

# Wellness Kinesiology

by Wayne W. Topping

When I first heard of Touch for Health, back in 1976 as a geology professor in Pasadena, California, I was very skeptical. One of my friends had informed me that a woman he knew was going to a chiropractor (Dr. Thie) who determined which vitamins and minerals she needed through muscle testing. My response: "Whose leg are you pulling? You can't do that!" My friend was going to attend a free introductory lecture on Touch for Health that evening at Dr. Thie's clinic. Was I interested in going? "Sure: This is something I have to see for myself." During the presentation Richard Durée asked for a volunteer with one shoulder higher than the other. No one volunteered. Richard had everyone stand up. The rest of the class volunteered me! My right shoulder was apparently higher than the left. He then proceeded to test my latissimus dorsi muscles. The muscle on the right unlocked. "I wasn't ready. Do that again." I said. He did. Same result. "Are you sure you're using the same pressure?" I responded. He assured me he was. "That can't be: I'm right-handed." "That has nothing to do with it" replied Richard. Then Richard proceeded to drill a hole into me between the seventh and eighth ribs below the nipple on the left - or at least that's what it felt like. I didn't know that point was so tender. I now knew that Richard was on to something. When he retested the right arm, it was now strong. "Are you sure you're pulling as hard?" I said. I guess skepticism dies hard. What really made me a believer, however, was when people exclaimed: "Wow, look at that: Wayne's shoulders are level." Six months later the latissimus dorsi was still strong on the right. I was now a true believer and I was hungry to learn as much as I could about Touch for Health!

I took a basic class in 1976 and an instructor's class in 1977. Touch for Health led me into classes in nutrition, herbs, foot reflexology, massage, etc. By 1979 when I was a visiting professor of geology teaching at Western Washington University in Bellingham I recognized it was time for a career change. I loved geology. However, I had to be honest: I now loved wholistic health more. Consequently in the fall of 1980 I decided to take three months training in Biokinesiology from John Barton to be certified as a Biokinesiology Instructor.

In 1984 I was invited over to Sweden to teach a six day class summarizing what I had learned during my three months training. This led to invitations to teach in Denmark, Holland and England and the writing of a book *Biokinesiology Workbook* to support that six day biokinesiology workshop.

## Modifying the Emotional Stress Release Technique

As an avid Touch for Health Instructor working with clients privately I found I was using the emotional stress release (ESR) technique more than perhaps any other technique. It could be modified and applied creatively to many diverse situations.

I found it to be particularly valuable as a form of psychological first aid. I'll give two examples to illustrate the sort of results I was getting.

One woman, about 35 years old, came to the Wholistic Health Center where I was working in Bellingham about 1981. Her muscles were "spasming" uncontrollably all over her body. She informed me that three close relatives had all just died in separate incidences within the space of 10 days; her grandmother was expected to die within the next few days, and her alcoholic mother was treating her as if she were a fifteen-year old girl. With

such a heavy emotional overload no wonder her physical body was on the verge of giving out!

We used the ESR technique on her for each death, in turn, and within the hour she left, pain free. This woman came in for a checkup a week later so that I could check the effectiveness of the ESR work she had done for herself since her first visit. She had successfully worked on several problems during that week including the death of yet another relative.

On another occasion, a man came to the Wholistic Health Center as an "emergency" during our off-hours. He felt that he was headed for a nervous breakdown (he had had one previously) as a result of his guilt over having "caused" the death of his wife who was about two months pregnant and his twelve-year-old son. He recounted how he had had a violent argument with his wife shortly before boarding a plane to fly to New York. A friend contacted him en route to advise him that his wife and son had been killed in a head-on collision with a drunk driver. We used the ESR technique on: hearing his friend giving him the bad news, his wife's death, his son's death, the death of the fetus (the girl (?) they had hoped for), his feelings towards the drunken driver, etc. Within an hour we had worked our way through each of those "problems" and he took with him a tool that he could use to continue reducing his stress load. A few days later, he canceled his following week's appointment because he was feeling so great!

Even though we got some amazing results, I found that ESR did not always seem to be 100% effective. Sometimes clients used ESR thinking about the upsetting situation, the indicator muscles were now strong or locked, yet the body evidence or behavioral evidence suggested that there was still some unresolved stress. How could we access that distress?

Soon after I first met Bernie, my ex-wife, I found out that she had a fear of dogs extending back to a situation when she was nine or ten years old. At that time, a boy that she had a crush on was attacked by a German Shepard. As he was running away the dog tore into his calf muscles. As a result the boy was laid up for the summer. Bernie hadn't seen the event, hadn't seen the injuries, just the scars at the end of the summer but that was sufficient to create within her an intense fear of dogs. We used ESR to eliminate Bernie's fear of dogs. The fear was now gone with one exception, whenever she went running. Why was the ESR not 100% effective? What were we missing?

