

Touch For Health Kinesiology Association

Annual Conference

2004

*Healing in the Heartland*

Touch For Health Kinesiology Association of America

PO Box 392, New Carlisle, Ohio 45344

1-800-466-8342, ph-937-845-3404

Fax-937-845-3909

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The papers presented in this Journal reflect the opinions of the authors. Some articles may not conform to the policies set forth by the Touch For Health Kinesiology Association.

This Journal is intended to provide educational and research information on vital energy balancing techniques that have been successfully used to reduce stress and pain. This Journal is not intended to provide medical diagnostic information, and the exercises presented herein are not intended to replace medical treatment where such is indicated.

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## *Healing in the Heartland*

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.



Message from the President

*Welcome, ... to our 2004 **Healing in the Heartland**, conference. You can experience the power and inspiration of today's leading teachers, healers and prominent authors at TFHKA's 14<sup>th</sup> Annual Conference. We are grateful for not only their presence, but for all the many hours of dedicated time they spent to write and gift us with their research and insights.*

*You know our lives can get pretty worn down, and oft we can find ourselves slipping into ruts. Personal renewal and relationships are important. We hope the conference is that for you... a renewal of ole friends, as well as a meeting of new ones, a vacation from the same/ole/same/ole. A time to: ... feel supported by like minded people. A time to ... share ideas or ask for help about health and kinesiology. Many long lasting, supportive and intimate friendships have been established amongst folks at our conferences throughout the years.*

*As author Faith Ranoli, Heart and Soul Practitioner at the Institute of Multidimensional Cellular Healing, in **Recognizing Our Own Personal Power**, writes, "The next time you wonder why you are here, go inside and ask what you can do in this moment to be Source in motion? What can you do to touch another life ...? How can you help someone know who they are....? If you do this, you become the healing center many of us long to create and own. The function of any healing center is to be a resource so others can find their way in remembering the truth of who they are. Owning your personal power and having conscious responsibility for that inner power will allow you the freedom and peace you seek... The map to the path you are traveling and the reason you are here. You will know your mission and believe you can fulfill it. Personal power is trust of oneself in motion, knowing in each moment that everything is as it should be."*

*...that you are in the right place and moment with us at the conference and with many of us who are being called to manifest a **new path** – to renew ourselves in order to be the **wisdom carriers**. Join us in the continued awakening of the world to new ways of thinking and being. We warmly invite you to **INFORMATION, WISDOM,, FRIENDSHIPS and RENEWAL!***

*"First we receive the light, then we impart it. Thus we repair the world." --Kabbalah*

*Please delight our board members who have worked many hours over the past year to bring you this special event at this unique conference site, by personally acknowledging them with your appreciation and constructive suggestions for the future. Thank you DeeBee Benson for the long hours of compiling and formatting this wonderful journal. Enjoy!*

*On behalf of the TFHKA Board of Directors,*

*Jon Cole, TFHKA President*

*Debbie Bethel, Vice President*

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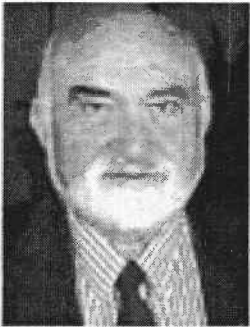
*Joe Bassett, Marketing*

*Matthew Thia, EKA Liaison*



## THE BRIGHT SPOT

Center of the Improvement of Human Functioning International, leading the way to better health for 28 years. Specialists in alternatives, they offer holistic medicine approaches to health including nutrition, heavy metal removal, therapeutic massage, psychoimmunology, detecting hidden food reactions.



## **My Experience With Orthomolecular Medicine for 46 Years**

Hugh D. Riordan, M.D.

What is Orthomolecular Medicine?

Who does Orthomolecular help?

What are the side effects?

What does it cost?

Who are the pioneers?

Hugh Riordan, M.D., Wichita, KS, Founder and President of Center for Improvement and Human Functioning (the Bright Spot) Director and President, International Physician, Olive Garvey Center For Healing Arts Director, Bio-Communications Research Institute. Has published three books and over 70 papers.

Notes:



## Toxicology: A New Understanding

By Joe Bassett

In tests done by the Institute for Health Realities, a foundation funded medical research group, it was found that 85% of Americans are toxic enough to cause health problems. The major toxins fall into two groups:

Petra chemicals - oil, gas, pesticides, herbicides, cleaners, solvents thinners, plastics, plus

Heavy Metals - mercury, nickel, lead and more.

During the presentation, we will demonstrate methods of blood testing that show the affects of the toxins, where they may be in the body, how they affect the person and how to get rid of them. Further, we will show with muscle testing, the location of the problem, what they may be and what they affect by therapy locating the areas and checking the reactions to various toxins. By double testing, we can arrive at what is affected and what is affecting the condition.

