

The Touch for Health Kinesiology Association

Annual Journal for Year 2001

CREATING MIRACLES

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Touch for Health Kinesiology is a non-invasive method, using muscle bio-feedback and body awareness that can help you to reduce stress and pain, improve performance at school, work and home, in sports, in relationships and promote health and well being.

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NOTES

CREATING MIRACLES

Message from the President

Dear TFH Members and Guests,

On behalf of the TFHKA board, we are pleased to welcome you to the 28th annual USA TFH conference, Creating Miracles. We hope you will enjoy the conference, new and renewed friendships, laughter, love and the spectacular sites of Seattle. We hope you agree that this is a unique opportunity to invest in your future, to rejuvenate your energy and spend meaningful, purposeful time with like-minded friends.

Our organization began in 1973 with the Dr. John Thie's publication and training program Touch for Health and his dream to share a most unique self-care program with the families of the United States and the world. It is alive and well; now taught in nearly every country of the world. Be sure to check the back of our directory for the international TFH associations.

Warm appreciations to Penny Hilburn and Anita More-Butts planning our days together, to Hap and Elizabeth Barhydt for compiling and formatting the conference journal, to Debbie Bethel and Judy Levin for the "auctions", for Judy Ireton, Valerie Biggs, Gloria Godsey and Joyce Forsythe for support from the office.

Special recognition to our wonderful speakers who graciously give of their time, energy, talent and finances and to whose commitment to excellence is reflected in their presentation papers for the conference and the journal. As Richard Harnack, annual meeting chairperson 1992, said, "You will find yourself coming back to these articles again and again using the techniques and information they impart."

May you return to your home, your practice, your TFH and related classes refreshed, renewed, and inspired to continue using the program for yourself and to offer this powerful self-care and awareness package to family, friends, students, and clients. Thank you for joining us to make this a successful conference.

Jan Cole, Touch For Health Kinesiolog Association (TFHKA) President

Board of Directors

Jan Cole, President

Debbie Bethel, Vice-President .

Anita More-Butts, Treasurer & Conference Coordinator

Janet Gentle, Secretary .

Penny Hilburn, Conference Co-chairman

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The Touch for Health Foundation (Association) is dedicated to bettering our conditions here on planet Earth through supporting the health of individuals by natural means. We are of the belief that within each human being are the answers and solutions necessary for their optimum wellness, physically, emotionally, mentally, spiritually, and as a society. We believe that the innate intelligence foundation with every living organism is interacting with the universal intelligence that is governing our biosphere. This helps us learn from our body, mind and spirit, just how to heal ourselves and our community. We believe that family health is necessary for the individual and societal wellness.

Robert A. Aboulache, President Emeritus

The Importance of Research in Touch for Health Kinesiology

by John F. Thie, DC

with Matthew Thie, MEd

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To get on in life, face forward:

"Life is a series of collisions with the future; it is not a sum of what we have been, but what we yearn to be."

--Jose Ortega y Gasset

"The past always looks better than it was.

It's only pleasant because it isn't here."

--Finley Peter Dunne (as "Mr. Dooley," a character in Dunne's newspaper column)

"We are tomorrow's past."

--Mary Webb

Over 25 years ago, I decided to make the simple, safe system of Touch for Health available to anyone who was interested in learning to be more aware of imbalances in their life energy and utilize simple yet powerful techniques to improve the flow and balance of their energy. Since that time, I think all of us using muscle testing in the subtle energy model agree that Touch for Health Kinesiology (TFHK) has been beneficial on a large scale throughout the world. As more and more people use the system of TFHK in lay, paraprofessional and professional settings there is a greater general public and professional awareness of its existence. With that awareness comes both the potential for increased access to this information, as well as the possibility of increased limitation and control of TFHK. With the current "mainstreaming" of many "alternative" or "complementary" therapies, we need to look carefully at how we want to maintain and increase access to the benefits of TFHK. This will require that we decide to what extent we want to "fit in" with the

dominant models of health care, scientific research, and third party payer systems-whether those third parties be governments, "HMO's" (Health Maintenance Organizations), Insurance companies etc. We also need to consider to what extent we want to assert ourselves as different or alternative to the dominant systems. I don't feel that this is an either or question, but rather one of articulating multiple options and strategies for making our unique contribution to the well-being of humanity through out special techniques of touch and energy balancing.

I believe that significant data which supports the beneficial effects of TFHK already exists, and that we can easily generate much more positive evidence, but we need to gather and analyze the information in a way that will be most accessible to the public, scientific researchers, governments, etc. TFHK is a prime example of a valuable tool within the realm of Complementary and Alternative Medicine (CAM) that public is learning about and demanding access to, and also that scientific, medical and governmental

authorities are looking at critically in terms of safety, efficacy, cost, and also as a potential threat to established modalities, organizations and bureaucracies. It is an exciting time as many doors are opening, and it is important to be aware of the opportunities as well as the obstacles for making TFHK as widely accessible as possible.

Way back when we first started teaching TFHK, we faced the issue of ACCESS- who should be able to learn the techniques and who should be able to use them to help other people, and under what circumstances? The issues that made TFHK grow like wildfire right from the beginning are ever more urgent today- and today there is a far greater public awareness of these issues. It's only been about 100 years since the world, especially the West, experienced a drastic shift in the way we think about and deliver health care. The first industrially manufactured pharmaceutical drug was aspirin, patented by Bayer in Germany in 1899. Until that time only natural remedies were used in one form or another. Before that, there hadn't been a great deal of change in our knowledge of natural remedies since the written records of 55 AD.

In the last 100 years we have shifted from more holistic, relationship based health care models to drug-based, profit-driven, disease care industries. Drugs are big business. Machines and the mechanical model of disease and human physiological function are big business. There is NO DOUBT that a great deal of new knowledge and skills have been developed, with great benefit to humanity, and few of us would want to give up access to the full armamentarium of drugs and surgery. However, the cost of our reliance on modern, "scientific" medicine has been high. In the United States the cost of health care as a percentage of the gross national product is now higher than anywhere else in the world. In countries where they cannot afford to follow the United States' model, the costs are lower, and yet, in many cases, the life expectancy and other parameters of health are better. Apparently the United States does not have the best health care system in the world, but only the most PROFITABLE.

The combined forces of the profit motive, the seemingly miraculous results of antibiotics and other drugs (at least in the short term of a

few decades), and the reductionist model of scientific inquiry and evidence have eclipsed, particularly in the U.S., and even nearly eliminated many time-honored healing modalities as well as suppressed the development of new approaches that do not fit with the industrialized medical model. As there has been explosive growth in scientific knowledge of the physical world and physical aspects of living beings, we have divided the person into parts, malfunctions, syndromes and diseases that are named and treated as if they were not part of a whole Soul. The scientific community has become almost totally secular and materialistic, intentionally attempting to eliminate mental, emotional, subtle energetic, and spiritual aspects of life to focus on a chemical or mechanical model of disease and injury care to the extent that this narrow practice of medicine has become both philosophical dogma and legal doctrine. A very limited and theoretically controlled type of scientific evidence has been legally required to legitimize any activity done with the intention of improving health.

The "gold standard" of scientific evidence- the Randomized Clinical Trial (RCT)- continues to be promoted as the best and only truly reliable evidence of therapeutic efficacy. But we need to consider very carefully the tendency of the RCT to eliminate TLC (Tender Loving Care). Perhaps we'd prefer to promote TLC and eliminate the RCT! In the waning decades of the 20th century, the West has seen a massive resurgence in a wide variety of ancient and traditional or alternative healing models which rely on different world views, beliefs and models of reality, because Western science and medicine has failed to address a huge portion of the experience of human beings which is not easily quantified, controlled or medicated. But again, I don't believe it has to be either or. Only a small percentage of people go exclusively to alternative practitioners because they have lost all faith in modern medicine or because they feel that their particular complaints will not respond to modern medical care or has failed to respond. The largest percentage of people want access to all of the healing modalities. We want information about and access to the benefits, risks, consequences and costs of established "medical" procedures as well as

alternative or natural therapies.

Governments around the world, especially developed, industrialized nations, are re-examining the effectiveness and efficiency of medical orthodoxy as well as CAM. They are coming up with their own answers and shaping new frameworks for access to training, and healthcare. More and more the right to study and to practice what we are doing is being written into government regulations and/or payment is being supplied by third parties. Questions are being raised about what works. What kind of therapies only relieve symptoms while others also help to resolve life issues? What allows people to be more productive and more satisfied in their lives, rather than merely blunting their pain? What interventions are safe and at what cost? What qualifications should the practitioners, teachers, tutors and therapists that use particular interventions have? Who at present is utilizing and who is delivering each type of care? What are the ethical standards of these people? Are they organized and does the organization have practical, educational and ethical standards? Do they have evidence based research to demonstrate that they are safe and effective?

A report by the Select Committee on Science and Technology of the House of Lords in the United Kingdom was released in December 2000. This report is already influencing and will continue to influence disease and injury care and government regulation around the world. This report quotes the broader definition of CAM from the Cochrane Collaboration:

[CAM is] "A broad domain of healing resources that encompasses all health systems, modalities, and practices and their accompanying theories and beliefs, other than those intrinsic to the politically dominant health system of a particular society or culture in a given historical period."

The report categorized the various modalities that it examined into three broad groups:

"The first group embraces what may be called the **principal disciplines**, two of which, osteopathy and chiropractic, are already regulated in their professional activity and education by Acts of Parliament [in England].

The others are acupuncture, herbal medicine and homeopathy. Our evidence has indicated that each of these therapies claim to have an **individual diagnostic approach** and that these therapies are seen as the 'Big 5' by most of the CAM world.

The second group contains therapies which are most often used to complement conventional medicine and **do not purport to embrace diagnostic skills**. It includes aromatherapy; the Alexander Technique; body work therapies, including massage; counselling; stress therapy; hypnotherapy; reflexology and probably shiatsu; meditation and healing.

The third group embraces those other disciplines [which similarly] purport to **offer diagnostic** information as well as treatment and which, in general, favour a philosophical approach and are indifferent to the scientific principles of conventional medicine, and through which various and disparate frameworks of disease causation and its management are proposed. These therapies can be split into two sub-groups.

Group 3a includes long-established and traditional systems of healthcare such as Ayurvedic medicine and Traditional Chinese medicine.

Group 3b covers other alternative disciplines which lack any credible evidence base such as crystal therapy, iridology, radionics, dowsing and kinesiology. "

(Note: enlarged, bold and italic type emphasis added above and in the following quotations--- JFT)

The report supplies the following **Definition of Kinesiology**: " A manipulative therapy by which a patient's physical, chemical, emotional and nutritional imbalances are assessed by a *system of muscle testing*. The measurement of variation in stress resistance of groups of muscles is said to identify deficiencies and imbalances, thus enabling *diagnosis and treatments* by techniques which usually involve strengthening the body's energy through acupressure points.

An important point that has been raised in many submissions to us is that the list of therapies supplied in our Call for Evidence

vary hugely in the amount and type of supportive evidence that is available.... **Many submissions assert that several of the disciplines, especially those listed in our third group, have no significant evidence base to support their claims for safety and efficacy and as such should not be considered alongside well-established and generally accepted CAM therapies such as osteopathy or chiropractic.** Some submissions have complained that we have grouped all these therapies together and that many have nothing in common. They complain that it may be damaging to the better-established CAM professions and disciplines to group them with those which have no evidence base. We understand these views and it is for this reason that we propose the grouping given above."

The report goes on to say in reference to the group of modalities that includes kinesiology:

"These must be subject to rigorous appraisal. Many conventional medical scientists, while accepting the validity of accumulative empirical observation, believe that those therapeutic disciplines that are based principally on abstract philosophy and not on scientific reasoning and experiment have little place in medicine. Professor Lewis Wolpert of the Academy of Medical Sciences told us that: "Medicine aims to base itself upon science. I am sorry that any complementary or alternative medicine procedure for which one can see no reasonable scientific basis should be supported" (Q 1404).

The entire report can be read on the Internet where I got much of this information for the paper at <<www.parliament.uk>>. (Click on House of Lords, then Select Committee Report, Science and Technology). The report goes to some length describing the objections of many CAM practitioners and researchers to the "gold standard" of the RCT, but finally dismisses these objections with a quip from a Medical Doctor who personally saw no reason why CAM modalities should not be subjected to essentially the same kinds of tests to prove their efficacy and safety as are drug therapies. And I also felt that the definition of

"kinesiology" was problematic at best when applied to the non-diagnostic, meridian based model of TFHK and other Kinesiologies which follow the TFHK model, which I feel probably encompasses a larger number of lay people, instructors, and practitioners than would say they practice Kinesiology in a diagnostic, disease centered model. But at the same time, the fact that Kinesiology is on the map- though apparently poorly understood at present - and that the bulk of the discussion of RCT actually seemed to be critical of its application to CAM, encourages me that this report will generate productive discussion and greater access to kinesiology in the future.

I take heart that the very "established" CAM modalities (which are separated from suspect and "tainted" modalities in this report) were the suspect and "tainted" modalities of yesterday. The people have voted with their pocketbooks for over 30 years to establish these professions, and it is that financial sign of faith that has both funded and attracted the funds to create "scientifically acceptable" evidence of efficacy. And this process of legitimizing new of different modalities continues to accelerate due to greater public need and demand as well as an expanding model of what constitutes real evidence of efficacy.

Ironically, the very profit motive of the industrial-pharmaceutical model has been partially blunted in the United States by the opposing profit motive of the HMO's. The interest in economical efficiency which has, to some extent, curtailed our access to costly and dangerous drugs and surgery may also increase access to and encourage the use of simple, minimally invasive and negligibly risky interventions that can be delivered at the grassroots with extremely high cost effectiveness.

There is nothing new about suspicion from established professions, or limitations created by medical legislation that does not comprehend our alternative models of health care, although this report may mean less freedom and more requirements for CAM practitioners in England. Several strategies have developed in parallel in the United States and throughout the world to cope with these legal and professional issues.

One is to utilize the tools of TFHK not as a separate and distinct methodology but as part of one of the already recognized BIG FIVE CAM therapies. This has been the official position of the ICAK (International College of Applied Kinesiology) almost from the beginning of Applied Kinesiology. Under this model, if you want to use kinesiology, you must get appropriate training in an established discipline and receive a license to diagnose. Those of us operating under a specific license need to be vigilant that we continue to be able to use Kinesiology- that it is not defined as the exclusive domain of a specific profession, and that it is not excluded from our particular profession either by regulation or legislation.

The original model of Touch for Health, when I first began training my Chiropractic patients to use the techniques for themselves, was to limit the use of TFHK to family and friends for self-care. This was in a preventative, non-diagnostic, Wellness model. From this grew the need for lay teachers of Kinesiology, many of whom became full time professionals in this educational model. Those of us who value the availability of TFHK in the lay and educational model need to be vigilant that the value and safety of TFHK remain accessible at the grass roots, and is not prohibited or co-opted for professionals only.

As many instructors became more excellent with the TFHK techniques, and developed new techniques, many naturally became therapists under varying degrees of governmental tolerance or sanction. Today, a profession of Kinesiology that unites the many strands of TFHK and other Kinesiologies, which use muscle testing and energy balancing, is coming into being. The International Kinesiology College (IKC), and various schools and governmental programs in various countries have developed, or are working to develop all the necessary standards and organizations which regulate a professional modality. The IKC now has developed a Personal Development School, which includes Touch for Health and will include other personal development programs, and the Professional Kinesiology School for setting standards worldwide for people wanting to be professional Kinesiologists. As these Professional Kinesiology programs are developed, the requirements begin to look

very much the same as for other established CAM modalities. Regardless of the extent of training for professional Kinesiologists, the specific techniques that make Kinesiology a distinct modality are and will continue to be scrutinized regarding the evidence base, which proves their efficacy and safety.

I believe that we need all of these ways of using TFHK in order to make it accessible to the most people. And, to keep TFHK available, and make it more acceptable in wider circles, we will need to answer some important questions for ourselves that will counteract false impressions made upon third parties who have a limited understanding of TFHK:

Which of our techniques relieve what kind of symptoms?

What kind of life issues can our methods address?

What can we do to help people be more productive and fulfilled in their lives?

What interventions are safe? What risks are involved? What are the costs?

What qualifications do the practitioners, teachers, tutors, therapist that use particular interventions need to have?

Who are the present deliverers of these types of care?

Are we organized and do the organizations have practical, educational and ethical standards?

What are the philosophical concepts that unite us?

What is the ontology of Kinesiology?

What is the epistemology of Kinesiology?

Do we have evidence based research to demonstrate that what we do is safe and effective?

This last question is probably the most problematic. The tremendous value of TFHK is abundantly apparent to thousands who have achieved excellent results working with family, friends or clients. However, as this information becomes more widely available, there is the inevitable demand that the methods of Kinesiology be proven effective in a "truly scientific manner". Doing so in a way that will not do violence to the integrity of our model of Wellness, but that will also satisfy the powers

that be, will require some very intelligent research design and cost a great deal of money. I believe that we will have to initially fund our own research. We will be able to get funding from Governments, Foundations and others after we have some answers, or at least some promising evidence to support investigation. Just to design studies and write grant proposals will require significant funding. People with the qualifications to write these proposals must be paid. The greater the talent and the better their reputation, the more they cost.

What kind of research can we start doing now, and how will we pay for it?

The simplest research is writing down our observations. These are the kinds of anecdotal reports that I have been encouraging people using TFHK to record for many years now and many of us are indeed gathering this data, but so far it has not been reported in *peer reviewed journals*. These reports, when analyzed on a large scale, will point to the areas where more extensive studies can be done to determine if the results are something that can be expected in the general population, but we need to find allies who can publish our findings in the professional journals.

Actual, real world practice in all the health care modalities varies greatly from practitioner to practitioner, and from decontextualized, "controlled" studies. The cutting edge of scientific research is finding ways to study the differences in outcomes of different therapies in authentic, real-world settings. In the conventional biomedical community, success has been appraised in terms of mortality, *physiological measures*, such as blood pressure, or diagnostic laboratory test results. Clinical trials have produced these objective measures as their primary dependent variables. Seldom have the *goals and the subjective feelings* of patients and clients and the preferences for outcomes and risks of treatment been used to evaluate health services; they have been perceived as important but subjective and unreliable. However, our experience has shown that the subjective experiences of the individual quality of life are far more significant than "objective" data. Individual values, preferences, perceptions of symptoms and experiences of improved function are far more meaningful to actual living people. Indeed, *health perceptions*—the rating by individuals of their overall health - are among the best predictors of mortality and future use of services.

The TFHK emphasis on goal setting and balancing for positive outcomes fits well with

the functional, quality of life measurements. We routinely assess the ability of individuals to perform activities that are important to them, ranging from general activities of daily life to peak performance in a special competition. In contrast to the allopathic approach, TFHK is a context-dependent procedure. We value the beliefs, expectations, fears (both conscious and unconscious) of the individual. The core of TFHK is the *encounter* between the participants in the healing process, the helper and the person seeking help, the tutor and the student, the practitioner and the client, person who feels ill and the friend. It is not only what is done but also the context in which it is done. This actually places us at the forefront of the current scientific practice of medicine.

I am currently developing a program that I believe will help get the ball rolling for TFHK research. This involves a computer based TFHK learning, teaching and reference program, as well as a simple database that can be used to record profiles of multiple persons, and multiple sessions for each person. This data will then be automatically submitted (sans the actual names or identifying information of the individuals) to a central database on the Internet. This data will automatically be compiled into some simple tables that will give us some real-time statistics of the outcomes of our various Kinesiology outcomes. In order to fund this process, as well as more complex analysis of the massive amounts of data we could collect, I propose a TFHK Research Club. I estimate that we could easily have 5000 members worldwide. The initial membership fee (which would include a CD-ROM disk of the TFH Interactive Program and Database) and a nominal yearly membership fee would maintain the ongoing data-gathering process, as well as fund some initial studies that might attract additional funding from governments, universities, etc. Hopefully this effort will be a positive contribution to the creation of a more robust evidence base for Touch for Health Kinesiology, thereby assuring the public and the powers that be of the efficacy and safety of TFHK, and insuring that the greatest number of people continue to have access to these simple yet powerful techniques.

Abracadabra: The Secret Formula for Creating Miracles

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Miracles

As I ponder on the rich resources at my disposal, I awe humbly in my ability to articulate the simple complexity that miracles imbue. Life itself is a miracle. That I can sit here and write this, and in some other time and space someone will read it, and then (God willing) will come to understand where my mind is flowing – that's a miracle.

A miracle is that we can plant a seed in rich soil, and with the simple caress of the sun and a gentle stream of water, the seed will blossom. If we add our conscious caring love and appreciation we can even accentuate the natural harvesting and beauty of this miracle. Creating yet another one... so, wherein lies the miracle?

Is it in the seed? The soil? The sun? The water? In some hidden force that animates symbiosis? In the 'caring and appreciation'? In the awareness of all this happening? In all of these? In life itself?

What are miracles? Are they the unexplained made evident? Are they some mystical happenstance created by some God-force to restore harmony or to answer prayer? Are they under our control? Influenced by our participation? Are they just a label for what lives beyond our veil? What are miracles?

According to *A Course in Miracles*, "The miracle is always there... Its presence is not caused by our vision, it's absence is not the result of our failure to see. The miracle is always there..." The seed has it's potentiality. The sun shines. Water abounds. Air is. The miracle is all around us... and inside us. In our heartbeat, in every breath we take. It's in our ability to think, create, and understand.

But what are they? And how can we create them?

In truth, in order to create a miracle, we need not do anything. The seed will grow without our participation. Yet with 'conscious caring love and appreciation we can accentuate the natural harvesting and beauty' miracles imbue. We can learn to harness the miracles living inside us, envelope them with intention, and participate in the miraculous. The miracle is always there, our acknowledgement of them will allow us relish their glory.

Abracadabra

I smiled deeply when I began to see the secret meaning of the ageless riddle, you know, the one that says, "What's the magic word?" Abracadabra!

Ageless teachings from our mystic ancestors tell us that the seed is in the idea behind the word. By feeding the seed (idea) the light of awareness and the nectar of our emotions (water), it's illumination can become our understanding (the fruit). As our empirical science and visionary mysticism intertwine, we find a symbiotic genesis of beauty and meaning. And the mystic storytellers, become sages once again.

Webster's dictionary defines Abracadabra as, *a mystical word used in incantations, on amulets, etc. as a means of warding off misfortune, harm, or illness.* Yes, but what does this word mean? The ancient mystic teachings of the Kabbalah makes declaration to "he brachah dabarah (speak the blessing) when incanting. And the Hebrew words Ah (Father), Ben (Son), and Ruch a Cadsch (Holy Spirit) have been associated with Abracadabra in Hebrew folklore. It's Latin root is a bit more existential; Abra means

open, and Cadabra means body/form. Or, 'open form'.

The mystic wise from our past tell us that we are the path – that we must be of 'open form', 'speak the blessing', and bring together the Father, Son and the Holy Spirit. It is in our being that life's mysteries are known. The mystic develops an intimate union of their soul with God through spiritual contemplation. And in so doing, moves the cosmic forces with greater wisdom and power. But to do so, they must first say (be) the magic word: *Abracadabra*.

In Summary

Miracles are always present. What often is not, is our ability to recognize them, and thus our ability to harness their beauty. The magic word, *Abracadabra*, teaches us that we must be that which we seek. We must be open to the miracle, learn from it, and act accordingly.

Muscle Balancing for Gastro-Esophageal Reflux Condition

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

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Abstract

The over-the-counter drugs most commonly advertised on TV are remedies for acid reflux, heart burn, or gastro-esophageal reflux disease (GERD). Most remedies are directed toward reducing stomach acid, while most people, especially as they get older, actually lack sufficient acid to properly digest their food. No one referred to the basic cause, or offered relief that dealt with the basic cause, a flaccid diaphragm resulting from chest breathing. This article discusses the use of muscle balancing to provide relief for this and related conditions.

What are the over-the-counter drugs most commonly advertised on TV? Remedies for acid reflux, heart burn, or gastro-esophageal reflux disease (GERD), etc. Most remedies are directed toward reducing stomach acid, while most people, especially as they get older, actually lack sufficient acid to properly digest their food. No one referred to the basic cause, or offered relief that dealt with the basic cause, a flaccid diaphragm resulting from chest breathing.

When you don't use your diaphragm to breathe, it weakens, becomes flaccid, and allows your stomach to be pushed through your diaphragm by gas pressure in your digestive tract in what is known as a hiatus hernia. The resulting pain is often confused for the onset of a heart attack.

The digestive tract has a series of one way valves to keep food material moving in the correct direction: the esophageal valve in the esophagus, the pyloric valve between the stomach and the small intestine, the ileocecal valve between the small intestine and the large intestine, and the Houston valve in the descending colon. When one or more of these valves malfunctions, pressure from gas in the intestines may force food material to back up, pushing stomach acid into the esophagus.

The interesting discovery that we made with our studies in kinesiology was the

relationship between these valves and the diaphragm muscle. The valves generally do not malfunction as long as the diaphragm muscle remains strong and in tonic balance. Once this muscle weakens, one or more of these valves may malfunction leading to a hiatus hernia and/or acid reflux.

Once the causes of mock heart attack (hiatus hernia) and acid reflux are properly identified, the preferred treatment becomes apparent. Both conditions can be corrected by doing diaphragmatic breathing exercises (Reference 1) that both strengthen the diaphragm muscle and force the stomach down and out of the diaphragm. These exercises can be done on the spot in whatever position you happen to be, standing, sitting, or lying down. No drugs or surgery are needed.

The ultimate answer is learning to breathe with your diaphragm all the time. This involves regular practice of diaphragmatic breathing and a continuing conscience of how you are breathing. As you continue this over a period of time, diaphragmatic breathing will become automatic.

A further benefit of diaphragmatic breathing is improved air flow into the lower parts of the lungs and better oxygenation. People are less likely to develop asthmatic symptoms when they are breathing diaphragmatically.

Once again we find that helping your body to heal itself through muscle and energy balance often provides more satisfactory results in the long run than the use of drugs or surgery.

Diaphragmatic Breathing Exercise



1. Place both hands, one on top of the other, on your stomach. Breathe in slowly and deeply, making a conscious effort to make your hands rise as you breathe in. Then feel your hands drop as you relax with your out breath. Continue breathing in and out and making your hands rise with your in breath until you have established the "feel" of diaphragmatic breathing.

2. Continue the same exercise except now you push in and down with your hands as you breathe in with your diaphragm. This is done as an isometric exercise; so your hands

don't move, but rather create a static compression on your abdomen as your in-breath forces your diaphragm down. Release hand pressure and let your hands relax and your diaphragm relax on the out-breath. Repeat several times.

3. Massage the neurolymphatic reflex points for the diaphragm muscle located along centerline of the sternum to further tonify the diaphragm.

4. Follow up with the **Reactive Muscle Basic Balance** and the **Hypertonic (Frozen) Muscle Basic Balance** to correct any imbalances that may have occurred while doing this exercise. Or use Finger Mode Testing to determine what else can be done to strengthen and stabilize the diaphragm balance.

Muscle Test for Diaphragmatic Breathing

Take a deep breath and hold it while testing with a balanced indicator muscle. If the indicator muscle unlocks, the **Diaphragmatic Breathing** exercise is indicated.

Or do the muscle test for a Hiatal Hernia: Test with a balanced indicator muscle while pressing in and up with 2 fingers on the abdomen center line 2 inches below the Xyphoid Process.

Repeat the **Diaphragmatic Breathing** exercise any time digestive distress is felt, standing, sitting, or lying down. A particularly sensitive time is when going to bed since gravity is no longer holding the stomach and other organs down.

Reference

1. *Self-Help for Stress and Pain plus Learning Blocks* by Elizabeth Barhydt PhD and Hamilton Barhydt PhD, published by Loving Life, 6th Ed. 1997

Introduction to Microcurrent Therapy

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The F.D.A. granted approval on November 23, 1999 for microcurrent frequency therapy. Approval is for Fibromyalgia and Lymphedema. (# 510 K 1993823) Since the approval was granted, procedures and protocols that were developed by various health care providers have been developed. The therapy application is easy to learn and easy to teach. The therapy treats a wide range of "medical conditions" that with microcurrent therapy now have solutions. It is astounding to watch many Scoliosis conditions reverse in one treatment. ([See Medical Indications List](#)).

How Microcurrent Frequency Therapy works.

- Everything in the universe has an electrical charge.
- An electrical charge moves and emits a frequency.
- The more complex the organism the more complex the frequencies
- The frequencies of the human body have been identified and duplicated.
- Frequencies are placed in programs that mimic the body's use of them in a state of health.
- All the programs are based on Kinesiology and incorporate the meridian energies within the programs
- These programs are placed on a microchip.
- A battery powered miniature computer runs the programs.
- When normal frequencies are applied to the body, the body returns to its normal conditions.
- Our programs are based upon the natural

electrical system of the body and how the body uses them in a state of balance or health.

Research

The wide range of research on the Internet and publications makes it easy to get lost as to what microcurrent treats. Anything that can go "out of sync" can be corrected by introduction of the proper frequencies. Research has primarily been done on microcurrent alone. Microcurrent being the minute electrical charge delivered to the body. *Microcurrent Frequency uses the Microcurrent to deliver the proper frequency to the body to "normalize" the out-of-balance condition that exists, thus bringing that condition back into "normal frequencies" or balance that we call health.* Research reflects this in its wide range of inquiry and evidence.

Simple Operation

There are several professional units that have up to 64 programs. Each health specialty has its own "scope of practice" and is the determining factor of the programs that are available to the practitioner.

The programs are segregated into **Modes of operation**, such as Medical mode, **with sub categories within this mode**. There is a Skin mode, Muscle mode, Psychological mode, etc.

A button is pushed to turn the computer "On"

The appropriate Mode of treatment is chosen, such as **Muscles**, then the sub category is chosen such as **specific groups of muscles**, like **trapezius**.

The start button is pushed, and this program has the normal frequency emissions of a

healthy normal trapezius muscle begins to run.

Application

Probes are used for small or intricate muscles, such as facial muscles, fingers or knees.

Gloves are used to apply the frequencies to large areas of treatment like back and leg muscles.

Pads are used for general application as in coughs or specific painful areas

Water immersion is effective for whole areas like arthritic hands or feet. The entire body can be immersed in a bathtub for whole body treatment.

Therapy

It is safe. There can be no adverse side effects because the only thing being applied is the frequency that is "normal" to the body. There is no sensation. Microcurrent is Subsensory or below the body's ability to feel the minute amount of electrical charge used to deliver the frequencies. There is no interference with drugs or other therapies. Treatment is always local. There is no need to treat the entire body for pain or other conditions such as in drug therapy. There is immediate response during treatment. The therapist watches as muscular condition change. It is effective. The body responds to its own frequencies and simply returns to normal conditions. No other therapy in history can achieve the results obtained with microcurrent frequency.

One of the primary objectives with microcurrent therapy is structural integrity. There are 330 pairs of muscles of the body that work together. When muscles are flaccid, loose, out of tone or lost flexibility due to stress or strain, then other muscles compensate the work of the non-functioning muscles. Pain is experienced primarily in the muscles of the body. When the muscles are all working properly, the bones are in alignment, and the posture is perfect, there is little else to cause pain in the body other than organs. Procedures are followed to align the entire body in as few as three sessions of treatment. To see it is to believe it. People cannot truly understand what they have never experienced. It is a thrill to watch as muscles

move to correct tension and position when the frequencies are applied to origin and insertion.

Kinesiology Invited

Microcurrent Frequency Computers contracts the Northwest Institute of Natural Therapies for training of all health care professionals that purchase this equipment. This is the company that sells the medical application programs for training of health care professionals. This Institute provides the certified teachers. The billing codes and the training of one person are included with the purchase of each professional medical unit. Since all the programs are based on Kinesiology, and the basis of Kinesiology is required to apply the therapies, it is natural that the Kinesiology profession is one of the first places these future teachers would be recruited. Kinesiology practitioners and teachers are invited to attend a "hands-on" workshop at this year's conference to learn and experience this new technology. There is active recruiting among interested Kinesiology therapists for training to become the teachers that will bring this therapy to all the various specialties of the medical profession nationwide. It is a general assumption that the various health care will train this new therapy in their schools as an elective or postgraduate course. In this beginning phase, there have to be *teachers that teach the teachers* in all aspects of this technology.

The company holds over 150 patents and many copyrights to the software and training programs. This is exciting; pioneering therapy is changing rapidly as healthcare professionals encounter their patients astounding results. Doctors are inquiring into availability to their clinics and hospitals. Teachers are needed in all parts of the country to provide this training to the various health care specialties. You will want to have a first hand look at this exciting new therapy. At this writing there is only one company that offers this powerful combination of microcurrent and normal body frequencies. There are new companies in the marketing preparation phase in microcurrent therapy and they will need qualified teachers. The Kinesiology profession can at this juncture position itself to become the experts in this new therapy and build whole new careers in muscle balance.

Income

The average patient has a series of three sessions of therapy. The person providing the therapy sessions conducts the sales of home units for long term home care of the patient or client. Rentals of the home units are also provided in the clinic for patients and clients that cannot or do not purchase the home units. Teachers of the therapy are paid on an individual basis for each person they train.

Research Information

Typing microcurrentresearch easily accesses Internet research. euro/ for Europe, rus=Russia, swe=sweden, etc. Keep in mind that addition of the normal frequencies of the body to basic microcurrent therapy increases efficacy many times versus microcurrent alone.

Medical Indications List

1. Alternating Polarity (Bi-polar)
2. Arthritis
3. Abdominal cramps
4. Acute Pain
5. Bell's Palsy
6. Bone Degeneration
7. Bone Growth
8. Burns
9. Capsulitis
10. Chronic Fatigue
11. Chronic Pain
12. Carpal tunnel
13. disc Disease (cervical lower back)
14. Decubitus ulcers
15. Edema and lymphedema
16. Eyes- Focus, Cataracts, macular degeneration, myopia
17. Emphysema
18. Fibromyalgia
19. Fibrosis conditions
20. Fibrosis Occurrence Reduction
21. Injury
24. Intractable pain
25. Lymph flow increase
26. Myofacial pain
27. Myositiis
28. Migraines
29. Neuopathies
30. Pre & post operative conditioning
31. Psychological Clearing (stress reduction)
32. Reduce swelling
33. Rotator cuff
34. Scar Elemination
35. Scoliosis
36. Sciatica
36. Sinus Conditions
37. Stomach ulcers
38. Stroke rehabilitation
38. Soft tissure damage
39. surgical incisions
40. Synovitis
41. Tendonitis
42. T.M.J.
43. Whiplash
44. Wound healing

Creating Money Miracles

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Woven throughout our lives most of us feel financial pressure at some time or other no matter how much we have. The issues might be - the way we feel about money, why we want it, how we earn, spend, save, invest it... Often we're dissatisfied with our financial strategies. Mismanagement and unresolved money problems can cause insurmountable stress that can destroy careers, as well as relationships and lives. Managing finances wisely really is about personal empowerment. Getting smart about it can be lifelong process, not unlike getting smart about self-responsibility to our wellness. (Actually, if you think about it, having "enough" money allows us greater opportunities for better care and health.)

A plethora of books on money, investing, stocks, bonds, buying properties, get - rich quick schemes, etc. are/have been the majority of financial books available. Over the last several years, more has been written on the inner personal workings of "having/not having" financial stability and wealth. Among the many topics related to money to consider are: your feelings about money, personal values around it, concepts of self-worth, your communication and decision making skills, your creativity, how you give and receive it, how you budget, your debt, goals, investments, risk taking, spending, saving, managing it, your appreciation and joy of life.

If you're childhood was similar to mine, money wasn't talked about much in our families. Oh, yes, we had the usual allowance, heard the usual statements about how we couldn't afford to have, to do, to go. Most of our beliefs about money and wealth were absorbed by us from our parents interaction with it. Ask yourself, "Who am I most like when it comes to managing my money?" We could possibly blame them if our

parents didn't prepare us to handle it and it's relationship to all aspects of our life. But as we know with much of the work we do in the kinesiology, we don't have to be chained to the past, unmotivated to change, unable to move forward or look at new perspectives.

"A big part of our adult world is rechoosing how we want to be. Most of us didn't have a perfect childhood. However, if we are still caught in a web of negative behaviors and patterns from childhood, we can free ourselves. We are not chained to the past, we have the power right now to rechoose who we want to be." (*The Women's Book of Courage* by Sue Patton Thoele) Hard, as it can be at times, we can stop doing what we're doing if it isn't working. You've heard the definition of insanity - doing the same thing and expecting a different result.

There are many ways on the path to mastering financial prowess. I found Robert Kiyosaki's book *Rich Dad, Poor Dad* particularly intriguing. He states, "The rich don't work for money, they have their money work for them." For those of you who don't have investments or are reluctant to take risks with paper assets, consider his advice, "They (the rich) create portfolio income - income that is derived from paper assets, such as stocks, bonds, and mutual funds. Portfolio income is the income that makes Bill Gates the richest man in the world, not earned income. (Did you know the taxes are higher on earned income?) The least taxed is passive income (in most cases, income derived from real estate investments). This is another reason why you want your money working for you. The government taxes the income you work hard for more than the income your money works hard for."

A few years back, I heard Deepak Chopra in a workshop say that we have about 60,000 thoughts a day; 90% of them the same

thoughts as the day before. "Money is only an idea. If you want more money you have to change your thinking," Kiyosaki writes. "It's what's in your head that determines what's in your hands." I believe this is so, as I've worked with my own and with others' money issues. To register a different vibration the "master program" in the subconscious must be changed before circumstances will change. I've seen miracles! Negative money situations change significantly to the positive after "brain-integrating" simple money related statements.

Making a conscious choice to become smart about your money can mean you don't need to settle for the standard formula: to get through life: work hard, save, borrow and pay excess taxes. Consider buying how-to books/tapes on money/ investing, attending a seminar, education and wisdom about money are important. Best of all you can find out your hidden saboteurs quickest by using muscle monitoring and repattern "particular" statements. Perhaps the greatest saboteurs in any area of our life are self-doubt and lack of self-confidence. These, too, are part of our money issues and can be repatterned.

The topic of money and finances is new for us to address at a TFH conference, however, the methodology presented here, not. Declarations (goal statements) can be incorporated in a basic balance, in a PKP balance, an AP balance or any other you've been trained to do. I prefer the following quick and easy method, so once again will outline the short form of the RePatterning procedure (see long form in books *Making \$ Your Friend* or *RePattern Your Sabotaging Ways*.) I invite you to create miracles by changing any sabotaging patterns in your relationship with money.

Procedure

An important *question to ask before you start any balancing or repatterning work is: **How or when will I (you) know "it's" different if I repattern this issue?***

1. Test for strong right and left PMC muscles.
2. Complete the "bio-computer" tune-up

(correct for neurological disorganization) in any way that works for you. There are several. I use the following:

- a. Five fingers pointed in at the navel. Test.

- b. If the muscles check strong, proceed to step c.

If either or both of the muscles checks weak, hunt for circuitry shut-off points.

- **K-27's (Kidney meridian)**

- **Below the lip**
(Central meridian)

- **Top of the lip**
(Governing meridian)

- c. Make corrections by massaging appropriate meridian end points while touching the navel.