Some time later I was doing some kinesiological work with Bernie. The indicator muscle (I.M) remained strong when she thought about seeing dogs coming towards her, touching a dog, getting in touch with feelings regarding being around dogs, etc. However, when I said "hear a dog barking" the indicator muscle unlocked. Apparently we still needed to do some stress release involving the auditory component.

Research in Neuro Linguistics Programming has shown that we move our eyes into different directions depending upon how we are processing information: auditorially, visually, kinesthetically, dialoguing internally, etc. I was curious to find out which particular eye direction accessed the part of the brain where Bernie stored memories of the sounds of dogs. When Bernie thought about dogs her I.M. switched off only when she looked down to her right. She did ESR while thinking about dogs and looking down to the right. When the I.M. was retested it remained locked (1) when she imagined hearing dogs, and (2) when she visualized dogs while looking down to the right. Now when she ran her fear of dogs was gone. Subsequent research showed that whenever someone thought of a specific stressful subject or incident there were many different eye directions that would allow a strong I.M. to unlock, presumably each accessing a part of the brain where a stressful memory was stored regarding the subject or incident being focused in on. Doing ESR while

the eyes were held in those

positions eliminated the stress without us having to determine exactly what the situations were.

After about six months of this work we realized the brain was smarter still: doing eye rotations first in one direction then in the opposite direction while doing ESR and focusing on a stressful situation eliminated the stress.

### Taking the ESR Technique to a Deeper Level

A few weeks after Bernie and I developed the eye rotation technique we discovered a way to intensify its effect. This was by the placing of metal under the back of both heels and over the lower central forehead. We used aluminum foil for convenience, although other metals would also work. This idea for using metal to find imbalances came from my biokinesiology training where we placed metal on various parts of the body depending upon whether we wanted to check for hidden problems with intervertebral discs, parasites, teeth, periosteums, etc.

Using the metal made the stress release clearing so much more effective that we used it most of the time except when the situation we were working through was (or had the potential to be) so emotionally charged in which case we would do simple stress release, then add in the eye rotations, then finally repeat the process using metal. This way the process was "chunked down", the distress removed in layers as it were.

During July, 1986, we found a way to achieve this deeper level of clearing without the use of metal. A fellow Touch for Health Instructor and friend, Ray Gebauer, suggested that I might want to do the ESR while the client held tips of thumb and ring finger together (the ring finger is the "emotional" finger of Allan Beardall's research). At first we experimented with the arm opposite the gestalt brain then later settled for holding the emotional finger mode bilaterally.

By the Fall of 1986 we had dropped the use of metal to elicit a deeper response. Using fingers was simpler and we were finding it was more effective. When I published the first edition of the *Stress Release* book in 1985 we described the use of metal and we included an appendix where we had many pairs of statements pertaining to Weight Loss, Self-Esteem, Serious Illness, and Habit Change. Each pair consisted of a positively worded statement, and a reprogramming statement in a double negative format. For example:

"I want to live".	"I no longer don't want to live".
"I eat to live".	"I no longer live to eat".
"I like my body".	"I no longer hate my body".

In the stress release work we used primarily four different approaches: ESR with eye rotations while: (a) client focuses on negative experience; (b) client imagines the opposite positive situation, e.g. being successful, at their new desired weight; (c) client makes positively worded statement; or (d) client says double negative statement. Each is a different way to provoke stress which can then be defused and we used them interchangeably as seemed fit during the session.

Once we began using the emotional finger mode, rather than the aluminum foil, we found we needed to use fewer reprogramming statements and we had to do less age recession. More was being accessed and cleared more quickly. So we gave up using the metal. I'm all for changes that can keep the techniques as simple as possible, without

compromising on effectiveness, because my goal is to keep the majority of techniques simple enough that clients can use them on themselves and their friends at

home.

I also understand that kinesiologists being a creative bunch will be trying to modify all techniques, in part to feel ownership of the methods, but I don't want people to learn techniques that have lots of bells, whistles, flashing lights, trappings, that look impressive but are not really needed.

### Brain Integration

Freud had coined the term *subconscious* to describe that part of the brain that operated below consciousness. The split brain research of the 1960s that earned Robert Sperry a nobel prize clearly showed that the two cerebral hemispheres could have opposing goals. I have seen on film, for example, a woman whose corpus callosum had been cut so that the two hemispheres could not communicate with each other. One hand was attempting to take the red coat out of the closet, while, at the same time, the other hand, controlled from the opposite brain, was attempting to put that same coat back into the closet! The two brains were literally pulling the coat in opposite directions.