### Old Way Medical Model: Disease Model

### The New Health Model

1. make diagnosis	1. pH balance
2. label it	2. anaerobic tendencies
3. treat the label (symptoms and risk factors)	3. free calcium excess
4. treatment may cause additional problems	4. chronic inflammation
5. has no answer to problems that don't fit the label	5. connective tissue breakdown
	6. oxidative stress

These six fundamental sub clinical conditions are common to all:

- a. Chronic disease conditions
- b. Chronic infections and Chronic toxicities.

(Example: Periodontal disease encompasses all six of these conditions.)

Human blood (healthy) pH ranges between 7.3 and 7.45, but at 7.45 blood carries about 65% more oxygen. Because oxygen determines pH, this is very important as pH imbalance leads to; bone reabsorption - tooth decay - yeast infections - bacterial infections - cancer - arterial disease and all degenerative processes.

#### **THE 7 LAYER BUFFERING SYSTEM**

1. Lungs
2. Protein/hemoglobin/blood volume
3. Sodium/chloride balance
4. Kidney/adrenals
5. Urea/citric acid cycle
6. Insulin /thyroid balance
7. Calcium/phosphate status.

#### **SUPPLEMENTS for the above conditions;**

1. Lungs - Bicarb formula - glutamine - bromelain/papain - multi minerals - Vitamin C - B complex - folic acid - Leci P/S.
2. Protein - amino complex - protein.
3. Sodium -Bicarb formula - probiotics - garlic oil - protein
4. Kidneys - reduced Glutathione - glutamine - phosphate
5. Urea/citric - alpha Ketoglutaric acid - cell respiration - CoQ 10 -

amino complex - N Acetyl L Carnitine - Pyruvate.

6. Insulin/Thyroid - GTF chrom - magnesium - vanadium - Vitamin C - protein - protease enzymes - reduced Glutathione - Alanine.
7. Calcium/Phosphate - Vitamin D - phosphate - magnesium - calcium - boron - amino acids - Glucosamine/Chondroitin.

#### **TO RAISE pH:**

Improve lung function (moderate exercise) - adequate protein and albumin - adequate hemoglobin, red blood cells and Hematocrit - adequate amino's, Ornithine, Arginine and Succinate - adequate weak acids lemon/lime, lactic acid (dairy), apples/apple cider ( Malic acid) and vinegar (acetic acid) - adequate phosphate - adequate glutamine.

#### **ANAEROBIC TENDENCY:**

When pH falls, oxygen falls; when oxygen falls we get anaerobic metabolism. It is less efficient than the Krebs cycle, requires less oxygen, results in free radical production and leads to disease.

Sugar or high glycolic foods cause insulin release, when insulin goes up thyroid goes down resulting in anaerobic tendencies. This is survival metabolism.

Excess free calcium leads to chronic inflammation-which leads to connective tissue breakdown-which leads to disease. To correct inflammation you need; omega 3 oils, amino acids and branched chain amino's.

#### **SUPPORT FOR TISSUE BREAKDOWN;**

Vitamin C complex, bioflavonoids, Vitamin A, protein, raw thyroid, GLA, glucosamine, chondroitin and silica.

**MAJOR SOURCES OF FREE RADICALS:** toxic waste in the colon, chronic inflammation, excess iron, ultra violet light, air pollution, any kind of smoking, solvents, alcohol, fried foods, over exercise, oxidized foods.

**MARKERS OF OXIDATIVE STRESS: PERIODONTAL DISEASE, SIGNS OF AGING, ANY DEGENERATIVE DISEASE, CHRONIC FATIGUE,** to overcome you need: Vitamin C complex, B complex, carotenoids, CoQ 10, reduced glutathione, bioflavonoids, SOD, reductase, water, lecithin copper and CLA.

Very obese people have a higher mortality rate, however it is higher among the extremely thin of those who loose the most weight and keep it off.

**TO LOWER CHOLESTROL = (equals)** higher mortality, it starts getting worse below 150. Statin, cholesterol lowering drug, studies show increased neuropathy (pain, parathesia, numbness, demyleninating) for those who use Statin drugs. A 50,318 person study showed higher neuropathy in relation to drop in cholesterol. 12,000 patient study showed after one year that there was no difference in heart attack or death rate between those who took statin drugs and those who didn't. Toxicity raises cholesterol and other lipids.

*The body makes cholesterol to protect people from toxins. To lower cholesterol without considering toxicity is very poor medicine (it poisons the person).*

Proteins lick up toxins. Free iron causes acidity and damage.