- d. Test for water shortage by gently tugging on the hair while testing. If weak, drink water.

- e. Retest any "shut offs" to make sure the tests are now strong.

3. Make your positive declaration statement as if true in present time.

Example: I, (all your names), am self-confident handling my finances and no longer doubt my ability to earn \$_____.

4. After making the statement, test the right arm for left brain access and the left arm, right brain access for a weak response. If both remain strong, the statement may not be an issue, the body may not be ready at this time or the bio-computer may have jammed. If one or both of the PMC's are weak, stroke **ONCE** upward on the midline of the forehead for data input.

5. Correction:

- a. Ask "**What will clear this issue?**" (or clear this **statement** to make it true) or use any other similar question.

- b. Muscle check for each of the following "**BRAIN FILES**". Stroke **TWICE** on the midline of the forehead for each **STRONG** response.

SPIRITUAL
WITHHOLDING
SELF-CONCEPT
EMOTIONAL
PRIOR DECISIONS
HEALING
PHYSICAL/STRUCTURE
FEARS
MOTIVATION
SEXUAL
INTUITION
CHEMICAL
WISDOM
GROUNDING

6. Repeat the statement and muscle check to see that both arms are strong. If strong, the integration process has begun towards congruency.

(If you wish to gather more data you feel is pertinent to the issue, test for this information **BEFORE** step 5, i.e., who, what, when, where, age recess, emotion-on-line, etc. (see long more in depth form in books *Making \$ Your Friend* or *RePattern Your Sabotaging Ways*.) -5-

Remember to *stroke ONCE upward on the midline of the forehead* for data input and *TWICE* for the correction.

It may not be enough to do only one repatterning statement or session about an issue. Consider other related aspects or use the **MORE MODE** to repattern "more" statements. This short form process, once you learn it, takes about 1-4 minutes to complete.

CORE Statements

The following statements, I believe, are CORE for everyone to repattern:

I, _____, **trust, like, love, accept, respect, appreciate and honor myself, have a positive self-image and high self-esteem.**

AND/OR

I, _____, **value who I am, care for myself, treat myself with**

kindness, consideration, accept and appreciate the good in myself; and am and feel worthy deserving of life's best.

(Note: The above two are best repatterned in the long form not listed here.)

Useful Statements:

A few other ideas to repattern:

I, (say all your names), feel, deserve and am worthy to enjoy the best life has to offer and have abundance, prosperity, financial success and I eliminate the poverty consciousness within me; it's permissible for me to be prosperous.

I, _____, am in control of my finances, organize, budget and manage my finances easily and appropriately and think clearly in financial dealings.

I, _____, am earning an excellent income doing what I love and am successfully following my passion to have a peaceful prosperous life.

I, _____, follow the spiritual laws of money by doing my life's work and honoring and serving the highest good of others.

I, _____, am allowing more bliss, love and money into my life now, seeing old patterns when they arise and freeing myself from them.

I, _____, am in control of my spending habits and seldom buy on impulse.

I, _____, spend my money sensibly and appropriately without feeling guilty.

I, _____, enjoy investing, watching my money grow and am no longer paralyzed by my fears of risking in reasonable investments, profits or opportunities.

You can repattern any negative thoughts and feelings you wish to eliminate about money. Financial clarity brings peace of mind. For most, it promises fewer problems, more security as well as freedom. As the Buddha warns, "at the root of all suffering is ignorance." Make a conscious choice to become smarter about your money. You, too, can create miracles!

A few success stories using this method:

from T...We had our first meeting today, since you were here, many of us (including me) have been doing clearings on our own as well. It still amazes me how simple it is! I'm still clearing issues related to money wanted to let you know that in the week after you left I got a call from our realtor who has been trying to sell a condo we own for over a year. We had a buyer and were all set to close in Jan. when some legal circumstances with the property arose and prevented the closing. Well, in that week after class she called and said we were all clear to close on May 8 and the buyers still wanted the unit. So it closed and last week we got a very large check. I was able to pay off all my bills and still have a lot left! Also there has been some movement in my marriage as well, some real clearing. So things are happening The kinesiology methods are really a gift.

from J...During the July 1993 Touch for Health conference in Las Vegas, I attended the first *Making \$ Your Friend* mini-class. Using the short repatterning process (statement-correction), my partner repatterned me "to be out of debt by the time I was 40". About two weeks after the conference I noticed I had more clients; more money stated coming in. Not out of debt yet, but not yet 40. It was 5 months later and 48 hours before my 40th birthday and I was out of debt.

from M...Jan and I traded a balancing session a few years back. I wanted to be repatterned for several physical issues. However, priority check showed I needed to deal with prosperity and financial worries. The declaration statement read to the effect, I, M____, no longer experience financial worries and feelings of guilt, cynicism and scarcity that restrict my life and my bowel. "A few other statements during the session (we used the long form) were, "I successfully create and experience wealth; I am financially responsible for my present and my future; I am intelligent enough to create wealth." Not surprisingly, in the process, my childhood

programming about money came up. We used *Making \$ Your Friend* to find specific issues. It wasn't until about 5 months later during a phone conversation that I remembered to tell Jan that I had done more business than ever before and I was no longer worried about retirement. It started a few weeks after the repatterning, I had the busiest schedule of clients I'd ever had since I went into business for myself six years before. And the clients drawn to me were more open to muscle testing, metaphysics and alternative approaches to health beyond massage therapy. I enjoyed my practice more and found it more challenging and satisfying. I had more confidence and intuitively blended what I know to the healing arts where it seemed appropriate. (Mary has since retired from her practice.)

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Posture -- The Body's Unfailing Language

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Posture is an automatic, direct, simple and unfailing indicator of the body's history, strengths and problems. The way we stand and the way we move provide us with a body of knowledge large enough to fill a book. All we have to do is learn how to read the book. Posture is of major importance since the body is telling you directly what is wrong. I use posture analysis as a major indicator in deciding what is most important to balance. Posture can guide you where to concentrate your balance and can be a tool to objectively evaluate whether you have been successful.

The purpose of this presentation is to define the importance of posture, teach ways to do postural analysis, provide tools to make it easier, and give you ideas to help you get started using this type of analysis in your balances. This presentation differs from other postural discussions in that I have put together seven steps to guide you through a thorough postural analysis. Then I put together a checklist (See Table 1) to help you record what you see. I have also built another table (See Table 2), which shows which combination of muscles to check and balance given a certain postural configuration that you have found.

The following questions are answered in this presentation:

How important is postural balance?

What is normal posture?

What are the seven steps to posture analysis?

How can you start using posture analysis in your balancing sessions?

It is important to note here that while I think posture analysis in its stationary form is very important, I think posture in motion is just as

important. Unfortunately, there just isn't enough time to cover posture in motion in this presentation.

How Important is Postural Balance?

During his acceptance speech as a Nobel Laureate in Physiology/Medicine, Nickolaas Tinbergen said Posture affects every system of the body not only the neuromuscular system (joints, ligaments, bones, muscles and nerves that move them) but the endocrine system (pituitary, thyroid, adrenal, etc.) and the cardiovascular, circulatory and respiratory systems. All of these systems can be directly correlated and related to problems with posture. (ref 1)

In their ten-year study OSHA (Occupational Safety and Health Administration), part of the US Department of Labor, states Musculoskeletal Disorders (MSD) cost the nation up to \$50 billion a year. Employers pay between \$15 - \$18 billion in workers' compensation costs alone. This means that \$1 out of every \$3 spent on workers' compensation goes for MSD-related claims. (ref 2) Musculoskeletal disorders are often caused by poor postures on the job, both standing and sitting. Consequently, many of the recommendations made by OSHA have to do with improving seated and standing postures.

When Yoga was developed 2500 years ago, the ancient Yogis realized the importance of maintaining the body's upright position, flexibility and balance. They devised postures to bring the body into harmony with the environment and the spirit.

By affecting our energy and our ability to move efficiently, poor posture can effect everything we do. Clearly, when the body is

in a poor mechanical state, when posture is out of balance, then more energy is expended. Because joints are out of their proper position, we are prone to more injuries. Touch For Health affects the body's posture by strengthening the muscles that hold us up and allow us to move. I am convinced one of the primary reasons my energy is increased after a TFH balancing session is that my body is better aligned and better able to handle the force of gravity. We all know posture is important. Most of us have been told that since we were kids. We can become more proficient at reading posture by first understanding what normal posture is.

What is Normal Posture?

The first step in posture reading is to learn what a normal posture is so we can see what our clients are presenting to us. Since we have all learned to read gestures long before we learned to speak, we are already experts at it. As John Thie states in the "Touch for Health" text, "We all know and understand more body gestures than words. Some are universal, some are not. We can look at a person and get a feeling of how he feels intuitively. (ref 3) Having said that, it helps to be shown the normals for posture in order to more quickly recognize what our intuition is telling us.

Because everyone seems to have different feet and hands, and one extremity that is longer than the other, one might think that finding a normal posture is impossible. That couldn't be farther from the truth. There is one standard of comparison, even with our different shapes and sizes. The standard is the design criteria Mother Nature built in over thousands of years of evolution. The criteria are: the ability to stand erect, to have bipedal movement and to withstand the downward forces of gravity. These design criteria are consistent with all people.

Vertical and Horizontal Alignment - To stand upright against gravity, the body is aligned from top to bottom by a line bisecting the body down the middle. Facing front, a plumb line should fall directly between the eyes to the breastbone through the belly button to the floor, equidistant between the shoulders, hips, knees, and feet. See Figure 1 (ref 4). The joints of the shoulders, hips,

knees, and feet are aligned directly over each other at right angles to each other and to the floor.

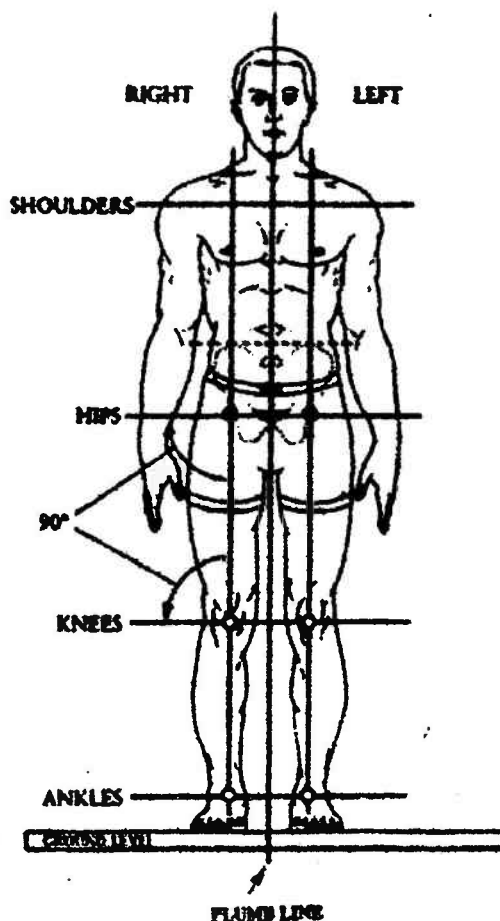


Figure 1

Facing the side the same plumb line should fall through the ears, shoulder, hip, knee, and just in front of the ankle. See Figure 2 (ref 5)

Symmetry - Figure 1 shows that the body is symmetrical top to bottom. Facing front, the three lines--one down the body center, and the two through each of the shoulders, hips, knees, ankles--should be equidistant from each other. One side should be a mirror image of the other side. If not, then there is a posture imbalance. Look for a rotation, part of the body moved forward or higher or lower. In the side view, there is symmetry in that the plumb line falls about equally in the middle of the body. About the same amount of mass should be in the front as the back side of the body. See Figure 2.

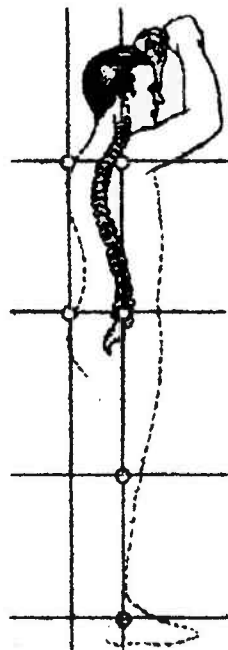


Figure 2

Balance - Refers to how well we use gravity to hold us up. Are we standing on our toes or heels? Is the head forward? If it is, the body has to work very hard to hold the head up. If we have a protruding abdomen, the back muscles have to work overtime to hold us up, or worse, the S shape curve of the spine has to change to balance us. Whenever the spine is too straight or too curved, the body has to compensate, causing loss of energy and performance. Being out of balance with gravity takes a big toll on our energy, strength and well being.

Seven Easy Steps to Posture Analysis

It has taken me years to become proficient in accurately reading the body. I realized that it would have been much easier for me to learn if I had had a step by step procedure to get me started. Thus, follows the seven steps to posture analysis.

1) The place to start is to have a plumb line, an exactly vertical line, set up against a wall in your work area. Ensure the line is straight up and down and that you have a level floor to stand on. A door frame or a window frame will usually work because they are usually built to be in alignment with a plumb line. I have each client I see stand against the line

facing front, facing back and facing sideways.

2) Position the body facing front, standing with the feet a foot apart, centered in front of the plumb line. Alternatively, position the person lying facing up so that the midline of the body is parallel with the table.

3) Draw imaginary lines through the body's midline that connect the top and bottom of the plumb line. Draw imaginary lines through the center of the shoulders hips, knees, and ankles. Sideways, the line should fall just in front of the ankle.

4) Check the areas you see, looking for misalignment, asymmetry or imbalance compared to the lines you have mentally drawn. Proceed from the top of the body to the feet to determine areas where posture fails to equal the normal lines. After scanning head to foot in one position, record all areas where posture fails to line up the way it should. Use the checksheet (table 1) to record where you found imbalances. Or if you wish, just make a mental note. Then turn the client to face the side and go through the scan again. If your client is lying on a table, do the scan face up and then have the client turn face down. By screening first one direction then the other, major posture problems will become more evident.

An example - Figure 3 (ref 4): You have identified that the person standing in the front to back position has a right shoulder that is lower than the left. It seems closer to the breast bone than the left side. The right arm is turned so the hand is facing the rear and the hand is forward of the left side. The right hip is lower than the left side and the whole upper body is tilted to the right side. When you turn the person to face the side you see clearly that the neck and upper body including the right shoulder are forward of the plumb line. The right hand and arm are held forward of the left. Also, you notice that the head and ear are forward of the plumb also.

5) Select the most important area to work on. In this case I would select the muscles that hold the pelvis, since the whole body seems to be twisted forward to the right, starting at the pelvis.

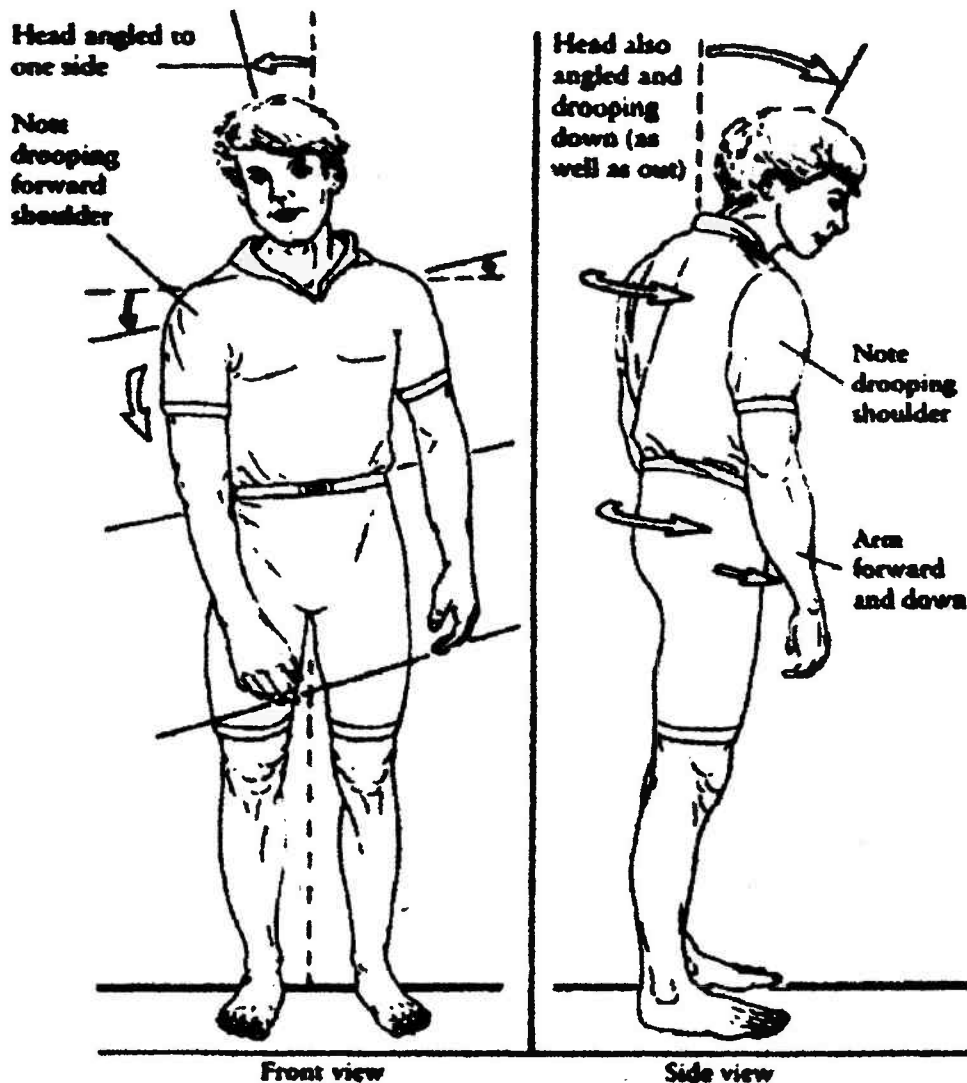


Figure 3

6) Go to Table 2 or the table on page 126 of the Touch For Health Text book and correct the muscles you find weak. For example, look up pelvis twisted in table 2 it states that the psoas, fascia lata, sartorius and abdominals should be checked for possible weakness. When you have finished balancing these muscles, either continue your balance or go on to the next area of posture challenge.

7) At the end of your balance recheck posture. Point out to the client where changes were made and point out that there is more work to be done. The right shoulder and head still fell forward of the plumb line in the example, so you show the client what has been changed and show him where there is more to be done.

How Do You Get Started

The fastest way to get started in posture reading is just start doing the above seven step procedure with every client you see. To integrate this into a balancing session just let the client know that you are learning something new and you think posture assessment will give you better information so you can do a better balance for them. Check them at the beginning and at the end of the session, so you can and they can see if your balance has made a difference in their posture.

The more practice you have doing posture readings, the better you will become at doing it. Eventually you will do this analysis unconsciously the moment you look at a

person. Major postural deficiencies will just pop right out at you.

Tools to Help Your Learning

Learn the posture **normals** for above, for facing forward, backwards, and sideways.

Learn what to look for lying down.

Learn the muscles that cause various postural problems or just have available Table 2 or page 126 in the Touch For Health book. This knowledge helps you quickly find the muscles needing correction.

You might **focus on one posture a week** and just look for that posture in every client you see that week.

Another way is to **sit quietly and visualize** what muscles are involved when a certain posture occurs. For example, visualize a person with a sway back (protruding abdomen) posture. Then guess what muscles would have to be weak to cause this. Then go to Table 2, and see if you remembered all the possibilities (abdominal, piriformis, psoas, hamstrings, gluteus maximus). Go back and **study the function** of the muscles that you forgot. I still study the functions, origin and insertions of muscles because it helps me do better, quicker balances.

Practice looking at people when you are in the mall, guess what muscles you think need correcting, practice reading your own body in the mirror, practice on everybody you have a chance to balance.

Additional Reading

Below is a short list of books and references on posture and posture reading. I especially recommend the following:

Thie, John F., *Touch For Health*, Revised Edition, Marina Del Rey, Ca.: DeVorss & Company, 1994, ISBN 0-87516-180-4. Pages, 14, 15 and 126.

Egoscue, Peter with Gittings, Roger, *The Egoscue Method of Health Through Motion*, New York: Harpercollins, 1992, ISBN 0-06-092430-6

Touch For Health Kinesiology Association, *Touch For Health Level 1 Class*

Syllabus, 1998, Page 14.

Walther, David S., *Applied Kinesiology Synopsis*, 2nd. Edition, Pueblo, Colorado: Systems DC, 2000, ISBN 0-929721-03-9

Conclusion

I use posture analysis with almost every patient I see. It provides a clear way for the body to open its book of knowledge to me. It is a speech less way to tell me what is wrong. Postural analysis is a way to shorten the time to perform a TFH balance and improve the results of a balance. Because posture has a profound impact on energy and strength, balancing the major posture problems often balances most everything else. Quite often, correcting postural difficulties clears up difficulties people didn't even know they had. I point out posture defects in the beginning of a balance. Then I have the client compare how his body looks at the end of the balance. This comparison allows the client to see for himself the actual changes that were made. I then show the client what needs to be done, if there is more to do in the next session. If I have made a difference, the body usually will show it and the client will know it.

References

1. Tinbergen, Nickolaas, Nobel Prize Acceptance Speech, 1973.
2. US Department Of Labor, Occupational Safety and Health Administration, *Ergonomics Standards*, Nov 14, 2000, Web Address, http://www.oshaslc.gov/OshStd_toc/OSH_A_Std_toc_1910_SUBPART_W.html
3. Thie, John F., *Touch For Health*, Revised Edition, Marina Del Rey, Ca.: DeVorss & Company, 1994, ISBN 0-87516-180-4. Pages , 14,15 and 126.
4. Egoscue, Peter with Gittings, Roger, *The Egoscue Method of Health Through Motion*, New York: Harpercollins, 1992, ISBN 0-06-092430-6
5. Egoscue, Peter with Gittings, Roger, *Pain Free*, New York: Bantam Books, 1998, ISBN 0-553-37988-7

Table 1 Posture Analysis Checklist

Body Area	Problem Observed	Observed Posture Problem
Head	Tilted, forward, backward, sideways, rotation	
Neck	Decreased or increased curve in the neck.	
Thoracic	Increased or decreased thoracic curve, ribs high on one side	
Lumbar	Lumbar curve increased (protruding abdomen) or decreased.	
Pelvis	High or low on one side, slanted forward or back, Twisted (forward on one side)	
Whole Spine	Looking from the back, spine curved (Scoliosis). Sideways lean. Looking from the side, forward lean, backward lean	
Shoulders	Rotation forward or backward, high or low	
Arms	One arm longer, shorter, forward, backward. Difficulty raising	
Elbow	Bent too much or too straight	
Hands	Hand palm facing rear, palm facing front.	
Hips	Turned in, turned out, forward on one side.	
Knees	High, low, tilted inward (knocked knees), tilted outward (bowed legged), Rotated in, rotated out, pushed backwards (extended), bent (flexed).	
Ankles	Ankle ahead of plumb, behind plumb.	
Feet	Foot flared out (from straight ahead), or flared in (pigeon toed), Arch dropped (pronation), arch too high (supination).	

Table 2 - Postural Analysis Chart

<u>Body Area</u>	<u>Observed Body Position</u>	<u>Possible Muscle Weakness</u>
Head	Not level / tilted	Upper trapezius, neck muscles, rhomboids, sacrospinalis, psoas, gluteus maximus & medius
	Rotated but level	Upper Trapezius, rhomboids, abdominal, sacrospinalis
	Forward	Posterior neck muscles, neck flexors spasm.
Neck	Straight	Neck flexors
Thoracic	Hunched forward kyphosis	Lower trapezius
	Twelve rib not level	Quadratus lumborum
Lumbar	Belly hanging out- sway back	Abdominis, hamstrings, performs, psoas, gluteus maximus, psoa lower sacrospinalis spasm
	Decreased lumbar curve	Psoas bilaterally, sacrospinalis, quadriceps
Pelvis	Not level	Abdominals, quadratus lumborum, gluteus maximus & medius, sacrospinalis, tibialis anterior, adductors
	Twisted	Psoas, sartorius, fascia lata, abdominals
	Pelvic tilt forward	Abdominal, hamstrings, gluteus maximus
	Pelvic tilt backward	Quadriceps, sartorius, gracilis
Whole Spine	Forward lean	Soleus
	Curved spine (Scoliosis)	Sacrospinalis, quadratus lumborum, abdominal, latissimis dorsi, gluteus medius, tight psoas on one side
Shoulders	Rotated forward	Lower trapezius, serratus anterior, levator scapula
	Low or depressed	Rhomboids, levator scapula
	High	Latissimis dorsi, upper trapezius, gluteus medius, deltoids, neck muscles, levator scapula spasm
Arm	Difficulty raising	Serratus anterior, rhomboids, levator scapula, deltoids, abdomina supraspinatus
Elbow	Hangs straight	Teres minor, pectorals major claviclar.
	Bent	Biceps, brachial radials
Hands	Palm facing forward	Triceps
	Palm facing back	Subscapularis plus internal rotators latissimis dorsi, anterior delto supraspinatus)
Knees	Knock knees	Teres minor infraspinatus other external rotators (posterior deltoid Sartorius, gracilis
	Bowed legs	Fascia lata, adductors, gluteus medius
	Hyperextended pushed too far ba	Quadriceps, popliteus, gastrocnemius
Ankle	Bowed out	Peroneus
	Turned in (flat feet)	Tibialis anterior, psoas
Feet	Turned in (pigeon toed)	Psoas
	Turned out	Adductors, peroneus, psoas, tibialis posterior, tibialis anterior, hamstrings, opposite peirformis, gracilis
	Arch dropped (pronated)	Tibialis anterior, psoas
	Arch too high (supinated)	Peroneus

How to Earn \$1000 a Week Teaching Energy Health Care Classes Empowering Families for FREE Self Health Care

by Ray Gebauer

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I consider Touch For Health to be such an awesome gift! I've used it consistently for twenty three years, at times as my full time profession. I love TFH and deeply appreciate Dr. John Thie for creating it, this gift with immeasurable value!

At the same time, I've been extremely surprised and disappointed in seeing how few people are benefiting from it. While there is nothing wrong with how TFH is currently taught or practiced, I believe that there has to be a way to reach *millions* of people with this awesome gift instead of thousands. TFH doesn't belong to just John Thie or to us. It belongs to all the families of the world, to be used everyday in homes, and not just for a few in practitioner's offices.

I am offering, in this paper, a possibility as to how to achieve this.

The only way I know of to make this dream a reality is to alter how we get this out to people. This begins with identifying and removing certain barriers that have inadvertently become unnecessary obstacles to the typical busy family and the general public.

The Overwhelming Obstacles in a TFH Class

1. Memorize the Latin names of 14 different muscles with their associated acupuncture meridian
2. Learn how to test them properly and accurately in a certain sequence
3. Learn five different ways to correct each muscle imbalance, using neuro-lymphatic points, neuro-vascular points, tracing acupuncture meridians, holding acupuncture points and origin/insertion techniques
4. Learn the theory of acupuncture, five

elements, meridians and energy flow

5. Learn how to evaluate posture
6. Learn how to identify and analyze a pattern of weaknesses so as to determine where to start the correction (or take the time to do corrections on ALL the muscles - the "Fix as You Go" method)
7. Learn various other techniques such as challenging, cross crawl, ESR, visual inhibition, how to use alarm points, etc.
8. Learn how to test foods and nutrients for stress or for use in balancing
9. Learn all this in 16 hours over two straight days
10. Doing a balancing takes 30 minutes with heavy dependency on the manual

What percentage of the people that you have taught actually use this and get a balancing every day?

Then if they really like this, we have more classes so they can learn even more: TFH 2, 3 and 4. Then we have other specialized versions of kinesiology on top of all this.

Then there is the instructor course. What percentage of people ever get that far? How many instructors do we have, and how many of them are active?

How many instructors take time to get a balancing every day? Do you?

While all this is excellent material, because it is so involved, complex and time intensive, very few people end up benefiting from it. That is the really sad part.

The Solution: The K.I.D.S.

The simple solution to complexity is simplicity. K.I.D.S. is an acronym that

stands for Keep It Duplicable & Simple. If we want to improve the quality of life for millions, and empower them with tools that they will actually use, we must use the K.I.D.S. approach.

But instead of making it more simple and less difficult, over the years we tended to have made it MORE complicated and MORE difficult. So many new Kinesiology's have sprung up, and they are all good and useful. But if the basic TFH class is overwhelming, what happens when you have all the advanced stuff? Yes it all has its place, but if we want millions of people benefiting everyday with TFH, we need to go the OTHER direction -- the K.I.D.S. approach.

What If ...

- What if there was a way to simplify muscle/energy balancing, so that people could get the same or close to same results without all these obstacles?
- What if people could do an effective muscle/energy balancing in less than one minute?
- What if this balancing was done without ever needing a massage table, and could be easily done standing or sitting?
- What if they could learn how to give an effective muscle/energy balancing in one 90 minute session and not even need to look at the manual?
- What if it was so simple, that after taking a six hour class just twice, they could teach others?
- What if we called it "Energy Health Care"?
- What if you could teach Energy Health Care (EHC) classes and earn \$1000 a week?
- What if teaching EHC classes gave you a way to fill your TFH classes?
- What if we could reach a million people in the next year?

The Energy Health Care Class Overview

I've developed this approach over the years as a result of my commitment to get the same results within a short time, and make it simple

enough and yet still effective.

I discovered that I could consistently get great results using only five muscle tests and a single set of reflex points that I could use regardless of which muscles were out of balance.

A few years ago, Dr. Sheldon Deal demonstrated that a regular pointer laser worked very effectively on acupuncture points, doing in five seconds what a needle takes 20 minutes to do. I also discovered that the laser eliminated the need to rub Neuro-lymphatic points.

The format and goal of EHC is basically the same as a basic TFH balancing. You test muscles, you make the proper corrections, and then you retest the muscles (the information sandwich).

Keeping the K.I.D.S. principle in mind, only five muscles are used. These five muscles represent (surrogate for) all fourteen meridians.

Again keeping the K.I.D.S. principle in mind, only two balancing (correction) techniques are used, and the procedure is always the same.

The first balancing technique used in EHC is the easiest one we have: ESR, which is very much under utilized and under appreciated, yet very powerful. It can be used by itself or in combination with the second technique which is stimulating various acupuncture points with a simple laser.

In EHC, only nine points are used for balancing: the K-27's (Kidney 27) located in the sternal notch, and the eight beginning and ending acupuncture points of the meridians that are located on the face. Dr. Bruce Dewe M.D. refers to these eight acupuncture points as the Hypothalamic reset points.

In EHC, the only muscles tested are the Supraspinatus, Pectoralis Major Clavicular, Latissimus Dorsi, Teres Minor and Anterior Deltoid. These muscles are the ones easiest to test in any position, and there are only five to learn and remember. Again, the K.I.D.S. approach is the guiding principle.

Instead of having to learn the Latin names, which does not improve the quality of the balancing and makes the learning more

difficult, why not refer to the muscles in a more generic fashion (unless perhaps, you are teaching a doctor).

1. "The Fig Leaf" is the Supraspinatus
2. "Down and Out" is the Pectoralis Major Clavicular
3. "The Penguin" is the Latissimus Dorsi
4. "Chicken Wings" is the Teres Minor
5. "Slap the Legs" is the Anterior Deltoid

The EHC Balancing

The EHC procedure consists of three simple steps, that can be remembered using the acronym **A.C.E.** This stands for

- **Assessment**
- **Correction**
- **Evaluation**

(Details provided under "Class Outline")

Of the three steps (A.C.E.), the assessment takes the longest -- usually 30 seconds to two minutes, depending on how much set up you need to do. If you are creating a goal, which I strongly recommend, it could take several minutes. The correction normally takes 30-60 seconds. The evaluation takes a few seconds.

Doing Multiple Balances

Usually I will do at least two balances. The first one is just a general energy balancing without a specific goal. This clears away a lot of the general stress. Doing a second balancing is useful, even if all the muscles locked into place on the first test. Usually they don't, so after the correction, you can do another balancing for a specific goal.

The second balancing will only take a few minutes. Most of the time is taken in doing the assessment and crafting the goal.

Then if you want to, you can quickly do additional EHC balancings for separate issues. You can also do repeat a balancing for an issue (where all the muscles test with the set up being that you are testing on a different level, however you want to define a different level. I would first test to see if they would benefit from more balancing on the same issue (use a yes/no test). This is especially good to do on emotional issues.

EHC Class Outline

Empowering Families for FREE Self Health Care

Class ONE: Turning the Power Back On

Purpose of class -- Being empowered for self and family health care

The Mission -- Collectively empower one million families with the skills of daily self health care prevention and enhancement

Your Mission -- Take care of your own health with a daily Energy Health Balancing, and do the same for one other person each day; teaching others if you so desire

Required books and equipment:

Touch For Health Book, by Dr. John Thie

How to Cure and Prevent Any Disease, by Ray Gebauer

The Next Trillion, by Paul Zane Pilzer

Helium Neon Laser (pointer laser)

1. Sickness Care vs. Wellness Care (The Next Trillion)

- The Myth of Health Care as normally understood
- The Sickness Industry (medicine) is based on managing or suppressing symptoms

2. The Energy Model compared to the Mechanical Model

A. The body consists of energy. When we shift energy, we shift everything. E.g. A light switch controls light in a different location

B. The body is designed to automatically maintain and recover health

C. The Concept: Energy flow and blocks (or "shorts" in the circuit). We can "balance" the energy by identifying and removing the energy blocks

D. Identifying Energy blocks ("beaver dams" or "circuit breakers") with muscle testing

E. Switching the Circuit breakers back on (removing the blocks, or blowing up the

"beaver dams")

3. Emotional Stress Release (ESR) technique -- Releasing stress, emotional blocks and trauma

- Ask them to think of an area of stress (emotional or physical).
- Gently touch the frontal eminences on the forehead, above the eyes, and half way between the eyes and the hairline, on the slight bulge (eminence).
- Hold for 10-30 seconds, ideally until you feel the pulses synchronize or they take an involuntary deep breath.
- Ask them how they feel

Practice

4. The EHC Balancing

The EHC procedure consists of three simple steps, that can be remembered using the acronym **A.C.E.**

Assessment

Correction

Evaluation

The Assessment

The assessment, which is also the set up, consists of three parts:

1. Request permission to test; "Is it OK to test your muscles? Is there anything I need to watch out for?" (such as injuries).
2. Identify and state your purpose. If this is the first time they are experiencing a balancing, explain briefly what you are doing and what you are looking for. I explain it as looking to see if there is any blocked energy, or a "circuit breaker that is off". This is indicated by whether or not the muscle can lock in place. It is not an issue of it being strong or weak. If you are doing a goal balancing, determine the goal at this point. Have them state the final version of the goal out loud.
3. Have the person give you their subjective assessment by rating the severity of their problem on a scale from 1-10. Make 10 to mean what they want it to be, i.e. no problem, feeling great, etc. and 1 being the worst.

The Correction

1. Do the energy assessment by testing the five muscles
2. Re-establish Energy Flow (by removing the energy blocks) using ESR while you use the laser on ALL the acupuncture points. You can take the time to test each point to find the priority point, and then just stimulate that point, which will correct all the others. But this takes longer, and makes it more difficult for someone to learn and duplicate. I have found it to be unnecessary
3. Reactivate the muscles as you retest the five muscles

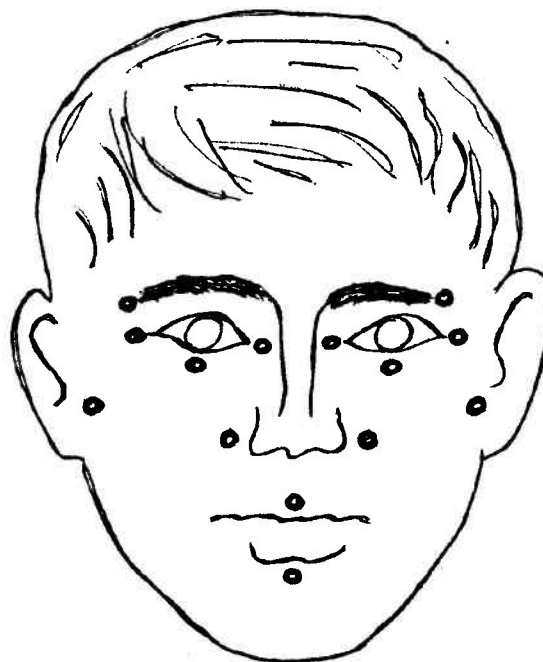
The Evaluation

(In the unlikely event that there were still muscles that did not lock into place when you retested (which I find to be very rare), then just repeat the correction and retest)

Request feedback on the same scale from 1 to 10, ten being best.

5. Demonstration of Energy Assessment with Five Muscle Tests

6. Blowing up the Beaver Dams (releasing blocked energy) with a laser (these are all acupuncture points on the end or beginning of a meridian)



1. Sternal Notch (K-27) -- on the chest, 1.5 inches from midline, just below collar bone (always have the person put one hand over the navel when activating this point, as a "grounding" point)
2. Just below lower lip (GV)
3. Just above Upper lip (CV)
4. Side of Nose -- 1/4 inch on either side of the end of it (on the face) (LI)
5. Eye 1/4 inch below center (ST)
6. Eye Inside corner (UB)
7. Eye -- End of Eyebrow (TW)
8. Eye -- Outside corner (GB)
9. Ear -- 1/2 inch in front of ear lobe (SI)

If you tested each point, there would be one priority point, that when stimulated, would correct all the others. But it is faster to just do them all.

7. Learning how to do the five energy assessments

- A. Using each muscle as an indicator, you are looking to see if there is stress or an energy disturbance in that circuit (a disturbance in the Force), or to use a computer metaphor, a corrupted file
- B. You will be looking to see if the person is able to easily hold their muscle locked in place. If it does not lock, there is an energy disturbance or block in that circuit (meridian). Do not think of the muscle as weak or strong. You are looking to see if the "power" is on. You are looking for a solid lock.
- C. Use a slow steady pressure using the two by two by two rule: two pounds of pressure for up to two seconds, and up to two inches of movement (if it does not lock)

Five Indicator muscles to be tested for the ability to lock in place:

(These five muscles are "representatives" of the fourteen acupuncture meridians that are tested in a Touch For Health balancing)

- 1 -- "The Fig Leaf" is the Supraspinatus
- 2 -- "Down and Out" is the Pectoralis Major

Clavicular

3 -- "The Penguin" is the Latissimus Dorsi

4 -- "Chicken Wings" is the Teres Minor

5 -- "Slap the Legs" is the Anterior Deltoid

8. Learning how to correct energy imbalances with 2 simple techniques (can be done separately or together.) ALWAYS at least do ESR, with or without a muscle test

- ESR -- Releasing stress, emotional blocks and trauma
- Blasting away the energy blocks (or beaver dams) with a laser (clearing the pathway)

9. Reactivation (the "information.sandwich")

- Testing the muscle BEFORE the correction identifies for your bio-computer the point of energy blockage
- Retesting the muscle AFTER stimulating a reflex point allows the system to experience the correct energy flow and reinforces the balancing

10. Reassessment. You are looking to see if the muscle locks (is there still an energy disturbance in the life force of each system?)