We found we could have the client make a statement, muscle test one arm, have them repeat the statement then retest the other arm. When both arms unlocked, both brain hemispheres were stressed and we could defuse the stress by having the client do eye rotations clockwise, then counter-clockwise (or vice versa) while continuing to say the statement aloud. Sometimes one arm would lock, the other unlock indicating incongruence between the two brain hemispheres. The correction involved the client extending their arms horizontally out to the sides, palms forward. They imagined one brain hemisphere in the left palm, the other in the right palm, and said the statement audibly while imagining both brains coming together into integration as the palms are brought together and fingers interlocked. I developed the brain integration technique with insight arising from the visual squash technique of neuro linguistics programming and the integration metaphor technique from Dr. Paul Dennison's "Dennison Laterality Repatterning" procedure.

Muscle testing while the client made statements was a simple yet very effective way to identify areas where the client was stressed bilaterally or had incongruence and the ESR with eye rotations and brain integration techniques, both used with the emotional finger mode, provided fast, simple, effective ways to defuse the stress. The clients received the results they wanted with techniques simple enough they could understand them and use them at home.

However, again occasionally these techniques didn't work. Why not? Back to the drawing board.

### Personality Traits/Limiting Beliefs

Throughout our lives, but particularly during our first six years, we internalize thousands of different "truths" or beliefs in order to understand our world and to survive. Later in life when we choose to experience situations in ways that run counter to some of these more entrenched beliefs, our bodies are thrown out of balance and will attempt to bring us back in line with the beliefs. We have been able to correlate health problems with many of these beliefs. Let's illustrate by exploring the *Migraine Personality Trait*.

Researchers have shown that up to 80% of migraineurs are women. Migraines often begin with puberty and disappear with menopause. They are very common around menstruation and are usually absent during pregnancy. It is obvious,

therefore, that migraines can be triggered by the female sex hormones or issues of femininity. However, millions of women don't get migraines, so migraines probably have a multiple origin.

Certain food and non-food items are known to trigger migraines, especially chocolate, tyramine-containing foods, red wine, caffeine, etc. However, many people can eat these substances without getting migraines, so they alone should not trigger migraines.

Others have already noted that migraineurs are more likely to have certain characteristics. They are often people-pleasers, perfectionists, and have difficulty expressing emotions such as anger. Our research found that a majority (perhaps 85%) have a limiting belief— "I don't want to confront differences." Most are people-pleasers.

People-pleasing women who eat chocolate (and when do they eat chocolate? Often around menstruation time!) are probably more likely to get migraines. Many times we have found that once the migraine personality trait has been reprogrammed or dismantled, the individual can eat chocolate, drink alcohol, etc., without having them trigger migraines.

However, doing eye rotations on the statement "I no longer believe I don't want to confront differences" was not sufficient to change the belief. During 1986 primarily, Bernie and I developed a method to eliminate or reprogram the belief. It involved doing ESR with eye rotations on four statements:

1. "I no longer believe I **don't want to confront differences.**"
2. "I no longer feel **insignificant** when I no longer believe I **don't want to confront differences.**"
3. "I feel **motivated** (to/when I) confront differences."
4. "I feel **joy** toward others."  
"Others feel **joy** towards me."  
"I feel **joy** toward myself" or "I feel **joy** within myself."  
(Generally only one statement in #4 needs to be reprogrammed.)

The statements required to reprogram other beliefs have a similar structure. The first statement is a simple letting go of the belief. The second statement dissociates the belief from the negative organ emotion that is triggered whenever the client tries to behave contrary to the belief. The third statement has a special type of emotion (termed a "mood" in biokinesiology) and gives the brain a new way of being in the formerly stressful situation caused by going against the limiting belief. The fourth statement is a more generalized reprogramming involving one of ten plexus or energy center emotions.

After doing eye rotations on each of these four statements at present time, and occasionally at specific times in the past the body/mind is often temporarily thrown out of balance as a result of the reprogramming. Usually we identify specific brain emotions that need to be worked with to restore balance. Generally the client needs to continue doing eye rotations on all four reprogramming statements for one, two, or three times a day for at least three weeks.

Here is a letter written in May, 1991, by one of the students I taught in Scotland in September, 1990.

"I had suffered from migrained (sic) headaches intermittently for most of my life and was pleased to work on this trait during the workshop. I continued with this as directed for several weeks afterwards.

It was some time later that I actually realized that I had not had a headache since the class.

The trait that Dr. Topping connects to migraine is the dislike of confronting differences and I was amazed one morning when I appeared to be developing a migraine headache to realize that I was in just such a situation. I did some stress release on the situation then carried it through and my headache did not develop further. This happened on two further occasions and each time I was able to avoid the headache by tackling the situation on hand.

I have since carried out some more reprogramming of the trait and have not had a headache since that time."

*G.M., Scotland*

*May 1991*

In another letter written within a month of the workshop the same student writes: "I find the personality traits extremely powerful and effective. In fact I've been working on my own Learning Disability Trait for over 3 weeks now and can't believe the difference it has made."

We get lots of feedback, including from psychologists, that the Defusing Negative Personality Traits (or Defusing Limiting Beliefs) is a very powerful way to bring about change for clients. And it is reproducible.