**INFECTION REQUIRES:** acid condition, anaerobic tendency, sugar/sweet environment, free iron. Free iron = Disease.

More information available for the asking.  
Joe Bassett 1-800-783-7817

*Joseph Bassett, N.D., Toledo, Ohio, a Naturopathic Doctor, massage therapist since 1980, Touch for Health instructor, iridologist (on Dr. Jensen's board), taught Reiki, taught Dr. Upledger's cranial work, Dutton's polarity work, a founder of Citizens for Health and first board chairman, served on the board of Creative Health Institute (Ann Wigmore's work), Past president of the National Nutritional Foods Association, Past officer in the Michigan Massage Assn.. Joe owns one of the larger Ohio health food stores.*

Notes:





## Research Possibilities and Need

By John Thie, D.C.

### Abstract:

The need for surveillance and research in TFHK is addressed. The increased recognition of TFH and Energy Kinesiology by governments, insurance companies and academic institutions is accompanied by demand for Evidence Based rationale and research to explain the good results that we all report. The Health Freedom Laws passed in California and a number of States has opened the door to a different kind of health care practitioner that is sorely needed, but for the maximum public benefit, we need appropriate proof of our positive outcomes. The members of the Association are challenged to join in the efforts to have this information gathered and published in peer-reviewed journals.

Have you ever been asked, "Where is your research?" I have many times and I haven't been able to give the answers that satisfied the people that asked the question. What people want to know is what peer reviewed research studies have been conducted and published. In Kinesiology there is only one peer reviewed Journal, the Kinesilogic Medicine and Applied Kinesiology. It is published in three languages, English, Italian and German. I have served on the editorial board since its inception. Other Research

Journals that are peer reviewed exist by the thousands but little or no research has actually been done so published materials on Kinesiology is very limited.

I have collected anecdotal reports from people and published these over the years, but these case studies haven't even been submitted because they did not follow, in most cases, the acceptable protocols for publication.

We need to look at how we can fund professional reporting and research into why we are getting such outstanding case reports from the use of Touch for Health Kinesiology. If we don't get these reports published in peer-reviewed journals that are part of the indexed material on the Internet, then it is like we do not exist in the professional community of researchers.

There are a number of different things that need to be considered in doing research and surveillance. What is surveillance? It is finding out what is actually being done in our field. We really don't know who the people are that are using Touch for Health Kinesiology. What is the definition of Touch for Health Kinesiology that would encompass all who apply it completely or in part? How many people use the meridian/muscle rela-

tionships that are the TFHK relationships as compared with the relationship of applied kinesiology? What are the backgrounds of the people that are using TFHK in their professional practices? How may professionals teach and advocate that patients/clients use the TFHK protocols as home care for their health enhancement? How many different models of Disease care use TFHK as an intervention, along with their other methods, in fields such as biomedicine, homeopathy, surgery, dentistry, psychology, naturopathy, chiropractic, podiatry?

Then there is the aspect of surveillance that would tell us about what named diseases, syndromes, and symptoms improve by the use of TFHK. How many practitioners give adequate informed consent? Can we actually give that information? Is there any danger to what we do? Has there been any surveys that follow up on individuals who have had TFHK interventions?

Most professionals say that patients/clients are entitled informed consent: Full disclosure about the risks and benefits of any healthcare treatment whether in clinical practice or in clinical trials. Informed consent also includes telling the patient about alternative methods that are available and the dangers associated with the alternatives compared to what you are offering. I imagine that a systematic review of the literature about kinesiology would yield almost no information about informed consent.

I have been strongly in favor of finding out

who is doing what and what are the outcomes of the interventions in people's lives that are using kinesiology. I have shared my personal experience, which is extensive, over the years. I continue to use the TFHK protocols in all aspects of my life. I know from my personal clinical practice since 1965 that I have not had any adverse outcomes from using TFHK protocols. Not all my outcomes were satisfactory to my patients, or to me but none were adverse. I have shared TFHK with people that have shared it with people around the world in over 100 countries and I estimate that hundreds of thousands of people have benefited from the methods, if not millions. But I have no solid proof; no surveillance or research published that will back up my personal observations.

Can we look to do RCT (Randomized Clinical Trials), the biomedical, the so-called "Gold Standard" of "Scientific Medicine" with our methods of intervention? I wonder because of the differences in our model from the models, which the RCT's evaluate.

When we do an intervention we use what anthropologists would call '*performance efficacy*' methods which relies on the combined use of the power of belief, the theory of the intelligent design of the human through evolutionary changes, Holistic approaches, imagination, symbols, meaning, expectations, persuasion, self-relationship, self-responsibility, goal setting, touch, exercise and self evaluation as the more important aspects of evaluation. In contrast the biomedical model uses what is called '*fastidious effi-*

cacy' which relies on specific biological consequences, which can be measured separately from the consciousness of the persons involved in the evaluation of the outcomes. This method attempts to remove the things we rely upon for our results, so that the biological changes that may take place can be measured specifically as a result of the intervention exclusively.

