive.

What happens with prolonged stress? The see-saw flips the other way: adrenals become exhausted and the immune system goes overactive. Now the immune system becomes so overactive that it begins reacting against many foods and substances. It may even begin attacking itself, creating auto-immune conditions such as lupus, rheumatoid arthritis, multiple sclerosis, and chronic fatigue. Note in the Touch for Health text the symptoms related to weaknesses of sartorius, gracilis, gastrocnemius and soleus muscles — allergies, hives, asthma. Rather than energy balancing for numerous specific allergens it might be more reasonable to support the adrenal function.

2.Pantothenic Acid (Vitamin B5) Deficiency

If animals' adrenal glands are removed to prevent cortisone from reaching the blood =D1 simulating adrenal exhaustion in humans =D1 the allergic reaction to an injection of a foreign substance is extremely severe or fatal; animals with healthy adrenals are barely affected by similar injections (Selye 1956). Cortisone cannot be produced without pantothenic acid, therefore pantothenic acid is essential for healthy adrenal function and to prevent allergies. Adelle Davis (Let's Get

Well, p. 194) has pointed out that the symptoms that accompany allergies and those produced in volunteers deficient in pantothenic acid are strikingly similar. Stress-induced deficiency of pantothenic acid could, therefore, speed up adrenal exhaustion and initiate numerous allergies.

3. Vitamin B Complex

Deficiency of several different B vitamins, eg. B2, B5, B6, B12, PABA, and biotin, can each cause dermatitis or eczema, hives and asthma in children. Most of these conditions can be eliminated when foods rich in B vitamins, such as yeast, liver and wheat germ are added to the diet. Thus the allergenic symptoms listed above can be related to B-vitamin deficiencies, in the diet, stress which depleted their levels, or allergies to some of those B-vitamins.

4. Vitamin C

Abnormally small amounts of vitamin C are found in the blood of persons with allergies, and individuals become particularly susceptible to allergens when vitamin C is under supplied. Vitamin C makes cortisone more effective, decreases the permeability of cells, has an antihistamine action, and detoxifies foreign substances entering the body.

5. Vitamins A, E & F

Healthy cells can prevent harmful substances from entering them. Deficiencies in several nutrients, but notably vitamins A, E and F (the essential fatty acids), can cause cell walls to become more permeable to toxic substances thus setting up allergic reactions.

6. Impatience

In Biokinesiology we have found the emotion "impatience" to adversely affect the solar plexus. The solar plexus controls all mucus linings of the intestines, vagina, mouth and bladder. When the solar plexus is out of balance, symptoms may include allergies to good foods.

Impatience can also adversely affect stomach HCI production. Adelle Davis

(p.195) points out that food allergies cannot occur when foods are completely digested. Only when digestion is below par can undigested or partially digested food enter the blood, act as a foreign irritant, and cause allergies.

When proteins remain undigested, the amino acid histidine can be changed by putrefactive intestinal bacteria into a toxic substance, histamine. Histamine is found in abnormally large amounts in the blood of many allergic persons. (Vitamins B6, C, and B5 each have an antihistamine action and can therefore decrease allergies).

How can we determine if lack of patience (solar plexus, and/or HCI deficiency) are responsible for the allergies?

When you have an indicator muscle (or the 3-part Brain Response Test; Topping 1985, 1990) switched off while the allergen is held over the navel or alongside the parotid gland,

(i) Brush lightly up the arms over the acupuncture point CX 6, two thumb widths above the transverse crease of the wrist (Topping 1985). A switched-on IM indicates the allergen is probably related to the solar plexus imbalance. The client would benefit from massaging CX 6 bilaterally.

(ii) Brush lightly down the face from the TMJ to the outer corners of the mouth, bilaterally. A switched-on IM indicates the allergen is probably related to the solar plexus imbalance. The client would benefit from firmly massaging in the same direction a few times each day.

(iii) Point your finger tips down into the top of the client's head (LAN Y of Biokinesiology) and say "you feel patient." A switched-on IM indicates the allergen is related to a solar plexus

imbalance or a HCI deficiency. If the Pectoralis major clavicular muscles are switched on when tested separately but switched off when tested simultaneously this would confirm the latter. Working on becoming more patient should help balance the solar plexus and/or stomach HCI and eliminate the allergies.