### The Migraine Personality Trait Research Project

In January 1995 I initiated a research project involving the Migraine Personality Traits. I had hoped 20-30 practitioners in up to 12 countries would get involved. Only 3 of us did. Obviously those of us in this field keep ourselves very busy.

The primary goal of this study was not to eliminate migraines using kinesiological approaches (which could have resulted in a higher success rate). Rather it was to dismantle the migraine personality trait (if present) to see how many people had no further migraines, how many had fewer migraines, less severe symptoms, etc. after two therapy sessions. Other kinesiologically-based procedures such as temporal tap, anchoring, role-playing, that would normally be used to support a personality trait change were allowed, but nutritional corrections, and allergy corrections were not allowed.

Between the three therapists involved: Sjoukje Van Hellemond from the Netherlands, Hanne Iveresen from Norway, and myself we had 15 case histories (13 women and 2 men). All 15 had the migraine personality trait which was reprogrammed during the first session.

By the second session two were already free of migraines. (Three months later they were still migraine free and the one who had been taking medicinal drugs was no longer on medication). Six of the remaining 13 participants were having less severe migraines. Some of these 13 needed to continue doing the reprogramming procedures. One had misunderstood the procedure and was using an opposite statement. Between sessions one and two she had 4-5 migraines. When checked two months after using the correct statements she had had no further migraines. Obviously no placebo effect here! Another participant, because she was experiencing fewer migraines, was forgetting to do the

growth work. This woman had been having up to 12 migraines a month, and during a six week period during the three months after the initial session had no migraines — “which is exceptional” for her.

At the third session, approximately three months after the first session, five of the 15 were now migraine-free, and nine were experiencing less severe migraines (less intense, fewer symptoms, and often less frequent). Only one of the 15 was still experiencing migraines as intensely and frequently as before the study. (She has subsequently had a small “accident” and no longer experiences migraines. For purposes of this study she is recorded as having experienced no positive changes regarding the migraines, although she acknowledges significant positive changes in her life as a result of her two therapy sessions).

The study proved that 14 out of 15 migraineurs got complete elimination or significant reduction of migraine headaches. Addressing nutritional factors such as water intake, avoiding excessive sugar intake and the subsequent low blood sugar levels, increasing the magnesium content of the diet if needed, correcting allergies that are triggering the migraines, etc., would go far to total elimination of migraines for essentially all clients.

### Contributions from Biokinesiology

While discussing personality traits (limiting beliefs) I mentioned without comment different types of emotions: organ or LAN emotions, moods, plexus emotions, and brain emotions. Now it is time to describe where they originate. Most of my early training was in Biokinesiology and I have taught some aspects of it in at least 19 countries. So, let's backtrack and see how Biokinesiology originated.

In the early 1970s John Barton was working for IBM in the Los Angeles area helping to design the first computers. In his spare time he was very actively involved in massage, midwifery, acupressure and nutritional counseling. A demonstration of muscle testing on television piqued his curiosity and led him to a TFH class. Later he took a weekend seminar with Dr. George Goodheart during which Goodheart worked on John's chronic sacral imbalance. It didn't correct, so John set out to solve the problem himself; and he hasn't stopped since. In 1972 the Biokinesiology Institute was founded. The vast amount of research from John, his wife Margaret, and his many students over the years, have contributed to many Biokinesiology publications. (Refs. 1-5).

Let's now examine some of the major contributions made by Biokinesiology. Probably the major one has been how different emotions affect different parts of the body. In TFH we generally hold neuro-vascular points for 20-40 seconds. John would often hold these points for up to 10 minutes at a time. It can be rather boring holding points for so long in silence so he used to whistle tunes out loud as he held them. He discovered accidentally that negative emotions in the lyrics he was whistling were not balancing the neuro-vascular points but instead throwing them further out of balance. He then proceeded to circuit localize a specific NV point while stating out loud negative emotions to determine which would throw it out of balance. This research led to one of John's earliest books - *Biokinesiology Vol. 2 - Neurovasculars*. (published February 1979, Ref. 2) - where he describes the locations for 214 neuro-vasculars, their related meridians, cranial nerves, symptoms, and negative emotions. He estimated that there would be approximately 1,400 such neuro-vasculars. Believing the human body to be divinely created he logically reasoned that some of these NVs would be more important than the others. Eventually he located 20 major NVs (labeled A-T), which he termed LANs,



or Loving Affirmation Nerve points. These correlated with the 12 regular and eight extra meridians of Chinese acupuncture. One of the research projects tackled

during my 3-month class at the Biokinesiology Institute was to find the positive emotions that were paired with the 183 negative emotions that had already been correlated within these 20 meridians. Many of these can now be recognized in the Professional Health Provider Five Element Emotion Chart. John also identified four LANs - V, W, X and U - that were correlated with the blood circulation, nervous system, lymph system and the brain - corpus callosum and their related 39 pairs of emotions. John believed that there would be one major input center into the brain and a fellow Biokinesiologist, Doug Wickham and I were able to locate it on the governing meridian directly above the ears (LAN Y).