- Retest the five muscles to determine if they now lock in place (i.e. is the energy flowing; are the blocks removed?)
- On a scale from 1-10 how do you feel (or how is the condition)?
- Restimulate all the points if there are any muscles that still unlock or cause pain. Then retest the muscles

11 Practice

Review and Questions

Sharing -- what did you get out of this class?

Preview of next session: Targeted (Goal) Balancing; Demonstration

Choosing a partner for daily check in

Spreading the news: In 90 seconds, list the first names of the people who you feel

could benefit from this class. Give a prize (e.g. a book) for whoever has the most names. Congratulate, applaud and present with gift

The Mission -- what is at stake (the quality of people's lives)

Assignment

- Review notes later tonight and again within 24 hours
- Listen to the cassette tape overview
- Convert health concerns into health goals; bring written list next time
- Give and get at least one energy balancing every day (five minutes a day)
- Write your experience each day
- Daily call with your partner
- Read Introduction and chapters 1-3 of *How to Cure and Prevent Any Disease* and section eleven on defusing stress in the Appendix
- Read the first 30 pages in *The Next Trillion*
- Consider the possibility of teaching this class to others
- What are you willing to commit to?

Class TWO: Targeted Balancing

1. Wins, Questions, Discussion, Review and Practice
2. Balancing for a specific health concern as a goal
3. Balancing for emotional issues as goals
4. Balancing for skill improvement as goals
5. Practice

Review and Questions

Sharing -- what did you get out of this class?

Assignment:

- Give and get an energy balancing every day
- Daily call with your partner

- Read chapters 4 to 6 of *How to Cure and Prevent Any Disease* and sections one and two in the Appendix

- Commitments for this week

Class THREE: Balancing with Foods and Nutrients

1. Wins, Questions, Discussion, Review and Practice
2. Identifying toxins, health depleting foods, energy disturbing food
3. Balancing with food and supplements
4. Identifying and eliminating allergies
5. Practice

Review and Questions

Sharing -- what did you get out of this class?

Assignment:

- Give and get an energy balancing every day
- Bring written report of results from each day
- Daily call with your partner
- Read chapters 7 & 8 of *How to Cure and Prevent Any Disease*
- Commitments for this week

Class FOUR: Further Tools for Balancing

- Wins, Questions, Discussion, Review and Practice
- Balancing for reading and learning disabilities
- Balancing with other techniques using the TFH manual
- Practice

Review and Questions

Sharing -- what did you get out of this class?

Assignment:

- Give and get an energy balancing every day
- Bring written report of results from each day
- Daily call with your partner
- Read chapters 9 & 10 of *How to Cure and Prevent Any Disease*
- The mission -- what is at stake
- Commitments
- TFH Membership, classes and conference

Making \$1000 a Week Teaching EHC Classes

Because EHC is simple to learn and simple to teach, you can earn \$1000 each time you teach one class of just ten people. You can do it in your home or the home of one of your students, and let them take it for free.

Your students pay \$100 tuition for a class that consists of four sessions of 90 minutes to two hours, held once a week.

If each class is twenty people, and you did two classes a month, in twelve months you would earn \$48,000 plus the income from TFH classes that came out of the EHC classes, book sales or any thing else you offer. Most of these people will be **referrals** from people taking your class, IF you ask for them at the first class, and at the end of every class.

A good way to enroll people is to offer a free introduction class and enroll people for your four session class.

It is important to offer a strong guarantee. Here is what I recommend:

Double your money back guarantee of satisfaction. We expect you to be *thrilled* with the value you have gained from this class. If, however, at the end of the course, you feel you have not received at least \$200 of value from this class, we insist on giving you **DOUBLE** your money back, if you request it in writing and have fully participated by having completed all four of the classes and all

of the assignments (5 to 10 minutes a day).

Tell people up front that there are two ways to get their class for free. They can refer ten people who take the class, or they can take the class twice teach it themselves.

You will encourage your students to take your class a second time as a review. They will pay you \$20 for any individual session or \$50 for all four sessions if they pay in advance.

Your students can teach their own class after they have taken your class a second time and feel confident that they can do it on their own. If they want you to assist them in their class, you split the revenue.

When a person begins teaching classes, they must agree to invest 10% of what they earn back into the organization as an incentive for others to enroll in the mission of teaching this material (first year, 10% goes to their teacher). This is based on agreement and commitment, on keeping their word congruent with the Golden Rule. As a TFH instructor, you would pay 10% to the TFH organization.

If just 10% of your students teach just ten classes of just ten people per class, that will generate for you another \$48,000 of income as they pay their 10% to their teacher (in this case to you for the first year).

Summary

The EHC, based on the K.I.D.S. principle, is a possibility of a way to far more quickly reach a million or more people with the skills of self health care using the principles of Touch For Health.

I invite you to give it a try.

Touch For Health, Kinesiology, Legal Politics and Control in the New Millennium

by Larry Green, BA

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Teaching and practicing Touch For Health Kinesiology and other Kinesiology systems involves a lot of training in your craft. It also requires business skills like advertising, networking, arranging an office or teaching space, possibly getting a business license and more. One of the skills that you may need is how to navigate the changing political landscape of American health care.

I have been involved in Holistic Health for 25 years. In the last three years I have seen more acceptance by 'mainstream medicine' of alternative and complimentary practices than the previous 22 years combined. The views many of us in TFHK having been advocating for years are gaining acceptance in medical schools, at the National Institute of Health, within the thinking of insurance companies and other bastions of traditional approaches. The National Institute of Health has even come up with an official term for grant writing: CAM. This stands for "Complimentary and Alternative Medicine."

This is bringing new challenges. For a long time we shouted "let us in." Now suddenly some of us find ourselves shouting, "let us out from your attempt to control us!"

A few examples:

- In North Carolina the newly created state massage board decided to ignore the exemption in the law which states-

"Nothing in this (Law) shall be construed to prohibit or affect...The practice of techniques that are specifically intended to affect the human energy field."

The massage board declared that Kinesiology, Polarity, Trager, Reflexology and movement techniques were all massage. And to practice

them required a license and training from a certified massage school.

- In Maryland the massage board was put under the authority of the acupuncture board. Every technique from Reiki and Healing Touch to Kinesiology required you to have a license. "Any touching of the body" was considered massage, even if the person was fully clothed. To practice a modality that involved touch, even Reiki and Healing Touch, one needed to be a certified massage therapist.

The non-massage practitioners in the state could not get the board to loosen their definition of massage. So they had to organize and push a bill through the legislature amending the law.

- In Washington State (and possibly other states as well) you need a massage license (or some other license) to touch people by doing kinesiology.

- In California neither Dr Thie nor anyone else can legally teach Touch For Health classes as educational classes unless they are associated with a registered secondary school.

Chiropractic schools, which formerly required an AA degree, are now requiring BA degrees to enter. And many state massage laws require a high school diploma (as though mastering algebra is a requirement for giving a good massage!)

Groups are attempting to "up" their educational standards because it looks more professional, not because it produces better healers.

The issues of control extend to a lot of turf wars going on in the suddenly expanding field of complimentary health care. Some groups

are trying to establish controls that benefit themselves, often at the expense of other practices, including Kinesiologists. This is not happening only to kinesiologists. Just in the last year in my state of North Carolina:

- Chiropractors and Physical Therapists are both lobbying the state for the 'right' to be the only ones allowed to do a certain procedure
- The state medical board tried to sneak through legislation that would make the practice of Homeopathy or Naturopathy a major crime - a form of practicing medicine without a license.
- The state massage board tried to expand the definition of massage and force many alternative practices under their control.
- Blue Cross of North Carolina began offering complimentary practitioner's care to their clients. The clients get a mandatory 25% discount off the standard price of a procedure while Blue Cross pays nothing, but gives a practitioner the "privilege" of being listed by them. And Blue Cross wants some say and control about background, education and training. And they may keep upping their minimum standards and try to control complimentary practitioners by getting them hooked via the purse string.
- The American Oriental Bodywork Therapy Association a few years ago chose to be part of the North Carolina Massage Board's jurisdiction. But they are looking to withdraw from their affiliation with the board. The North Carolina Massage Board's chairman is supposedly suing a board member of the American Oriental Bodywork Therapy Association for writing a letter opposing his reappointment.

Similar turf battles are happening across the country.

At the same time there is a movement happening that is aimed at lessen control. The state of Minnesota passed a landmark bill creating the "Freedom of Access to Health Care." This legislation was intended so consumers can have access to as many practitioners as possible. The state of Minnesota has set up a new office to oversee unlicensed practitioners, those who are practicing "the broad domain of comple-

mentary and alternative healing methods and treatments." A set of 24 rules of ethical conduct is part of the law. The office does not oversee practitioners or practices, but will receive and investigate consumer complaints and enforce the ethical rules. The ethical rules include prohibitions against fraud, false or misleading advertising, sexual contact with a client, and inability to practice "with reasonable safety."

"The fact that a ... practice may be a less customary approach to health care shall not constitute the basis of a disciplinary action." And practitioners will not be charged with practicing medicine without a license.

Practitioners in Minnesota must have clients sign an "informed consent" paper before beginning any work. Many alternative and complimentary modalities can flourish freely now in Minnesota. The state is basically saying there does not appear to be much danger to the public from all these alternatives. And that more freedom will enhance the overall health of individuals in Minnesota.

At least a dozen other states have groups lobbying for a similar statute. Not surprisingly many traditional groups think the Minnesota bill is too broad. The response from complimentary providers is mixed. Some say this law will allow anyone to read a book and hang out a shingle. And that it has too high a risk of potential harm to the public and/or may hurt their own professions. But a lot of people view this as a good law by keeping government from controlling health care and leaving it up to each individual.

I do not believe any other state will pass the Minnesota bill soon. I think legislatures will take a wait and see approach. If the Minnesota experiment proves successful (i.e. without "harm to the public") then in a few years others may follow it.

It is possible that the greatest threat in the short term for individuals practicing kinesiology is from massage therapists lobbying for their own licensure.

About ten years ago the American Massage Therapy Association (AMTA) set out to have massage become a licensed profession in every state. Their rational ranges from freeing massage therapists from outdated laws that

equate massage with prostitution, to mirroring state medical boards and regulations so that massage becomes part of established medicine with insurance reimbursements and hospital acceptance.

According to the AMTA's website currently 29 states have some state regulation. This number has doubled in the past decade. The AMTA has spent over \$500,000 in this pursuit. The laws that have been created vary from state to state in terms of testing, hours of training, definition of massage and more. States like North Carolina, Maryland and Washington have already banned or tried to ban kinesiology as separate practices. Other states like New York have laws or boards in place that may present similar problems soon. But one person I know on the national government relations board for the AMTA claims that the AMTA will no longer support legislation that tries to define massage too broadly.

In 1998 the AMTA defined the scope of practice of massage as, "Massage or massage therapy is any skilled manipulation of soft tissue, connective tissue, and/or body energy fields with the intention of maintaining or improving health by affecting change in relaxation, circulation, nerve responses, or patterns of energy flow." By this definition TFHK is a form of massage.

Where do we go from here.

The view of complimentary practices is changing. Even though we do not use the medical model, we in TFHK fit into an expanding and larger picture of health options for people. Many members of TFHKA are practitioners and teachers. Other members of TFHK plan someday to do both.

How do we navigate the changing political landscape? Getting the word out about TFHK is a great place to start. This is not much different than advertising for classes or sessions. Let everyone know that you use TFHK. It could be a great service to them, because it could be just the thing they are looking for.

Some other ideas that might help you:

- Find out the current laws and what laws are under consideration in your area. If you

begin to network this should not be too hard. There are always highly interested (maybe even obsessed) alternative practitioners who are closely watching how the government might attempt to control them.

- Use the web to search for information in your area.

- Network, network, network. When we felt threatened in North Carolina we got involved with similarly groups including Polarity, Trager, Reflexology, Healing Touch and others. There are not that many people practicing Kinesiology in our state yet, so working with a coalition really helped.

One good way to network and meet other practitioners is to do trades. They learn what TFHK is about. You get work done on you and maybe make a new friend or associate.

- Go meet your state representatives. I met all four of mine (2 senators and 2 representatives- our state is kind of funny how they do that.) It was easier than I expected. I called up and asked to meet with each of them for a brief time. I said I wanted them to know about some important concerns I had. I tried to keep the phone conversation short, I wanted to educate them face-to-face. I told them I would be coming with 2-4 other people who shared my concerns. I came with others I had already lined up who wanted to express similar concerns. Many of them were not kinesiologists. Some were even licensed massage therapists who did not like the law.

Before going I was nervous, as if I had been summoned to the principal's office (this was a good time to use my ESR reprogramming skills.) What I learned surprised and relaxed me. My elected representatives were quite eager to meet me and hear my concerns. They offered to help, wanted to know my views and were interested to do the right thing. They wanted to look out for the needs and interests of their constituents. I am still in contact with a couple of them even though the issues I saw them for are past (for now). But having that relationship with them is useful. And now I willingly support them on other issues where I feel appropriate. This is an important part of playing the political game.

We also had many other people send in mail and email messages to their elected

representatives. And also to the NC speaker of the house, the leader of the senate and to the governor. State elected officials don't usually get large volumes of mail or calls from regular citizens, so when the calls come they listen. They believe that for every call that comes in from me, there are many who don't bother but share my feelings.

- Dealing with money, power and politics may be useful thing to get balanced for.
- Join or create statewide associations that support your interests. Having others to help carry the load is important. You may make some wonderful new friends. You'll have more heads to think through issues, more hands to help.
- Get all the training in your field that you can. It is possible someday that you may want to be grandmothered in to some new licensing law. Often this includes proof of study and practice.

Becoming aware about how the law effects you, or might effect you, will be a necessity for being a kinesiologist. Whether a Minnesota style law sweeps the country, or the opposite, no one can predict. Here is one place where the self-responsibility model can be useful. Start now.

Monitoring Change - A Prerequisite to Proving Efficacy

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Introduction

The work "research" tends to put people off. It is imagined as some esoteric enterprise, done by number crunching boffins in a laboratory. Research, or let us say "inquiry" into Kinesiology, is actually about focusing on case studies of real people and anyone working in practice has the potential to take part.

So how do we start?

Without the substantial funding made available for orthodox medical research, and the fact that many of us work alone, necessitates small-scale studies. Much of the skill involved is common sense and involves keeping full and accurate records of all our cases. Secondly it is necessary to have effective tools for monitoring change, which should include both objective outcome measures and subjective health assessment. In other words and for example, measure flexibility and ask the person to rate pain.

Criticism - Is it a good thing?

Research brings up a number of issues. Firstly how do you feel about criticism of your work? There is an argument that complementary practitioners view criticism as distrust and denigration. I would like to suggest that it is more helpful to see it as analysis and challenge. Should we accept without question everything we are taught? Would it be heresy to critically evaluate methods and traditions? If we can accept healthy skepticism and develop critical and analytical skills we will be rewarded with more orthodox acceptance of our work. If we want to prove the efficacy of Kinesiology then critical analysis becomes inevitable and, as it is an important aspect of research, we cannot avoid it.

There is the complication of the argument that

complementary methods are not testable within the framework of conventional research. I argue that complementary treatments need not be subjected to the normal "double blind" techniques, etc., and indeed there are examples from orthodox research where subjective assessment was the only research method used. Foster et al (1994). It could also be argued that for an effective clinical trial, the treatment should be the best available and therefore be specific to the person and not standardized at all. Lewith (1999) and we might agree, for example, 10 people with ostensibly the same medical diagnosis would not require the same balancing corrections.

Monitoring change

Realistically, most Kinesiologists do not have the time, resources or specialist knowledge to run major clinical trials but - we do have other valuable skills. Effectively monitoring change is an important area to consider when looking at proving efficacy and this requires thought, planning and careful record keeping, skills that any Kinesiologist might have. The piece of research that I undertook last year was an attempt to produce a method of monitoring change more effective than my usual methods with a view to future use for examining efficacy.

I used a series of symptom ratings charts in parallel with my usual record keeping which the participants filled in themselves. For example, clients rated their pain levels on a scale of 1 to 10 as in Touch for Health. They also rated a variety of other symptoms including emotional state in the same way. For the purposes of the research all patients were asked to rate the same areas which were pain, energy, confidence, relationships, overall day, emotional state. These subjective assessments were essential in determining

ID1 Month 1 Pain versus Energy

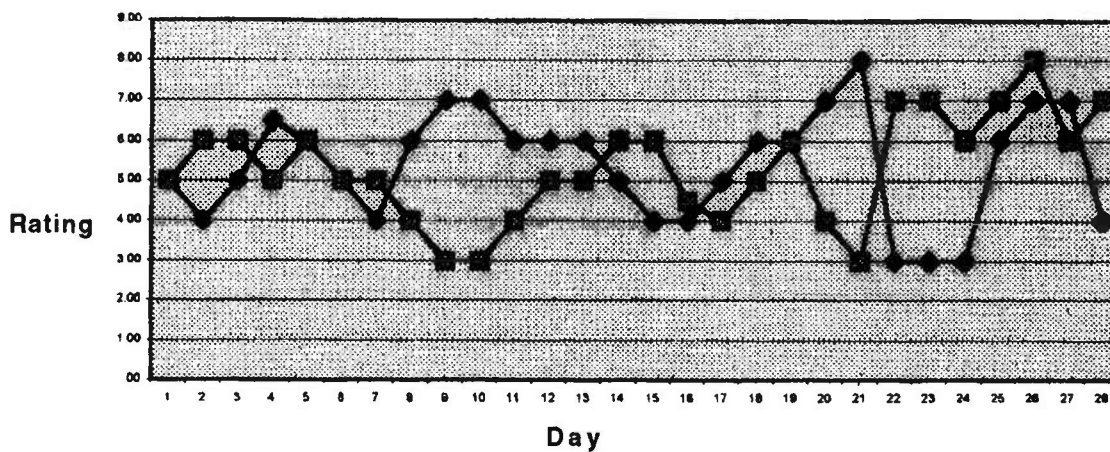


Figure 1

ID1 Month 1 Energy Levels

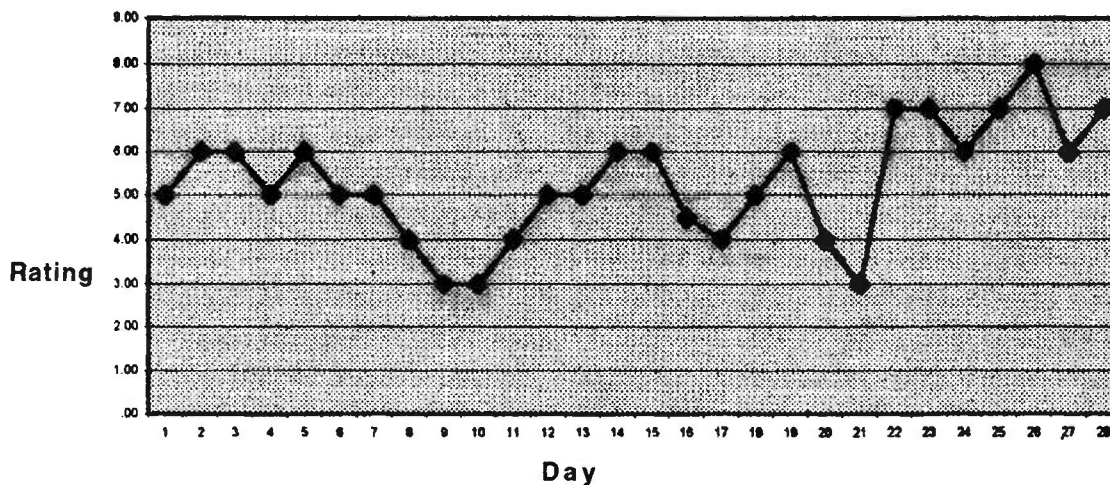


Figure 2

quality of life as defined by the participants. There is often discord between the patients view of their health and their objective health status, Jenkinson (1994) and Albrecht (1994), and in my opinion, the persons own view is more important than the practitioners.

The ratings charts were converted into graphs on the computer showing how the symptoms had changed over the period of balancing. I include here a selection of graphs to demonstrate the results of monitoring, from one participant, Identity 1 (ID1), who had presented with chronic fatigue syndrome on initial consultation.

Figure 1 shows how pain levels and energy

mirrored each other i.e. when pain was high, energy was low. The result was unsurprising but the graph shows this effect very clearly in a way that would not have been possible before. Figure 2 shows how the energy levels changed over the first month and it appeared that the average level was increasing (this effect continued over the second month).

When we ask people to rate how they feel before we balance them and check with them again at the end of the session, we are gathering evidence of change. It is a short step from this simple method of monitoring to producing the type of data collected by the research.

A brief description of the research.

Objectives: This action-based study explored a system of monitoring change as a possible future tool for evaluating treatment outcome.

Design: An action based approach involving 2 cycles of 4 Kinesiology treatments.

Subjects: 14 subjects with varying complaints were recruited from the existing patient base and by referral.

Interventions: The treatments were patient specific.

Outcomes: To evaluate the effectiveness of the monitoring method, to improve record keeping and to evaluate the effect of monitoring on patient and practitioner understanding of imbalance.

Results: Patients considered the monitoring device both practical and useful. It was effective and record keeping became more efficient. The charts produced were educational for all parties.

Conclusion: It was possible to monitor change more effectively and the data collected enabled better understanding of life processes and more accurate response to patient needs.

During the study the participants were asked to rate a number of areas once a day on a ratings sheet and the results were converted into graphs showing trends in symptoms. At the end of the clinical trials, interviews were held and questionnaires filled in to collect data about ease of use, symptom impact, health changes and effect of monitoring on awareness of health. The patients were also invited to discuss their graphs to discover if they had an educational effect.

Over the study it became apparent that changes were noticed more easily while charting than before and in particular, the graphs gave concrete visual evidence of change as will be seen in the presentation. This was particularly helpful when working with long term syndromes where change was slow and not easy to spot. It was also useful for noticing causal relationships and for providing accurate record keeping.

Discussion

In attempting to monitor change more effectively several benefits emerged:

The patient has a view of their health and what affects it. The device enabled appreciation of other tendencies.

Data gathered about the connections between symptoms led to improved follow up questioning.

Record keeping improved.

The charts were educationally significant for all parties leading to increased autonomy for the patients.

The device was beginning to show signs that treatments were effective.

A number of issues were raised as a result of the work I undertook. Firstly that self-criticism and questioning of methods became an important part of the process as a tool for personal growth, and secondly, constructive criticism from others was a stimulating and educational learning opportunity.

As a consequence of the research, I now firmly believe that there is a need for greater recognition by Kinesiologists that critical analysis is healthy and vital in furthering the professionalism in the field.

Conclusion

Although there are clearly some limits, the device does appear to monitor change reasonably effectively. I continue to use charting on interested patients but modify them from the standard used in the research, to suit their individual requirements. I am also reasonably certain that my professional practice has benefited and the participants actually enjoyed the experience. While my focus for the research was not "does Kinesiology work?" I was beginning to get concrete evidence that it probably does.

Note - we have empirical evidence that Kinesiology works but it is up to us to prove it. Orthodoxy requires hard evidence from research that it is effective before they can recognise and respect us - it would be naive for us to think otherwise. Research is more fascinating than you think.

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Effects of Specific Massage Therapy on Chronic Pain in Institutionalized Elderly; Meridian Channel Stimulation (adapted from Meridian Massage, "Touch For Health" Synthesis) and Hand and Foot Reflexology Introduction

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Abstract. Little research, in regard to chronic pain and pain management, is done on the elderly population due to a lack of interest on the natural decline that accompanies old age and the end stages of life. Our elderly population has multiple medical conditions that can cause and contribute to chronic pain. The conventional treatment, of chronic pain in the elderly, often includes such interventions as medications, moist heat and physical therapy. This approach produces a less than desirable effect because of the side effects produced by mixing life supporting medications with pain medications. Physical therapy treatments are often limited due to cost factors although the conditions, which warrant PT, are often chronic and long term. Being institutionalized, as in a nursing home, increases the moribund effect on the elderly population and the need for special consideration. Using more traditional (sometimes labeled complementary or alternative) approaches to pain management and the treatment of chronic pain must be explored to maximize the quality of life in the elderly and to minimize complications from drug reactions as well.

Purpose

The purpose of our study was to examine the effects of Meridian Channel Stimulation (adapted from Meridian Massage from "Touch For Health" Synthesis) and Hand and Foot Reflexology on perceptions of chronic pain among institutionalized elderly.

This was a pilot study, conducted by Registered Nurses and funded by the United Way (St. Louis, MO). This controlled clinical trial of massage versus conversation in 18 institutionalized elderly residents with chronic pain. A baseline assessment of pain and mood were obtained two weeks prior to subjects being randomly assigned to one of two groups of either conversation or massage. Subjects received the intervention (massage or conversation) in the privacy of their room. Subjects wore comfortable clothing but no

socks or shoes. The intervention was administered by independent nurses who were not employees of the nursing home; and who were trained in the massage techniques at the Massage & Energy Connection College of Applications (MECCA). The primary focus of the conversations will be reminiscence and social interaction.

Goals

1. To test the hypothesis that nursing home residents receiving Meridian Channel Stimulation and Hand and Foot Reflexology will effect significant reduction in pain perception as measured by a decrease in pain as measured on an objective pain rating tool (form) as compared to the nursing home residents who participate in a conversation group.

2. To test the hypothesis that receiving Meridian Channel Stimulation and Hand and Foot Reflexology effect decreases in pain perception as measured by a reduction in the use of pain medication as compared to the nursing home residents who participate in a conversation group.
3. To inspire, by example, the staff of the nursing home to replicate the treatment, Meridian Channel Stimulation and Hand and Foot Reflexology, on all eligible nursing home residents.

Background

Massage has been used for pain relief and healing by various cultures. It is cited as the intervention of choice in several nursing references. Other disciplines, such as physical therapy also include massage for pain relief. The major role of massage is to improve the circulation through touch, pressure and stimulation of proprioceptors and receptors of the skin and underlying tissues. There is also mechanical effect upon the superficial venous and lymphatic channels providing mechanical and reflex pain relief (Jacobs, 1959; Sims, 1986; Scull, 1945).

There are numerous studies using massage that focus on pain relief with chronic diseases. Massage has been used with cancer patients, AIDS patients and burn victims. "Slow stroke" massage was studied in healthy middle aged women and showed a decreased level of anxiety and subjects perceived it as relaxing. (Longworth, 1982)

The use of the term massage is considered a manipulation often associated with the act of rubbing the skin. However, any tactile stimulation within two inches of the skin will stimulate the proprioceptors on the surface of the skin causing a measurable change or manipulation in the response. Because of the frailty of the population and the physical limitations often associated with the elderly we wanted to utilize the least aggressive mode of manipulation. Using the acupuncture channels or meridians that already have a specific, established pattern or flow was chosen as the most effective and least invasive type of massage.

Meridians have been used in East Asian medicine for centuries. The Meridian Channel

Stimulation is believed to have effect through the Meridians in the body. Meridians are reported as specific energy pathways that run throughout the body and indicate the flow of energy. (Austin, 1972, Thie, 1997) Acupuncture points are considered to be points of electrical resistance running along these energy pathways (Meridians). Theoretically when disease or pain occurs, there is a disruption in this energy pattern and organization. This disruption may be caused by an excess or a deficiency resulting in a blockage or loss of energy. It is hypothesized that stimulation of either the meridians or acupuncture points may improve energy flow and affect organs quite distant from the area being stimulated (Harnack, 1990). Specifically, stimulation of the meridians enhances circulation of lymph and blood and brings about energy balance and optimal function, which gives the patient a sense of relaxation and increases the patient's energy level (Gottesman, 1992; Hare, 1988).

Reflexology is an acupressure style that involves pressing points on the hand and foot that relate to other parts of the body or internal organs. A reflexology chart correlates the points of stimulation on the hands or feet to other parts of the body (Hare, 1988). It is believed that by applying pressure to these areas, it is possible to effect a change to another part of the body presumably promoting well-being and relaxation (Griffith, 1996). A study, completed on 52 post-surgical patients, using reflexology post-operatively found the amount of post-operative pain (determined by analgesic use) was reduced for up to 3 days following reflexology treatment (Griffith, 1996).

Outcome Analysis

This was a small pilot study. Subjects were followed for a period of 10 weeks. Several assessment tools geared for use in the elderly population were utilized to measure pain and mood. Assessments were taken at the beginning of the study and at the end of the study. Pain surveys were completed twice weekly for the first two weeks of the study to obtain a pre-treatment baseline, then four times weekly during the intervention and one additional time 2 weeks after the intervention was completed.

The results indicated that both interventions (conversation and massage) were useful in lowering pain perception indicating the need for further research on a larger group of subjects. The decrease in pain perception in both the conversation and the massage groups reinforce the premise that we all need social as well as physical interaction.

The amount of decrease in pain was only slightly higher in the massage group indicating the need for further study to analyze the clinical effect of this type of massage in place of pain medication in the form of drugs. Two weeks post intervention the pain perception in the conversation group was equal to the baseline established prior to the interventions. The effect of massage therapy was only slightly different from the baseline established prior to the interventions.

The staff of the nursing home was not inspired by our efforts. They were much too busy providing the "routine" care of the residents and at times considered us (the nurses conducting the study) an interference. The attitude of the nursing staff made data collecting more difficult. Because the staff nurses were dedicated to routines to make their workload less hectic, our request to withhold pain medication unless the patient requested it was ignored. There was no incentive or bonus to making an additional therapy available because there was neither time nor staff to administer it.

Working With The Energy Meridian System

"Meridian Massage" is a term readily associated with the Touch For Health Synthesis. Students routinely receive this information and practice the application in the Level 1 Touch For Health class. In researching the idea of using the established meridian flow as a technique for reducing pain perception and improving mood in the nursing home residents several questions required clarification.

1. Was there any possibility the procedure would hurt or cause more pain to the subjects?

The sequence of the Horary or Meridian Wheel (or Clock) is the accepted pattern of energy flow in acupuncture. (Austin,

1972, Thie, 1997). There are no reported findings that indicate using this energy flow pattern (following the time sequencing) is in any way disruptive. It was also noted that actually touching the subjects was not entirely necessary given that the desired effect could be realized without ever actually physically touching the subject (Thie, 1997).

2. Would the subjects be required to perform in any specific way to receive the massage (turn over, stand up etc.)?

It was decided that if unable to turn on their sides subjects could remain supine or seated and the nurse would reach under them to stimulate the meridian.

3. Would the pressure of the touch cause pain?

Since it was the direction or pattern of the massage that was crucial, minimal touch could be used. It was desirable to touch the beginnings and ends of the meridians, however it was not crucial.

Adaptation of the Meridian Massage from Touch For Health

The nurses recruited for this study were required to take a Level 1 Touch for Health class. This was to help them gain some knowledge regarding acupuncture and the system they were going to employ with the nursing home residents.

This particular method of utilizing the meridian pathways was first described by Richard Harnack in a workshop he developed, called *The Body Energy*, to acquaint people with meridians and Touch For Health. The pattern, adapted for this study, utilizes six basic Energy meridians: **Stomach, Spleen, Bladder, Kidney, Gall Bladder and Liver**. Utilizing these particular meridians allowed us to cover the front, back and sides of the body while following the basic time of day sequencing. Thus, we could encourage and influence the energy flow of the 12 meridians by establishing the direction of flow, as indicated by the Meridian Wheel, the established pattern.

To help insure our success at meeting the goal of pain reduction and mood enhancing we

worked with the system in three ways: **Scanning, Tracing and Brushing** (the **Energy Shower**). Each method has a specific use and advantage.

Scanning

Scanning involves basic awareness of the energy of the body. Utilizing this as the first contact heightened the awareness of both the nurse and the patient. It is not necessary to try and interpret what you or the subject may feel and it is important not to become discouraged if you have difficulty deciding that you feel anything.

Procedure: Beginning at the head, mentally divide the face into halves. From the hairline move your hand down to the shoulder. Slowly, with hand outstretched, move down toward the fingers then back toward the torso. From the shoulder use both hands to scan down the side of the body to the foot then back up the front of the body to the shoulder. Repeat on the opposite side. Repeat the entire sequence three times. This is a very slow movement.

Tracing

Tracing the Energy System involves lightly touching the body with a tracing motion while moving your hands in the same direction of the flow of the Scanning technique. This method can also be done just above the body, in case the person is ticklish or sensitive.

The main use of the Tracing technique is to increase the energy flow in the system. It has the effects of increasing both energy and relaxation. The speed used to do this can be varied. If you move slowly the greater the relaxation seems to be, while the faster movement seems to energize.

Energy Shower

To do the Energy Shower you touch the body using a continuous brushing and scooping motion following the pattern described below:

1. Following the diagrams above start at the beginning of the stomach meridian, brush in the direction of the meridian (down the body) to the foot to the 2nd toe. Hold the tip of the 2nd toe about 2 seconds.
2. Hold at the nail root of the big toe on the

side closest to the middle of the body for two seconds then brush upward along the inside of the foot curving upward in front of the ankle; continuing up the leg just behind the shin bone (tibia), curve slightly forward at the knee and continue along the inside of the thigh up the abdomen to the outside the chest toward the arm pit.

3. From the arm pit, brush down the inside of the arm to the palm of the hand.

4. Brush up the back hand and arm to the ear.

5. Starting at the inner corner of the eye above the eyebrow, press firmly on these points for two seconds then brush over the top of the skull, down the back of the head, down the neck move in close along the spine down to the lower lumbar, following the gluteal fold outward. Return to the shoulder and brush out towards the edge of the shoulder, down through the middle of the buttocks, down the back of the thigh, to the back of the knee, following the curve of the calf outside down along the outside of the foot and end at the outside nail root of the little toe. Hold the little toe for two seconds.

6. Begin on the ball of the foot, brush upwards following the arch of the foot up and inside; continue back behind the ankle making a small circle, then up the inside of the leg passing on either side of the pubic bone and navel. At the base of the sternum, flare out slightly and continues on either side of the sternum ending just below the collar bone. Hold the notches at the collar bone for two seconds.

7. From the top of the shoulder brush down the inside of the arm to the palm of the hand.

8. Brush up the back of the arm to the ear.

9. Begin at the outer corner of the eye, brush down and back toward the opening of the ear, make a circle forward then back behind the ear. Continue brushing forward toward the mid-point of the eyebrow (about one finger's width above the eyebrow) continuing back over the top of the skull along the outside down to the back of the shoulders. From the shoulders brush forward on the chest and back under the arms, follow the curve of the chest back at the waist, brush forward on the hips. Continue down the outside mid-point of

the thigh and lower leg onto the 4th toe. Hold the 4th for two seconds.

10. Begin on the lateral side of the nail root of the big toe (hold for two seconds) then brush up the foot in front of the ankle on the inside of the leg. Follow the inside edge of the shin bone (tibia) then slightly back at the knee, upward on the inside of the thigh, following the curve of the hips back and up to the side of the abdomen, ending on the rib cage in line with the nipple (in the sixth intercostal space).

11. Brush up the rib cage and down the inside of the arm to the palm of the hand.

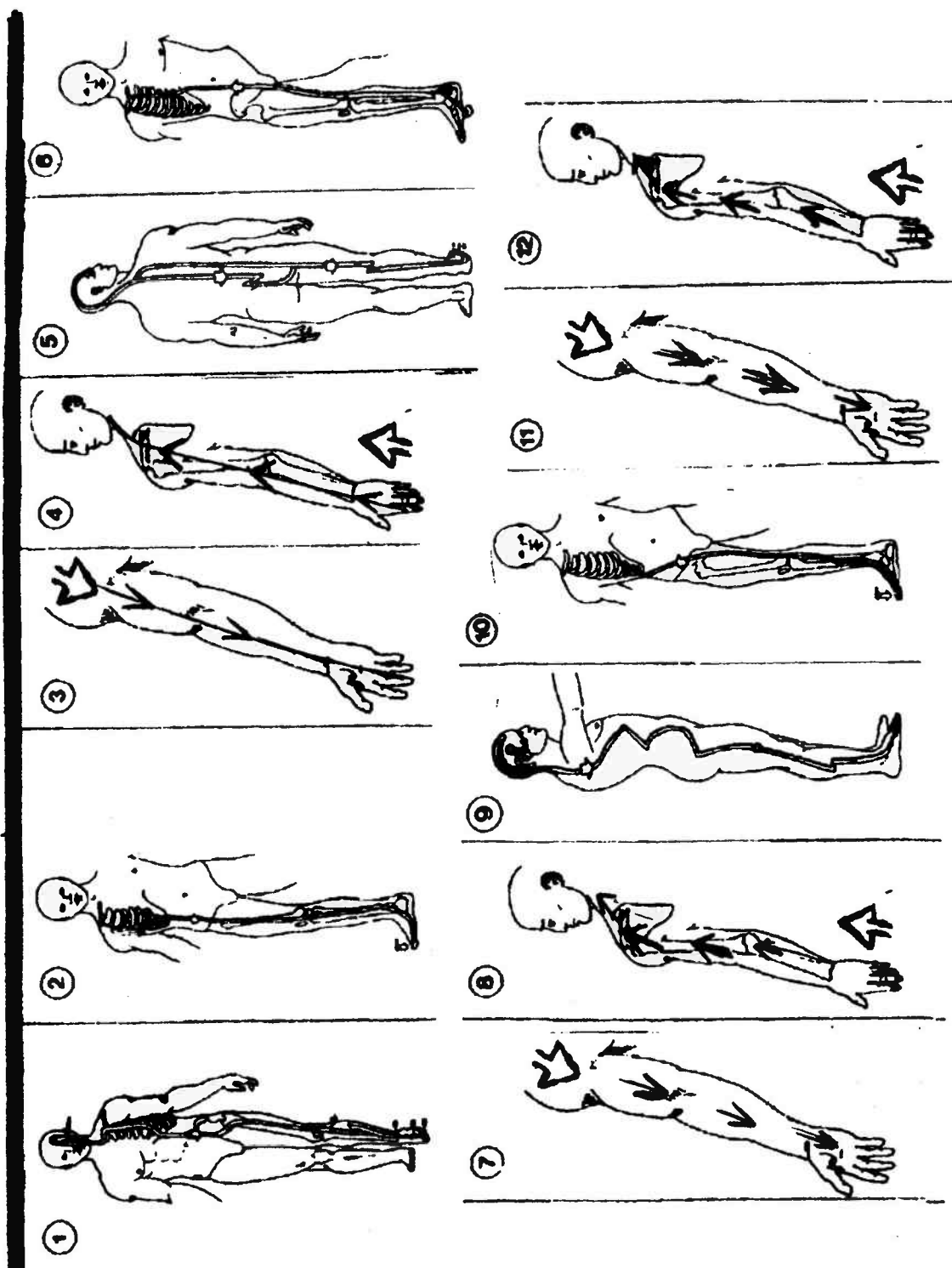
12. Brush up the back of the arm to the ear.

Repeat the sequence at least three times. Sequence may be repeated as often as needed.