7. Biokinesiology

When Rectus femoris straight head tendon or Scalenus anterior C5 muscle are out of balance the client can be allergic to almost all foods. See *Allergies: How to Find and Conquer* for correction procedures. In this book John Barton researched 105 separate muscles, tendons, ligaments, fascia and aponeuroses and 170 allergies related to those tissues. I often use the allergy as a symptom to identify one or more kinetic tissues that are out of balance. Balancing the tissue (s) has the advantage of eliminating aches, pains and other symptoms along with the allergy.

For example, I was working with a client in New Jersey. She had pain in her tailbone but wanted me to help her overcome an allergy to dairy products. As it happened the top priority tissue out of balance related to the dairy allergy was Coccygeus extensor on the posterior surface of the tailbone. After it was corrected with emotions only, the dairy allergy was gone, so was the pain in the tailbone.

8. The "Immune-Competent" Personality

Dr. George F. Solomon, often called the "father of psychoneuroimmunology", has described an "immune-competent" personality that may allow the body's immune system to fend off illnesses as varied as rheumatoid arthritis, lupus, chronic fatigue, viral infections, AIDS, cancer, asthma and allergies (Drehler, 1992). To work on the traits that define the immune competent personality is to

work on factors underlying and larger than the allergies.

Conclusion

Just as simple phobias can be eliminated by tapping on the endpoints of specific meridians, we can eliminate individual allergies by Allergy Tapping on the ends of meridians or by balancing the meridian alarm points (NAET). However, when phobias are more complex or allergies more numerous rather than tapping on the ends of meridians it is worth considering other options.

Multiple allergies can be a symptom of adrenal exhaustion and an overactive immune system. Strengthening adrenal function with nutrients such as pantothenic acid and vitamin C can eliminate allergies. Other approaches include balancing the solar plexus, improving stomach HCI function, or balancing specific tissues for which the allergen is merely a symptom.

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References:

- Biokinesiology Institute.
Allergies -- How to Find and Conquer. Bellingham, Washington: Topping International Institute, 1992.
- Callahan, Roger.
Five Minute Phobia Cure. Wilmington, Del: Enterprise, 1985
- Davis, Adelle.
Let's Get Well. New York: Harcourt, Brace & World, 1965.
- Dreher, Henry.
Are You Immune Competent? Natural Health, January/February, 1992.
- Nambudripad, Devi S.
Say Good-Bye to Illness. Buena Park, CA: Delta Publishing, 1993.
- Scott, Jimmy.
Cure Your Own Allergies in Minutes. San Francisco, CA: Health Kinesiology Publications, 1988. Seagrave, Ann and Faison Covington.

Selye, Hans.

The Stress of Life. New York:
McGraw-Hill, 1956.

Thie, John F. with Mary Marks.

Touch for Health. Marina del Rey,
California: DeVorss, 1973.

Topping, Wayne W.

Biokinesiology Workbook. Bellingham,
Washington: Topping International
Institute, 1985

Topping, Wayne W.

Success Over Distress. Bellingham,
Washington: Topping International
Institute, 1990.

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PATTERNS IN HEALING©₁

Exploring Some Similarities in Different Systems of Healing

By Jacqueline Wurn

Abstract: A comparison is made of the view of the nervous system by different diagnostic and treatment systems. Similarities are drawn between NL reflexes and the sympathetic nervous system, NV reflexes and the parasympathetic nervous system.

I want to explore the similarities in the medical model of nervous system anatomy, the chiropractic model of the reflex system, as well as similarities in cranio-sacral, Jin Shin Jyutsu, and Body-Mind Centering. We will experience some techniques from cranio-sacral and Jin Shin Jyutsu work.

Anatomy books talk about the sympathetic and parasympathetic nervous system. Chiropractic talks about neuro-lymphatic and neuro-vascular reflexes. My hypothesis is that there is a direct correlation between the neuro-lymphatic reflexes and the sympathetic nervous system, as well as a direct correlation between the neuro-vascular reflexes and the parasympathetic nervous system. I want to explore the idea that when a neuro-lymphatic reflex is blocked, the sympathetic nervous system (SNS) is overloaded; when a neuro-vascular reflex is blocked, the parasympathetic nervous system (PSNS) is shut down.