Probably most people in different kinesiologies have not seen the full implications for this research. For example, if you go to the average physician presenting with pain in the lower right quadrant you are most likely to receive a diagnosis of appendicitis. I have friends who each lost their appendix and still have had the pain after the surgery because it had been a misdiagnosis. In one case the pain was coming from the ileocecal valve, in another from the small intestine. A study that showed that three quarters of all appendices removed in Germany were normal suggests that many people have received a similar incorrect diagnosis. Because different organs are affected by different emotions the positive emotion that puts an imbalanced point back into balance will let us know whether we are dealing with an imbalance in the appendix, ileocecal valve, cecum, ascending colon, transverse colon, small intestine or one of the abdominal muscles. Whichever positive emotion

temporarily balances the point being circuit-localized is then the emotion to be worked with therapeutically.

In Biokinesiology we have the positive emotions, nutrition and biokinetic exercises to correct thousands of individual tissues, many of which cannot be manually tested but can be identified through circuit localization. Many other forms of kinesiology work just with those muscles that can be manually tested. Thus in Touch for Health we have just one muscle test for the heart meridian, i.e., subscapularis. In the Biokinesiology Institute's book *The Quick Ready Reference* (Ref. 5), by contrast, we have 54 separate muscles, tendons, and ligaments associated with the heart meridian. Clearly, therefore, a client could be having an imbalance in the heart function in the body and yet have their subscapularis muscle tests be in balance.

Biokinesiological research has also shown that sometimes what we think we are manually muscle testing has been misidentified. For example, much of the time when we believe we are testing a weak latissimus dorsi muscle it is actually the tendon instead (Ref. 7). The latter correlates with pancreas blood sugar function and the spleen meridian and corrects with the NL and NV points shown in the *Touch for Health* book. The latissimus dorsi muscle correlates with the heart meridian and has different NL and NV points to balance it (Ref. 13). A knowledge of Biokinesiology is, therefore, very helpful when regular Touch for Health or Applied Kinesiology muscle testing does not seem to be working.

### The Eight Extra Meridians

In my first book *Balancing the Body's Energies* (Ref. 7). I describe how it was knowledge of the LAN emotions from Biokinesiology that enabled me to correlate intermediate level pulses at the wrists with the eight extra meridians (Ref. 9). The Biokinesiology Institute had already described 398 tissues related to these eight extra



meridians. I selected 35 of these that could be easily muscle tested and discovered where their NL and NV points were located. I selected eight of these as indicator muscles and showed that much of the time balancing these also corrected imbalances in the 12 regular meridians (Ref. 7). In most forms of kinesiology only the 12 regular meridians and the central and governing are worked with. In Biokinesiology we also work with the remaining six extra meridians that happen to correlate with organs such as the hypothalamus, anterior and posterior pituitary, thymus, spleen, parotid gland, adrenal medulla, adrenal cortex, pineal.

This gives you an idea as to how some of the coursework in Wellness Kinesiology evolved. The eight extra meridian work involves large contributions from Chinese knowledge of the acupuncture system, wrist pulses, and balancing with Key Points and Coupled Points. Biokinesiology contributed the 35 muscle tests I decided upon. TFH contributed with ideas on NL and NV points, and balancing by tracing meridians. I did tens of hours of research to locate the NL and NV points identified, and intermediate level pulses at the wrist. The balancing is done using NLs, NVs, meridians, nutrients, key points, and emotions (plexus and organ emotions from Biokinesiology; using procedures developed in Wellness Kinesiology).

### Nutrients and Allergies

In Biokinesiology we have always taken a wholistic approach to balancing the body using emotions, nutrients, and physical procedures such as biokinetic exercises, acupressure points, and massage, wherever possible.

We have used a two part specific response test (SRT) to determine which nutrients are not useful, beneficial, and very beneficial for any imbalanced part of the body we can circuit localize. However, that is only the first part of the equation. Many chiropractors and others using muscle testing assume that if a particular muscle test or localized part of the body strengthens with a nutrient then that is the nutrient that he/she needs to take. True, the local part of the body may want the nutrient but it could cause an allergic reaction or imbalance elsewhere in the body or brain. Biokinesiology has long recognized this and developed the Brain Response Test (BRT) by 1977 (Ref 1, 3) to determine whether the nutrient is going to be in harmony with the entirety of the body. Many people using kinesiology have yet to recognize the very real need for such a test. The BRT is also a fast way to determine what an individual's allergies are going to be.

It is not normal to be overtly allergic to pollens, animal dander, sunlight, wood, wool, feathers, plastics, good foods, etc. In biokinesiology the premise has always been that provided the environmental factor or food is good (i.e. not rancid, poisonous, etc.), passes the 3-part BRT on other people but not on the client, then the client's system is out of balance in a way that can be both identified and corrected. *Allergies: How to Find and Conquer* lists different foods, vitamins, minerals, environmental factors, and the tissues that are potentially out of balance and causing the allergic reactions.