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MERIDIANS



Crystal Kinesiology, Color, Geometry, and Sacred Sites

by Ken Harsh

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Crystals have been used as an adjunctive healing tool for many thousands of years. Cultures all over the world have used their vibrational energy for healing the body, mind, and spirit. The aborigines of Australia revere quartz as a container of spirits, shamans in South America use crystals to contact the spirits, Native Americans of North America have used crystals in medicine bundles, and those in the far east have used crystals and crystal balls for centuries as gazing tools. Ancient crystal skulls made over ten thousand years ago, perhaps by aliens, have been found in ancient temples of Central America. The Bible makes many references to crystals; an example is the Breastplate of Aaron (Exodus 28:5-30) which was utilized as the "breastplate of judgment" (Exodus 28:15 RSV). The holy New Jerusalem in Revelations of the New Testament balances this ancient reference to the Temple of Solomon. Revelations 21:19-20 (RSV) describes jasper, sapphire, agate, emerald, onyx, carnelian, chrysolite (perhaps peridot?), beryl, topaz, chrysoprase, jacinth (garnet or ruby?), and amethyst as the foundation of the new city. The ancient Egyptians revered malachite, lapis lazuli, carnelian, peridot and other minerals as a way to "cross over" and to heal. The Egyptian Book of the Dead contains a chant for carnelian. Muslims have used inscribed stones as amulets for almost a thousand years. The ancient Vedic texts of India use many gems astrologically and also as ingredients of special preparations and sacred powders. The best single volume on the mystical ancient lore of gemstones was written by the premier gemologist of the 20th century George Frederick Kunz. His book *The Curious Lore of Precious Stones* (Bell Publishing 1989 reprint) is the classic work on the subject.

In the last twenty years the utilization of stones for healing has gained a tremendous increase here in the western world. From a

rather obscure occult practice to one that has received worldwide attention, the practice of crystal healing has advanced many-fold since about 1985-87. The spiritual re-awakening that occurred in conjunction with the Harmonic Convergence of 1987 and the so-called *New Age* movement has fostered the growth of complimentary/alternative medicine. The Touch for Health conference is an example of that. We have come a long way since 1987. Kinesiology and complimentary medicine is now an accepted multi-billion dollar business.

I was, until the mid-80's, an eccentric if rather non-spiritual genius devoted to science and "facts." I had read thousands of books on many subjects, but did not know my own inner path. An external love of nature and reverence for all things led to fifteen years as an environmental investigator of the worst sins being committed upon the Earth in the name of greed and avarice. As a researcher and environmental detective I saw the death of streams, witnessed untold disasters and studied the toxicology of environmental chemicals. I was one of the world's most knowledgeable environmental toxicologists. I accumulated thousands of papers and documents and was writing a book on the world's environmental chemicals when an inner voice called. One night, while in meditation an inner voice said (in a voice remarkably like that of Charlton Heston's in *The Ten Commandments*) to "*Do Crystals Again.*" It was the first time that I had heard the "voice of God" in my head and it changed my entire life. Soon I was reading many books about crystals and heading off to Arkansas to buy quartz. That voice changed my life, and created or rather opened a pathway that is sure to occupy the rest of my life. That journey of sharing can be accomplished by any of you. You all have equal abilities. Travel beyond your own

constraints and be who you were always meant to be.

Each of us is made of the elements of Earth, Air, Fire and Water and Love beyond the more mundane carbon, iron, oxygen, and other “*physical/chemical*” elements. Each person on the Earth can respond to the energy of rocks, minerals, and crystals due to the fact that each of us is made, in part, of living rock. Our own bones are, in a way, a very soft rock and are the basis for our own structural integrity. Since we come at least in part from the mineral kingdom, we can then, if receptive, accept that rocks can bring about profound healing when they are utilized in concert with the intellect and one’s own intuition. Anyone can be a “*crystallopathist*.” I would encourage you to read a number of books on the properties of rocks and minerals. You must however balance what you read with your own inner voice. Healing with crystals is not, I repeat, **NOT** like coloring with numbers. Each person is their own individual, they have specific different cellular, genetic and energetic makeup, so what works on one person may not work on another. If you do not or are not willing to use common sense and intuition, then please do not waste time becoming a crystal healer. We are all here to awaken our own ideas, not be rigid, anal retentive, and follow a cookbook. Those of you who are cooks know that the best cooks do not follow a specific recipe; each dish is different, like us, with individual needs and tastes. Please satisfy your intellect as well as your intuition, and then both halves of your brain will be happy, and you can begin to do crystal healing.

It would be pretentious to assume that each of you can become an expert in crystal healing in an hour or two or after reading a book or two. Would you like a surgeon operating on your brain that had an hour or two of experience and had read one book? I think not. So too, it is with crystals. Work with them, read and practice simple ideas and things to begin with. Crystals can have profound effects on our lives, you should treat crystal healing with respect and care. One store that shall remain nameless, had a display case of large, rather huge laser wand quartz crystals, and huge obsidian obelisks. They were rather

inappropriately pointed out at the customers, they could either effectively castrate or sterilize individuals standing near them. Large crystals can disrupt body energy patterns if not used carefully. I used to own a rather large “candlestick” shaped quartz crystal that I carried in a flute case. It was over a foot long, and when used during meditation it produced a tremendous “*high*.” It helped facilitate awesome meditations and classes. The next day after the class was over, I felt totally burnt, about as intelligent as a *Hostess Twinkie* and less functional and powerful than a *Yugo*. After a while I got used to the increased energy/light inputs. It was no less than the rewiring of my own internal circuitry, sort of like re-wiring an underpowered home with a new circuit breaker, from 80 amps to about 200 amps. Crystals can be powerful, so do not let yourself get so confused that you forget to balance power and peace, love and lust, war and peace, etc.

How do we, as healing practitioners develop which crystals are appropriate to use on clients? There are a number of simple techniques that can be used by almost anyone. First, since this is a Kinesiology based article, you can use muscle testing with each and every crystal you think appropriate for growth. Do not always assume that what makes one stronger is most appropriate. Sometimes we must be made weaker, so that healing can *take*. Sometimes what we are avoiding can be what we need most. Always take into account the client’s own interests and intuitions. In working with thousands of people over the last decade and a half, I have found that people always pick the stone or crystal that is best for them. Therefore, always ask your clients to select some crystals/stones from the stock that you have on hand before beginning a healing. Please try to have a good variety of crystals on hand, more than just quartz. There are about 3000-4000 varieties of minerals, and within that field, many types of quartz, over a thousand kinds of agates and over a thousand kinds of jaspers. Please do not buy into all the silly ego centered rules about man-made, point up, point down, certain size, etc., choose the minerals that you like best. If the little itty-bitty teensy weensy polka dot agate turns you on, and not the gargantuan hunky hematite, then go by all

means with the polka dot agate. It will do more good.

You can use muscle testing to check the chakras or the meridians or power points in the touch for health handbooks. We will give some more information next year on the triple warmer etc., and correlate them with other energy systems. I prefer to check the client's charkas with a pendulum, that is a personal preference. Check each chakra and see how the pendulum swings. Ask it to show you a balanced/yes swing versus one that is out-of-kilter/no. You will usually see that healthy charkas produce pendulum response that is even, steady and very positive. Blocked charkas, or energy centers produce weak or unbalanced pendulum response. If one chakra predominates with wild pendulum swings, likewise it may need to be reduced in energy to help the body balance itself. You should check the chakras before beginning a session, during and perhaps after to make sure that your course of action is appropriate for that specific individual.

You will usually find that either the third eye (6th chakra), heart chakra (4th chakra), or navel (3rd chakra) are the ones that tend to be too powerful in some people. On the other hand, the base of the spine (1st chakra), sexual area (2nd chakra), and the throat (5th chakra) tend to be those that are often weakest. You will normally find that about 40% of your clients are deficient in "grounding" and are space cadets at heart, with their heads in the clouds and their butts nowhere near the Earth. They have a tendency to have trouble awakening in the morning, are never on time, have trouble with relationships, have trouble keeping jobs, and cannot take criticism because they lack self-esteem. The increase of grounding abilities and survival instincts is often paramount to the client's ability to heal and become a better person. Many stones such as hematite, snowflake obsidian, black tourmaline and other dark brown, black and silver stones help a person's grounding abilities. Red colored stones may be needed if the person lacks energy, but if they are already too helter-skelter red may be contraindicated.

If you cannot utilize either muscle testing or pendulums there is another way to test to see

which stones or colors a person might need. I have adapted a published technique that can be applied to any client to produce effective results. Perhaps the best cross cultural anthropologist in the States is Angeles Arrien, a wonderful teacher who resides in California. She wrote a wonderful book called *Signs of Life* that details a rather simple yet effective tool, to determine what direction your life is taking. We will add to that test and publish it in a simpler form. Those who are interested are recommended to buy or borrow her book for further information.

What follows is a simple test that will tell much more than you could imagine.

Draw a **circle, a square, a triangle, a cross (or plus sign), and a spiral**. You can make the drawings simple. Rank the shapes from one to five, one is your most preferred shape, five your least preferred shape. Then on the same or another sheet of paper, write down the following colors: **black, red, orange, yellow, pink, green, light blue, dark blue, purple, and white**. Rank these colors from one to ten with one being your most preferred color and ten your least favorite color. This simple quiz can tell me an amazing amount of information about your life's goals and aspirations.

Now how do we interpret the results? Briefly, and again please refer to Angeles' book *Signs of Life* for more details, shape #1 is your ego's desires, what you wish to do or be but cannot, usually because of what is in number five. Shape #2 is a current strength. Shape #3 is where you actually are. Shape #4 is a past test or path that you have completed or are comfortable with and shape #5 is what you are avoiding or what is blocked. The circle is a sign of wholeness, individuality, of finding who you are. The square a sign of stability, groundedness, and your ability to be comfortable with yourself. The triangle is a symbol of your ability to find your goals and visions. The spiral is all about change, and the cross is a symbol of your ability to be balanced or get along well with other people.

Now pair shape #1 with colors 1 & 2; shape #2 with colors 3 & 4; shape #3 with colors 5 & 6; shape #4 with colors 7 & 8; and shape #5 with colors 9 & 10. This practice will give

you an indication of the colors related to that shape/property and the body's need for healing. It would take a separate publication to explain all of the interrelations; that is best left for another more extensive article. The color preference tells me which of the charkas is associated with the properties of the shapes. For example if the square is #5 and color #10 is black, you are probably a space cadet. Do not take offense; many new agers fit this label. I like to work best with shapes 1, 3 and 5 and colors 1 & 2 or 9 & 10. Most commonly we will find that the square is shape #5 in about 40% of most new age audiences. Most of you are not grounded, and the greatest need is for more grounding/balance. The common reason that you are not grounded is fear (orange as #9 or 10) or the inability to be whole, or of your own dark side (black as 9 or 10), or the fear that you are not pure enough or good enough to be powerful (white as 9 or 10), or be loved or loving (pink as 9 or 10). Then for example, if your weak chakra, the one that was out of balance in the pendulum or muscle-test was the heart chakra, and your number 9 & 10 colors were pink and orange we would apply or place pink (rose quartz, kunzite, rhodochrosite, rhodonite) crystals or orange crystals (carnelian, wulfenite, etc.) on your heart chakra. The practice of laying stones on the body is an extensive one. I like to lay stones around the person to create an auric shield region where the person feels safe and can let go of anything. The stones that are placed on the body bring a vibrational template to that specific person.

In the last year or so have I also started utilizing pure color therapy in addition to the rock crystals. That can further enhance and amplify the healing energy of the crystals. How do we do this? Go to a theatrical supply store and buy some sheets of pure color gels (like they use in stage productions) in the appropriate chakra colors. These are pure colors with great vibrational energy and can be used in conjunction with crystals. After you have obtained these sheets or have purchased a set of gel colors, get a flashlight or several flashlights, cheaper ones, with removable heads. Cut circles of the gel colors to fit the flashlight head, and place the circular piece of the gel beneath the glass flashlight holder. You could for example use a pink or orange

gel with the above client and shine the color on the heart chakra for five-ten minutes to facilitate color/crystal healing. Color healing is a great healing tool, much info can be found in a book called *Let There be Light* by Darrius Dinsah. You can also place a clear quartz sphere in front of the flashlight head and shine the colored light through the sphere. The color and the shape tend to promote complete healing. I tend to think of the sphere shape as a way to wholeness, so it seems to work well with clients. You can work with the other shapes as you can find examples of them, or as your experience grows. You may also chant, play music or do a meditation while your client is receiving a "stone layout."

Many fine chants are found in books such as *Healing Mantras* by Thomas Ashely-Farrand, and *Words of Power* by Brian and Ester Crowley. You may also want to use some of the fine cassettes or CDs that are available. I like to use some of the CDs by James Twyman, Charlotte Church, and chant tapes by Robert Gass and others, or flute tapes by Paul Horn, Carlos Nakai or others. Choose a tape that is soothing and comfortable that you like, and know well. Know how to use your CD or cassette player before you begin the session. Sessions may last from 1-3 hours and may create permanent lasting effects on clients.

Please spend some time practicing before becoming a practitioner. The more care and knowledge you have, the better the results. Layouts can have profound effects so please be careful and use the appropriate level of energy work. A couple of examples will suffice. A few years ago, at a retreat a person who thought they were a metaphysical hotshot came to me for a stone layout. They said they were ready for anything, and would like a full power "kick ass" layout. I asked them if they were sure and they replied affirmatively. The layout got done, they were overwhelmed, did not sleep for three days, and I have never seen that person since. Many years ago a layout was done on a male by his sister and mother. The relatives utilized some powerful obsidian spheres and other objects. The layout was so powerful that the man had diarrhea for about two-three weeks afterwards. A severe cleansing had occurred. Ask often if your

client is comfortable, and make sure that they are centered before leaving the treatment site. Warn them that they may have powerful dreams (or not), ask them to drink some water, and then take it easy to integrate all of the changes that have occurred in the body, mind, and spirit.

Read extensively and see what stones work best for and with you. Each person will find his or her own favorites. People can carry or wear stones virtually any place, and in whatever quantity they can manage. Some will be drawn to only a few stones, while others may find them to be the subject of a lifelong pursuit.

There are extensive stone books available on the market; the bibliography will list a few of the better ones. Take a look at the numerous books in your local bookstore, or online. Remember to balance your intellect with your intuition.

Sacred Sites

One of the most important subjects and practices in the modern world is that of sacred site science and Earth Kinesiology. The Earth Mother has, within and without, an extensive network of energy centers akin to the charkas and meridians of our own bodies. The Earth is a living organism, called *Gaia*. Modern scientists like James Lovelock have seen the Earth as a living entity. Our Earth has power centers that are connected much like the wires in a power grid. Some natural or enhanced sacred sites are much like power plants, while areas where many power lines, plants, and substations cross are called vortexes.

Right now, we humans are the greatest pests on the planet. We are to Gaia as cockroaches, fleas, rats, and mosquitoes are to us, only worse. We have callously disregarded and disrespected the sacredness of all living things here on the Earth. We are now in the sixth or seventh great extinction of all time, the first to be caused by a biological organism, and we are the only form of life to threaten it's own self. Around our planet we witness the destruction of rain forests, global warming, and the wanton disregard for all living things. Many forms of fishes in the sea are near extinction, and WE are not in balance with our ecosystem. The Earth's energy systems

are out of kilter, and we are creating strange weather, increased earthquake activity, and many new diseases. We must begin to foster a sacred spiritual connection to the Earth; this is best done either in your own backyard or at any of a number of sacred sites around the planet. There are a number of great books on the subject, and also some great websites. The best of the websites is www.sacredsites.com Martin Gray's wonderful Website. A few of the available sacred sites books are also listed in the bibliography.

Briefly, sacred sites come in many forms and shapes. They can be natural such as lakes, rivers, springs, volcanoes, geysers, mountains, canyons, caves, etc.; enhanced such as mounds, pyramids, churches (provided they are situated on a ley line); or created such as meteor crater, cemetery, retreat center; or living such as a nature preserve, grove of virgin trees, or other great assemblage of living beings.

The locations of the last two years of the Touch for Health Association Conventions have been home to many wonderful sacred sites. Wisconsin, last year's convention site, is home to 98% of the effigy mounds in the world. There are many wonderful sacred sites in Wisconsin, but the awareness level of the citizens of that State is relatively low. Fortunately a new book is due in late 2001 that will detail many of Wisconsin's Sacred Sites. Those people in Wisconsin need to awaken to the wonderful energy of their own state. I visited a number of the mounds in that state in conjunction with the convention, you should too, if you get a chance.

Likewise, Washington State, this year's location, is home to some wonderful sacred sites. Olympic National Park is home to some of the most ancient and sacred trees in North America, the Hoh Rain Forest unit is stunning. I will display at the convention a ley map of Seattle created a few years ago by Chuck Pettis, who wrote a wonderful book on sacred sites. Underneath this state is the energy of fire and change. We saw that energy in action earlier this year with the earthquake in the Olympia/Seattle area. That was an unusual deep quake, perhaps centered about 36 miles down. The fact that the quake caused relatively little damage is a testament the

spiritual energy present in Washington. You have the ability to interact and to become a co-creator with the Earth. Mt. St. Helens is another reminder that the energy beneath our feet is alive and may awaken at any time. Nearby Mt. Rainer, and further away Mt. Baker are definite forces to consider. So called "primitive tribes" made sacrifices and offerings to the volcano Gods. Perhaps we need to do sacred energy work at the volcanoes to keep them happy.

Ceremony, stone gifts, chants, songs, prayers, and more can be done at sacred sites. Marko Pogacnik, a wonderful Slovenian has written several books (Findhorn Press) that detail some of his efforts to achieve and enhance the geomantic practice of Earth litho puncture. We all need to learn this respect so that we keep the most holy places of peace and power, places, and not turn them into shopping malls, highways, Wal-Marts, subdivisions, parking lots, or polluted cesspools devoid of life.

Whenever and wherever I travel I am called to certain sacred sites. By myself, or in groups, I have felt and seen some of the most amazing things of my entire life. Rainbows at midnight, angels, time travel, the alteration of weather, and animal spirit companions have become my friends and my lifelong memories. So please seek out the Earth's sacred sites, and help us make the Earth into a Heaven, a place where we can all survive in harmony, where we do not make each other extinct.

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G-Jo Acupressure Workshop

by Ed Ireton, certified G-Jo Acupressure Instructor

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History and Background of Acupressure

There are two theories on the origin of acupressure:

A: Soldiers wounded on ancient oriental battlefields often noticed after their wounds healed that they had suffered before the battle were gone. Oriental historians began compiling this data and Oriental "doctors" began making intentional wounds noticing that symptoms associated with the wound site were gone.

B: Each person tends to scratch at, or otherwise stimulate various points on the body throughout the day. For example, after a heavy meal, you might experience itching above the ankle and below the knee. This is the stomach meridian point 36 (G-Jo point #9). Stimulating this point relieves gastric distress.

G-Jo "Five Tier" Treatment Priority System

The G-Jo Institute advocates the combined use of conventional and "alternative" healing methods. We promote the use of a five-tier "priority scale" regarding personal health.

Level One:

Use simple preventive health techniques

Stop smoking, overeating, recreational drug abuse.

Keep fit by walking, swimming, deep breathing.

Change your diet (low sugar, low salt, vegetarian.)

Use meditation

Use G-Jo Acupressure touch therapies

Low dose homeopathy and simple herbal remedies.

Level Two:

Go to non-intrusive techniques: chiropractic, massage, physical therapy, professionally applied acupressure, professionally used herbs.

Level Three:

Go to mildly intrusive techniques: acupuncture, high potency homeopathy

Level Four:

Consult medical or osteopathic physicians for prescribed pharmaceuticals (may be successful but have a higher risk of side effects.)

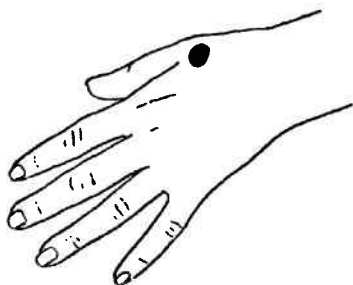
Level Five:

Surgery, chemotherapy, radiation, unapproved treatment, possibly requiring travel to another country.

G-Jo Acupressure Workshop

This workshop explains the locations and uses of seven commonly used G-Jo acupressure points

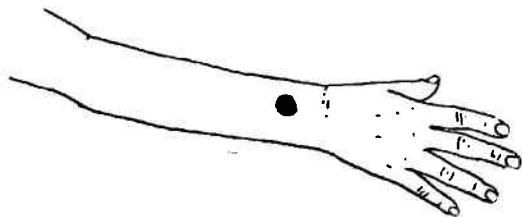
G-Jo Point # 13 (Large Intestine 4)



To locate this point, squeeze the thumb and index finger to form a mound. Keep your opposite index finger on the mound, relax the hand and probe for an ouchy spot.

G-Jo point #13 is the universal first point to stimulate for many first aid problems. It is the "Chinese Chicken Soup" of Acupressure points. This point is often used for any problems from the chest upwards.

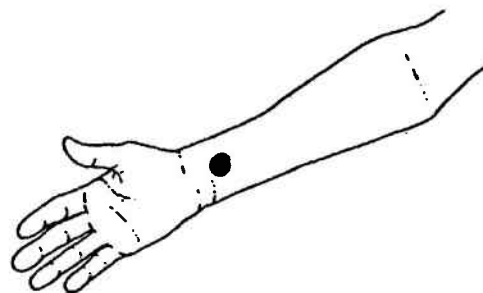
G-Jo Point # 4 (Triple Warmer 6)



This point is located on the back of the arm, two thumbs above the most prominent crease in the upper wrist in line with the middle finger. It lies in a little notch between the radius and ulna bone in the arm.

Think of G-Jo #4 for any problems in the arms, shoulders, wrists. It is also effective in alcohol related problems (hangover), depressions, stress, tension, anxiety and sore throat.

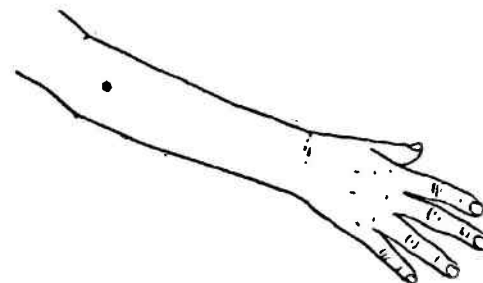
G-Jo Point # 10 (Pericardium 6)



This point is located two thumbs above the most prominent crease on the inner wrist, in line with the middle finger.

This is a good point for problems of the hand, arm, elbow, and wrist, as well as the armpit, the chest, and for menstrual cramps.

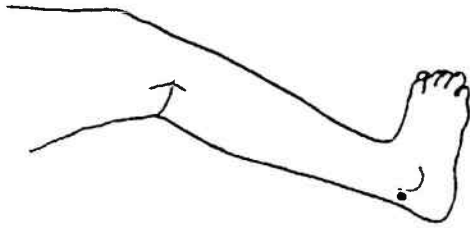
G-Jo Point # 116 (Large Intestine 10 or 11)



Located on the top of the arm, two thumbs below the end of the crease at the elbow, in line with the middle finger.

Point # 116 is a judo disabling point and is tender on everyone. It is useful for problems of the arm, forearm, shoulder, wrist, and toothache.

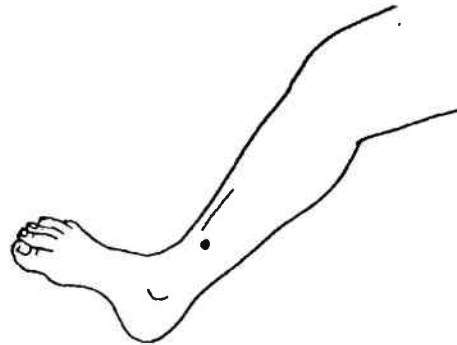
G-Jo Point # 5 (Bladder 60)



Located in the hollow between the Achilles tendon and the outer ankle bone (lateral malleolus). You may have to move around the area to find this point. You will know when you have it by the special "toothache-y" sensation.

This is the main point for lower back pain and pain from the middle of the body downward, especially on the back. This point is helpful in sciatic pain.

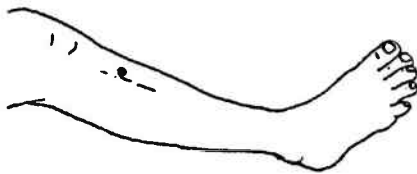
G-Jo Point # 7 (Spleen 6)



This point is located the width of one hand above the crown of the INNER angle bone just behind the tibia (shinbone) on the front of the leg.

G-Jo Point # 7 and Point # 9 share many functions and can be used together.

G-Jo Point # 9 (Stomach 36)



This point may be more effective than G-Jo Point 13 and we would recommend it as the most broad-acting of nearly all acupressure points if it were not so difficult to locate. Its location is the width of one hand below the bottom of the kneecap then the width of one thumb toward the outside of the leg. It is found in the valley just away from the tibia (shinbone).

The indications for this point and G-Jo Point # 7 are digestive distress and discomfort in the lower 2/3s of the body.

This point has a Chinese name that means "walk three miles." If you are tired and exhausted, triggering G-Jo Point # 9 I said to restore enough energy to "walk three miles."

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The Warren Balance

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Warren Jacobs, M.D. is a medical doctor with forty-three years experience in the practice of family medicine. For the past twenty 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., and John Diamond, M.D. 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 dis-ease 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.

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

THE WARREN BALANCE

after "Touch for Health" by John Thie, DC

A. Have the testee state his/her own name and test with an indicator. Have the testee state that his name is one other than his/her own and test with an indicator. You should find strength with the truth and weakness with what is not true.

B. CENTRAL. Zip up (from the perineal body up to the bottom of the lower lip). Test. Zip down (from the lower lip down to the perineal body). The subject tests strong on the zip up. This signifies that you are ready to proceed to C. If the subject is strong on down and weak on up, the subject is overwhelmed by something in his/her life and the energy is reversed. This must be identified and corrected before proceeding further. Ask: "What is too much for you in your life at this time?" To help the subject get from the general to the specific you may offer some choices as: career, money, personal relationship, health, or family. You may test each of these in turn to find which one makes a change in the person's energy. When you sense there is sufficient identification, have the subject make the statement: "Such and such is too much for me right now." Zip up and test with the indicator. It should be strong. Now you are ready to proceed to GOVERNING.

C. GOVERNING. Trace from the perineal body up the back over the head and down to the upper lip. If strong, proceed to D. If weak, this suggests the subject is overburdened. Ask: "What burdens you?" "What is difficult for you at this time?" First come with the general list: family, health, money,

personal relationship, career, etc. When the general area is identified, get more specific. In the case money comes up, ask: "Money for what? Money for rent, clothing? Whose clothing? Ah, money for clothing for the children for the New Year at school that is just beginning." Has the subject state: "I am burdened with the task of providing enough money for clothing for the children to start the new year at school. This is my burden. If it truly is the burden, we find, on re-testing governing, that it now holds strong.

D. With Central and Governing energy flowing properly, we now proceed to see in what realm does the subject's primary difficulty lie.

Structural	thumb to the index finger
Nutritional	thumb to the middle finger
Emotional	thumb to the ring finger
Circuits	thumb to the little finger

Test the indicator while the subject places his/her fingers in the above positions. Where the weakness appears, identifies what approach we will use to make the balance.

E. If the weakness occurs when the subject touches thumb to middle finger, this suggests the problem is nutritional, and so we state:

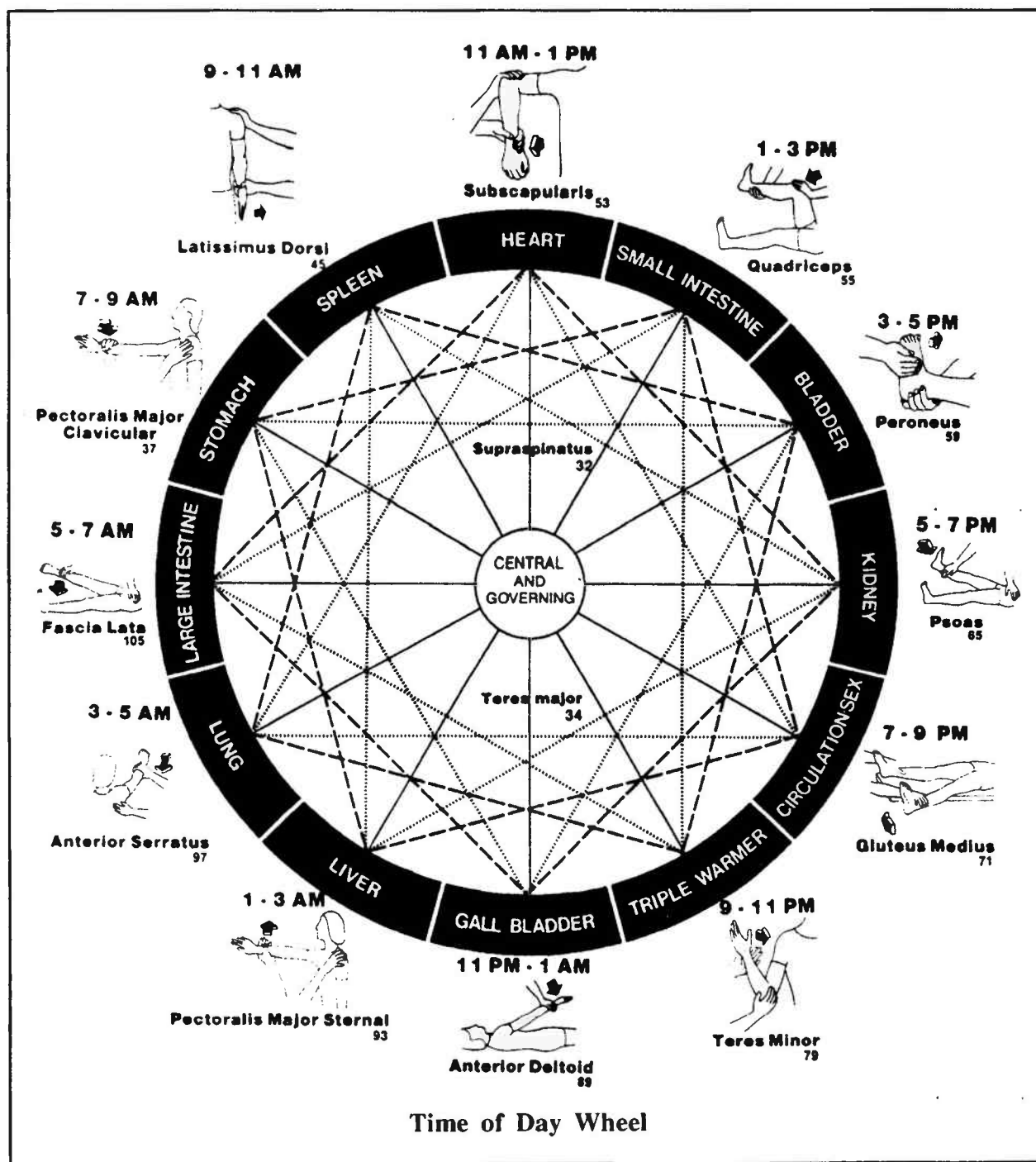
1. This person is lacking something. Test.
2. This person is taking in too much of something. Test.

Now we must identify just what it is. We go from the general to the specific.

1. This substance is a fat.
2. This substance is a protein
3. This substance is a carbohydrate

If strong on protein, we next determine if the protein is of animal or vegetable origin. If animal, we test to see if it is beef, pork, or lamb, and so on. When the specific substance is identified, we have the subject state: "I would do better without beer" (for example) and test the indicator. Should the subject object, have him/her state: "Two glasses of beer per day would not hurt," and test with the indicator.

F. EMOTIONAL, tests weak with thumb to ring finger. Now that we have Central and Governing flowing in the right direction and have identified the treatment mode, we are ready to check the muscles to see what needs



correction. We begin with the muscle in accord with the time of the day:

[For example, 9-11 AM corresponds to Latissimus Dorsi (spleen). Refer to the muscle wheel chart taken from John Thie's "Touch for Health" book, which appears above. This will show you where to start after checking the time of the day.]

Test each muscle in turn to expose weakness. If the weakness is bilateral, it is only necessary to rub the spine in a cranial-caudal direction in the vicinity of the neuro-lymphatic points for that meridian. Most often the weakness is unilateral and we then ask the question relating to the organ or meridian of weakness. The questions are as follows:

SPLEEN	What do you hate yourself for?
HEART	This is either an issue of LOVE or SURENESS (Test each in turn to see which holds)
SMALL INTESTINE:	What is good in my life that I am not enjoying at present ?
BLADDER	What seems hopeless ?
KIDNEY	What is my greatest fear ?
CIRCULATION SEX	What do I need to feel deeply satisfied?
TRIPLE WARMER	What has humiliated me ?
GALL BLADDER	Who am I angry with ?
LIVER	What distressed me and made me think less of myself ?
LUNG	Who/what do I miss ?
LARGE INTESTINE	What is it I do not like about __, but wish this did not trouble me ?
STOMACH	Who do I feel sorry for ?

G. After the specific answer is obtained for the question pertaining to the weak meridian, the muscle should test strong on retest - and instantly so as the subject acknowledges this connection that has heretofore been denied to consciousness. This is demonstrated by retesting at this juncture. Reinforcing measures are:

1. massaging the appropriate (and usually tender) neurolymphatic points and
2. tracing the meridian.

The muscles are tested in turn in keeping with the sequence as listed above. You may note that the lines of the meridians are not truly separate. Where one "ends" the next "begins". In reality, we have chosen to break this continuo energy flow into sections that we assign to the organ functions of the organism. Upon completion of the 14 muscles - when all are strong we trace central and governing and invite the subject to sit up slowly as often there is a sensation of lightness or dizziness. Usually the subject reports a pleasant relaxed feeling. This completes the balance for the emotions.

H. CIRCUITS: Should the subject weaken when touching thumb to little finger, this is suggestive of circuit energy imbalance. One should then determine utilizing an indicator muscle whether this is Tibetan Eight energy or some activity such as cross-crawl or even perhaps some sport activity such as jogging or some recreational activity such as dancing.

I. STRUCTURAL: Should the subject weaken with thumb touching index finger, it is good to look for a structural problem. Should none be apparent, consider X-ray, C-T scan, and/or MRI. In the treatment consider referral to a chiropractor for manipulation.

SUMMARY:

1. Test with the name to see if the main switch is on.
2. Check CENTRAL and GOVERNING to make certain the energy is flowing in the proper direction.
3. Check the finger modes to see where the primary correction lies, whether structural, nutritional, emotional or circuits.
4. Test the remaining muscles in turn, beginning with the time of day appropriate muscle (that is if the mode is emotional).
5. Ask the question relating to the muscle found to be weak - moving from the general to the specific.
6. After identifying the specific emotion and its relation to the subjects life experience retest the muscle to see if it is now strong.
7. Reinforce by massaging the neurolymphatic points and trace the meridian.
8. Repeat for each weak muscle found.
9. Trace central and governing and have the subject sit up slowly.
10. The hug is optional.

Alternatives to Traditional Treatment for Depression

by Marilyn Joyner, RN, BSN, CHt

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The most common complaint among my clients is depression. A large number of clients with chief complaints other than depression are already being treated with antidepressant pharmaceuticals such as Prozac, Zoloft, or Paxil. The purpose of this presentation is to define and discuss depression, explain the new classification of antidepressant medications and their possible side effects, and finally to offer alternatives to these drugs.

The two major classifications of depression are unipolar and bipolar. Unipolar depression is certainly the most common and usually presents with consistent complaints of melancholy, sadness, fatigue, hypersomnia, or the other extreme of agitation and insomnia. Bipolar disorder has historically been known as manic depression and is biphasic in nature. The manic episodes are described as a state of elation and high energy, but are followed eventually by extreme depression. People with bipolar disorder often refuse treatment because they actually enjoy the manic phase of the disease. For the sake of this discussion, we are going to focus solely on unipolar depression.

There are three categories of unipolar depression. The first one is *melancholic*, and is characterized by sadness, fatigue, weight loss, withdrawal, and indecisiveness. The second is "*agitated*" depression, and involves anxiety, pacing behavior, insomnia, obsessive focus on their situation, and as its name suggests, extreme agitation. The third category which is known as *atypical depression*, presents itself as hypersomnia, overeating, and extreme mood reactivity. People suffering from *atypical depression* usually are functional and their mood can be elevated by external events.

Depression may manifest itself in many different ways, and is divided into several

clinical subtypes which describe these various forms it may adopt. Depression which is mild but long term and not usually incapacitating is known as *dysthymic disorder*. Sometimes depression is masked by physical complaints, and may present itself as either pain or hypochondria. This clinical subtype is known as *masked depression*. Depression in the elderly may be the underlying cause for symptoms such as confusion, memory loss, and sleep disturbances, and may even be misdiagnosed as senile dementia. This form of depression is termed *involutional depression*. *Seasonal affective disorder* is a clinical subtype which has recently gained attention, and is caused by a biological disturbance created by lack of sunlight in the winter months. Maniacal symptoms sometimes appear in the sunlight rich summer months with SAD. Depression which occurs within a month after delivery is known as post partum depression. The symptoms may be extreme and include psychotic episodes such as delusions that the child is possessed or has special powers. This form may involve suicidal thoughts and/or tendencies, apathy and withdrawal from the infant, panic attacks, and spontaneous crying. The final clinical subtype of depression is *reactive depression*, which as its name suggests, involves a reaction to a situation which is overwhelmingly stressful, and/or involves extreme loss.

There is evidence of altered physiology in persons with depression. Autopsies on persons with a history of depression have frequently revealed a severe depletion of glial cells in the brain. Glial cells serve to both provide nutrients and growth hormone to the frontal cortex and to regulate glutamate. Glutamate appears to regulate excess stimulation of the limbic system which is concerned with processing emotions. It is also interesting to note that PET scans on individ-

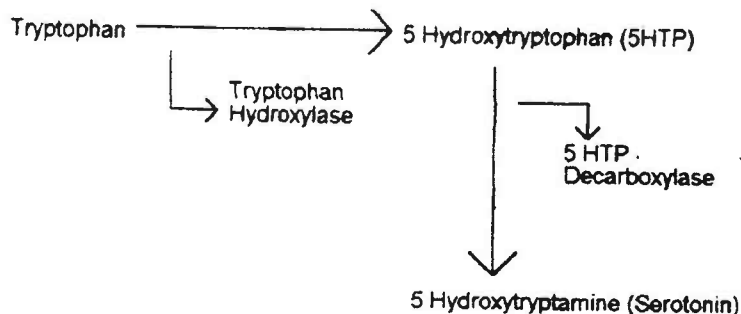
uals with depression tend to reveal extreme hypoactivity of the left frontal lobe. Among other symptoms, left frontal lobe lesions produce some consistent with those of depression which include apathy, lack of motivation, withdrawal, and loss of sexual interest.

The etiology of depression is believed to involve the neurotransmitters. Neurotransmitters are substances which relay messages from neuron to neuron within the brain. (Nerve cells are known as neurons.) Although several neurotransmitters are involved in depression, including GABA (gamma-aminobutyric acid), norepinephrine (NE), dopamine (DA), and serotonin (5-HT), the neurotransmitter which will be the main focus of this discussion on unipolar depression is serotonin.