We will examine characteristics and similarities of neuro-lymphatic reflexes, the sympathetic nervous system, and lymphatic fluid. Next we will examine the similarities between neuro-vascular reflexes, the parasympathetic nervous system, and the capillary beds.

Let's look at it through an example:

You are walking home when you hear a ferocious growl and then the sounds of

barking as a dog charges you from behind. Your heart pounds, your stomach is in your mouth, you are terrified, your breathing becomes shallow, and your muscles contract; you are in sympathetic dominance. You whirl around to realize that the dog is inside a fenced space. He can run, but he can't touch you.

You repeat the story several times at work getting yourself very worked up every time you tell it. Perhaps you get very angry and imagine suing the dog's owner. As you continue to relive the fear you reinforce sympathetic dominance in your body making it difficult to digest lunch or relax. This leads to tight neuro-lymphatic knots that cut off lymphatic drainage and energy flow. If you are able to drop the upset of this incident you can return to balance, but this becomes difficult when your daily routine includes more difficulties like traffic to navigate, fumes, and other emotional and environmental stressors.

Sympathetic Nervous System Overwhelm

Consider that stress, a common problem for a large portion of today's population, results in sympathetic nervous system overwhelm. Extended periods of stress lead to a common problem these days: "sympathetic dominance" or "adrenal exhaustion" leading to a compromised immune system.

Long term or even intense short term stress often precedes chronic fatigue and other

immune compromised diseases. The lymphatic system squeezes shut stopping any drainage of lactic acid and other toxic by-products of stress, and painful lumps (blocked neuro- lymphatic points) appear. Touch for Health recognizes the many faces of toxicity in modern life and therefore uses neuro- lymphatic reflexes as top priority for any one-sided correction. On the other hand, health can be defined as an appropriate balance between work and rest, tension and relaxation, contraction and extension, yin and yang.

Neuro-Lymphatic Reflexes 2:

Neuro-lymphatic reflexes are points mostly along the anterior and posterior intercostal spaces. "The neuro-lymphatic reflexes are 'switches' which affect changes in the lymph flow. These changes are brought about, to the best of our knowledge, via the sympathetic and spinal nerves."³

When tender, neuro-lymphatic reflex points are signs that lymphatic drainage is blocked. Just as pressure builds up in a knotted water hose with water running through it, so pressure builds up in a blocked neuro-lymphatic reflex causing discomfort. The more blockage there is, the more there is discomfort; the more chronic the blockage, the more concentrated and dense the tissue feels. By rubbing these dense, tender spots below the skin until they are dissolved we unblock the energy which flows freely once again to the affected muscle, to its associated meridian, and to the meridian's associated organ. An old Chinese saying observes: "There is no disease but stagnation; there is no health but circulation."

Neuro-Vascular Reflexes 4:

Neuro-vascular reflexes are primitive capillary beds thought to date back to a time in evolution before the development of arteries and veins. By touching the skin very lightly over the neuro-vascular reflexes their

associated muscles, meridians, and organs are strengthened. Hard rubbing would turn off a neuro-vascular reflex, its associated muscles, meridian, and organ.

In Touch for Health, we are taught that neuro-vasculars are one method of correction. They are listed in order of priority of use, neuro-vasculars to be used after neuro-lymphatics.

In Neural Organization Technique, a protocol Dr. Carl Ferrari developed, Carl always uses both NV and NL reflexes.⁵ He rubs on the neuro-lymphatic first and then touches the neuro-vascular for a few seconds. Carl says: "Any muscle that is in trouble is congested so use the neuro-lymphatic to flush it. Then you need to turn on the circulation so use the neuro-vascular to begin better blood circulation. Using both is just so much faster to get a result." Better circulation is one result of a turned-on neuro-vascular reflex; better circulation at the periphery of the body, rest, relaxation, and good digestion are characteristics of a strong parasympathetic nervous system.

I personally like to hold neuro-vasculars until I feel the two pulses synchronize. I silently ask them, "Wouldn't you like to synchronize with each other?" They respond.

Holding and looking for synchronization of pulses is a major technique in cranio-sacral work (originated by an osteopath, Dr. Sutherland) and in Jin Shin Jyutsu (originated by a Japanese healer named Murai.) Often, after the pulses synchronize they disappear for a short time. In cranio-sacral work this is called a "still point." At this time, the energetic body goes to a higher degree of organization, as if stepping back and getting a better perspective.