Most people recognize that people can be allergic to pollens, dust, animal dander, and dairy products. However, most people are not familiar with the concept of universal reactors, people who are essentially allergic to everything. Nor are they aware that the symptoms of allergies can span the entire spectrum of human discomfort including vague malaise, irritability, heart palpitations, skin rashes, constipation, diarrhea, asthma, swelling of the limbs, lung problems, sinusitis, hay fever, eczema, itching, digestive problems, headaches, backaches, fatigue, colds, even the need for sunglasses.

In Wellness Kinesiology we check a number of possible causes for allergies/sensitivities including factors such as: inadequate water intake, HCl

deficiency with consequent incomplete break-down of proteins, B-complex deficiencies especially pantothenic acid, solar plexus imbalance, the balance between adrenal and immune function, etc., before going to the *Allergies* book.

Two case histories to illustrate what is possible. The first is from one of my kinesiology students in Southern California.

"I had been allergic to honey for approximately 15 years when I had a correction with Dr. Wayne Topping in December of '92. As soon as I would eat the honey, my mouth would begin to itch, then my throat would itch. Then as soon as it hit my stomach I would vomit it up.

We were using the book *Muscle Testing, Your Way to Health Using Emotions, Nutrition and Massage* by the Biokinesiology Institute during a classroom session. I chose number 65 "Sunglasses-Light bothers eyes" to work on. I have had to wear sunglasses for approximately 15 years also (since about 1977). If I lost or forgot them I was in a panic and if I was closer to a store than my house I would go out and buy a pair. The tissue mentioned in #65 just below the ankle, was also sore, although I didn't know it until Wayne touched it.

After the balance I was still a little skeptical. Wayne said I would be able to eat honey again and that I would see my sensitivity to sunlight gradually decrease. This would be the true test, as I was still not sure kinesiology was for real. Although I was intrigued enough to learn about it. But I felt, if this works, then I will learn all I can and help as many as I could with this non-invasive, all natural and gentle type of therapy.

I was doing the 'growth work' as instructed, and planned on eating honey at the end of the three weeks when I was finished with the statements. When one day, everyone was gone and I was cleaning house. My young son did not eat his peanut butter and honey sandwich. So as I was cleaning I would take a bite every now and then, forgetting that it had honey in it. When it finally dawned on me, I had eaten half of it! I stood there waiting to get sick to my stomach. Nothing. My mouth didn't even itch! So I stood there and ate the whole thing. 'Surely if I eat it ALL I'll get sick.' I thought. Nothing. I was truly amazed and convinced of the authenticity of Biokinesiology.

That was six months ago, as of this writing, and I now do not need to wear my sunglasses as I did. In fact, if I put them on out of habit when I am driving, I begin to realize that they are irritating me and will remove them. And I enjoy eating honey whenever I want to without hesitation.

Although these were not life-threatening problems they did limit me at times. What a joy to have them corrected!"

—EF.

May 1993

The second example is from a client I worked with in Pasadena, California.

"I am writing to let others know what your treatment methods can accomplish for allergy sufferers.

Let me begin with my case history: About 8 months ago, I began to experience the classic symptoms of contact dermatitis and severe systemic allergy. I itched constantly, over my entire body. I could not sleep through the night without waking up five or six times in a frenzy of scratching. I was sleep deprived, and each day was a horror as I worried more about itching than I did about dealing with the

day's tasks. During the day I often had to leave the room (whether it was at work, at school, or at a friend's house) because of the intensity of the allergic reaction. Before long, I was covered with raised red and white welts and I soon developed excema along my arms and thighs.

I consulted a physician and discovered that during these allergic attacks my blood pressure dropped as low as 50/35. I was told by my doctor that this reaction bordered on anaphalectic shock and possible death. In short, my allergic reaction had progressed from mere discomfort to a potentially life-threatening situation. I had to find the allergen and eliminate it, fast! Through a careful process of elimination, I traced the allergy to the commercial laundry detergent "Surf", which I had begun using at the same time the symptoms began.

When I switched to a new detergent and re-washed all my clothes, the itching was reduced. Nevertheless, whenever I came in contact with anything that had been in the vicinity of this detergent, the welts would begin to form, and I was in for several hours of itching and hives. I dealt with this for over a month by taking antihistamines, which, though effective, would leave me drowsy and ineffective at work. I lived in constant fear that I would meet someone whose clothes had been washed in Surf, or that there was something in my closet that was still contaminated.

Fortunately, it was around this time that I met you. You took a careful case history, and introduced clothing that had been washed in Surf. Initially, I reacted to the clothing at a distance of five feet. Within five minutes of your treatment, however, I was able to stand the clothing actually touching my face, with no ill effects whatsoever!