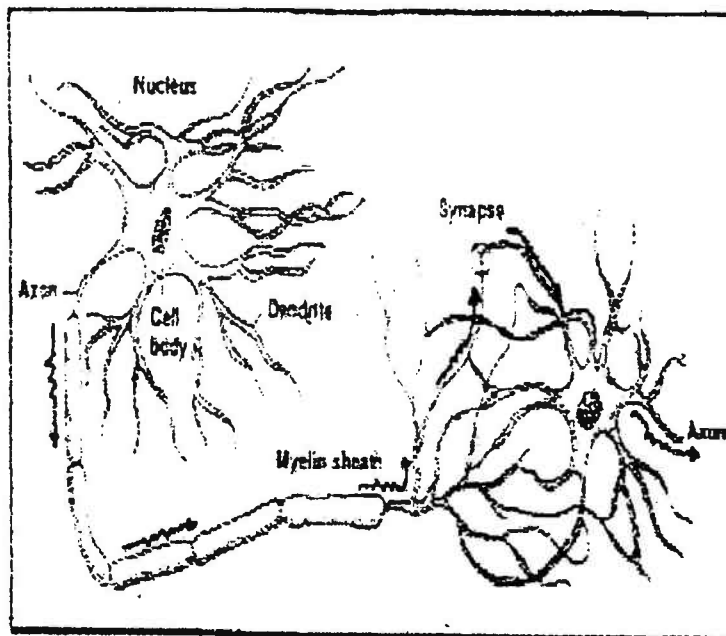
Serotonin has been the target of both research and pharmacological action in the treatment of depression. It has been isolated in the brain, blood serum, and gastric mucous membranes in both animals and humans. Its actions include vasoconstriction (constriction of blood vessels), stimulation of smooth muscles, transmission of impulses between neurons, and regulation of cyclic body processes, including the sleep-wakefulness cycle. Serotonin has also been associated with mood emotion and other limbic functions.

Its chemical formula is $C_{10}H_{12}N_2O$. It is manufactured from tryptophan, which in the presence of tryptophan hydroxylase is

converted to 5 hydroxytryptophan (5HTP), which in the presence of 5HTP decarboxylase becomes 5 hydroxytryptamine, or serotonin.

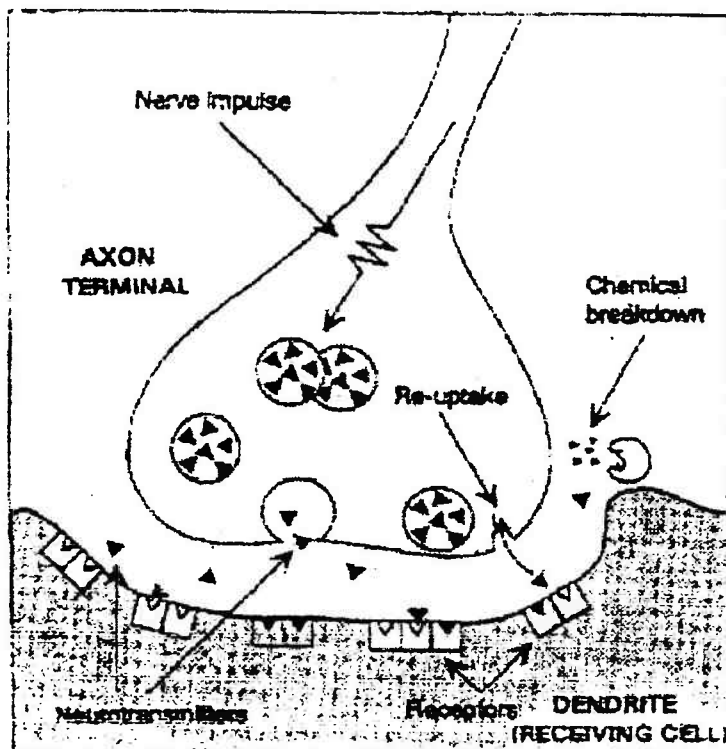


Comprehension of the pharmacological action of antidepressants requires knowledge of basic neural anatomy. The neuron is comprised of four basic components which include the soma (cell body), axon, dendrite, and the synapse. (NAMI 6.22)



The soma, or cell body, manufactures all of the proteins and other substances necessary for function and sustenance of the neuron. The nucleus, which contains the genetic blueprint of the person in the form of DNA, is also located in the soma. The axon is a tubular extension of the soma, varies in length, and has branches extending from it. It can usually be distinguished from the dendrites by noting that it is a single extension which is much longer than the dendrites. The axon carries the impulse from the cell body to the synapse, where the impulse can be transmitted to other neurons. The dendrites, in contrast to the axon, are multiple tubular extensions of the soma, and are the receivers of impulses from other neurons. The minute space between the axon of

the transmitting neuron and the dendrites of the receiving neuron is called the synapse, or the synaptic cleft. So the sequence of events is that the impulse travels from the axon of a transmitter neuron across the synapse where it is received by the dendrites of the receptor neuron. The impulse then travels along the neuron to the axon where the process is repeated with another connecting neuron. (NAMI, 6.23)



SOURCE: *The Biology of Mental Disorders: New Developments in Neuroscience.*

These impulses are transmitted across the synaptic cleft with the assistance of neurotransmitters. These neurotransmitters are stored in the terminal of each axon. There are specific receptors sites for each of these individual neurotransmitters located on the dendrites. That is, norepinephrine can only bind to norepinephrine receptor sites, dopamine can only bind to dopamine receptor sites, and serotonin can only bind to serotonin receptor sites. The neurotransmitter involved determines the specific neural pathway through which the impulse is conducted, and therefore the action achieved from the transmission of the impulse.

The role of the neurotransmitter, however, is to merely activate the receptors. After this action is achieved, the neurotransmitter unbinds itself to allow the receptor to accept another impulse. After the neurotransmitter is released, it is removed from the synapse. This removal process occurs in one of two ways. The first way is called reuptake, and involves a process of reabsorption whereby with the help of a protein transporter, the neurotransmitter is actually

reabsorbed from the synapse into the axon terminal. This method can be thought of as recycling. The second way is through metabolism, or the chemical breakdown of the neurotransmitter. Since norepinephrine, dopamine, and serotonin all belong to the category of neurotransmitters known as monoamines (named for their chemical compositions), the substance responsible for the breakdown of these specific neurotransmitters is known as monoamine oxidase (MAO).

The antidepressant medications work by interfering with the removal process of the neurotransmitters at the synapses. This can be accomplished either by blocking the re-uptake of the transmitter substance, or by interfering with its metabolism.

The first classification of antidepressants used to combat major depression were the tricyclic and tetracyclic antidepressants, named for their chemical compositions. These have been in use for about thirty-five years, and are still prescribed for the most severe cases of melancholia. The tricyclic and tetracyclic antidepressants are thought to inhibit the re-uptake of norepinephrine and/or serotonin in the synapse. Some of the more familiar names in this category of antidepressants are Norpramin, Tofranil, Aventyl, and Elavil. These are slow to act, taking approximately two to four weeks to realize the effects. The side effects are numerous and include dry mouth, tremors, blurred vision, bloating and weight gain, urinary retention, lightheadedness when standing

suddenly, sweating, constipation, decreased sexual function, cognitive impairment, memory loss, and confusion. Many of these side effects are because they also block the neurotransmitter called acetylcholine, which controls the cholinergic nervous system. (NAMI 6.25, 6.26)

The second major class of antidepressants is the monoamine oxydase inhibitors (MAOI). As their name suggests, they inhibit the action of monoamine oxydase and therefore prevent metabolism of the monoamine neurotransmitters, including serotonin. Included in this category are Nardil, Parnate, and Marplan. These are especially effective in atypical depression, which is the kind marked by anxiety, hypersomnia (over-sleeping), polyphagia (over-eating), weight gain, and insomnia. Some of the side effects include weight gain, dizziness, sleep disturbances, impaired sexual function, and edema. (NAMI 6.27)

The two new generation classifications on the market are the Selective Serotonin Re-Uptake Inhibitors (SSRIs), and the Selective Re-Uptake Inhibitors (SRIs). As their names imply, the SSRIs inhibit the re-uptake of only Serotonin, and the SRIs block the re-uptake of dopamine and/or norepinephrine. One of the greatest advantages of these new generation drugs is that unlike the tricyclics, the tetracyclics, and the MAO inhibitors, they pose no risk of lethal overdose. (NAMI 6.29)

Some of the SSRIs include Prozac, Zoloft, and Paxil. The side effects may involve anxiety, insomnia, nausea, headaches, depressed sexuality, weight loss, or they may trigger mania or psychosis. (NAMI 6.28)

Some of the SRIs are Wellbutrin, Serzone, and Effexor. These side effects are more specific. Wellbutrin may cause weight loss, agitation, risk of seizures, and relative absence of sexual function, but has a beneficial effect on sleep. Serzone causes a lesser incidence of sexual dysfunction and insomnia. However, it may cause mild dizziness, drowsiness, blurred vision, and constipation. It also has a beneficial effect on sleep. Effexor may cause transient nausea, nervousness, dizziness, sleepiness, constipation, decreased sexuality, and raises blood pressure in high doses. (NAMI 6.28)

Another allopathic treatment for depression is electroconvulsive therapy, or ECT. This involves the use of mild electrical stimulation to the brain to induce seizures. It is administered under a short acting general anesthetic, and is used when there is a high risk of suicide and immediate intervention is necessary, or with recurring depression which is not responding to medication.

The general approach to treating a person with melancholia is no different than treating a person with any other complaint. It includes interventions dealing with the mind, the body, and the spirit. When the body has all the essential support, it can and will heal itself. It is advisable to start with the least intrusive intervention and proceed according to degrees of invasiveness until harmony is achieved.

The first step necessary, of course, is to take a comprehensive history. This should include dietary and exercise habits, life style, stresses at work and at home, information regarding the onset of depression as well as what was happening at that time. The history should also encompass therapies which have been tried previously, their effectiveness, and any untoward reactions.

While the psychotherapeutic approaches is a subject unto itself, the one important observation which I have made in my practice is that the core issue with deep chronic depression is most often disconnection from God, or whatever that person happens to refer to the higher being as. People who consider themselves religious and who practice according to their prescribed beliefs are not exempt from experiencing this phenomenon. The disconnection occurs at a subconscious level, and may manifest itself because the individual holds unconscious beliefs that they are not deserving of God's love. They may also blame God for some trauma in their life, often leading to the perception that they were abandoned by God during this time of need. When a previously traumatized person is placed under hypnosis, a great deal of anger towards God sometimes surfaces. Once the anger is expelled the relationship with God can be healed and the connection restored. The depression then lifts. The healing techniques which achieve a heart connection with God are the most powerful since the outer levels of the

human energy field are the spiritual layers and the changes which occur at these levels also cause changes in all of the other layers, including the mental and emotional, and eventually the physical body. Working at the spiritual level truly changes people's lives.

Another consideration in the treatment of depression is exercise. Exercise can serve as a natural mood enhancer. However, people suffering from severe depression often lack both the energy and the motivation to begin a program. If this is not an appropriate intervention initially, interjecting exercise into the regimen at some point in recovery is highly recommended for sustenance. Exercise is the best way to stimulate the physical to strengthen the mental. It enhances cardiovascular function which increases oxygenation to the cells. Increasing oxygen to the brain improves both brain function and mood. Exercise also has been shown to stimulate the production of neurotransmitters as well as beta endorphins, which act as natural pain killers.

There are many dietary considerations in the treatment of people with depression since adequate nutrition is essential to proper nerve function. The first area of possible deficiency to contemplate is that of vitamin B complex. It is often recommended that the B vitamin intake be increased during stressful situations since anxiety depletes the B's.

Vitamin B₁ (thiamin) is known to prevent beriberi, a nervous system disease. Thiamin supplementation has been shown to relieve symptoms of mental confusion, memory loss, and fatigue. The need for B₁ increases as the carbohydrate intake increases. Foods which contain B₁ include rice bran, soy beans, dried beans, whole grains, wheat germ, milk, eggs, organ meats, pork, poultry, brown rice, barley, and seafood.. Some other sources include oatmeal, plums, dried prunes, raisins, and asparagus.

Vitamin B₂ (riboflavin) supplementation has also been demonstrated to relieve nervous system disorders. It aids in the metabolism of proteins, fats, and carbohydrates. Riboflavin is necessary for the metabolism of tryptophan, which as previously mentioned, is a precursor to serotonin. Some of the tryptophan is also

converted to niacin in the body. Some sources of riboflavin include milk, eggs, cheese, green leafy vegetables, fish, meat, poultry, and yogurt.

Vitamin B₃ (niacin) aids in the functioning of the nervous system. It helps to prevent and treat schizophrenia. Some of the niacin containing foods are meat, fish whole grain cereals, eggs, milk, cheese, broccoli, carrots, corn flour, potatoes, and tomatoes.

Vitamin B₅ (pantothenic acid) helps to maintain normal growth and health of the nervous system, and has been shown to be helpful in the treatment of anxiety and depression. In fact, it is often called the "antistress vitamin". It is necessary to convert choline into acetylcholine, which is necessary for proper brain function. It plays a major role in the production of the adrenal steroids, aids in vitamin utilization, and helps to convert fat, proteins, and carbohydrates into energy. It is required by every cell in the body and is concentrated in the organs. Pantothenic acid can be found in yeast, organ meats, eggs, molasses, whole grain cereals, brown rice, beans, meats, vegetables, and salt-water fish.

Vitamin B₆ (pyridoxine) is particularly important in the synthesis of serotonin. It can help alleviate symptoms of irritability, depression, insomnia, and obsessive-compulsive disorder. It is necessary for the formation of RNA and DNA which contain the blueprints for the reproduction of all cells. Another important function of pyridoxine is that it facilitates the absorption of vitamin B₁₂. It is contained in meat, fish, milk, eggs, whole grain cereals, brewer's yeast, carrots, peas, spinach, sunflower seeds, walnuts, and wheat germ.

Vitamin B₉ (folic acid) is considered a brain food, and supplementation during pregnancy has been shown to decrease the incidence of neural tube defects such as spina bifida in the fetus. It has been tested on people with depression and demonstrated to help alleviate symptoms. Folic acid is necessary for the body to utilize both amino acids (the building blocks for proteins) and sugar. It may be found in green leafy vegetables, wheat germ, nuts, eggs, bananas, oranges, organ meats,

barley, beans, bran, brewer's yeast, lentils, meat, chicken milk, split peas, root vegetables, salmon, and tuna.

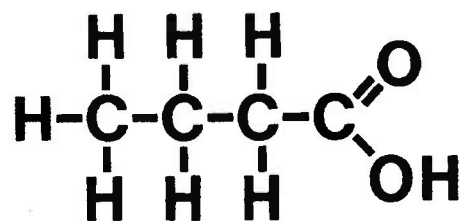
Vitamin B₁₂ (cobalamin) is necessary for the healthy metabolism of nerve tissue, and supplementation has been shown to prevent nerve damage. Deficiency can cause brain damage and other neurological disorders. It is required for proper protein synthesis and metabolism of carbohydrates and fats. A cobalamin deficiency can be caused by malabsorption, especially in the elderly. Vegetarians are more likely to be deficient in this vitamin. The symptoms of a deficiency include abnormal gait, memory loss, hallucinations, eye disorders, anemia, and digestive disorders. Aloe Vera is one of the few documented plant source of B₁₂. Food sources include seafood, blue cheese, cheese, milk, eggs, organ meats, and meat.

Another dietary consideration when treating depression is Omega-3 oils. Omega-3 oils are one of two essential fatty acids, the other being Omega-6 oils. Essential fatty acids (EFA's) are those which are necessary to maintain function but not produced by the body. EFA's are components of cell membranes. They are involved in the production of and distribution of energy in the body. Although the mechanism is not well understood, it is believed that EFA's are involved in the transfer of oxygen from the lungs to the blood. The longer chain Omega-3 oils are necessary for proper brain function, and deficiency can lead to mental deterioration and affect mood. Modern diets are usually rich in Omega-6 oils, which are contained in a variety of foods including corn oil, olive oil, sunflower oil, and safflower oil. Omega-3 oils are found in flaxseeds, walnuts, and fish. The approximate ratio of Omega-6 oils to Omega-3 oils should be no more than 3:1, and ideally 1:1. In modern Western diets, the ratio is more likely to be 10:1-20:1. This is ten to twenty times more Omega-6 oils than Omega-3 oils. Most of the studies correlating Omega-3 deficiency and depression have been done using the longer chain Omega-3 oils found in fish. Psychiatrist and researcher Joseph R. Hibbeln, M.D. found a direct correlation between populations which still consume a lot of fish and a lower incidence of depression. Several biochemical studies have also been done to support the premise that Omega-3 deficiencies contribute to depression. In Melbourne, Australia, Peter B. Adams and his colleagues demonstrated that the severity of depression could be correlated to higher levels

of Omega-6 oils in relation to Omega-3 oils. In Belgium, Michael Maes was able to demonstrate that low levels of omega-3 oils were found in the blood serum of depressed patients. In the United Kingdom Malcolm Peet found that the red cell membranes of depressed patients were depleted of Omega-3 fatty acids.

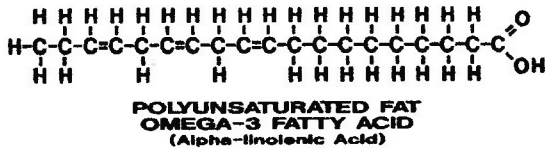
The debate now is which is the best source of Omega-3 fatty acids. Andrew L. Stoll, M.D., in *The Omega-3 Connection* maintains that fish oil is the better source, especially for brain function since the nervous system requires the longer chain Omega-3 fatty acids found in fish versus the shorter chains found from plant sources. The body's ability to create the longer chain fatty acids is called into question by this author. Udo Erasmus, the author of *Fats that Heal and Fats that Kill* and the researcher that discovered faxseed oil as a source of Omega-3 fatty acids agrees but only to a point. Fish oil is the best source when fresh and raw, but heating these oils changes the configuration of the molecule so that the full benefit is not realized. Erasmus also maintains that most of us have no difficulty in the conversion of the shorter chain molecules to the longer ones.

To evaluate the debate requires a knowledge of terms related to fatty acids. Andrew L. Stoll explains the term trans-fatty acids to be synonymous with hydrogenated fats. Udo Erasmus, however, distinguishes between saturated fats, unsaturated fats, cis-fatty acids, and trans-fatty acids. The fatty acid molecule is comprised of a carbon chain with hydrogen atoms linked to the carbons, a methyl group at one end (CH₃) and an acid group at the other end (COOH).

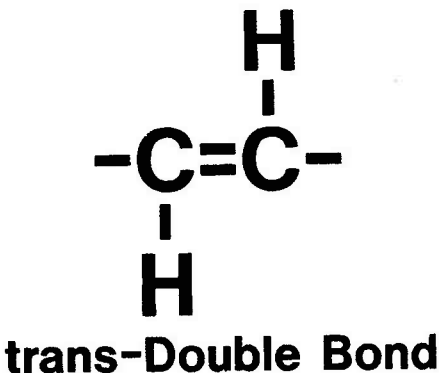


SATURATED FAT
(Butyric Acid)

It is important to distinguish between a saturated fatty acid and an unsaturated fatty acid. In a saturated fat, each of the carbons in the carbon chain are bonded to two hydrogens. In an unsaturated fat, there is a double bond between two or more carbons, so that each carbon of a double bonded pair can


$$\begin{array}{c} \text{H} \quad \text{H} \\ | \quad | \\ -\text{C}=\text{C}- \end{array}$$

cis-Double Bond



In cis-fatty-acids, the hydrogens attached to the double bonded carbons are each on the same side of the molecule. The advantage of this is that these hydrogens repel each other, causing the molecule to bend in the area of each double bond. When these molecules are incorporated as part of the cell membrane, their shapes prevent them from conglomerating. In fact, a lot of space is left between the molecules which makes the membrane too fluid to protect the cell. In

Trans-fatty acids are unsaturated fats which behave like saturated fats. The hydrogens attached to the double bonded carbons in trans-fatty acids are on the opposite sides of the molecule. Heating the fats and/or partial hydrogenation can cause this phenomenon.

The hydrogenation process involves blowing hydrogen atoms into the fat in the presence of heat. The effect is to flip one of the hydrogens at the double bonds to the opposite side of the molecule, allowing the molecule to straighten up (partial hydrogenation), or to break the double bonds and allow each of the carbon atoms bonded to only one hydrogen to attach to another hydrogen, saturating the fat (complete hydrogenation). The advantage is that the molecule becomes more stable and the shelf life is increased. The disadvantage is that the molecule with the new configuration displays different chemical properties and also tends to stack up. Conglomeration of these molecules in the cell walls eliminates the cholesterol lowering effect of EFA's. Trans-fatty acids take up the space that cis-fatty acids should occupy in the body, yet they are unable to perform the same functions. Since the melting point of trans-fatty acids are much higher than that of cis-fatty acids, they are more sticky at body temperature. Saturated fats have an even higher melting point, and therefore are even more sticky than trans-fatty acids. This characteristic is especially important when the fats are incorporated into platelets, which assist in the clotting process. Sticky platelets can lead to thrombosis (blood clots) which can cause embolisms (blood clots which have moved, usually to the lungs, heart or brain). Embolisms can be fatal. Sticky platelets can also adhere to the walls of blood vessels, significantly contributing to plaque formation and arteriosclerosis. Trans-fatty acids also interfere with energy transfer from cell to cell. All life functions depend upon the flow of this electrical energy.

Another problem with processing oils is that exposure to oxygen allows them to become rancid. Oxygenation deteriorates the oil. Since the Omega 3 fatty acids in flax seeds are more

stable that those found in fish oil, Udo Erasmus maintains that fish oil is more prone to destruction from light, air, and heat. It is based upon these observations that he maintains that flax seeds are a superior source of supplementation than fish oil. . If used on foods, make sure the foods are cooled to room temperature first. If using raw flax seed as your source of Omega-3 oil it important to grind it first. A small coffee grinder will suffice. Although the outer husk of the flax seed is a wonderful source of dietary fiber, the body is unable to metabolize it to extract the Omega-3 rich oil inside. Omega-3 supplements should be contained in a dark receptacle to minimize exposure to light. They should also be kept refrigerated.

Another dietary consideration is amino acids. Amino acids are considered essential nutrients because they are necessary for body function but are not produced by the body. These are the building blocks for proteins, which comprise much of the body tissues. There are both plant and animal sources of amino acids, but vegetarians must learn to combine foods to achieve a complete intake (such as beans and rice). The amino acid necessary for formation of serotonin is L-tryptophan. L-tryptophan was sold in health food stores to induce relaxation until a number of people became ill from a tainted supply. Since then it has been banned, but is currently sold in combination with other amino acids. Some sources of amino acids are soy, brewer's yeast, and blue green algae.

Since L-tryptophan has been banned as a food supplement, the immediate precursor to serotonin, 5-HTP, has become a popular substitute. In a double blind study conducted by Dr. ban Praag at Albert Einstein College of Medicine it was determined that 5-HTP is superior to L-tryptophan in the relief of severe depression.

Double blind studies have also been done comparing the effects of 5-HTP to traditional antidepressant therapy. At the Psychiatric University Hospital in Zurich, Switzerland it was determined that 5-HTP was as effective as the tricyclic antidepressant imipramine, but with fewer side effects. Dr. van Praag tested 5-HTP against the tricyclic clomipramine and found that daily doses of 200 mg. 5-HTP was

as effective as clomipramine, but without the side effects. He also discovered that a combination of 5-HTP and clomipramine produced results better than each treatment alone. Since then other researchers have tried it in combination with some MAO inhibitors to demonstrate a synergistic relationship between 5-HTP and other MAO inhibitors. In Switzerland in 1991, Dr. Poldinger was able to demonstrate that the overall improvement in symptoms of depression was greater with 5-HTP than with the SSRI Luvox, and the onset of relief was faster with 5-HTP.

Herbs can also be used to alleviate the symptoms of depression. An herb which affects the MAO enzyme is ginkgo biloba. Michael Murray, N.D. suggests that using 5-HTP in combination with ginkgo biloba increases its efficacy.

An herb which has gained a lot of attention in the treatment of depression is St. John's Wart (*hypericum perforatum*). Although it was originally postulated that this herb acts as a MAO inhibitor, later research identified its actions as preventing the reuptake of serotonin, so it is more similar to the SSRI's such as Prozac. Michael Murray, N.D. also suggests using this herb in combination with 5-HTP.

Another less well noted herb which can be used to combat depression is black snakeroot. This is an old Indian remedy. They chewed this root to calm nerves and relieve depression.

Another intervention which I will discuss is SAM-e. This is a naturally occurring substance in the body and is contained within each cell. It is combined from the amino acid L-methionine and adenosine triphosphate (ATP). L-methionine is one of the essential amino acids which must be obtained from the diet. ATP is manufactured in the body from adenosine plus three acid groups. ATP produces energy in the body. Although this compound affects several aspects of health, I will focus on its effects on depression. SAM-e aids in the production of neurotransmitters in the brain. It is also necessary for the synthesis of melatonin from serotonin. Melatonin is a hormone which helps regulate the sleep-wakefulness cycles.

SAM-e's method of action is to transfer a methyl group from one molecule to another to stimulate many different biochemical reactions. This methyl transfer activates the production of neurotransmitters, especially serotonin, norepinephrine, and dopamine. Several double blind studies have demonstrated that SAM-e is as effective or more effective than traditional drug therapies for relieving symptoms of depression, the onset of action is quicker and the side effects are minimal. The only side effects reported have been mild nausea and headache. (Mitchell, 67)

Homeopathy should also be a consideration in treating patients with depression. Although there are numerous remedies to consider, there are four which are commonly used. A higher potency such as a 200 C works better at the emotional level, although if there is a threat of suicide, LM potencies only should be administered to eliminate the possibility of an aggravation (a slight and temporary intensification of symptoms). One pellet of the remedy can be placed in water and succussed for a very economic solution. Succussion is a process of briskly stirring the solution with a spoon, or if the water is in a container, the container can be shaken and struck against the palm of the hand. This process releases the energy of the remedy, and it is not necessary for the remedy to be dissolved.

Grieving is a frequent cause of depression. A history is necessary to determine the link between the onset of the depression and an event dealing with loss. People are not always consciously aware of the link between a loss and the ensuing depression. The most common

losses, of course, are a break up in a relationship or a death. Two remedies often used in combination for the relief of grieving are Ignatia and Natrum muriaticum. Ignatia ameliorates the feelings of loss, and Natrum muriaticum will allow the person to let go and move on. Ignatia does not eliminate the need to experience the stages in the grieving process, but acts as a catalyst to the transition from one stage to another when the person appears stuck. It also serves to lessen the impact of grieving on a person's life processes, decreasing the debilitation.

Premenstrual syndrome is also a common cause for depression in women. Along with irritability, many women report fantasies of leaving their families and going off to be alone. They withdraw and disconnect with loved ones during this period. The remedy of choice for these symptoms is Sepia. This is also effective for postpartum depression.

Deep chronic depression, especially in combination with heart problems is an indication for Aurum metallicum (gold). This can even be used in people who are suicidal, but in an LM potency. People who need Aurum metallicum are those that carry the burdens of others on their shoulders. They generally have high expectations of themselves, and rarely have the energy to perform to their standards. There is a disgust for life and a despondent melancholy. Hopelessness is also an indication for Aurum metallicum.

Both Bach flower remedies and aroma therapy can also be considered in the overall regimen for persons with depression. However, the specific symptoms of each case must be considered when selecting the appropriate remedy or essence, and therefore, these topics are too enormous for the sake of this discussion.

A Touch for Health balance serves to promote a sense of well being. Providing a client with a copy of the neurolymphatic chart and teaching them or a loved one to rub those points is an intervention which should be exercised in combination with any other therapy.

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Powers of Stress: Improving Your Balances with Setups

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Abstract: The purpose of this paper is to demonstrate a model of how the effectiveness of kinesiology balancing is improved by gathering and storing more information in a process known as the setup.

One of the great strengths of Kinesiology is being a truly holistic approach to healing. That approach means both accessing information from all aspects of the being— physical and metaphysical – thanks to the tool of muscle monitoring, and addressing all aspects in the balancing process.

A common analogy to the work we do, as kinesiologists, is that of a detective. Muscle monitoring gives us a wonderful communication tool. It is the nature of the communication that allows us to either be effective in our work with an individual, or have difficulty in opening the right door to finding the answers to a client's issue.

Of course, muscle monitoring is not the only means of communication. Good ol' fashion talking, as well as the use of all of the senses, also provides us with what is going on in a person's life, whether it be physical, emotional, nutritional, biochemical and/or energetic. Based on what a person tells us and what we take in via the senses, we then use muscle monitoring to explore areas that seem relevant. We might add other elements to our "circuits" – for instance, actions that represent goals, supplements, maybe a particular movement that is painful. Adding this variety of input helps to alert the body/mind to what we are working with, allowing a session to be focused and specific to the issue(s) being presented.

In my kinesiological training, adding the various aspects of an issue was done in a variety of ways. Sometimes, during a discussion of an issue, a movement or other representation of the topic at hand was

introduced the moment it came up. Then more would be discussed, and more representations added as deemed appropriate (often depending on the intuitive or logical sense of the facilitator). Other times, a discussion would be completed and then a variety of challenges would be administered. Some modalities don't use the challenges, but simply rely on the verbal communication to bring issues forward, and then jump right into the balancing to let the body lead the way via muscle monitoring.

Pause Lock

Another means of adding information to a circuit – utilized in some kinesiology models – is a tool "discovered" by Dr. Allan Beardall, D.C., the originator of Clinical Kinesiology. This tool is called *circuit retaining mode*, or *pause lock*. Dr. Beardall found that by abducting the hips, certain nerve receptors called *Ruffini End Organs* would act as a carrier wave for new information being entered into the body. The effect of adding this information into the body's neurology was to create an "endless loop" of the current input so that the body would know what to respond to relative to further exploration of the topic at hand.

Pause lock opens the door to the body's hierarchy of healing, allowing the body to go levels deeper relative to a specific known issue, rather than just working on a single plane. This mechanism functions in the way that a hierarchical menu works on a computer; when you point to an item, an arrow drops down with new choices specifically relative to that item. By creating the context in this way

during a balancing session, pause lock tunes out the "noise" that might interfere from other issues or input along the way that may not be relevant.

The pause lock mechanism, due to its information retaining abilities, provides significant advantages to balancing. While adding actions and goals during the course of information gathering may be important, without pause lock, those actions and goals may lose their meaning over the course of a session.

Intent versus Neurology

Consider all that happens during a balancing session. How does the body/mind continue to connect what is happening now with all that came before? Tangential issues may distract the client in different directions, and the client may "disconnect" from what was initially talked about at the beginning of a session. Those issues may have their own set of stressors that might complicate the circuit as well. How do you know what is getting balanced, and what isn't?

I have often heard people say that energy or intent will carry through an issue during a session. Certainly, positive results have been attained in this manner without the pause lock mechanism. However, energy and intent tend to exist on the metaphysical plane. If we accept that kinesiology's strength lies in its true holistic nature, then by ignoring the physical plane as a means of holding information, important aspects of stress around an issue may be ignored as well. We will examine further aspects of this shortly.

Because pause lock requires a specific movement that activates a portion of the neurology, it speaks to the physical level of balancing that we're involved with. As well, its utilization of the nervous system (a physically based *energy system*) interfaces with other energetic systems of the body – the meridians, figure eights, chakras, etc. Therefore, using pause lock for information storage bridges the physical and metaphysical aspects of the body, and assures us of exactly what we are working with during a session.

Sidestep: An Interesting Test

Many of us have used muscle monitoring to

see the effect that a food might have on a person. In Applied Kinesiology, only the actual placing of the food in the mouth is considered to be an acceptable means of "testing". In the lay kinesiological field, it is not uncommon for the food to be placed on the body – and even here we see different possibilities: on the navel, held next to the parotid gland, on the thymus gland, etc. The AK method is certainly geared towards the physiological response of a food in the mouth, while the "laying on of food" relies more on the energetic response of the body to a substance. Are any of these more "correct" than the others? We often choose one over another for convenience sake, or maybe even legal considerations. But what happens if we check them all with the same substance? And over the course of many substances, what is the outcome?

The interesting thing is that, no *single* place is more correct than another. Some foods may seem fine energetically, but if you actually put it in the mouth, you might find out otherwise. Or maybe it's the other way around. There may even be different responses amongst the energetic areas. To be truly thorough, all must be checked.

In Touch for Health 1, it is initially taught to check a food against every meridian by monitoring all fourteen muscles. Most of us don't check every possibility, but if you want to be thorough and as safe as possible with what you feed back to a client about an ingestible substance, it's a good idea to cover as many bases as possible.

In other words, it is important to acknowledge and accommodate both the physical and energetic properties of the body to get the most complete picture and do the most effective balancing possible. Because the pause lock mechanism as a means of storing information accomplishes this, it is more reliable and complete than intent.

Back to the Issue

The above example is easy to test when the object of our balance is as tangible as a supplement or a piece of food. By keeping the food on the body or in the mouth, we don't need to even activate the pause lock mechanism, at least relative to the initial

stimulus of the food itself. Very often, however, some of the important aspects of an issue are not so tangible – for instance, emotions: thought forms, feelings and attitudes. These concepts play a huge role in why a person is experiencing difficulty in their life. For these, and many other situations, pause lock is an essential tool. By “locking in” the emotional energy of both thought and discussion of emotion, a more specific context is created and held in the neurological system.

While this locking in of information has its definite advantages for creating context in the body, it also has its challenges. As is often the case, out of the challenges arise even more advantages. In order to understand them, we must first discuss the states of stress indicated by monitoring muscles.

5 of 7 – The States of Muscle Stress and the Spindle Cells

In Touch for Health, we deal with essentially two states of a muscle monitored in contraction – locked and unlocked. Richard Utt, the originator of Applied Physiology, identified *seven* states of muscle stress. Five of these states have been adopted in one form or another by other kinesiologies, and serve our purposes for this discussion as well. The other two states refer to types of paralysis, and are therefore not relevant to this topic.

To identify if a muscle is really functioning properly, it is important not only that it holds against a couple of pounds of pressure, but that it also will unlock when the appropriate message is sent to the brain. The most common way of sending this message is with the muscle spindle cells. Manipulating the spindle cells provides us with *three* possible results to any muscle monitor.

In the first application of pressure to a muscle in contraction, the muscle either holds or does not hold. If it does not hold, we know there is a certain level of imbalance. We can further check this by manipulating the spindle cells to see if it locks. If it does not, we have confirmed an imbalance. However, if the muscle holds upon initial pressure, we do not know that the muscle is in balance. Only when we manipulate the spindle cells can we be sure. When properly manipulated, the muscle should unlock. If it does (and then it relocks

with opposite spindle cell manipulation), we then know for sure that the muscle is in balance. If it does not unlock, then there is a problem with that muscle’s communication with the brain. This is as much of an indicator of an imbalance as a muscle that unlocks when pressure is first applied (and will not relock), and should be assessed as such.

These three possibilities are the same for any muscle when monitored in contraction or *extension*. The function of a muscle being monitored in extension is different than that of the muscle in contraction. In either position, if the muscle holds, unlocks and relocks with proper manipulation of the spindle cells, the muscle is in balance. However, if the muscle unlocks in extension (and will not lock with spindle cell technique) or remains locked and will not unlock with spindle cell manipulation, this defines the other two (of five) states of the muscle.

We use specific terms for these states of stress of a muscle as follows:

For muscles in contraction –

- A muscle that unlocks and will not lock with spindle cell manipulation is said to be *underfacilitated*.
- A muscle that is locked and will not unlock with spindle cell manipulation is said to be *overfacilitated*.

For muscles in extension –

- A muscle that unlocks and will not lock with spindle cell manipulation is said to be *overinhibited*.
- A muscle that is locked and will not unlock with spindle cell manipulation is said to be *underinhibited*.

Whether in contraction or extension, a muscle that is locked and will unlock and re-lock with spindle cells is in balance. In medical terms, this is called *homeostasis*. In Applied Physiology, the modified term is *homeostasis*.

The Indicator Muscle

We use an indicator muscle to let us know when a stress is having an effect on the body. That stress may indicate by an unlocking

muscle, or a muscle that remains locked and will not respond to spindle cell manipulation. In either case, the indicator muscle is no longer in balance. Before beginning a balance, it is common to make sure that the indicator muscle is functioning properly in order to know that we are getting accurate information. Ideally, this is done with the indicator muscle in question on both left and right sides of the body, and in contraction and extension. This assures us that the entire circuit, or 100% of the neurology related to that muscle, is functioning properly.

So the question is, how do we know that the indicator muscle is still reliable after entering a stress that takes the indicator muscle out of balance? Maybe it's a big stress. How do we know that the muscle will tell us properly what the next piece of information is?

The Powers of Stress

The state of a muscle responding to a stressor is a neurological representation of the stress. The stress being represented is therefore being held in the muscle itself at that time. What if we could take that stress and fold it back into the circuit? In doing so, not only would we return our indicator muscle to its balanced state, ensuring us of being able to continue to get accurate information, but also, the stress would be locked into the circuit via pause lock so that it is sure to be balanced during the course of the session. Let's have a look at how to do this.

One way of identifying the amount of stress in the circuit is to continue to use the muscle spindle cells. If you manipulate the spindle cells to attempt to reverse the state of the muscle (e.g. – pinch them if the indicator muscle is locked in contraction), and it does not work, then you know the muscle is out of balance. But by how much?

Here we can bring in the pause lock mechanism again. If we pause lock this indicator imbalance, we actually put this state of imbalance – which is a further expression of stress that caused the indicator muscle to change – into the circuit. Now recheck the indicator (by manipulating the spindles again) and see if it has changed. If not, pause lock it again. Repeat this process until the indicator muscle returns to balance. The amount of

times this takes gives you a good idea of how much stress is built into the body because of the stressor entered. In this manner, the neurological expression of the stress is now returned into the circuit, giving the body even more context to work with when it comes time to balance.

This process, a tenet of Applied Physiology, is called the Powers of Stress. It is checked and applied as necessary after any information that causes the indicator to go out of balance. This may be due to an issue, a goal, an action, a mode, a body point, a food, etc.

Now that the concepts of pause lock, the states of a muscle and their relevance to the indicator muscle, and the powers of stress are in place, I'd like to address a more specific aspect of their use.