Touch for Health and Neural Organization Technique (both chiropractic in origin) suggest

holding these areas lightly. They do not emphasize feeling the pulses synchronize when touching the neuro-vasculars. Holding them lightly for sixty seconds is sufficient. This example of a healing technique recognized by different healing modalities from different lineages serves as a road sign pointing to a universal truth in healing.

The Hypothalamus

The hypothalamus, a gland that controls the autonomic nervous system (ANS), is a major regulator of homeostasis in the body. It receives input from the emotions, visceral functions, temperature, smooth muscle, cardiac muscle, and various substances in blood. Using the information it receives, it regulates emotions, hunger, thirst, and diurnal rhythms.

The Autonomic Nervous System:

The autonomic nervous system controls smooth muscle, cardiac muscle, and glandular tissues -- those actions that are more or less automatic. The two components of the autonomic nervous system are the sympathetic (SNS) and parasympathetic (PSNS) nervous systems.

As the sympathetic nervous system is turned up, the parasympathetic is turned down and vice versa. The example above with a man frightened by a barking dog can illustrate how this works. If he were on his way to a luncheon and continued to be upset and angry about his scare with the dog, his digestion would be turned off. He would lack hydrochloric acid to digest; he might get heartburn or gas from eating when his sympathetic nervous system was turned on and his parasympathetic nervous system was turned off.

If he were able to calm himself (an excellent way to get rid of excess adrenaline is through physical activity like releasing the scare by walking) he might be able to enjoy his lunch,

digest it well, and have a good story to share about his morning experience.

Sympathetic and parasympathetic nervous systems are two balancing components of the autonomic nervous system. There are axons from the hypothalamus to both the sympathetic and parasympathetic nuclei in the brain stem and spinal cord.

The Sympathetic Nervous System:

The sympathetic nervous system prepares us for *highly excited states of being - fight, flight, or ecstasy (orgasm)*. It stimulates contraction of heart and smooth muscle, production of sweat, breakdown of glycogen into glucose for energy and action, dilates the eyes, and inhibits digestion. It pulls blood away from the surface of the body and directs it deep into the muscles for immediate action.

The Parasympathetic Nervous System:

The parasympathetic nervous system *regulates those activities that conserve and restore body energy during times of rest or recovery*. It promotes secretion of digestive enzymes, bile, and controls salivation, urination, and defecation.

John Upledger talks about losing the "flexibility of the autonomic nervous system"⁶ due to excess stress activating the sympathetic nervous system daily, building up lactic acid and other toxic by-products beyond the point where they can be released. In order to counteract the high level of sympathetic dominance, the parasympathetic "has to act more powerfully to slow the heart rate, lower the blood pressure, aid the digestive processes and reduce the spasticity of the bowels."⁷ Over time this weakens both sympathetic and parasympathetic responses. From *Touch for Health* we may recall that an over-energized meridian is really weak; it is constantly working and it is tired so it does not have the amplitude of response that it did before it was overworked.

Fluids

Let's examine the fluids that carry the messages of the neuro-lymphatics and the neuro-vasculars. Remember the old story about the body being like a battery so the first step in muscle testing is to be sure client and practitioner are properly hydrated? We know from Touch for Health and One Brain that hydration is a necessity for accurate muscle testing.

"The fluids (lymph, blood, intercellular, and intracellular fluids) are the transportation system of the body. They underlie presence and transformation and play a major role in the overall counterbalancing of tension and relaxation, rest and action. The characteristics of each fluid system relate to a different quality of movement, touch, voice, and state of mind. These relationships can be approached from the aspects of movement, mind state, or from the anatomical and physiological functioning."8

This quote is from Bonnie Bainbridge Cohen, a gifted healer who was trained as an Occupational Therapist but found her profession too limiting. She studied with Laban and other innovative teachers of our time. She combines scientific knowledge with her bold intuition and years of experience. She has a School for Body-Mind Centering in Massachusetts. Note the holistic view here, similar to that of Chinese medicine, recognizing emotional and physical attributes as two aspects of the same overall picture. More specifically note her description of lymph and it's similarity to our understanding of the neuro-lymphatic reflexes and the sympathetic nervous system:

Lymphatic Fluid

"Lymph...deals with defense, survival, the setting of limits and the crystallization of action;" It has to do with "becoming aware of

your present situation and feeling what you would like to do next. Once you have decided, do it with directness and clarity - no hesitation or wobbliness."9 Compare this to the directness of fight, flight, or ecstasy (orgasm) in the sympathetic nervous system.