What is even more amazing is that I then went to the grocery store (where I had previously been unable to even walk down the detergent aisle without itching unbearably), and I actually bought a box of Surf. I went home and put my hands into the detergent. Absolutely nothing happened!! Thanks to you, I am no longer worried that I may be accidentally exposed to this substance and possibly die as a result. You have made a true believer out of me. Thank you, Dr. Topping!"

— by K.M., Pasadena, California

December 1992

Because I believe in the Touch for Health synthesis, I remain an active TFH Instructor and have resisted the urge of taking the "best" of TFH and reworking it and disguising it as part of Wellness Kinesiology. TFH classes are therefore prerequisites to some of my courses. However, I have seen part of my mission as taking materials (particularly the wealth of knowledge regarding emotions, allergies, biokinetic exercises) originating in bio-kinesiology and introducing them to the larger TFH family. As an example, at the 1985 Annual TFH Conference I described a method to determine the priority emotion to be worked with when doing a TFH balance (Ref. 14).

Muscle test the 14 indicator muscles, check the alarm points for overenergy meridians, and plot the results on the wheel or the five element chart. Take an educated guess as to what the top priority meridian will be. Point the fingers of one or both hands into LAN Y (on the governing meridian above the ears) and state out loud to the client "You feel....(whatever the positive emotion is for the meridian you consider to be top priority; drawn from the umbrella emotions for LANs A-T of biokinesiology).." Retest the formerly weak I.M.s to see if they all now lock. If so, you have identified the meridian to be worked with and could use that emotion or maybe a more specific sub-emotion for that

same meridian as part of your therapeutic work, using procedures developed in Wellness Kinesiology.

This is a relatively simple procedure. Yet it balances the I.M.s and meridians and allows the therapist or facilitator to work with relevant emotional issues in a way that confirms to the client both the relevance of working with emotions and your particular approach.

### Why Wellness Kinesiology?

When Dr. John Thie designed the Touch for Health Synthesis Tree in 1992 the kinesiological classes I was teaching appeared under the umbrella of Stress Release, the name of my entry level course and one of my earliest books. I have been actively teaching TFH for 21 years, biokinesiology for 18 years, and Brian Gym® for 12 years, keeping course content pure. I have seen many different kinesiologies originate and separate out of TFH, so I resisted forming my own school of kinesiology to further fragment the field. I believed we could make a bigger impact on the world by being more united. However, with the passage of time it became more obvious that I needed a label to describe what I did. I began looking at the alphabet soup of K's that already existed: AK (applied kinesiology), BK (used twice: biokinesiology and behavioral kinesiology), CK (clinical kinesiology), Edu-K (educational kinesiology), HK (health kinesiology), etc. I began looking at letters of the alphabet that had not been used — 'W' was a possible candidate. And after many months it suddenly dawned on me — Wellness Kinesiology. Wellness was what we were all about. It was wholistic, positive, and had the right focus implying prevention. It was broad enough to cover our current and anticipated classes.

The course offerings are still evolving. However, a brief description of the various classes will serve to give an overview of our current offerings:

### **Stress Release I**

An entry level class introducing muscle testing as a biofeedback tool to identify what is causing distress and to confirm when it has been defused. The emphasis here is on tools that can be used as psychological first aid to eliminate stress.

### **Stress Release II**

The emphasis here is two-fold: Additional tools to defuse stress; and decreasing stress by increasing through the three factors contributing to stress hardness: control, commitment and sense of challenge through working with goal setting, time management and procrastination, etc.

### **Stress Release III: Defusing Stuck Emotions**

We begin by looking at the Callahan model and how it addresses phobias, anxiety and addictions, show how it relates to the Law of Five Elements, then expand into other stuck emotional states such as temper, rage, hostility, embarrassment, mournfulness, grief, loneliness and depression.

## **Stress Release IV: Working With Emotions**

Learn how to balance the body with positive emotions via the biokinesiology organ reflexes or the 14 indicator muscles of Touch for Health (gamma-1 and gamma-2 testing). How to use emotions to eliminate pain.

## **Energy Centers**

What are energy centers? Their symptomology. Learn five methods to identify energy centers and five ways to balance them.

## **Nutritional Testing**

Learn how to determine which nutrients your body needs and whether your body can handle those nutrients. How to prioritize your nutritional needs.

## **Allergies**

The Brain Response Test to identify which foods, nutrients and environmental factors you are sensitive/allergic to. How to identify the tissue that is related to the allergy and how to balance it with emotions, nutrition and biokinetic exercises. Different causes for multiple allergies.

## **Weight Loss**

The physiology and psychology of weight loss. Uncovering hidden motivations for remaining overweight. Find out why people are eating more yet still feeling hungry. Learn the three things that almost everyone in our culture who wants to lose weight is doing that actually promotes weight gain. Determine the nutritional factors that can help an individual lose weight.