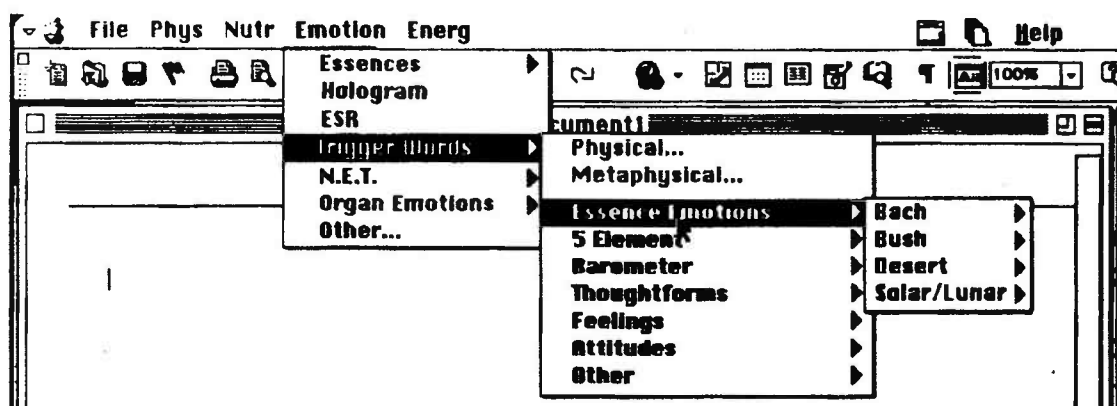
The Setup

One of the concepts on which Applied Physiology has built its reputation is the concept of the setup. Using the aforementioned techniques, the setup is a way of loading information into the body's circuitry to focus and increase the effectiveness of the balance. While some of these principles are used in other forms of kinesiology (e.g. – pause lock), they are usually implemented during the balance – often after an issue is discussed, goals set, actions performed, etc. Then, during the session, pause lock is often used in the balancing mode (e.g. – to put a specific modality into the circuit), but ignored during further discussion of issues and emotional processing.

In the Applied Physiology model,

everything is added to the circuit.

Have you ever experienced a scenario similar to this? A client enters your office. They sit down and begin to tell you about what they would like to work on that day. Based on what they tell you, you ask certain questions. A particular question hits home, and the client begins to cry. What do you do? Maybe assist them with some ESR to calm them. Maybe continue to ask them questions or counsel them. Possibly offer them some Rescue Remedy. The options are obviously quite endless.



Consider the process that begins with their telling you what their issue for the day is, and results in the emotional expression. There's a lot of information going on during that process. The thinking about the issue. The telling of the issue. The processing of your questions with corresponding thoughts and feelings, figuring out what to say in response. The well that bubbles forth into emotional expression. The brain, connecting to all those areas within itself as well as other parts of the body that are affected by the issue (consciously and subconsciously), and the corresponding thoughts, feelings and attitudes. The energetic system reactions – chakras changing, figure 8 flows disrupting, meridian flow altering.

Wouldn't it be helpful to lock in all that energy before you do any kind of balancing? To have all that stress information available for the balance despite whatever "disconnects" and stress responses might interfere with the client's ability to otherwise retain it? Think about the possibility of switching showing up at any time during a circuit due to the stress involved in an issue. Is it possible that the switching, with its corresponding neurological confusion, will interfere with ability to connect with all the other information that's been previously discussed, thought and processed?

By contacting the person and pause locking *all* the information, even during the initial discussion of the issue of the day, you are ensured of having an immense amount of extra information built into the circuit, both physical and metaphysical, without relying on energy and intent – facets that are easily affected by what goes on during a session.

As well, using the Powers of Stress procedure after such an episode, you have much more neurological information entered into the circuit, while returning your indicator to one you know that you can rely on.

As you've all probably experienced, the above client scenario can happen at any time during a balance, perhaps resulting from a particular balancing technique. This provides an example of a balancing technique having the potential to become a part of the setup. It can happen at any time. Rather than simply reaching for the frontal eminences, consider pause locking continuously through the expression, discussion, or whatever form the new information takes. When complete, check for the Powers of Stress and add them into the circuit. The depth of balancing and therefore, its ability to hold, increases dramatically.

Conclusion

Energy and intent are powerful forces to be used in a balance. They are, however, subject to fluctuation based on content, judgment, mood, environment and a myriad of other constantly changing factors. When focused on the actual performing of balancing techniques, energy and intent have the ability to dramatically increase the power of a session. When relied on to hold the information that a balance is directed toward, they have potential shortcomings.

The use of pause lock, with its neurological basis and therefore connection to both the physical and metaphysical, provides a means of holding information that is reliable and at the same time, captures information that is both conscious and subconscious. Because of its ability to "lock in" information, pause lock

also enables the ability to capture and enter into the circuit the Powers of Stress.

With the understanding of how the principles of pause lock, powers of stress, and an indicator muscle work and interact, the use of these techniques are able to be used to a much further degree than is often the case. By capturing all the information of an issue from the moment a session begins, one increases the efficiency and depth of a balance, providing a faster and longer lasting result for the client.

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Personal notes. Drawn from the author's workshop trainings, in particular, Touch For Health, 3 in 1 Concepts' One Brain Series and Applied Physiology.

Life Energy in Our Hands and Breath

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Our seven trillion body cells are largely composed of water and air. In a healthy body **Oxygen** concentration is three times that of air. **Oxygen** content was once 20% of the air people breathed -- now, in some areas, it is down to less than 15%. It is the one thing that vital elements in our body have in common:

Protein (nitrogen, carbon, hydrogen, **oxygen**).

Carbohydrates (carbon, hydrogen, **oxygen**).

Water (33% **oxygen**).

The Lungs rule the *Heart* - the Heart controls the mind. One basis of Qi Gong (the Science of Vitality) is to help strengthen the *Life Force* (Chi -- Ki) by directing the breath throughout the body with *concentration* and *slow movement*. Qi (translating as air energy) can *reduce pain*, help *prevent energy loss* and *stimulate the immune system*. This covers a vast territory in integration of inner/outer *body energy*. SOoo, visualize each breath reaching **every** cell in your body and an integral part of **every** movement.

DAILY BREATH ENHANCEMENT

(Ct 1 inhale, tongue to rugae. Cts.2,3,4 exhale, tongue lowers).

1. **Tap Lung Alarm Points** - (Lu-1), holding exhale for 15 to 30 seconds.
2. **Sound** "SSS Q". Trace **Lung Meridian** shoulder to thumb. Squeeze thumbs.
3. Hold **Neuro-Vascular**-4, 9L, 11. Emotions - "*Humble*"- *Tolerant* - *Self Regulation*".
4. Rub **Neuro-Lymphatics** - Ribs 3, 4 - right T-10 - down on sternum.
5. **Olfactory** activation. Eyes looking downward, say "*Pleasant - Vitality*".
- 6.. **Heart** -Close R nostril, inhale. Close L nostril, exhale thru half-closed R nostril.
7. **Posture/ Muscle** - Clasp hands in front -(activating Deltoids/Coraco//Serratus)
8. **Stretch** increase - reach further toward opposite foot with each exhale. Then, forward to toe touch - (hold NV-10, then NV-11) - lower further each exhale.
9. **Energy** Bow - Lean forward. * Pull outward on clasped hands. Straighten visualizing **Yin** energy going up to inverted palms pressed overhead. Twist & bend sideward to activate the diaphragm. Then, press hands together and bow forward visualizing **yang** energy going down the back. Repeat 3 times from *.

Bonus - To increase **lymph flow** - **Inhale 7 cts. Hold 28 cts. Exhale 14 cts.**
(If needed, do 10 repetitions, 3 times a day)

HANDS



Lifelines indicate energy and longevity.

HAND	Hemisphere	Polarity	Pole	Effect
Right	L	positive	S	outgoing - <i>tonify</i> - strengthen
Left	R	negative	N	incoming - <i>sedate</i> - healing

1. *Energy enters L (-) and internally exits R (+) - Externally it goes R to L.*
(When handling metal, poison or chemicals, use R hand.)
2. *Tonify* with R palm and back of L hand. *Sedate* with L palm and back of R hand.
3. Place *healing* L palm on the *pain* - place the *drawing* R palm on opposite side.
(Remove R hand first when both hands are touching).
4. Electrics & Metals (watches, bracelets, rings) stress that hand's brain hemisphere.

		<i>structure</i>	<i>nutritional</i>	<i>emotions</i>	<i>electrics</i>
FINGERS	Thumb	Index	Mid	Ring	Little
	LU	LG	CS	TW	HT SM
R hand	neutral	+	-	+	-
L hand	neutral	-	+	-	+
Emotion	<i>Tolerant</i>	<i>Worthy</i>	<i>Beaming</i>	<i>Buoyant</i>	<i>Secure</i>
Sound	Q	M	J	R	S V

Hand Preparation (The dominant hemisphere processes 85% of digital function)

1. Wring hands - Rub palms & fgrs - Shake & Clap - Press wrist - Twist each finger
2. Pinch quicks (Lu-Lg-Cs-Tw-Ht-Sm) - Clasp & stretch fgrs - "Ki" Knuckles
3. Lg 4 & "Chi" Pt. - Knuckle Thrust - Exhale into RH - (Look at LH to *sedate*)
4. WING CHUNG - (Shoulder Taps - Wrist Flips - Thumb Twist - Sparking)
5. MICRO-MERIDIAN BALANCE - (*encircle Base of Thunb & little finger 2nd knuckle*)
6. GENERATOR - RH CW - fgrtips twd & away - Index to ears - L Mid to L eye
7. ADRENALS - R over L - R-L (*Energy balance*) - BSR (*LH rub C 6, RH pube*)
9. ANCHOR - Cone Ears - Hold Pecs - Clasp Wrists - Tent hands

BREATH HAND POSITIONS – (*help the brain's respiratory center direct the breath and increase lung capacity*).

1. a) Sit straight – feet flat on floor.
b) Inhale (ct. 1 - tongue to rugae) – Exhale (cts. 2,3,4 tongue lowers)
2. **Positions** - (*palms on upper thighs*)



- a) Thumb pad to index nail, 3 straight fingers together
Breath to **diaphragm** (BL-K) (LU-LG) (Ht-SM)



- b) Fold fingers into the palm
Breath goes to **ribcage** (GB-Liv) (St-SP)



- c) Squeeze thumb with 4 fingers
Breath to **upper lobes** (C-Gov) (TW-CS)



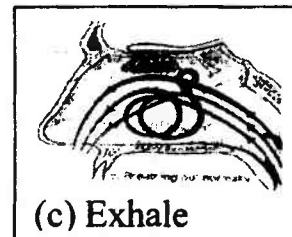
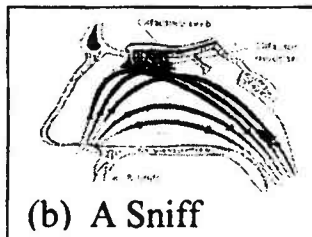
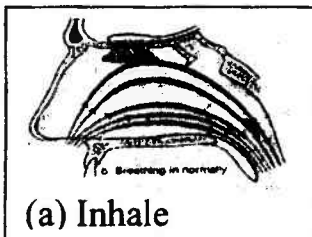
- d) Turn hands over – place knuckles together under Ht A.Pt.
A complete breath to **all lung segments**
(Thymus - Skin- Pituitary - Pineal - Hypothalamus)

3) **TWENTY BREATHS**

Five full breaths in each position - emphasize each fifth breath.

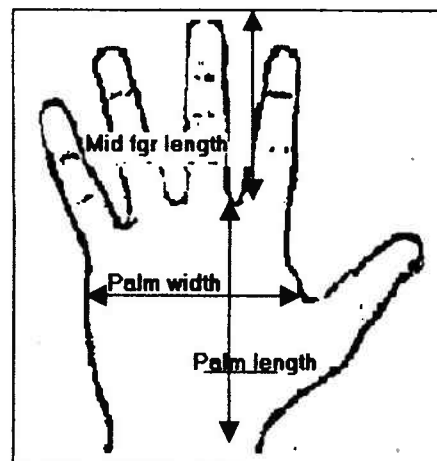
A SNIFF brings air current up to bombard olfactory membrane with odor molecules. On exhale, turbulent air reaching membrane sustains the odor perception

(*The nose is the most erotogenic organ in the body*).



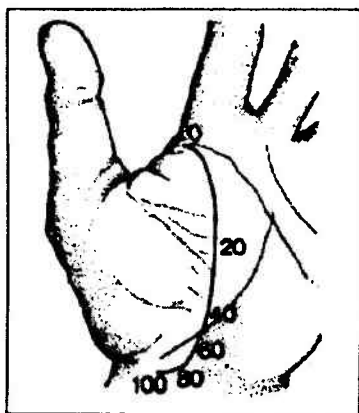
FOUR MAIN HAND SHAPES CAN REVEAL YOUR PERSONALITY

- 1) **Earth** - **Fingers short. Palm square** – (same width & length).
Solid – practical – resists change – reliable – fair – creative – outwardly passive – reacts strongly if goaded.
- 2) **Fire** - **Fingers short. Palm long.**
Easily bored - produces ideas - starts new projects before completing the old ones.
- 3) **Air** - **Fingers long. Palm square.**
Independent- intellectual- eager- organized.
- 4) **Water** - **Fingers long. Palm long.**
Normally quiet - reserved - placid, but is mentally active - needs care and protection.



= = = = =

A LONG LIFELINE EQUALS LONG LIFE



The hands so-called *Life Line* represents the *respiratory* and *digestive* systems. The Lung meridian ends at the thumb - Large Intestine meridian begins at the index finger. The fleshy mound at LG-4 is an important acupuncture point – (the palm side emits "Chi"). Age 20 is the midline. The junction is about age 43.

Jagged, and even broken lines, can be improved and changed through *hand stimulation*, improved *breathing* and a healthy *diet*.

Stress Indicator Point

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Information Gathering in a Balance

The Stress Indicator Points System (SIPS) may have some answers

All Kinesiologists at some time during their career will experience the frustration of a balance that does not appear to be effective. The balance either does not achieve the desired effect, becomes "messy", misses the essential points or does not hold for an adequate period. Ian Stubbings Stress Indicator Point System (SIPS) proposes there are four essential aspects to consider.

1. Nature of the Imbalance
2. Resistance to Healing
3. Switching and the Electrical Circuits of the Body
4. Gathering information and Continuous Recording Mode

SIPS is not in itself a correction modality. It is a tool that facilitates all other modalities, improving the efficacy and efficiency of those techniques within your existing system.

Professional Kinesiologists using SIPS find there is a profound and far reaching improvement in the quality and efficiency of their clinical practice.

Nature of the Imbalance

Stress Indicator System (SIPS) is based on the understanding that Kinesiology is a vibrational medicine dealing with magneto-electric (spiritual/energetic) and electromagnetic (physical/etheric) structures of the human being.

SIPS focuses its attention on the fact that the *human body is electrical*. Our body utilizes and generates electricity along the Acupuncture Meridians, the neuronal pathways in the brain, at the sites of wound healing and the sites of bone regeneration to name a few.

As minuscule and subtle as these electrical currents may be, this *electricity* is vital to the life process. George Lakhovsky (ref 1) proposed that the electrical current is produced from *within the cell* and that every human being emits radiations manifesting visibly and energetically to some people as meridians, auras, Chakras, EMG waves, etc.

Every healthy living cell nucleus emits energy in an oscillating circuit, which has its own natural vibrational frequency and oscillation cycle. In this circuit, the signal is given off as an identifiable wave pattern, i.e. Liver Cell.

For example, when the body shows physical stress and the attitude/emotion is *bitterness*, this imbalance produces a disturbed or distorted cellular electrical wave pattern. This aberrant cellular frequency vibration causes interference with the normal balanced Liver muscle/meridian interface, which then registers emotion *bitter*, *LIVER* pattern wave length and the Liver muscles will now unlock, i.e. register stress.

The Nature of Resistance

Richard Utt (ref 2) in 1993 explored the relationship of emotions and attitudes to Ohms Law.

OHM'S LAW OF ELECTRICAL STRESS

I	X	R	=	E
Current		Resistance	=	Voltage
Amount of flow		Impediment to flow		Push or Force

Ian Stubbings in 1992 developed the concept of the STRESS INDICATOR POINT SYSTEM based on Ohms Law. He evolved the SIPS Law of Stress looking at the Resistance, the amperage and the voltage involved in energetic imbalances.

THE SIPS LAW OF STRESS

Equilibrium =	Current of Energy	X Resistance
Power required by cell to maintain equilibrium	Flow rate of energy	Resistance to flow of energy
STRESS IMBALANCE IN CELL	SIPS POINT X AMPERAGE	RESISTANCE

To maintain balance the cell will draw from the Meridian System the frequency of energy the cell requires to compensate for energy loss due to that type of stress.

The SIPS procedure discloses to us the full force of the nature of the imbalance, providing a direct electrical readout of the stress at a cellular level. All imbalances by their nature manifest in the body physical at a cellular level. By focusing our primary attention at the cellular level, we capture all of the emotional, nutritional, energetic, attitudinal and physical dynamics of the imbalance and correct at the level of the basic building blocks of life. By balancing at a cellular level, we dramatically increase the potential to improve the quality and longevity of the correction in our tool kit.

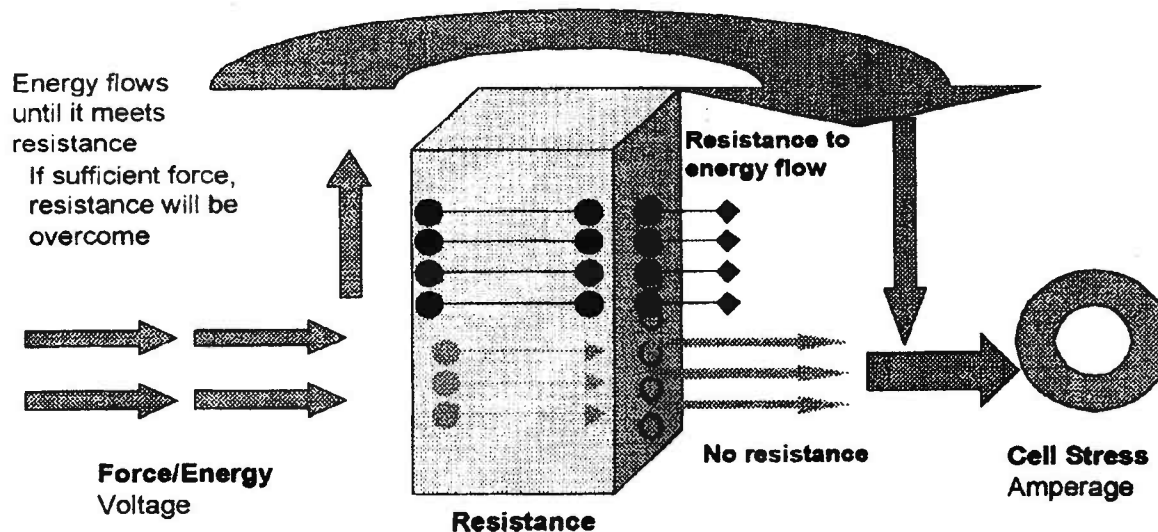
Resistance to Healing

Resistance is a measure of the force impeding the flow of an electrical current. In the SIPS Law of Stress, the resistance directly affects the power or the force of the healing energy available to assist the cell regain equilibrium. The greater the resistance to the healing energy, the less energy there is available to the cell, and the deeper and more permanent the damage to that cell. The only other option is to

compensate for the resistance by increasing the force required to overcome the blockage to the healing energy. Dis-ease occurs when the natural access to the Universal Energy is blocked and the cellular structure is starved of energy/love and becomes stressed. A cell that has lost equilibrium and is emitting a disturbed energy field signal, requires energy from the universe to regain that equilibrium. Healing manifests when the client connects to their core understanding which occurs when all resistance to the flow of the Universal Energy ceases within the context of the balance.

Cells appear to generate energy on seven main frequencies that correspond to the seven main EMG layers of our Aura, and the seven Elements of the Meridian system. Resistance to the Flow of universal energy to the stressed cell is an indicator of the critical factor in the failure of the self-healing processes of the body to manifest. Until all the layers of resistance to incoming Universal energy are balanced, the balance is likely to be unsuccessful in the long term. The benefits of the balance may not hold when aspects of the other resistances to the healing occurs.

SIPS DYNAMIC LAW OF STRESS



Identifying the RESISTANCE level that is the most applicable in a particular imbalance is vital in restoring cells to their maximum health with the least effort. By minimizing resistance to the healing energy, less force is required to

heal and less energy is expended to maintain equilibrium. Thus with SIPS Resistance layer techniques, the more likely a client is to obtain long lasting and deeply effective balances from your existing techniques.

Continuous Recording Mode

Continuous Recording Mode (CRM) was conceived and developed by Ian Stubbings in order to be able to record a continuous flow of biofeedback occurring during a physical activity or train of thought. CRM recognizes and captures the dynamic aspect of imbalances throughout a range of motion or action e.g.: imbalances that may exist for only a brief moment, such as muscle re-activity.

Ian Stubbings became aware of the need to enter the full context of all the components comprising an imbalance. What of those components which contribute to the imbalance but remain unknown to the monitor? Only when an imbalance creates greater than 50% stress in an indicator muscle circuit will an indicator change occur.

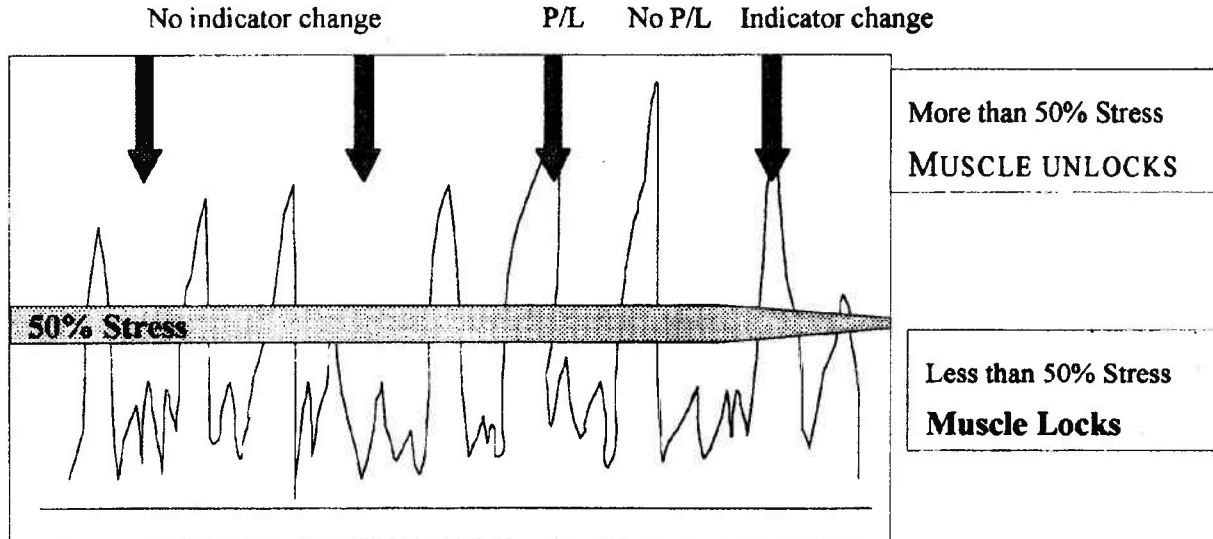
Only those imbalances creating greater than 50% stress will be entered into pause lock at this snap shot of time in which the pause lock is recording. Many minor components of the imbalance not reaching the 50% level will not

be recognized or entered onto the circuit and hence not entered into the balance.

An analogy is made with a spectrograph analysis of the chemical components of lemons. There are hundreds of major and minor peaks in the chemical sub-units that comprise natural lemon flavor. When scientists created artificial lemon flavoring, they blended thirty or so chemicals represented by the major peaks on the spectrograph.

Human taste buds distinguish very clearly the difference between natural lemon flavor and artificial lemon flavor. The "richness" of the taste of natural lemon is contained in the details of the minor peaks, the nuances, of the more subtle chemical structure of natural lemon flavoring. The real essence of lemon is contained in these nuances. Similarly many of the nuances of a Kinesiology balance may be unrecognized because only the major peaks i.e. unlocks are recorded.

DIAGRAM OF A BALANCE



Finer Nuances of Stress may not reach 50% stress level or may not be evident at the time of pause lock or of stacking.

Continuous Record Mode appears to create a carrier wave that records continuously to the central computer and gathers all the relevant stresses that may occur between the indicator changes. Continuous Record Mode also provides a means of entering the dynamic nature of stress when monitoring for the over 50% peaks is not possible or practical.

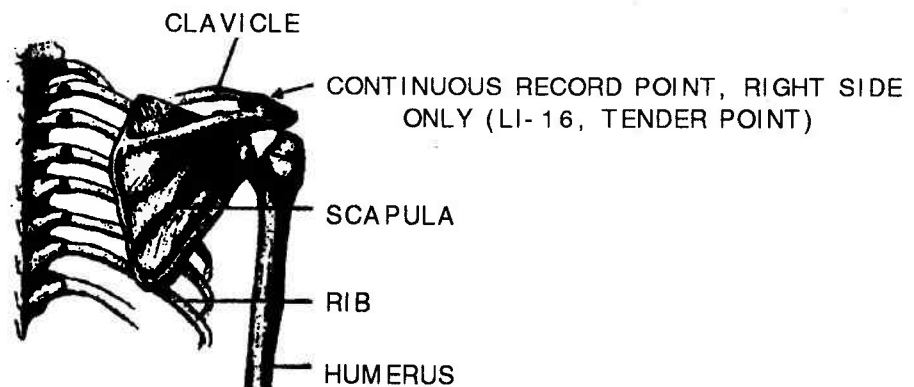
CRM is a body point that is held for the time the action of imbalance is performed. This simple technique can greatly enhance the depth and power of your balancing by addressing the full dynamic nature and context of the imbalance.

Protocol for Continuous Recording Mode

- Pause Lock to open the circuit
- Hold the body point for Continuous Record Mode (See figure below)
- Have the client talk, action or think of the imbalance
- Pause Lock again prior to releasing the CRM.
- Balance with your normal techniques

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Chakra Sound Essences

by Evelyn Mulders

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It's all about little miracles making a difference to someone in their life. As kinesiologists, we are always keen and exploring ideas and methods to achieve a better or deeper balance. Having experienced the effects that sound has on the body, my ponder was: Could sound be infused into matter? Inherently, I felt that this was possible, but how? Time passed and in one of those spiritually connected moments, my answer came and I giggled for days because it was possible, true and real. I suddenly knew that water could take on the imprint of a vibration and the vibration I chose was that of the quartz crystal bowls. If you have ever experienced the vibration of the singing crystal bowls tantalizing your every cell, you might want to capture that healing vibration for a time when you weren't in the presence of the singing bowls. Each of the seven crystal bowls tones a whole harmonic note and inherently captures the vibration of color which corresponds to the seven energy centers known as chakras. Hence the Chakra Sound Essences were born and have become one of my most valuable tools in my Kinesiology business. These Chakra Sound Essences truly bring about those little miracles that make a difference to some one's life.

How to use the Chakra Sound Essences

The Chakra Sound Essences are offered three ways:

1. Essence Drops

The purest way is in the homeopathic essence drops that are commonly taken under the tongue. These have the vibration of sound, crystal, and color. These homeopathic essence drops give a very individual balance and can be combined to make a personal remedy. In one incident, I was at the beginning stages of a gall bladder attack, by taking a few drops of

the "E" note solar plexus sound essence the pain subsided immediately.

By experimentation, I have found the drops to be extremely effective when placed on the palms then held in the auric field in the location of the imbalance. I have relieved my cold symptom headache in this manner.

With the drops on the hand, while sweeping a meridian has shown to be extremely effective in switching on an off meridian.

With the drops on the fingers and holding the neuro-vascular points or emotional stress release points is also effective.

Ways to use the drops include:

- Three to seven drops placed under the tongue directly

- Three to seven drops into a glassful of water or juice or herbal beverage

- Three to seven drops into a tub full of water. Immerse yourself and soak.

- Three to seven drops into a herbal tincture as the essences may enhance the properties and offer direction to the herbs.

2. Aura Misters

The most sensory way the sound essences are offered is in the atomizer. The atomizers have the vibration of sound, crystal and color with aroma and color therapy added. These are used externally only for misting the aura or auras or for misting a room for many to enjoy. Mist the conference room with note "G" throat sound essence to bring about knowledge and communication. Mist the dining room at Thanksgiving with note "E" solar plexus sound essence to aid digestion .

Ways to use the atomizers are:

- Mist the body all around and feel the shift

- Mist a room for all to enjoy

- Mist your hands and sweep a meridian

3. Soap

The most practical approach is the sound essence soap. These have the vibration of sound, crystal, and color with aroma and color therapy added. Put a bar of note "F" heart sound essence soap in the dish and build your family's immune system by the simple act of washing up

Ways to use the soaps:

Simply wash your hands with the soap and receive a balance within a daily routine.

Sound Essences are Vibrational Therapy

Vibrational Therapy, also known as Energy Medicine is based on the principle that all matter vibrates to a precise frequency and by using resonate vibration, balance of matter can be restored. We as people all vibrate and what makes us unique is that we all vibrate at different frequencies. Health resonates differently than sickness. It is important for us to keep our vibration higher than that of disease. In order to do that, we need to keep our energy centers vibrating and balanced.

Resonance works on the principle that like attracts like. When the "C" string of a harp or piano is struck, all the other octave strings of "C" begin to vibrate. They are in resonance with one another. The different parts of our physical, emotional, mental, and spiritual being resonate to different frequencies of vibration. It is integral to address all three sides of the health triangle for optimum balance. It is, therefore sensible to invite various vibrations to stimulate our senses and know we will only attract the resonance we need to achieve optimum balance.

Vibrational resonance theory gently invites stuck energy to move or vibrate again, and over-energy to practice stillness. The whole body is looking to achieve balance. This balance is in where the body can experience health and vitality.

The languages of vibration resonances are those which arouse the five senses. This includes color, light, crystals and gems, sound, aroma, symbols, and touch. In fact, just as a variety of foods creates balanced nutrition in the physical body, colors, sounds,

and aromas are essential nutrition for the physical, emotional, mental and spiritual aspects of the body.

We all need a variety of sense stimuli on a regular basis to keep us healthy. If we consciously engage our senses on a regular basis, we can help heal some of the physical and emotional traumas and restore balance in our lives. Therapeutically, engaging the senses in a conscious and specific way creates deep and lasting changes towards wholeness and health.

Essences gather momentum in the healing arts

"Essences and essence therapy are part of the newly emerging field of Energetic Medicine in the western world. This field incorporates information about the mind, the emotions, and the spirit as well as the physical body when addressing illness and health. (Sabina Pettitt, *Energy Medicine*)

Essences are structured water based on the principle of homeopathy. Essence therapy started with Dr. Bach in England in the early 1900's. The value of flower, gem, animal, shell, and now sound essences is being readily recognized in the healing arts. Used as an emotional tool the essences change a person's view point and allow them to correct the imbalance thought patterns which in turn alter the physical manifestation of the thought. It is believed that we are what we think and so by changing our perception we can improve our health. Essences also work on the subtle bodies or more commonly known as the auric field. The theory behind this is that our subtle bodies indicate imbalance first and then it manifests into our physical body so with taking essences, the vibration of the essences can alter the vibration of the auric field and prevent the imbalance from manifesting in the physical body.

At one level the role of essences is to introduce a pattern of harmony into a system where there is discord. At another level, essences can provide a frequency which is missing. Taking a remedy which plays a range of frequency for the body on all levels will gently coax it towards health by accepting the resonance needed. Essences work to change something, which is out of balance or in a

state of dis-ease in the multi-dimensional human. There is an innate intelligence in all life, which demonstrates a natural tendency towards orderliness if given all the options.

Sound and Color dance together

"The use of various frequencies of sound with crystals for healing is just the beginning of an entirely new approach to healing. The vibrational patterns of sound hold the key to understanding the patterns of manifestation and organization of matter in the physical universe.--Remember the universe was created by sound." (Richard Gerber, *Vibrational Medicine*.)

The sound essences capture the pure wave form of the singing crystal bowls.

The resonance of the crystal bowls readily harmonizes with the human body which is composed of crystalline structure systems such as teeth and bones. "It is this vibration which has a great effect on the spine (a powerful sound resonator), diffusing along the nerve pathways to the organs, and the effects touch systems, tissues and cells in turn affecting the blood circulation, metabolism, endocrine and chakra balance, cleansing the auric field, and also balancing the hemispheres of the brain, but most importantly, creating alignment with our Higher Self." (Rene Brodie, *The Healing Tones of the Crystal Bowls*.)

Sound penetrates the body on a cellular level and has the capacity to rebalance the energies within by resonance.

It has been known that if the vibration of sound has been captured then also inherently the vibration of color too is captured. In ancient times, many saw color dancing within the bowls as they were sounded. These colors too are very healing and enhance our work with sound. Because the bowls and their musical notes all correlate with the seven energy centers known as Chakras it is easy to assign the color to each of the notes, hence the sound essences were named Chakra Sound Essences Now as the essences correspond to the seven chakras, it is natural to correspond the physical and emotional imbalances or corrections. While with other essences one must research the value of each essence, with

the Chakra Sound Essences you need only to familiarize yourself with the attributes of seven Chakras.

To Choose a Chakra Sound Essence look over the key words, use a pendulum, muscle checking, identify chakra imbalance, or use your intuition. See the table on the next page for guidance.

How the Chakra Sound Essences Enhance your Kinesiology Business

The Chakra Sound Essences are very effective in stimulating business because they are fun and simple to use and their effects can be readily felt. These essences can be used during a therapy session or used as homework for the client.

Using the sound remedies during a session affects the body on a multi-dimensional level. For correction, test for the appropriate essence needed, then place a few drops in the palms of your hands and sweep the corrective meridian. Place the drops on your finger tips and hold the ESR points or neuro-vascular points, temporal tap, or tap the Lebowitz points for sabotage clearing. Using the Chakra Sound Essences automatically dears faster, cutting working time and production to produce more effective results.

Offering the sound essences to your client for homework adds to the on-going healing affects of your session. By using the sound remedies daily, it will further assist your clients to accept responsibility for their own healing. Once this begins, it is only natural that your clients will want to share their experience and knowledge with family and friends. Misting a room with the Chakra Sound Essence aura mister for shared enjoyment is highly effective as family members often share similar health issues.

No matter what your specialty is, the sound remedies are easy and fun to integrate into your practice.

Go Ahead and Sing a New Tune

	Root	Sacral	Solar Plexes	Heart	Throat	Brow	Crown
Sound	C note	D note	E note	F note	G note	A note	B note
Color	Red	Orange	Yellow	Green	Blue	Indigo	Violet
Aroma	YlangYlang Vetiver	Tangerine Pettigraine Geranium	Rosemary Lemongras	Eucalyptus Peppermint	Geranium Sweet Birch	Lavender Magnolia	Frankin- sense Gardenia
Location	Base of spine	Lower abdomen	Solar plexes	Chest	Throat	Forehead	Cerbral cortex
Associated Glands	Adrenals	Gonads Ovaries	Pancreas Liver Adrenals	Thymus	Thyroid	Pituitary	Pineal
Associated Meridians	Circulation/ Sex	Bladder Kidney Large Intestine	Stomach Spleen Sm Intestin Gallbladder Liver	Heart	Lung	Triple Warmer	Central Governing
Emotional Component	Fear	Guilt	Shame	Grief	Lies	Illusion	Attachment
Physical Component	Spinal Column Legs Feet Bones Teeth Large Intestine	Pelvic area Sex organs Fluid function Kidney Bladder	Liver Dig system Stomach Spleen Gallbladder Autonomic Nervsystem Muscles Lower back	Heart Blood Circulation Lower Lungs Ribcage Skin Upper Back	Jaw Neck Throat Voice Airways Upper Lungs Nape of Neck Arms	Face Ears Eyes Nose Sinus Nervous System	
Attributes	Vitality Courage Self- Confidence	Happiness Confidence Resource- fullness	Wisdom Clarity Self-Esteem	Balance Love Self-Control	Knowledge Health Communica tion	Intuition Mysticism Understand ing	Beauty Creativity Inspiration

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and Bodo I. Baginski 1988

Root Chakra

Harmonic Function
 Good health
 Well grounded
 Vitality
 Stability
 Prosperity
 Safety and security

Deficiency
 Disconnection from
 the body
 Lack of stamina
 Poor focus
 Disorganization
 Financial difficulty
 Fearful, anxious
 Poor boundaries

Excess
 Overeating
 Sluggish and lazy
 Ridgid boundaries
 Greed and hoarding
 Fear of change
 Addiction to security

Physical Imbalance
 Poor circulation
 Vericose veins
 Lower back pain
 Swollen hands&feet
 Lazy feeling
 Dry skin and hair
 Constipation
 Diarrhea
 Headaches

Sacral Chakra

Harmonic Function
 Graceful movement
 Experience pleasure
 Ability to change
 Being creative
 Enthusiasm for life
 nurturing

Deficiency
 Poor social skills
 Denial of pleasure
 Lack of passion
 Excessive boundaries
 Fear of change
 Fridigity
 Fear of sex

Excess
 Adiction to pleasure
 Emotionally sensitive
 Obsessive
 attachment
 Poor boundaries

Physical Imbalance
 Frequent urination
 Lower back pain
 Swollen hands & feet
 Puffed and bloated
 Menstruation
 difficulties
 Depressed
 Mood swings

Solar Plexes Chakra

Harmonic Function
 Responsible & reliable
 Confidence
 Spontaneity
 Meeting challenges
 Peace & balance
 Warm personality

Deficiency
 Weak willed
 Easily manipulated
 Poor dicipline
 Emotionally cold
 Victim mentality
 Blaming others
 unreliable
 Poor self worth

Excess
 Need to be right
 Stubborness
 Arrogant
 Overly aggressive
 Manipulative
 Temper tantrums
 Competetive
 Ambitious

Physical Imbalance
 Puffed & bloated
 Burping, belching
 Gas
 Indigestion
 Diarhea/constipation
 Sugar or salt
 cravings

Heart Chakra

Harmonic Function
 Warmth & sincerity
 Connection to life
 Compassinate
 Unity
 Peaceful & balanced
 Loving

Deficiency
 Anti-social
 Intolerant
 Critical &
 judgemental
 Lonliless
 Free of rejection
 Lack of empathy

Excess
 Co-dependancy
 Demanding
 Jealousy
 Clinging
 Over-sacrificing

Physical Imbalance
 Chest pain
 Lung congestion
 Pasty complexion
 Upper back tension
 Blood pressure
 imbalance
 Circulation
 imbalance

Throat chakra

Harmonic Function
Expressing feelings
& thought
Living Creatively
Good sense of timing
Good sense of
rhythm
Imaginative speech
Trusting inner
guidance
Passing knowledge

Deficient
Fear of speaking
Difficulty putting
feelings to words
Shy, Quiet,
Withdrawn
Out of touch
With own desires
Not trusting of
intuitive powers

Excess
Too much talking
Talking as a defense
Dominating voice
Inability to listen
Appear strong at all
costs
Language is coarse
and blatant

Physical Imbalance
Cold symptoms
Tickle or phlegm
Coughing
Stress
Hyperactivity
Allergies
Signs of goiter
Stuffy, runny nose
fatigue

Brow Chakra

Harmonic Function
Intuitive
Perceptive
Imaginative
Insight of the world
Integrate
Information on many
levels
Think & live
holistically
Intellectual skills

Deficient
Lack of imagination
Difficulty seeing into
the future
Bogged under stress
Poor vision
Poor memory

Excess
Difficulty
concentrating
Obsessed
Delusions
Hallucinations
nightmares

Physical Imbalances
Sleeping
disturbances
Difficulty
Concentrating
Sinus/nose
congestion
Pain in the eyes
Hard to make
decisions
Slow thinking
Headaches
Depression
Hormonal difficulties

Crown Chakra

Harmonic Function
Intelligent
Thoughtful
Aware
Spiritual connection
Ability to perceive,
analyze and
assimilate
information
Open-minded
Wisdom
mastery

Deficient
Spiritual cynicism
Separated from
abundance and
wholeness
Learning difficulties
Uncertainty
Lack of purpose
Fear of Death

Excess
Over intellectualism
Confusion
Spiritual addiction
Disassociation from
body

Physical Imbalances
Nervous system
imbalances
Poor short term
memory
Poor coordination
Tired
Hallucinations
Ringing in the ears
Dimming vision

Ten Steps to Change

by Sharon Promislow, President

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As Specialized Kinesiologists, we have powerful techniques for assisting our clients to successfully release their blocks to wellness, learning and performance goals. Not so easy, in many cases, is our ability to express to those clients *why* what we do works - what are the elemental steps to successful and permanent change. Nor do they immediately grasp how they can apply what they learn to other aspects of their lives. Once they understand what change is, how it works, and discover how to change patterns easily with the 10 Steps to Change, you will have truly educated them in the self-responsibility model.