Observations

Of the primitive capillary beds. Ms. Cohen says "Capillary iso-rings are the places of suspended rest between going and coming. The characteristic qualities of the iso-rings are restful alertness and expanded peacefulness when there is balanced tone."

The iso-rings are the furthest end of the closed loop system through which blood circulates on its path from the heart. This would also define neuro-vascular reflexes except that they appear only on the head. Ms Cohen suggests an experience to know the feeling of the capillary iso-rings.

"Find the transition moment between the two phases of your capillary exploration, between the metered beats (of the arteries) and the elongated undulating movements (of the veins) let that restfulness spread throughout your body."

Note the similarity to the characteristics of the parasympathetic nervous system (rest and regeneration) and the neuro-vasculars (increased circulation) in this description of the fluids. Imagine capillary iso-rings just under the skin, the most distant point from the heart where blood puddles up and rests before beginning it's homeward trip. These "places of suspended rest" may be analogous to still points in cranio-sacral therapy where the pulse stops and the body rests, is able to gain a better perspective, and then reorganizes itself with a higher degree of organization.

While most autonomic nervous system responses are thought to be involuntary, we know that some yogis and meditators have

control over these responses. They can raise or lower their blood pressure at will. To some extent we can all control these centers. By rubbing the neuro-lymphatics and touching the neuro-vasculars we can reset the body's balance or, as Upledger says, "restore autonomic flexibility." Quieting our minds, doing yoga, an appropriate exercise program, and a sense of structure all give the body a chance for relaxation and an appropriate balance between work and rest.

Rubbing a tender neuro-lymphatic releases the strangle-hold of tension and allows the release of congested lymph and the toxic by-products of stress. Gently touching neuro-vascular areas creates better circulation, inducing relaxation and an invitation to recall a calm state of being. Touching a neuro-vascular or rubbing a neuro-lymphatic can also be directed toward relieving a memory of stress held in the tissues. It should not be surprising that the skin could be a great communicator of information when we recall that in the fetus the same cells that form the nervous system form the skin.

Neuro-vasculars occur on the skin over the brain, our personal central processing unit. Note that the neuro-vasculars we hold for stress are located on the forehead over the cerebrum, the part of our brain that deals with "here and now."

The search for balance has led different people to some of the same techniques. Their similarities and differences provide fertile ground for more exploration. The nervous system needs balance between sympathetic and parasympathetic systems for human beings to live in a state of balance. They need to work and rest alternately. And we forever swing back and forth on the pendulum of yin and yang, giving and taking, resting and acting.

References and Footnotes:

- 1 Reprinted by permission from the author.
2. In the 1930's Frank Chapman, D.O. discovered the neuro-lymphatic reflexes. In 1963 Dr. George Goodheart correlated the association of neuro-lymphatics and organs with specific muscles. Then in 1974 Dr. John Thie compiled this information in his book, *Touch for Health*, originally a layperson's guide to self-health.
3. Gordon Stokes and Mary Marks, DC, Dr. Sheldon Deal's *Chiropractor's Assistants and Doctors Basic AK Workshop Manual*.
4. Also in the 1930's, Dr. Terence Bennett discovered neuro-vascular reflexes, locations on the head that he believed influence the vascularity of different organs and structures.
5. Neural Organization Technique organizes the many discrete pieces of information in Applied Kinesiology into an organized protocol. The strength of this work is exemplified by the fact that I can count on any scoliosis client leaving at least one half inch taller after an N.O.T. session.
- 6 John E. Upledger, DO & Jon D. Vredevoogd, MFA. *Craniosacral Therapy*.
- 7 see footnote 5 above.
- 8 Bonnie Bainbridge Cohen, *Sensing, Feeling, and Action*.
- 9 see footnote 7 above

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TFHKA

Touch for Health Kinesiology Association was formed to serve the needs of Touch for Health (TFH) Instructors and Practitioners in the United States and to promote TFH as a system of complementary health care in the Americas.

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