## **Overcoming Addictions**

How to use six proven strategies for uncovering an individual's underlying motivations for addictive substances. Learn specific techniques for stopping smoking, losing weight, ending addictions to alcohol, caffeine, tranquilizers and illegal drugs. How to prevent weight gain in individuals who stop smoking. Preventing or minimizing withdrawal symptoms. A key factor in preventing psychological relapse.

## **Biokinetic Exercises**

Discover the power of easily-learned biokinetic exercises to balance hypotonic or hypertonic muscles. Biokinetic exercises to address low back pain and neck and shoulder tension. Biokinetic exercises for 16 indicator muscles used in Touch for Health. Using muscle testing to identify optimal positions and optimum time to use each exercise.

## **Eight Extra Meridians**

Discover how to balance all 20 major meridians using indicator muscles for the eight extra

meridians. Balancing those muscles with emotions, nutrients, neuro-lymphatic points, neuro-vascular holding points, meridians, key points and coupled points. Learn muscle tests related to hypothalamus, anterior and posterior pituitary, thymus, pineal, parathyroid, etc.

### **Defusing Negative Personality Traits**

Find out 7 major ways people acquire limiting beliefs (or personality traits). Understand how certain of these beliefs can make you more susceptible to migraines, learning difficulties, cancer, alcoholism, and rheumatoid arthritis. How to determine what these beliefs are and how to dismantle them.

Currently we have Wellness Kinesiology Instructor Training Workshops to certify people to teach Stress Release I, II, III, & IV; Energy Centers, Biokinetic Exercises, Eight Extra Meridians, and Defusing Negative Personality Traits.

### **Wellness Kinesiology Around the World**

As of June 1998, Wellness Kinesiology has four faculty members: **Aria den Hartog**, from the Netherlands, a former nurse who has been actively teaching Wellness Kinesiology in the Netherlands, northern Germany, Hungary and Zimbabwe; **Dominique Monette**, in Belgium, a former medical doctor who heads up our work in the French speaking world; and **Rosmarie Sönderegger** in Zurich, Switzerland who is actively teaching to the German-speaking world; and myself (**Wayne Topping**) teaching in 20 countries. Wellness Kinesiology instructors currently teach in Australia, Belgium, Brazil, Canada, England, France, Hungary, Italy, the Netherlands, Scotland, Southern Ireland, Switzerland, United States, and Zimbabwe.

For further information or to be placed on our mailing list, contact:

Topping International Institute, Inc.  
2622 Birchwood Avenue #7  
Bellingham, WA 98225  
U.S.A.

Phone/Fax: 001-360-647-2703

### **References**

1. Biokinesiology Institute, *Allergies - How to Find and Conquer*. Bellingham, Washington: Topping International Institute, Inc. 1992
2. Biokinesiology Institute, *Biokinesiology Volume II*. Medford, Oregon: Copy Quick, 1979
3. Biokinesiology Institute, *How to Take Care of Yourself Naturally*. U.S.A.: Harmon Press, 1977
4. Biokinesiology Institute, *Muscle Testing Your Way to Health*. U.S.A., 1982

5. Biokinesiology Institute, *Quick Ready Reference*. East Longview, Mass.: Celecom, 1981
6. Topping, Wayne W., "Allergies as Symptoms of Imbalance." *Journal of the TFHKA and ASK-US Joint 1997 Conference*, 86-90, 1997
7. Topping, Wayne W., *Balancing the Body's Energies: Muscle Tests for the Eight Extra Meridians*, Bellingham, Washington: Topping International Institute, 1986 (revised)
8. Topping, Wayne W., *Biokinesiology Workbook*. Bellingham, Washington: Topping International Institute, 1985
9. Topping, Wayne W., "Pulse-Meridian Correlations." *In Touch for Health*, V.8 (3): 5-7, 1982
10. Topping, Wayne W., *Stress Release: Identifying and Releasing Stress through the Use of Muscle Testing* (revised). Bellingham, Washington: Topping International Institute, 1991
11. Topping, Wayne W., *Success Over Distress*. Bellingham, Washington: Topping International Institute, 1990
12. Topping, Wayne W., "The Migraine Personality Trait: Results of a Worldwide Research Project." *Touch for Health International Journal*, pp. 134-7 1996
13. Topping, Wayne W., "Two Further Muscle Tests for the Heart Meridian." *International Journal of Touch for Health*, 125-8, 1987
14. Topping, Wayne W., "Using Emotions to Enhance Your Touch for Health Balance". *International Journal of Touch for Health*, 143-4, 1985
15. Topping, Wayne W., "Using Biokinesiology to Overcome Allergies." *In Touch for Health*, V.7 (2): 21-26, 1982
16. Topping, Wayne W., and Bernie Topping, *What Makes You Tick is What Makes You Sick: Personality Traits and Their Relationship to Illness*. Bellingham, Washington: Topping International Institute, 1987