For my book *Making the Brain Body Connection*, I spent considerable time pondering the bare bones of the change process, both in our kinesiological approaches and in other personal process systems. I clarified the common thread into this simple ten-step model that allows clients to understand the change process and to easily apply the model to any challenge. This approach fits seamlessly into any kinesiology methodology and provides clear, concise direction for moving forward.

I invite you to personally workshop the concepts in the space provided, as you proceed through this article.

1. Start Off from a Balanced State


Any attempt to learn starting from a stressed state only anchors ever deeper the non-serving stress reactions and behaviors that we wish to change. We must first put our client/patient into the self-responsibility mode of balancing

their brain/body state as a first step. In a session we can facilitate that balancing process. At home they can choose any balancing tools they wish - self management techniques drawn from the Touch For Health Synthesis, the Quick Six as outlined in my book, the Brain Gym PACE process, or other life style balancers such as tai-chi, yoga, a walk, or even a relaxing bath. Anything that brings them into a centered and calm state from which they can safely and comfortably consider further life challenges is valid. Remind them, if possible, to seek a comfortable location, free from distraction.

 I achieve a balanced state with:

2. Have a Clear, Positive Goal

Next the client must identify a clear, positive goal he/she wishes to achieve. It can be a little one: small changes can be a catalyst for amazing breakthroughs. We ask our clients to take a look at their non-serving behaviors, and also ask them to identify areas where their functioning could be improved. I always have them identify key stressors in their life which can also be valuable to address and defuse. Muscle checking allows us to establish priorities for the individual client.

 My Immediate goals include:

Once our clients have achieved a good baseline of integration, encourage them to spend time defining additional goals, as it is our intent to leave them with both the desire for moving forward in their lives, as well as the tools for achieving it. Most people are so busy treading water, they're not clear in what direction they should be swimming. Setting goals is the most positive investment they can make in themselves and their future.

It's important to know where you intend to go, so that your mind and body can work together to get you there! If nothing else, consider the tombstone test. When you die, what do you want people to say your life stood for?

☞ What do you really value in your life?

Although simplistic, this tombstone test provides a litmus test for what is, and is not, important to your long-term goals. We must consider our time and energy as commodities to be valued and used for our highest good. Start immediately, removing and reducing irrelevant stressors, people, and expectations from your life that don't support your true-life purpose. Use the stress management techniques we have learned to make it easier to do so.

S.M.A.R.T. Goal Setting

Goal setting is so important to the change process, it warrants a review of a sound approach. Dr. Wayne Topping shares with his students a simple model for long-term goal setting, to help you determine what goals will best support your life purpose.

Remember to make a goal:

- 1) Specifically stated—clear and positive
- 2) Measurable—so you can evaluate your progress
- 3) Attainable—a reasonable time frame to attain the goal
- 4) Realistic—you can reasonably achieve the goal
- 5) Time Tabled—back it up with an action plan

It is our recommendation that you allot time to consider each of the separate areas below that together support a well-balanced life. Don't be overwhelmed with the task. Divide and conquer, knowing that ultimately you will have a brilliant new insight into what it is you really want. Identify at least one goal from each of the following categories. Obviously muscle checking provides a superb tool for establishing true goals and priorities prior to creating action plans. (See *Goal Balance with Touch For Health*, Promislow, Touch For Health International Journal, 1991).

A. Career:

B. Social:

C. Physical: (exercise programs, hiking etc.)

D. Financial:

E. Self-improvement: (travel, education, hobbies, etc.)

F. Spiritual:

Create an Action Plan

For effective goal setting, one must set out a timeline for breaking down the task into manageable chunks. If you want to achieve a specific goal within 5 years, what has to be in place 1 year hence? For that to take place, what has to be done in 1 month? To facilitate that, what preliminaries do you need to do this week? Big goals get accomplished one baby step at a time! For more on goal setting see Wayne Topping's "Success Over Distress", p. 67, and Wishcraft by Barbara Sheir.

3. Be Willing to Benefit

You need a true willingness to experience successful, permanent change. Often subconscious sabotage patterns are the real blocks to achieving success. Indeed, it has been proven time and time again, that most people are not afraid of failure. Most of us are terrified of achieving success. Releasing stress around the issue of being "good enough" is very useful. Before you work on changing a behavior or going for a goal itself, it pays to honestly evaluate the pros and cons of any positive change you are considering. (See *Pro/Con Issue Defusion*, Promislow, Touch For Health Journal 1992, p.49) You will need

to re-educate your response to any fears you have about how getting your goal will affect you and your relationships. Be aware that any change, even good change, is stressful, and that stress should be addressed.

Use positive affirmations and statements to help stress release your willingness to let the process be easy, and to get full benefit of the reeducation process. So often we sabotage ourselves because of issues of self-worth. Work with the following statements, or make up positively worded statements around your goal/issue, noticing the impact those statements have on your brain/body. Defuse with Positive Points, eye rotations and other integrating activities. Think about the statement again, and notice any improvements in brain/body reaction. The following affirmations were sourced from Dr. Wayne Topping's *Success Over Distress and Stress Release*. Jan Cole's work provides another excellent source for affirmations.

Self Esteem

1. I like myself.
2. I love myself.
3. I love myself unconditionally.
4. I am a worthwhile person.
5. I deserve praise, admiration and respect.

Finances

1. I am successful.
2. People are happy to pay me.
3. I no longer believe it is wrong to be wealthy.
4. I no longer have to go along with limiting ideas about making and having money.
5. I deserve financial abundance.

Procrastination

1. People approve of me.
2. I am successful.
3. I accept the consequences of my decisions.
4. It's OK to experience anxious feelings.
5. I complete what I start.

Success

1. I am proud of my achievements.
2. I have plenty of energy to accomplish what I want to do.
3. I have determination, drive and self-confidence.
4. I enjoy getting things done.
5. I deserve to be successful.

Goal Setting

1. I set goals easily.
2. I automatically think in a decisive and determined way.
3. I enjoy being responsible.
4. I know what I want out of life.
5. I have the power to live my dreams.

Weight Loss

1. I eat to live.
2. I believe I can lose weight.
3. I want to lose weight.
4. I like my body.
5. I am worthy of a good figure.

4. Activate the Goal:

Visualize achieving your goal, and role-play a relevant action.

As well as experiencing your goal in your mind's eye, also activate the physical circuits that have to support you in achieving it. This can be a literal role-play, like a golf swing if your goal is to improve your golf game. It can be a symbolic gesture if your goal is something more abstract, such as self-acceptance. If that were the goal, you could give yourself a symbolic hug, or pretend to open a door and walk through it into a room full of that positive state.

I imagine:

1. _____
2. _____

I do:

1. _____
2. _____

5. Assess Your Current Functioning: the Pre-Check

You must clearly and consciously identify all the ways your brain/body is currently not supporting you in achieving that goal: Noticing or muscle checking provides a personal evaluation system to identify areas of behavior and function which are holding you back from being the best you can be. In *Making the Brain Body Connection*, pp. 150 – 152, I list a synthesis of general and specific subtle pre-checks to distinguish your body's

stuck circuit locks, in the domains of Electromagnetic, Emotional stress, Brain/body, Vision, Hearing, and Fine Motor pre-checks. Each Kinesiologist can offer their client the pre-checks he/she considers vital to determine key energy imbalances. This can include TFH muscle checks; determining the emotion locked into the cells of the Body using the Five Element chart; Behavioral Barometer; Biokinesiology Organ Emotions etc; Structure Function; 7 Dimension prechecks; N.O.T., LEAP. The list is as long and varied as there are kinesiological and transformational change models. All are valid, and can be offered to the client via muscle checking to see how he/she can be best served by the practitioner.

☞ Imbalances noted: _____

6. Be Willing to Embrace Uncertainty

Change demands that we pull ourselves out of homeostasis—the way we normally respond to life and challenge—and allow ourselves to temporarily embrace uncertainty as our body/brain learns a better way to handle itself. Often this manifests as a feeling of confusion or spaciness, which should be recognized as a transitory stage of the change process. Move through this stage by using brain/body balancing activities and allowing integration time, or any other form of self-care (including sleep!) that your body calls for.

Learn to recognize this state, and to give yourself or the client time, space and personal attention to move through it, never driving a car or otherwise jeopardizing yourself until you have safely regained focus and clarity.

☞ I will allow myself the time and space to integrate using _____

7. Use Your Brain/Body Re-Education (Kinesiology) Techniques to Get the Job Done

It's not enough to know about them: commit yourself to using the re-education tools you

now have to take your brain/body system to a higher level of functioning—its new homeostasis. As specialized kinesiologists we offer a wonderful assortment of specific brain/body balancers to our clients, but we must also invite them to use other systems they already know. "There are many paths into the house of balanced energy, and it is our commitment to honor and support all of them.

It might be a hobby, sport or therapy, or be as simple as a walk or singing a song—whatever works to help the individual relax and achieve focus. Modalities that couple slow, intentional movement with balanced, graceful flow are particularly suitable, such as yoga, tai chi and dance. An important awareness is that we are using the modality intentionally to re-create a normal free flowing brain/body response in the face of a specific stressor. Think of your stressor or goal as you perform balancing activities. You are re-educating your response—not simply escaping from the stressful situation to do something you like better!

☞ Reeducation techniques I use: _____

8. Post Check to Anchor in the New Learning

To assure that change has truly occurred, you need to anchor the brain/body's recognition and acceptance of the new learning. Repeat all the pre-checks, using noticing and/or muscle checking, and compare your brain/body response. Have you achieved the level of new integration that you desire? If so, you are done, and are free to move toward your goal with a new level of brain/body support for your conscious intent.

☞ Improvements noted: _____

☞ Still to be improved: _____

9. Commit to an Action Plan and Maintenance

In the face of real life challenges to your newly won brain, body and sensory integration, it pays to build in a "maintenance" plan that includes using brain/body balancers to maintain your new-found ease of functioning. Reactivating the new circuits deepens their myelination and reinforces long-term memory. It also pays to "check in" from time to time, to see if the stressors of daily life have caused you to slip out of your optimal state. If you notice that you have, take care of it with the brain/body balancers!

📝 Homeplay to support the new integration:

10. Celebrate Your Accomplishment

Acknowledge what has become easier or is flowing more smoothly. Celebration and joy lower stress and raise the levels of serotonin in the brain to make everything easier yet!

When you or your client feel ready, willing and able, start at number 1 again with your next chosen issue toward better functioning. Use the included 10 Step Change Process

Summary Sheet reprinted from "Making the Brain Body Connection" as a guide. Life is a process, so why not make it an upward evolution? By constantly being consciously aware of how we act and react in the world, we can re-educate our brain/body to become more effective.

Keep in mind that lifelong, familiar patterns of unserving mental, physical and emotional locks can be triggered again and again by a related stressor, until our new balanced functioning becomes the familiar brain/body response. Advise your clients not to be discouraged. They can choose to seek out your professional assistance or study more advanced techniques to deal with those past issues more quickly and on a deeper level, if they desire. In the meantime, the improvement process has begun, and they are on their way to effective self-management.

The one price they must be willing to pay is the giving up of 'victim' status. They can never again say: "That's just the way I am. I can't do better!" They *can* step into higher functioning and they *can* get better if they have the self-responsibility and desire to apply this simple 10 Step Change Process to enhance their performance and lives.



10 STEP CHANGE PROCESS: SUMMARY SHEET

1. Put myself in balanced state with Quick Six and _____
2. My goal is to clear stress around (p.147) _____
3. Willingness to benefit with Quick Six, and Emotional Stress Release (p.149) _____
4. Visualize and activate my goal with this roleplay(p.150) _____
5. Do Prechecks pages (150-152). My areas of imbalance are:
☐ Electromagnetic ☐ Emotional ☐ Brain/Body Integration ☐ Vision ☐ Hearing ☐ Fine Motor

I noticed _____

6. I am willing to embrace change and allow time and space for process (p. 153) _____
7. I will start to clear this issue with the Quick 6 and will add these other activities (p. 153)

Electromagnetic	Brain/Body Integration	Emotional	Vision
<input type="checkbox"/> Drink Water	<input type="checkbox"/> Cross Patterning	<input type="checkbox"/> Emotional Stress Release	<input type="checkbox"/> Lazy 8s for the Eyes
<input type="checkbox"/> Plug In for Balanced Energy	<input type="checkbox"/> Gait Points	<input type="checkbox"/> Eye Rotations	<input type="checkbox"/> Eye Points
<input type="checkbox"/> Cook's Hook Up	<input type="checkbox"/> Sacral Spinal Pump	<input type="checkbox"/> Anchoring	<input type="checkbox"/> Palming
<input type="checkbox"/> Polarized Breathing	<input type="checkbox"/> The Energizer		
	<input type="checkbox"/> Leg Muscle Release	Hearing	Fine Motor
	<input type="checkbox"/> Neck & Shoulder Release	<input type="checkbox"/> Rub Ears	<input type="checkbox"/> Lazy 8s for Writing
	<input type="checkbox"/> Rub Out Tension & Headaches	<input type="checkbox"/> The Owl	<input type="checkbox"/> Alphabet 8s
		<input type="checkbox"/> Hyperton-X Neck Release	<input type="checkbox"/> Cloverleaf

8. Do Post-checks on pages 154-156. Note improvements _____
_____ I am satisfied with my new level of functioning. ☐ Yes ☐ No

If you checked "yes" your work is complete. If you checked "no" simply repeat steps 6-8, adding new balancing activities until you achieve your desired level of improvement.

9. I'll do my action plan and choose maintenance activities on page 157.
10. I'll celebrate my new learning by (p.158) _____

Strengthening the Body to Eliminate Mercury

by Philip Rafferty

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Most people handle small amounts of mercury with no apparent symptoms. Not everyone who has mercury amalgam fillings seems to exhibit mercury toxicity symptoms. It slowly builds up in the system until one day it creates major problems.

Chronic Fatigue, MS, Parkinson's, Diabetes, Alzheimer's, may all have a heavy metal component. I have yet to find anyone with MS who did not have an energetic sensitivity to mercury when tested down the Spine.

The major X factor which determines a particular person's degree of mercury toxicity symptoms may be **the ability of the Kidneys to excrete the mercury**. Cells might hold onto mercury if the body knows the Kidneys are not able to deal with it and excrete it. If the body is not sufficiently hydrated the cells might not be able to flush mercury out. **The Liver needs to tag enzymes to the mercury and in a few people this may not be working.**

Kinesiology has the simplest and fastest method of testing for an energetic sensitivity to mercury. Different kinesiology systems have different ways of correcting a Mercury Sensitivity. The specific Kinergetics' corrections used in conjunction with any other kinesiology system may allow them to work more effectively.

One of the Kinergetics' corrections to strengthen the body to eliminate mercury is so simple that if you didn't read the results you wouldn't believe it would work! I have also included a selection of stories from personal Kinergetics results, some of which also help to explain why it works.

Muscle Balance

General balancing of the body will be of help to the Kidneys. TFH 14 or 42 muscle balancing will assist the body to clear

mercury.

The Psoas and Upper Trapezius are the most important muscles to balance in relation to the Kidneys. Balancing the Sartorius which relates to the Adrenals will assist hydration.

Emotions

Accessing and clearing emotional stress held in the Kidneys or Adrenals, via the associated muscles also helps, but it does have an element of chance - clear enough stresses and eventually you MAY clear the specific stresses blocking Kidney function and the body's hydration.

Muscle Circuits

Even when all the muscles relating to the Kidneys and Adrenals are apparently balanced, there could still be some circuits of these muscles holding stress. Correcting all positions of Psoas, Upper Trapezius and Sartorius (Applied Physiology) will help access and clear more stresses.

Prior to Kinergetics, I had 2 clients with over-facilitated (jammed) Psoas muscles and lots of skin symptoms. After 4 sessions each of clearing emotions from the Psoas, the muscles were still over-facilitated. In the last 5 years, since using the Kinergetics Hydration Formats and Hydration Scan List Correction, I have always been able to correct all the 42 muscles in one session, except for clients in wheelchairs.

Kinergetics Hydration Scan List

The more deeply you can hydrate the body, the more able you are to access what the body wants to hold onto, and the more able and capable the body is in releasing mercury and having optimal Kidney function.

Kinergetics Hydration Formats

Even simple formatting, as below, gives you

the access in to specific areas, so you can clear stresses specific to assisting Kidney function and hydration and so facilitate the excretion of mercury. The most pertinent simple Hydration Formats are:

Kidneys

Kidneys - Cortex - Glomeruli

Adrenals

Adrenals - Cortex

Verbally Challenge each format as you tap gently along the client's corpus callosum.

Correct with your preferred modality.

Even if you have no Indicator Muscle change, you can hold the format in circuit and challenge the body against it.

Energize the Kidneys

Energizing the Kidneys is the simplest correction procedure to support and strengthen the Kidneys, and is very profound in its effects. Front and back together will save time. Usually 5 minutes is enough to make a change. Barbara recently reminded me (see Barbara's story below), that it took over 20 minutes to energize her Kidneys which was the major support her body needed to be strong enough to start eliminating mercury and clear all symptoms of her "Chronic Fatigue".

TMJ Corrections

The TMJ and hydration affect each other. Correcting the TMJ improves hydration. Correcting hydration improves the TMJ. I am ALWAYS able to correct Sartorius by balancing the muscles around the TMJ.

Testing For Mercury

I have tested over 5,000 people at Health food shops, demonstrations, festivals, shows and in the clinic. The first few thousand were unlucky because I only tested with a locked Indicator Muscle, so I missed probably half their sensitivities. To test with an unlocked I.M. switch off the spindle cells in the belly of the Indicator Muscle, and as the I.M. unlocks, place your feet shoulder width apart (pause lock). You now are holding an unlocked I.M. in circuit (do not move your hips), so retest, scanning the entire body and its energy fields, with the unlocked I.M. in circuit. Remember to test down the spine. You will be accessing

imbalances that did not show with the locked I.M., and also imbalances that caused the I.M. to change to a Jam, so were undetectable with the locked I.M. and these are the ones you do not want to miss, as they are causing greater stress to the body, e.g.. Suppressions. Close the circuit (feet together) when you have finished.

For safety, I use a multi-potency homeopathic mercury vial to test with.

Intoxication from mercury spilled on carpets. Lancet p1578 (1990)

"... I describe here chronic mercury intoxication in three children caused by a broken thermometer. A 33-month-old girl was admitted in May, 1988, for anorexia, weight loss, light sensitivity, and eczema, starting 4 months previously. She had widespread severely itching eczema and pink, sweating, and scaling palms. She was ill-tempered and preferred to lie in bed or be taken around in a small buggy. She was sensitive to light. Acrodynia was suspected, and raised mercury concentration was found in the urine..... The girl's 20-month-old sister had papulovesicular eczema with super infections and severe prurigo which had started 6 weeks earlier; she had lately become anorexic. Her basal urine Hg excretion was low, but it increased after administration of DMPS.....The brother, aged 6 years 10 months, was the least severely affected of the three sibs. He had an itching exanthema and was thought to have been more nervous than usual. He had raised concentrations of mercury in urine after DMPS administration Subsequently we learned that in the preceding autumn (i.e., about 8 months earlier) a thermometer had been broken in the children's room which was small and had floor heating. The mercury had been spilled onto the carpet and was not retrievable... Case 2 shows that the basal urinary excretion of mercury can be normal even in overt acrodynia, and the data presented here may be an important contribution to the debate on the safety of mercury amalgam dental fillings."

MERCURY - Natalie's Story

For years, after many tests, doctors told me they did not know why I was having such health problems. Incapacitating migraine was

the least of them. Several times I fell over in the 'produce' aisle of the grocery store as if an explosion had happened in my head. I had lost my equilibrium. Worse yet, I was unable to speak anything but gibberish. I understood what the people standing around staring at me were saying, but when I opened my mouth nothing intelligent came out. This state of affairs would usually last five days. Twice I was paralyzed on my right side for two weeks. No one knew why only the left side could move. And I had small children to look after. Yet, medical tests revealed nothing. Several doctors said it was all in my head. I now know that their assessment was correct but not quite the way they meant it. We'll get to that later.

It seemed that I was also allergic to light and sound to some degree. Any loud base or treble at too high or low a pitch would cause me to become nauseated, weak and dizzy within seconds. In about a minute I would throw-up and if I couldn't get away from it, I lost the ability to speak again (for five days). This may not seem like a big problem but it could happen anywhere, anytime. I could be in my car at a stoplight when a car would pull up next to me with the radio blasting. If the light changed quickly, I'd only be sick for several hours. If the light didn't change for a length of time, I'd be too disoriented to move or drive. Additionally, there was the problem of strobing lights. Now that could be anywhere too, in stores, going across bridges, or through tunnels, even driving past trees that would cause the light to flicker, but one of the worst causes was ceiling fans. The television, of course was a major source of problems too. Symptoms were the same as above and happened within seconds.

These weren't my only worries. There was a problem with certain motors and electrical appliances. Once I spent several weeks in agony until we found out that the source of my migraine, weakness, and nausea was coming from my fourth son's new fish tank filter. Also high-tension wires were a serious problem and I could not go under them unless someone else was driving. The sad thing is I know that some of you out there can relate to this and have probably spent years searching for answers too. But there is hope!!!!

You see, today I function pretty normally, thanks mainly to the power of a healing technique called Kinergetics. Each day I seem a little better than the day before. But let me continue with my story and how I found my way out of these dilemmas. I found that mercury poisoning coming from my many fillings caused all of these problems. Four gold crowns exacerbated the problem. It seems that amalgams and gold along with your saliva cause a battery effect in your mouth, which pulls the mercury out of the fillings even faster. Getting the mercury out of my mouth seemed like the obvious answer, but it was not that simple. Finding a dentist who knew what he was doing was the first challenge. Then after measuring the negative current on each of my teeth, he refused to treat me until I had spent at least two months on a vitamin and various supplement regime to build me up for the work ahead. It was decided that my body couldn't handle more than one removal at a time with a month of supplementation and rest in between.

However, after the first removal we found more was needed! I became suicidal within half an hour of each removal despite all the precautions and all his specialized equipment. So, either someone had to stay with me for 48 hours after each removal or I had to be checked into a mental hospital. I chose the first option! However, I would cry and sob: Why do I have to kill myself if I'm finally getting better? You see, a side effect of mercury poisoning is needing to kill yourself with no reason! This process took more than a year and I finished it six or seven years ago. I thought I would be fine immediately. But it only kept me from further poisoning myself. It didn't get it out of my brain where the principle problem seemed to be

I saw acupuncturists, chiropractors, nutritionists, and kinesiologists. I got some help but couldn't function anywhere near normal. I was most impressed with kinesiology and wanted to learn more. So, I started taking classes and soon realized that I wasn't the only one having these kinds of problems. In time I became a kinesiologist having studied with many of the schools.

Then at the 25th anniversary convention of Touch for Health in Orlando, Florida I met

Philip Rafferty and was introduced to Kinergetics and RESET (TMJ workshops). That was in October 1998. It took me until September the following year to track this man down in Melbourne, Australia and get him to come and teach Kinergetics and RESET in Maryland USA, and the rest, as they say, is history.

The corrections in Kinergetics are phenomenal. It's the hydrating of the body that allows for such major corrections and shifts in body energies to happen so quickly. Pain of all kinds is quickly and easily released. But best of all, mercury can also be released just as easily. While I did feel weak for the rest of the day that it was corrected, that was nothing!!

One day, and I had finally had the source of all my health problems released and corrected. So, now I am committed to Kinergetics as one of the best healing modalities that's out there. My years of trial and error with various healing modalities including all the traditional and a very large percentage of the alternative, had finally paid off, and in the last year I've seen many miracles besides myself.

There have been back pains, TMJ problems, candida, and many other life altering issues reversed or eliminated sometimes in a few, but often in one session, even though they may have suffered for years previously. There are also protocols for MS, arthritis, and chronic fatigue to name a few. Aside from the hydration of specific areas of the body, which is unique to Kinergetics, it is the fact that each person is treated individually to find the cause of the imbalance in their life relating to their symptoms whether emotional, chemical, or physical. So the corrections are completely individualized.

After much work, I am now very honored to be a Kinergetics and RESET instructor. If you are looking for help on a health issue, check out www.kinergetics.com.au. I believe you have nothing to lose but your problems (if you are willing to let them go). And you can get on with the life you were meant to live just as I have! *Natalie Nehman 2001.*

MERCURY - Barbara's Story

In 1993 I came down with a severe case of

Tonsillitis. I was put on a very high dose of antibiotics. I had never had Tonsillitis in my life. Even as a child I had never suffered from sore throats or ears, or head congestion of any type. I assumed my body must have been very run down. I had just completed a 2-year bachelor course at Uni, less than 12 months prior, while working and looking after my 4 children. I had never felt sicker in my whole life and I was experiencing a lot of pain. A return visit to the doctor a few days later revealed a swollen liver, a swollen spleen and results of a blood test diagnosing Glandular Fever. I was 42 and had Glandular Fever!

For the next two months I hardly got out of bed. I didn't even have the energy to think! My next diagnosis, after weeks and weeks of little improvement, was Chronic Fatigue, with rest being the only line of cure offered.

With my body physically not willing to do anything, I had the time and space to re-evaluate my life, and after hitting rock bottom I decided to start working my way up. All I knew was I had to come from my truth, my heart.

I was led to various alternate therapists over the next 3 years and my life was moving forward but I knew there was something else, and I still was constantly tired and lethargic. I did a Kinergetics Intro and K1 workshop and I then knew I needed to see a Kinergetics Practitioner. After having a 16 muscle assessment and a vial scanned over my body for a couple of seconds, I was told that my major imbalance was an energy sensitivity to mercury, and that mercury sensitivity was quite capable of giving me all my past symptoms.

I was disbelieving of this fast and definite appraisal. I thought maybe mercury was his specialty, as sensitivity to mercury seemed completely unrelated. It had never even been mentioned on my path to health by any practitioner, or in anything I had read. However the feeling of lightness throughout my being as I left the clinic that day will remain imbedded in my memory. My life magically began to change. Physically I dramatically lost my symptoms straight away, and all that took time to clear was a fear of tiring myself and having my symptoms flare up again. That never happened. Eczema which

had been a chronic condition on and off since early childhood also cleared up. My energy level remains high.

Because mercury toxicity was the furthest thing from my mind as a precursor to my condition, it wasn't until some months later that I remembered that just a few months before coming down with Tonsillitis, I had 2 large amalgam fillings removed and replaced, with no protection offered to me by the dentist. I had no idea of the possible dangers, or that this trip to the dentist would be the catalyst that changed my whole life. *Barbara Papillo 2001.*

MERCURY - Diabetes

I have several clients who have diabetes. After using Kinergetics to detox them for mercury they reported their overall blood sugar levels had dropped and they were able to reduce their need for insulin and in one case Diaturn.

Client A was testing himself three times a day. After detoxing him for mercury he was able to reduce his insulin levels. With Client A I will be using the K's for a candida balance and will let you know if there is a subsequent reduction in his need for insulin.

Client B came to me on referral, specifically for mercury detox. Client B also is diabetic, taking insulin. He also reported, after being detoxed for mercury (using the K's), a reduction in his need for insulin. He also reported a drop in his blood sugar levels in the week following his mercury detox. He has not shown to have the candida overgrowth. Several weeks later his overall blood sugar level has been more stable.

Client C has diabetes, taking Diaturn and using a diet to control her blood sugar levels. After using the K's to detox her for mercury she also reported stabilization of her blood sugar levels within a week. When questioned as to what she attributed this reduction in overall blood sugar levels to, she replied she hadn't done anything different. I will be using the K's for a candida balance.

Client D - Insulin dependent diabetic - also reported a drop in his insulin levels after being detoxed for mercury. I will be doing another mercury detox after he has several broken fillings replaced. *Marion J. Vangness. 2000*

MERCURY - Hydration

Philip came to his hydrating technique out of necessity. He had been working on detoxifying heavy metals in clients and had found that some of them were 'spinning out' as he described their condition. He felt obliged to prevent this from happening and developed his Kinergetics hydration technique to hydrate them very deeply before he commenced detoxification procedures. Once hydrated, all of the body's channels were opened for speedy elimination of the heavy metal. So what else is new with Kinergetics hydration? To my amazement, many of my clients who had been drinking adequate quantities of water along with good hydration formulas showed to be lacking hydration when challenged with the Kinergetics procedures. Philip has developed a unique and simple way of opening up areas of the body blocked to hydration. It is not uncommon for clients to need 600 mls or more of good quality water either during or immediately after the Kinergetics hydration procedure has been completed. The response to this technique has been outstanding with my clients even though all of them had made great gains with previous hydration strategies. I have yet to find a new client who was truly hydrated in every part of his or her body and who could not benefit from the Kinergetics hydration procedure. *M Chaffer 1994.*

MERCURY - Multiple Sclerosis

Today is day three of Kinergetics. I came into this workshop a little skeptical, being programmed from my doctors that nothing will cure Multiple Sclerosis. We will go in and out of remission at any time. Well in my case I have never gone into remission so quickly. I was having problems walking, coupled with my increasing tiredness and mind blanks. I have come an incredible way in three days. Being a Reiki Master, Bowen Therapist, Massage Teacher, and Aromatherapist I have tried lots of workshops and healing seminars, always being open to some natural treatment and or cure. I have never experienced anything that accesses the mind and body this quickly or had any healing with such instant results on all levels of the body, including the peace that I am feeling. After day two I went walking expecting the usual things to happen to my legs. I was incredibly surprised when it

didn't. I have enjoyed my first walk for a long time. I cannot understand how any counselor, psychologist, or therapist can work without the use of Kinergetics. I can not recommend Kinergetics highly enough for mind, body, and soul work. *Wendy Dolan 1999. Reiki & Seichim Master, Massage Teacher, Bowen Therapist.*

MULTIPLE SCLEROSIS RESEARCH, DUBLIN - 1999

Seven MS participants.

- All showed an energetic reaction to mercury down the spine.
- All had all muscles below the waist unlocked.

What They Are Saying

Leg lighter - leg lifts itself rather than dragging it. Better balance - able to have arms down by side. *MM*

Better balance when walking. Not so nervous around people and gaps. Not dragging left leg. *JF*

20% better balance. *DG*

Leg is now straighter, was externally rotated. Everything else feels better, i.e.. burning and weakness in legs. *CH*

Feeling relaxed. Eyesight now as clear as it would be after a long rest. *CL*

Feel fine. Right hand has better grip and there is more stretch in the fingers. *BO*

Body lighter in movement. Feel light and loose. Pressure not on body as before. No body pain at the moment. *CW*

I am collecting personal stories about mercury (any modality) for a small book. The stories will be available free copyright on any website that wants them.

Please submit by e-mail to

philip@kinergetics.com.au

formatted in MS Word, MS Pub 97-2000
Pagemaker 6.5 or earlier or plain text by
e-mail.

Pain Free System Offers Breakthrough Approaches for Chronic Pain, Repetitive Motion Injuries

by Richard H. Rossiter

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All Richard H. Rossiter wanted to be as a child was a star hockey player or a pilot. Those two dreams, it turns out, eventually led him down an entirely different path - one that has given thousands of people relief from chronic and everyday pain.

Rossiter, who played high school hockey in Minnesota and in the early 1970s became a U.S. Army helicopter pilot, is developer and creator of the Rossiter PainFree System, a series of proprietary, two-person stretching techniques now used in offices and factories throughout the U.S. to prevent and alleviate the pain of common injuries and pain - carpal tunnel syndrome, low back pain, knee/foot/ankle pain, trigger finger, shoulder and neck pain and more.

The Rossiter PainFree System specifically targets the body's system of connective tissue. The stretches elongate and restore connective tissue so that common symptoms - tightness, numbness, pain, burning, stiffness, tingling and limited mobility - are easily relieved and prevented. The stretches are based on four principles that lie at the heart of the Rossiter System - food (restoring the body's ability to nourish itself), communication (loosening connective tissue so that nerves/blood vessels are no longer pinched and internal communication is not hindered), movement (freeing tight tissue so that bodies can move freely again) and space (restoring to the body a natural amount of internal "space").

Rossiter suffered minor shoulder injuries as a high school hockey player and more severe shoulder injuries when his helicopter was shot down during the Vietnam War. In the mid 1970s and early 1980s, he worked as a commercial helicopter pilot in Alaska. There, the physical strain of flying and controlling a helicopter aggravated the shoulder injuries and

sent him on a search for non-drug, non-surgical approaches to pain relief.

He finally found relief in Rolfing, and in 1985, he became a certified Rolfer at the Rolf Institute in Boulder, Colo. In private practice, though, he became aware that many clients were seeking help and relief far too late in the course of their pain, and he began adapting his knowledge of connective tissue and anatomy to attack pain problems earlier through active, targeted stretching.

The result is The Rossiter PainFree System, a series of proprietary stretches performed by two people - one, a Coach or facilitator, and the second a PIC or Person in Charge of their own pain. In a typical Rossiter workout, the PIC lies on the floor while the Coach stands overhead, using his/her foot to apply weight at strategic spots on the PIC's body while the PIC performs a series of stretches that elongate and restore the natural function and "space" of the body's entire network of connective tissue. The Rossiter System is different than standard self-help stretches or yoga. Teaming two people adds power and strength to the stretches, and the PIC is an active participant - someone who becomes proficient at identifying, locating and eliminating his/her own pain by purposeful stretching.

In some cases, problems like carpal tunnel syndrome or low back pain can be alleviated in as little as 20-30 minutes. In workplaces where the Rossiter System is used preventively and routinely (e.g., Nissan, Sauder Woodworking, Quebecor/World Color, Brown Printing, Bunn-O-Matic and others), workers who begin to experience work-related symptoms (numbness, tingling, pain, tightness, stiffness) undergo a Rossiter workout and return to work immediately -

usually symptom-free.

"The beauty of this approach is that people themselves become aware of and responsible for restoring and healing their own bodies," says Rossiter, 50, who recently relocated Rossiter & Associates Inc. from Little Rock, Ark., to Cincinnati, Ohio. He is author of "Overcoming Repetitive Motion Injuries the Rossiter Way," published in June 1999 by New Harbinger Publications.

"In factories and offices, workers see the immediate results of their work and they take pride in this program. Managers and human resources departments love our program because it has a 12-year record of reducing medical costs, slashing workers' compensation costs and improving employee productivity and morale - all without outside meddling from doctors or lawyers."

Not convinced?

Here's a simple technique that can quickly relieve the pain, tightness and throbbing of menstrual cramps. This is one of the easiest techniques to learn. Remember, this involves two people -- the Person in Charge is the person who's suffering from cramps, and the Coach is the person who's there to help ease the pain away. (If a male therapist is working with a female client, be sensitive to charges of sexual harassment. At home or in a professional setting, where privacy is more assured and rules of ethics are in place, the PIC can loosen or unzip clothing on the abdomen so the Coach can get a better grip on the tissue).

The PIC lies on the floor on her back with the knees bent upward. The Coach sits or kneels facing the PIC, on the same side of the body as the PIC's menstrual pain. As soon as possible into the technique, the PIC should lower the knees and flatten the legs on the floor, because doing so increases the effectiveness of the technique.

The Coach asks the PIC to gently palpitate and squeeze her abdomen with both hands to find the most tender spot or the area of most menstrual pain. Once the PIC has identified the spot, the Coach positions her hand like a claw -- as if turning a combination lock -- and grasps the tissue with her fingertips, gently twisting and holding it in place. This is called a "torque." It doesn't matter which way you turn, just twist whichever direction is easiest for you. As in all Rossiter techniques, movement is done s-l-o-w-l-y and deliberately. Hold the torque for 30-60 seconds. Grasp the tissue gently the first time, and then go in deeper on following

torques. The PIC will feel a slight increase of pain at the tender spot as soon as you grasp it, but the pain will begin dissolving quickly. As you get better at this, you can feel the tissue move and loosen with your fingertips.

Repeat the torque several times, each time asking the PIC to feel the abdomen and again locate the most tender spot. As you ease pain in one area, the PIC will be able to find tender spots elsewhere. As one crampy area dissipates, another may pop up. Repeat the process until the cramps are gone. Once you get proficient at this, the entire process should take no more than five minutes.

You can increase the power of this technique, once the two of you have done it several times, by asking the PIC to "lock" her feet -- push out with the heels and pull the toes toward the head while the Coach torques the tissue. The locking position further elongates the connective tissue to produce even greater pain relief in the area of the cramps. Make sure the PIC keeps breathing throughout the techniques and unlocks after each one to relax.

With the same kind of simplicity and approach to connective tissue, the Rossiter techniques can relieve pain elsewhere in the body.

Future Plans

Rossiter's goal is to make the program available in many settings - schools, health-care practices, sports programs, individual homes. His program can be installed through on-site training, week-long seminars or online at www.rossiter.com, a Web site that includes the necessary theory, information and practical steps for learning the stretches. The site includes instruction, level-by-level testing, database tracking, streaming videos and online help.

"So many people get caught in the medical system's trap of drugs, splints, shots and surgery - none of which have been proven to be effective and many of which have serious side effects," says Rossiter. "My goal is to give people the skills and knowledge they need to work as a team to get out of pain, whenever and wherever they need it."

Information, contact Rossiter & Associates at 1-800-264-8100 or (513) 541-3559. Or e-mail hrh@rossiter.com or kenn@rossiter.com.

The Effect of Language in our Lives

by Diane Smith and Ilene Whipple

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The phrase, "What you eat is what you are", is true. Also to say, "What you say and feel is what you are". The words and phrases that we choose to use in our language affects all aspects of our lives.

Frequency

All words have a frequency associated with them. Words both said and unsaid have similar measurable frequencies. Positive words such as "Love" and "Peace" have tremendous healing frequencies. Conversely, words such as "Hate" and "War" have a negative resonance in our lives both socially and cellularly. As we know from Touch for Health, all frequencies are stored in the body. We also have a subconscious, and every incident in our lives words, thoughts, and deeds, are stored in our subconscious. We know the body is ability to store muscle patterns, emotional patterns and sabotage programs are heavily influenced by thought patterns. Therefore, making a choice about the phrases and words that we choose to use becomes crucial. Once we recognize and change the effects and the frequency of our thoughts and words we create lasting change in our bodies on an emotional, spiritual, mental and cellular level.

Choosing

Our language and the phrases that we choose to use over and over again reveal how we feel about ourselves and others in a subtle way. An example is the person that is talking about a difficult situation and keeps using the phrase, "I can't handle this". They are revealing in this phrase that they feel this situation is too magnanimous for them to be able to find a solution for. They are putting up roadblocks to finding a possible solution and also they are creating new health problems to overcome for example, carpal tunnel syndrome, tendonitis, arthritis and others. By

using this phrase over and over again when life hands to you large challenges you create a situation where the body does just what you told it to do not handle the challenge. The day has come for people when they use this phrase that their hands do not work, and when they go to the doctor to find out why, the doctor is unable to find a physical reason why their hands do not work.

Subconscious & Conscious Mind

Using the word too, as in, "This is too hard." Because the English language spells too and two differently and distinguishes their meanings, the subconscious grasps the words similarly. For example when you say, "This is too hard", what your mind and subconscious hears is "this is two hard" then doubles the difficulty of your present situation. Also, by using the word hard we create a hardness in our bodies that may turn into physical problems such as sore muscles, acupressure points that are hard or a whole body tightness. The more that we remove this word from our language the more we create flow and ease in our lives.

An important point to understand is that our subconscious does not know how to process or understand certain negative words. By using these negative words we create unknowingly sabotage routines. Our subconscious does not process the word won't. So I say, "I won't eat potato chips." What our subconscious just heard and processed was, "I eat potato chips." Guess what you are doing? Eating potato chips. By recognizing these key words or indicator phrases, we as facilitators can address the client's blockages more efficiently and help them through their conscious language from further implementing the negative thought pattern.

Reflective Language

Reflective language is a major part of our lives that helps us understand what is going with ourselves. As you listen to your client talk about someone who has offended them, or how they have been wronged, turn it around and see how that applies to them. Remember this also applies to you in your life. For example, a recently divorced woman said about her ex-spouse, "I have so many techniques and things that could help him." Her wise friend said, "No, you have many techniques and things that can help you."

Common Sabotage

Another common sabotage routine is expressing what we don't want, instead of where, how or what we do want. For example; I don't want debt, I don't want to be sick, I don't want the kids to be sassy; the list goes on and on.

What does our body really hear? When we are not specific of what we do want our mind can take us anywhere. As we are more specific, of where we want to be, or how we want to be, we will have balances that hold longer and are more beneficial for you and the client.

Other Challenges

These are the many of the types of challenges that we can avoid for ourselves and others just by tuning in to these phrases and turning them into positive phrases that become reinforced as we use them over and over. Once a non-beneficial phrase is replaced with a beneficial one, along with a balance, the healing takes place on a deeper level and is automatically reinforced through use of the beneficial phrase.

Creating Goals

When we sit with a client and make a goal for the session this is where the Kinesiology and the most beneficial wording would take place. First it is necessary to listen to the phrases that the client is using over and over again. By listening closely to how a client phrases their words we can gain insight into how they are being affected by their thoughts and belief programs. Through this insight we can define sabotage routines and phrases that are creating roadblocks. Then, in creating reinforcing phrases for the client and goals for to help

them move forward in their lives, we use Kinesiology to obtain the most beneficial wording for that particular client.

After the goal or affirmation has been decided it is always beneficial to retest the client to show to them that this is the most beneficial wording for this goal and always keep in mind that we want to balance them for the goal that is their highest priority at this point in time. At the same time, we want to be aware that we are using beneficial phrases for ourselves. Many times we are using phrases that we are unaware are causing sabotage routines or more challenges for ourselves. We want to replace these in our own language so that we do not pass these along to our clients.

Conscious Language

Conscious Language is the vessel on which we float through life. By learning how to recognize and use the oars on our vessel, we can steer our inner dialog and truest self into more pleasant waters. Even though the weather and its severity are unpredictable, we can teach ourselves to be better prepared for the journey and prevent our boat from tipping over time and time again. By taking full advantage of the tools and designs of our subconscious, we can change the direction of our vessel completely and take positive control of our lives. Just like a rock tossed into a still pond, the ripples of our actions and words are evident. Like that ripple on a crystal clear pond, positive conscious language can have unmeasurable positive effects.

Source Material

There are many books that have beneficial phrases to help clients and yourself in phrasing goals and affirmations. Some of them are:

Feelings Buried Alive Never Die, by Carol Truman

Heal Your Body A-Z, by Louise L. Hay;

Releasing Emotional Patterns with Essential Oils, by Carolyn L. Mein D.C.

Common Phrases and Possible Replacements

Here are some common phrases that we hear day in and day out and possibilities for more beneficial phrases to replace them with:

No problem	It's a pleasure
What's wrong	What's going on
Math problem	Math sentence
Hard	Challenge
You're old	You're experienced
My little brother/sister	My younger brother/sister
I can't	I find it challenging
It's stupid	It's silly/funny
I will try	I will do
Starting over	Moving on
Wife/ Husband	Life Partner

Here is a double whammy:

This math problem is really hard This math sentence is really challenging

Anchoring Technique

The following anchoring technique is taught in class:

Take a place with a negative connotation

1. Find a word to make it positive
2. Write that word on a paper
3. Stand in front of the paper and think of the place - once that place is in your body
4. Stand on the paper and feel the new feeling associated with that place - once you fall forward
5. Get off the paper, shake it off
6. Get back on the paper - see how positive that place feels now.

Weight Loss: A Different Approach

by Wayne W. Topping. PhD

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America is now the fattest nation on earth and getting fatter at a fast rate. Yet weight loss is a huge industry. Why are we failing? Its time for a rethink.

Americans are getting fatter in spite of about 15 years of low fat foods, lots of exercise equipment, and tens of different weight loss diets. Maybe, instead of being overly focused on weight loss, we should see overweight as evidence that the person's life style is unhealthy and initiate appropriate changes. The basic premise here being that the healthy body/mind will tend to normalize its weight.

Back to Basics

Last year at the TFHKA Annual Meeting I described how the Italian economist Vilfredo Pareto had discovered that 80 percent of the wealth went to 20 percent of the people. In broader terms, the 80/20 Principle, Pareto's Principle ~ asserts that a minority of causes, inputs or effort lead to a majority of the results, outputs or rewards. Therefore, the majority of health problems (the 80%) will be caused by a few significant factors. If the client's goal is to lose weight, what are the few changes or life style corrections needed in order to maximize the client's results?

The excess weight is an obvious symptom that their body/mind is out of balance. However, rather than over focusing on the weight why not broaden (no pun intended) the picture. As a person becomes more overweight they can develop hypertension, heart disease, stroke and diabetes. They have a greater chance of developing cancers of the breast, uterus, ovaries, colon, rectum and prostate. As one gets heavier it becomes more difficult to move and energy decreases. Decreased self-esteem can lead to use of comfort foods (junk foods) that make one feel good temporarily. Yet those same foods are usually biocidal and accelerate the decline in health.

Thus rather than having weight loss as the

only issue it would be wiser to see that goal in its proper context of improving health. That way the client is less likely to try to lose weight with Fen-phen or liquid protein diets and kill themselves in the process. No sense in winning the battle (weight loss) while losing the war (dying prematurely).

Our client's goals are then going to be about adequate restful sleep, appropriate exercise, a diet that supports all aspects of life, having an appropriate balance between recreation and work, etc. As their body/mind goes back into balance their weight should normalize.

Because we are more interested in improved health rather than the quick fix probably the number one need is for proper motivation.

1. Motivation

If a client comes in to me wanting to lose weight, I want to see the extent of their desire to succeed. If their major reason to lose weight is to get their spouse off their back, then I know their chances are poor. They are not losing weight for the right reasons. What will happen as soon as they have a major conflict with their spouse? You are right! Gain weight ~ to punish the spouse. To lose weight the client needs to have their own very strong internalized reasons.

I believe that for a client to be successful in losing weight and improving health the number one requirement is to make it a BURNING DESIRE (what motivational speaker Jack Zufelt calls a CORE DESIRE).

Probably the top two New Year's resolutions are to lose weight and to get fit. Yet 15 percent of those people who

sign up for memberships to gyms and fitness clubs around the New Year don't even show up a single time. Hardly a core desire! To successfully achieve their goals clients need to make weight loss a 'core' desire on a 0-100 scale. The desire needs to be so strong that they will do whatever it takes. Setting a goal doesn't ensure success. However, crystallize the desire into words to provide a focus and commitment, make it a core desire and achievement becomes inevitable. Looking back on my life at the goals I've achieved ~ such as running a sub-3 hour marathon, and climbing the Matterhorn ~ I recognize that I made them core desires.

Ask your client what their goal is. Is there enthusiasm and conviction in their voice? How would you rate them on a 0-100 scale? How do they rate themselves? Repeat the process with muscle testing:

"On a 0-100 scale, with 100 being maximum, your desire to achieve this goal is 30 or above (test indicator muscle, IM).. 40 or above (test IM)... 50 or above (test IM)", etc., until the IM switches off: If less than 100% what does the client need to do to bring it to 100%?

Once their goal becomes a core desire they will make the other life style changes necessary, they will do whatever it takes.

2. Oxygen

Anyone who is serious about significantly improving their health will want to do aerobic exercise for improved metabolic functioning, better circulation, assimilation, digestion and elimination, blood purification, strengthened immune system, and fat reduction. Last year I recommended Body Flex as a very convenient exercise routine to oxygenate the system. Oxycise is another possibility.

Diets can decrease subcutaneous fat. However, to change the body's metabolism so that you burn more calories 24 hours a day you need to make the muscles leaner by decreasing the intramuscular fat through aerobic exercises.

3. Water

W. Duane Albert, M.D., at the Orange Coast Medical Clinic in Southern California, says: "Incredible as it may seem, water is quite possibly the single most important catalyst in losing weight and keeping it off." Why?

- When the body gets less water, it thinks this is a threat to survival and it begins to retain as much water as it can. This results in swollen feet, legs and hands. Therefore, to get rid of fluid retention, drink more water.
- Drinking more water suppresses the appetite naturally. There is a decrease in hunger almost overnight.
- Water helps the body metabolize stored fat; a decrease in water intake will cause fat deposits to increase. The kidneys cannot function properly without adequate water. When they don't work to capacity some of their load is dumped onto the liver. However, one of the liver's primary functions is to metabolize stored fat into usable energy for the body. The liver cannot function optimally if it has to do some of the work of the kidneys. Consequently the liver metabolizes less fat and more remains stored in the body.

Dr. Albert recommends that maximum fat is burned by consuming 1 quart of water over a 30-minute period in the morning, 1 quart during 30 minutes around noon, and 1 quart between 5-6 p.m.

4. Minerals

When animals chew or gnaw on a wooden fence or gate, an intelligent farmer recognizes this behavior (cribbing) as a symptom of mineral deficiency. When pregnant women eat coal, clay, chalk, etc. (geophagia) we think it is strange and fail to recognize the innate drive to get more minerals into the diet. These are examples of pica, defined by Longman's English Larousse (1968) as "a morbid craving to eat things not normally eaten, e.g. coal, chalk".

We see pica in children who pick their nose and eat it, or eat lead paint, or children and adults who bite their fingernails. However, in America most pica, largely unrecognized, is manifested as chewing gum, cravings for sugar, chocolate, snack food, soft drinks, as well as smoking, alcohol and drug use. Such substances cannot correct the underlying mineral deficiency, cravings continue unabated, the empty calories contribute to weight gain, and the health becomes more and more endangered due to further depletion of vitamins and minerals.

Therefore, if anyone is serious about improving their health and losing weight they will decrease their intake of biocidal foods, increase their intake of biogenic foods and supplement to ensure they are getting adequate minerals, especially chromium and vanadium (these deficiencies result in thirst for soft drinks and hunger for carbohydrates (soft drinks, coffee and teas with added sugar, alcohol, pasta, candies desserts, bread, etc.).

5. Stop Training Like Sumo Wrestlers

The world's experts at gaining weight are the sumo wrestlers of Japan. They use four major eating behaviors in order to gain colossal weight. Mary Roach, in her article *Advice from the World's Biggest Weight Experts: Their Gain Can Be Your Loss* points out that people wanting to lose weight are often using the same behaviors and are mystified as to why they are becoming more like sumo wrestlers.

Sumo wrestlers have learned to put on maximum weight working out five hours a day seven days a week on a low fat Japanese diet comprising mainly rice, fish and vegetables. They have determined that it isn't primarily what you eat that makes you gain weight, but how and when you eat, and what you do before and after eating.

a. **Sumo Wrestlers Gorge**

Sumo wrestlers eat most of their food in one or two large meals a day and never eat breakfast. Gorging apparently allows more weight gain

than eating the same number of calories spread out through the day. Fooling your body into thinking you are starving by skipping meals slows down your metabolism so that you burn fewer calories in order to conserve energy.

In 1972, Franz Halberg, an expert on chronobiology, the study of physiological cycles, conducted a study where for one week subjects ate a 2,000 calorie meal within an hour after getting up. The following week, they ate the meal 12 hours later. Most of the subjects lost weight on the breakfast-only pattern, and gained on the dinners (Roach, 1993). The sumo wrestlers had already figured this out.

b. **Sumo Wrestlers Sleep After Eating**

Even though the typical midday meal of fish stew, rice, and pickles isn't all that rich, sumo wrestlers help ensure that most of it goes to their waistlines by taking a nap after lunch.

c. **Sumo Wrestlers Exercise Then Eat**

Normally, exercise would boost the metabolism so more calories are burned. However, sumo wrestlers have found that by exercising on an empty stomach the metabolic rate is reduced and the exercise burns up fewer calories.

d. **Sumo Wrestlers Eat Their Meals Together**

A meal eaten with other people is likely to be considerably bigger than a meal eaten alone: 44 percent larger, according to one study, and with an average of 30 percent more calories and fat.

Lessons from the Sumo Wrestlers

Sumo wrestlers' behaviors are designed to put on excessive weight. Ironically, Americans trying to lose weight are often doing the same ~ reducing the number of meals,

skipping breakfast, sleeping soon after their evening meal, exercising then eating, etc.

To lose weight do the opposite of the Sumo wrestlers:

- Eat lots of small meals, e.g. breakfast, lunch, dinner, and a couple of snacks.
- Don't skip breakfast.
- Never starve yourself.
- Eat your biggest portions early in the day.
- Don't exercise on an empty stomach.
- Do aerobic workouts. Anaerobic exercise won't burn fat.
- Avoid eating more than you need when dining with family and friends.

6. Psychological Reasons for Weight Gain

In an article entitled "Is marriage making you FAT?", Richard Stuart and Barbara Jacobson point out that they surveyed almost 25,000 women and found that by the thirteenth year of marriage, wives had gained an average of 24.7 pounds, while their husbands had gained 19.4 pounds. Happily married women had an average weight gain of 18.4 pounds while unhappily married women had gained 42.6 pounds.

Stuart and Jacobson concluded that married women gain weight for three major reasons:

- a. Because of the responsibilities and stresses of being a wife and mother.** Stress leads to the consumption of comfort foods. Therefore, use ESR; exercise to burn up stress hormones, and carve out some 'alone time'.
- b. The security of a trusting, loving relationship may mean that a woman does not make an effort to keep the weight off.**
- c. Marital and sexual problems.** Food is eaten to tranquilize anxiety and provide comfort against feelings of

loneliness, anger, depression, or helplessness. Rewards for over eating include:

- To avoid being attractive to other men.
- To lessen chances for an affair or becoming sexually promiscuous.
- To diminish her husband's sexual desires.
- To inhibit her own sexual desires.
- To have a less feminine body.
- To protect from abuse -- sexual, physical, or emotional.
- To hide her true feelings.
- To keep from leaving her partner.
- To have more power. To stop from being pushed around.
- A way to rebel against someone who wants her to be thin (parents/husband).
- To mask fears of marital failure. Being fat justifies a husband's disinterest and even his abuse.
- Being fat means that when people accept her, they like her for who she is, not for how she looks.
- Food is a convenient substance when love, affection and sexual pleasure are lacking.

Muscle testing can be used on statements to see if there is any stress around these issues. Stress can be defused using eye rotations and brain integration as described in Topping (1985 and 1990).

Conclusion

Weight loss should not be overly focused on weight reduction but should be aimed at improving health and the quality of life. This will include getting sufficient aerobic exercise, drinking adequate water, supplementing with a mineral complex or whole foods. It means eating three or more times a day, not skipping breakfast, not eating a large meal just before sleep. It means addressing marital and sexual problems and stress reduction rather than using food to tranquilize the body/mind.

However, the number one requirement to improve one's health and lose weight is to make this a core desire. The client will then do whatever it takes until they succeed.

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Binary and Analog Muscle Testing

Researched and developed by Alan Sales

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Abstract: This presentation is about a new form of muscle testing and balancing of enormous value. It takes into consideration the fact that living systems are always moving in some way or another. Traditional muscle testing in contrast is relatively static. This new, so called analog testing, takes care of that important dynamic component. The presentation is based on the findings of Alan Sales, U.K., as published by him in 1997. The practical uses of it are far reaching and might well have a big influence on how kinesiology will be practiced in the future. The method, which has already been presented last year in Zurich by Alfred Schatz, is easy, has shown enormous benefits and can be utilized immediately in any form of kinesiology.

Kinesiology is the study of movement. Life is movement.

When we look at muscle testing, we have to admit that it is relatively static. It would seem to be a better idea to study muscle *function*, not only a Yes/No or On/Off response of the muscle, but also to look at the *dynamic function* of the muscle. Kendall & Kendall discovered the range of motion of different muscles with electrical stimulation (electromyography); so we know the exact amplitude of a muscle. Then why test a muscle in one position and not another? Its the same muscle.

Richard Utt pondered that question and looked at a muscle through its whole range of motion. He developed a system with fourteen positions, related to object and reference meridians. Fantastic. That has already changed our way of looking at the body.

But now is raised another question: Why 14 and not 1000000 positions. All steps in between also belong to the muscle. In Applied Physiology, even though we monitor the muscle in seven positions from contraction to

extension, and in seven positions from extension to contraction, the muscle is still tested in a binary mode (static state).

If a muscle doesn't hold in a certain position, we assess it as a switched off muscle, or a « weak » muscle. But, for example, let's take the Quadriceps: Even when it is switched off or « weak », we can still jump up and down... Therefore we don't have a complete picture of the muscle...

We have to admit that we are bold, and often wrong to assess a muscle the way we do. We can't conclude on the overall functional state of the muscle based on that observation alone.

Being able to hold in a certain position is an important function of a muscle; monitoring a muscle in such manner, is called *Binary Testing*. But *the human body is dynamic* and in motion most of the time, the essence of Analog Muscle Testing covers this dynamic aspect, with the muscles being monitored in motion, and « *under load* » or subject to stress.

This is a new concept: To demonstrate how a

muscle can show its *whole movement abilities* as in daily life. This allows us to find graduations in *muscle functionality*. We don't monitor only an on/off response, but also *how far On* or *how far Off*.

We therefore don't test in a fixed position, but in *movement function... because life is movement!!*

The Binary system, based on computer technology, can be defined as consisting of utilizing two operations to produce a third performing operation.

Converting this functional analogy into the context of muscle testing, *Binary Muscle Testing* is essentially a two dimensional test procedure in terms of the assessment of performance of any part of the biocomputer system. It therefore represents either a locked or unlocked/enabled or disabled status of the muscle feedback mechanisms.

In terms of the display mechanisms which are the muscles themselves, there are no in-between states. By definition, the picture is restricted to only two planes of functional feedback output. Even when monitoring within the whole range of motion, the testing displays a binary on/off function at every point along its travel, from contraction to extension and vice versa. This type of testing, as it is used in Applied Physiology, can convey valuable information concerning the meridians which are affecting the performance of that muscle or its related aspects in terms of its related organ, etc., but in terms of the full potential of the muscle, this cannot be the whole story as it still appears to be only one facet of the muscle's total function. What about all the operational support mechanisms that enable the muscle to function correctly? Something seemed to be missing...

Analog Muscle Testing may well turn out to be a broader representation of the muscle and its function as a whole unit.

The Analog System, in terms of current computer technology, operates quite differently. It measures data in a proportional way rather than counting singular aspects, having the ability to measure and/or compare many variable aspects of the system and the components within it. In relation to muscle

testing, the muscles become the variables, truly modulating indicators, within the range of motion from contraction to extension and vice versa.

Converted into muscle testing, this functional analogy becomes a test of the muscle's ability to slowly perform a given operation under load rather than its ability to resist a binary challenge.

Therefore, a "mushy" muscle -- the one that is not quite *on* or *off* -- can be interpreted as the analog display mechanism's attempts to try and display a given status which does not involve binary principles.

In the analog test state, the muscle possesses a third quality of display and becomes a multidimensional feedback mechanism able to provide information on the whole performance of the entire system, of a circuit within that system or even of a single component of that system. In this mode, the muscle no longer displays solely on the principle of locked/unlocked. It also indicates the status of how much of the system is performing by measuring any or all of its variable qualities which make up the whole. In other words, it's a *holographic muscle test*.

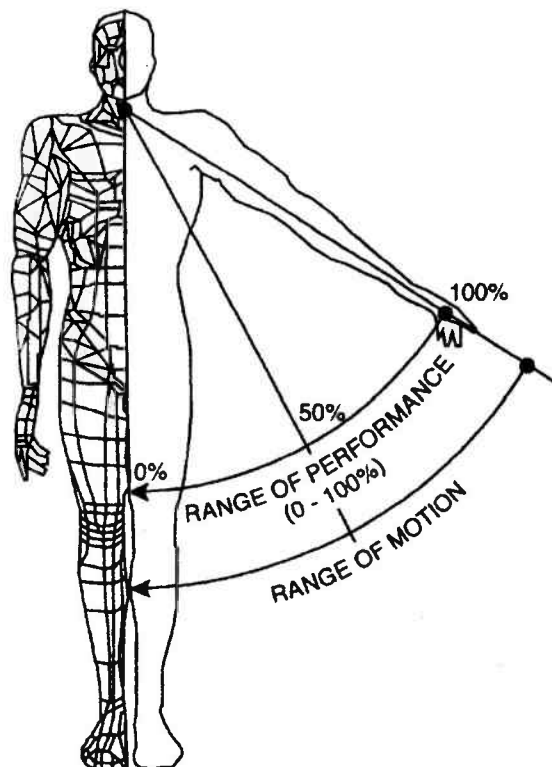
Conclusion:

In this analogy, a *binary test* would indicate whether the body/mind system is operating or not, and an *analog test* would indicate how much of what is «On» is operating and functioning correctly, and how much the combination of what is «On» and what is «Off» is affecting the system's overall performance.

Analog Muscle Testing keeps the muscle under a constant load, asking the person to continue to hold (resist) while holding the *Analog Mode* (Thumb pad to nailbed of little finger. Fig. 2). The alternative to the Analog finger mode is to just *gently rock the muscle back and forth across its normal start position just prior to the testing* and this informs the biocomputer that the muscle's ability to perform is about to be monitored in a *dynamic state* under load.

At a certain point in the range of motion in the Analog test, the muscle locks and holds

(unless of course we are looking at a flaccid muscle). The appropriate correction will improve the muscle performance, thus be able to hold in the TFH position, which is the most contracted position ; this will reflect 100% functionality (Fig. 1). The same principle may be applied from extension towards contraction.



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Figure 1: Diagram of Analog testing of Supraspinatus

A muscle worked on this way has almost a holographic effect on the body, giving far-reaching benefits and producing profound changes when used in balances, over and above what we get with the normal muscle testing.

Alfred Schatz calls Alan's discovery a "*Quantum Leap in Kinesiology*".

Charles Krebs also has been working enthusiastically with Analog Muscle Testing for over a year now. He has calculated the different neurological pathways that the impulses follow through the brain, and feels that the "*Analog Muscle Testing is really and*

truly totally subconscious testing controlled by the Cerebellum rather than the conscious-subconscious Cortical-Limbic circuits of Binary Muscle Testing. These cerebella circuits may contain quite different information than the more usually tested binary circuits, which until the invention of Analog Muscle Testing remained «hidden» to kinesiologists."



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Fig. 2 : Analog Mode: Thumb pad to nailbed of little finger

Basic Concept and Practice of Analog Muscle Testing:

A) Basic principles of analog muscle testing:

1. Put a muscle in its contracted position. Test & balance as usual. This ensures that the muscle is a reliable indicator using the binary system first (In absence of specific data, the muscle displays its current status on a general level in binary form).

Note: If the muscle locks, it simply displays an On/enabled state, but isn't an indicator of its current performance in relation to its full potential.

2. Hold Analog Mode (thumb pad over nail bed of little finger) or enter it into Pause-Lock. This instructs the biocomputer to measure and analyse many different variables in order to respond.

3. Retest the muscle, applying continuous pressure towards extension. If the muscle unlocks, allow it to continue slowly against resistance, keeping the pressure on lightly until the muscle locks, at some point on its travel to maximum extension (you are effectively testing the muscle in motion) and under load.

Note: Load = Stress (in any form)

4. Observe at what position of the range of motion the muscle locks (The position at which the muscle locks provides a readout of its actual performance. If it locks for instance in the middle of its travel through the test range, it is only performing at half of its full potential. It indicates that the system as a whole, including all of its support systems is only performing at half of its full function. Fig. 1)

B) Analog testing and balancing procedure as in a TFH 14 muscle balance

... First, do a 14 muscle balance the usual way, in Binary state (for demonstration purposes).

1. Hold Analog Mode or enter it into Pause-Lock.

2. Begin as usual by testing Supraspinatus. If it shows a slack:

3. CL the NL, NV, Acu points, etc. while you are retesting Supraspinatus still in Analog mode.

4. Apply the correction that gives the most increase in function of the muscle.

5. Retest the muscle (still in Analog Mode).

6. If it is still not at 100% of its performance, check for the next balancing option (the one which will show the highest increase in muscle function) and apply it accordingly.

7. Repeat steps 5 & 6 until the muscle performs at 100% when tested.

8. Check the next muscle in its Analog Mode, and repeat steps 3 - 7 until all 14 muscles perform at 100%.

C) Using Modality Mode:

[See Appendix for more information on the

Modality Mode.]

This procedure allows us to select the highest priority imbalance and apply the most appropriate balancing technique.

Again, let's take the TFH 14 muscle balance as an example:

1. Enter *Analog Mode* and *Modality Mode*

2. Check one muscle after the other: Only the one which meets the modality criteria will show. (You can even speed up the process by identifying the meridian which supplies the muscle in question: Check the alarm points and then the muscles which relate to the meridian of the alarm point that gave an I/C.)



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Fig. 3 : Binary Mode: Tip of thumb nail to nailbed of little finger

3. Hold or enter *Binary Mode* (Tip of thumb nail to nailbed of little finger. Fig. 3) into your circuit. (Note: The alternative to the Binary finger mode is to hold the muscle stationary on its start position for a few moments prior to the usual test, which informs the Biocomputer that the muscle is about to be tested in a *static state* under load.)

4. Enter or hold *Modality Mode* again and check for the appropriate balancing option (Now only the most appropriate modality will show (the "priority of priorities")

5. Apply the appropriate balancing procedure as revealed in step 4

6. Let go of Binary Mode, and hold or enter Analog Mode into your circuit
7. Recheck the muscle
8. For demonstration purposes, check all 14 muscles. Most of the time, all of them are 100% functional. If not, you just repeat the above procedure with the remaining ones.

Appendix - MODALITY MODE



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Figure 4..Modality mode: Surface of middle fingernail to distal thumb crease

As practitioners, when we screen our kinesiology tests with Priority mode, we are sometimes presented with several aspects of imbalances in the biocomputer, all which require corrections as a priority. Alan Sales' interpretation of *Priority* is that it reveals a "ready to fix/accept the correction" type input. That is maybe the reason why kinesiologists often find more than one priority and struggle to find a clear direction.

We could be even more effective by allowing the body/mind system to dictate its required mode or specific state of operation, giving us direction and simple sequence to the desired tasks.

"The **Modality Mode** appears to allow the « body's innate wisdom », its knowledge of the true « causal factors » involved in an imbalance,

to be expressed even more fully than with Priority Mode" (Charles Krebs, founder of LEAP). "**Modality**" describes the state or qualities of being "*In Modal*" or simply "*In The Mode*", the "Way a Thing Is Done", giving the biocomputer a "Specific State of Operation". This mode directs the practitioner to the deepest underlying imbalance and allows the body/mind system to make the most appropriate selection from the menu offered.

The **Modal**, in simple kinesiology terms can be defined as the *correct category, sequence or order in which we should be operating within the body/mind system*. To enter the Modal command into the biocomputer, we use the new **Modality finger mode**, discovered by Alan Sales in 1996. This mode is very similar to the Priority finger mode, except that it is the nail itself of the middle finger that touches the interphalangeal joint of the thumb, instead of the tip (see diagram below).

The **Modality mode** will differentiate between multi-priorities to give you the sequence or mode of correction that the biocomputer prefers out of the menu or choices of priority that are offered. In other words, Modality gives us what Alan Sales calls the "*Priority of Priorities*", and what Alfred Schatz (IKC faculty for Germany) refers to as the "*Highest Priority*". For Sandy Gannon (IKC faculty for England), Modality gives the "*Core to Correct*", meaning that even if several "priorities" are indicated, the modality being one of them, that correction then appears to make other priority corrections unnecessary, as they will no longer show once the modality has been addressed.

Alan Sales believes that the Priority Mode and the Modality Mode operate different programs. He also holds that the great power and the unimaginable complexity of the biocomputer make it capable of working in two programs (and more than that) at the same time; that's why it is so very helpful to use modes to make our commands/requests for information as specific as possible.

A common example of its use is to pause-lock the Modality mode at the beginning of a balance with nothing else in circuit, and then select the modes of operation or correction procedures. This may save a great deal of balancing time as the practitioner is directed to what really matters.

The application of Modality can take many varied forms, and is subject to the limits of knowledge and imagination of each practitioner.

Healing Qualities of Sound Using Tuning Forks

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About Applied Physiology

In the middle 1980's, Applied Physiology (AP) was developed by Richard D. Utt, L.Ac., in Tucson, Arizona. Modern physiology, natural healing science, the meridian system of traditional Chinese medicine as well as the methods of applied Kinesiology are integrated in AP and build a holistic method of examination and treatment.

Nearly every body function or circuit may be activated energetically and influenced positively. This may be done by many different correction methods and every practitioner may include the whole range of systems familiar to him/her.

AP utilizes a very different way of muscle monitoring in that muscles are tested in different states of contraction and extension, the extension of the five-element system into the seven-element system, the extraordinary use of the pause lock as well as the "hologram" and the "setup."

Practitioners in health services as well as in learning enhancement can benefit from the use of AP.

Overall, AP is a holistic treatment and observation model with a systematic overall concept. As a symbol, we primarily use the hologram. It conveys the procedure of creating three-dimensional pictures with the use of laser light. An essential feature of a hologram is the entire body of information contained in a picture, even the details. You may have seen an exhibition of holograms. The visitor walks into a dark room and can observe various objects that consist merely of light but that you can walk around.

The essential parts that are necessary in order

to create such images offer a good analogy to what is used in AP. First, there is the light, divided into an object ray and a reference ray. AP also requires an image carrier, the original hologram. When, for instance, one looks at a slide, one can recognize the object directly. In contrast to normal photographs, a holographic image carrier (if we were to inspect it closely) would reveal only a wave pattern resembling the wave pattern you might see in a full bathtub into which drops of water are falling. This causes wave valleys and wave peaks. There are reflections on the circumference and interference patterns with placid zones. You can picture a holographic image carrier as being similar to this. Perhaps you can picture a tub of bath water with such wave patterns. Imagine that water drops are falling constantly from the faucet on the left-hand side, dropping constantly on the same spot. Imagine that on the right-hand side there is a wet washcloth hanging from a rack above the tub and that drops of water keep falling from it, too. If you now focus your attention solely on the center of the tub, you will see a static wave pattern there without seeing the originating causes of it. But, by observing the waves, the reflection, the distances between the wave valleys and wave peaks, you can approximate the origins of these waves. In every detailed section of the bathtub, you thus have all the information on the wave pattern. The case of the holographic image carrier is similar. Using only a section of this image carrier, one can still receive the whole picture.

Let us use this image of the wave patterns now as a description of that which occurs and is present in a living organism in a state of constant flux. Let us take a look at the human organism in its entirety, beginning in the

physical area of the hardest material, the teeth and bones, and proceeding to softer material such as the muscles and connective tissue, and on to the liquid tissues such as blood or lymph, and then on to the energetic areas. There we can take, for example, the neurophysiological activities with the various electrical charge patterns; then the mental areas, the attitudes and beliefs, emotions and thoughts, the entire mental spectrum. We can also take the external areas, for example, the chi of the mountains and landscapes, houses and apartments. All of these areas interact and are intrinsically entwined with each other like the molecules in the various layers of a body of water. They vibrate parallel to each other.

In AP we assume that when we observe just one individual section of the whole, we can receive information about all the other areas as in the example with the bathtub. We can also assume that single level also portrays all other levels. We can, therefore, determine stress patterns via these coordinates; the point on the surface plus the depth level. This is the purpose of our work in the healing professions or in learning enhancement. The object is to determine where the drops of water are falling into the tub and how deep and with what degree of force. Is the surface in motion or does the stress agent cause stronger movement? Does that impact the emotional area or the physical area? What does the stress pattern look like? On what place can it be influenced most easily, simply, quickly and least expensively? We have all had the experience in Kinesiology, regardless of the methods we practice, that things aren't always the way they first seem to be when clients come to us with a particular symptom of problem. Frequently we discover in working with these patients that the originally described symptom was just a final expression of a particular stress pattern. It may be that we first have to start working around the problem, releasing other stress patterns. It is a developmental process that is continually exciting and interesting for both the client and the therapist.

In the practice of AP, we use the muscle meridian relationships from the Touch-for-Health system. Through the muscle meridian relationships alone, the client can receive a

great deal of information - you know that from your daily work. An essential feature of AP is that we now observe the interrelationships of the meridians. We know from Chinese medicine that all five elements are present on each of the meridians. In Touch-for-Health, we also work with these innerconnectivities when we inspect the reactive meridian relationships. Basically, that is the starting point of AP.

Let us summarize the hologram concepts that have just been described. We refer to the meridians that we run checks on, in analogy to the hologram, as object meridians. We then check its relationship to other meridians that we call reference meridians. We thus always look for both object and reference meridians. Then we look, as we did in the example of the bathtub, at various sections or "image carriers;" and we refer to these as holograms. Many of them are known in Kinesiology; for example, the neurolymphatic and neuro-vascular hologram.

In this context, we find the term "setup," as it is very important for the AP procedure. Setup refers to the process of exploring a stress pattern as comprehensively as necessary and a balance as exactly as possible. In this sense, the preliminary activities in edu-kinesthetics or a verbal statement of the goal would be a setup. But we can also activate a certain area through various acupuncture points and hand modes and make it receptive to balancing.

Thus, in AP we also have (in addition to the holograms already mentioned) setups for physical areas such as teeth and muscles, for the anatomy and physiology of the inner organs all the way down to individual types of cellular tissues. We have a hologram for blood chemistry and the hormonal system. We can address energetic areas, electro-magnetic fields, chi energy, the Figure Eights, and others.

In addition to the tried and proven methods of AK, other contemporary natural healing methods are used in AP. These include foot and hand reflexology or flower essences such as Back flowers, Australian Bush flowers, and Arizona Dessert essences. Affirmations are used for attitudes and beliefs and for emotional and thought forms. We use polarity

balances and, of course, a great number of acupressure points, crystals, and our newest method-sound.

To this purpose, Richard D. Utt developed a set of tuning forks that are represented in this course. This method readily lends itself to use in other kinesiological systems. Very good results can be achieved with sound, especially in solving problems in the neurological areas, in the motion areas, and everywhere else that has any connection to the nervous system. These tuning forks can also be used successfully when working with children and in the intermediary steps within the integration process.

In summary, Applied Physiology (AP) offers, especially to the professional practitioner, an elegant link between modern medical knowledge and many areas of natural medicine. It places all this in the framework of an overall concept that enables us to move from one world to the other smoothly and with no gaps, and allows us to apply all our knowledge and experience in the best interest of our patients and clients.

The effects of the Tuning Forks are based on the combination of three principles:

- The AP Tuning Fork set consists of 14 different tuning forks, each one referring to one meridian. Usually every tone made by musical instruments is accompanied by so-called harmonic overtones. The AP Tuning Forks harmonize the corresponding meridian by producing tones of an exact frequency without producing overtones.
- Due to the material used in the production of Tuning Forks, they produce (in terms of acoustics) disharmonic multiples of the root when struck or, sometimes, as they finish ringing. These secondary stresses convey a feeling of vibration similar to that of a gong. These vibrations cause a micro-massage of the nerve tissue via the bones as transmitting agents.
- The simultaneous striking of two tuning forks produces vibrations of a very low frequency that can be perceived only as volume fluctuations. Depending on the combination used, sounds and fluctuations can be produced that create an integration of

the brain and a harmonization of the two hemispheres of the brain.

Using the Tuning Forks

- The tuning forks have been used very successfully in kinesiological balances on stress reduction and in working with children.
- They are very effective in physiotherapy and in all issues involving body movement and coordination.
- Deep and light switching; pitch, roll, and yaw; centering; focusing; and neurophysiological coordination are all influenced positively by using the tuning forks.
- In therapeutic use, the tuning forks show positive effects on neurophysiological imbalances, diseases, and problems concerning coordination.
- Tuning forks often show up as intermediary steps within the AP integration process.
- As with orthomolecular supplements (vitamins, minerals, etc.), tuning forks may be used in therapeutic context as well as in learning enhancement, stress reduction, personal use, etc.

The Tuning Fork Set

The AP Tuning Fork set consists of 14 different tuning forks, each one referring to one meridian. Each fork produces a sound of a certain frequency, balancing exactly one of the meridians of the traditional Chinese Health System (TCHS).

Applied Physiology (AP) is based on the Seven-Element System in which the central vessel and the governing vessel are added to the five elements of the TCHS as the air element. The fire element is divided into "sovereign fire" (heart and small intestine meridian) and "ministerial fire" (pericardium and triple heater meridian). This leads to a slightly different assignment of colors and elements.

Each tuning fork is manufactured in the color of the corresponding meridian with the name of that meridian written on it.

COLOR	MERIDIAN	ELEMENT
Black	Central Vessel	Air
White	Governing Vessel	Air
Yellow	Stomach	Earth
Yellow	Spleen/Pancreas	Earth
Red	Heart	Sovereign Fire
Red	Small Intestine	Sovereign Fire
Violet	Bladder	Water
Violet	Kidney	Water
Orange	Pericardium	Ministerial Fire
Orange	Triple Heater	Ministerial Fire
Green	Gall Bladder	Wood
Green	Liver	Wood

CREATING MIRACLES

NOTES