Our methods recognize the importance of the relationship between the people involved and how this relationship affects the whole person, the Soul. I use that word Soul meaning both the content of the patient-practitioner interaction and the full context of the interaction. We rely on our getting an agreement with the patient about the nature of the problem(s) and explanation of what we believe will allow the person to recover by the use of our methods and protocols.

We rely on the patient's evaluation of themselves and never discount the conscious feeling of the patient about their condition. We provide our theory that demystifies our interventions and the changes for the better that occur. Our goals are often broad, and indeterminate by biological testing (allowing the patient to evaluate with muscle testing the improvements along with their own conscious feelings of improvement or lack of improvement).

We know that our intervention will help bring harmony in the Soul, the whole person and that something good will come out of our interventions. Our interventions are complementary to the specific interventions of the biomedical models, such as surgery and

drug therapy, which are highly specific in the objectives of their interventions using a specific diagnosis as the purpose of the treatment. In our approach as in all healing approaches the setting has an effect on the outcome.

What mystery or power does the setting create in the greater context of our society? All methods use the setting to be part of the intervention. Biomedicine is accepted as the "Scientific Method" because it has "eliminated ritual", but actually the scientific method has all the elements of a very complicated and mysterious ritual and thus enhances the placebo or nocebo (negative outcomes based on ritual). The biomedical ritual involves a serious attitude of certainty, fixed protocols, sterile, "controlled" conditions, and high tech equipment. Whole person expectation (conscious and unconscious, individual and group expectation) of a favorable or unfavorable outcomes may thus enhance or take away from their results. Studies have recently shown that hormone replacement therapy (HRT) may be doing more harm than good and arthroscopic treatment of knee Osteoarthritis is no better than sham surgery, though both are beneficial to some degree.

I have been working for the last 15 years on a way to get the outcomes of our interventions published in peer-reviewed journals. We now are closer than ever. We all must keep records of what we are doing and the outcomes of what we have done over time. We need to gather this information in meaningful ways that will allow us to know the

common factors. We do follow the scientific method when we use the TFHK protocols. We can be accepted for what we are doing when we decide it is important enough to jointly report our findings. When we agree that the initial funding for gathering this information is going to be up to us and when we agree that we will start now, then we can move forward. Right now we need everyone who does muscle testing as part of their work to keep records. We need a way to discover who is willing to be part of this project with their funds. When we have the preliminary studies and when we have the funds to hire people that can do the project proposals we can then get funds from government agencies and foundations. We need to recognize that we must play by the already established rules.

One way to begin this process is to use the eTouch Computer Program for record keeping that can be shared appropriately with researchers. We have recently received a grant from the International Kinesiology College, which has funded the programming for an online database of TFH and Energy Kinesiology outcomes that we all can contribute to. The nominal fee for the CD and for ongoing participation in this group research project is a painless way that we can all decide to invest in this pilot project and attract the talent, knowledge and funding for major studies.

Right now we are under the radar of the health care community as far as publications are concerned. This has served us in one sense, as there was a grey area in the law

about who has the right to help other people to balance their posture and energy. This will be changing as the Health Freedom Laws are passed and enforced. Because of your pioneering efforts to bring TFHK to the world, and the perceived benefits to so many thousands of people, TFHK and Energy Kinesiology has received government recognition in some countries. With that recognition also comes some responsibilities including rigorous and documented informed consent, and the need to do both surveillance and research into who we are and what we are accomplishing in the health care field based on evidence. The eTouch CD can be one way of having both surveillance and research published. It is only one of the steps we need to take. Will you and the association be part of this?

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*John F. Thie, DC is the author of Touch for Health and the founder of the Touch for Health Kinesiology worldwide movement. He was the founding Chairman of the International College of Applied Kinesiology, the President of the Touch for Health Foundation, research director of the International Kinesiology College. He is*

*currently president of Touch for Health Education, Inc. and Director of the Malibu United Methodist Church Prayer and Healing Center in Malibu California. He has been married to Carrie for 51 years; they have three sons and five grandchildren. John and their youngest son, Matthew, have written Touch for Health and the Chinese Five Element Metaphors and are completely revising the Touch for Health book, which will be out in 2005.*

310 589 5269

FAX 310 589 5369

[www.touch4health.com](http://www.touch4health.com)

Notes:

Schedule

Thursday July 22

*Diversity: Our Greatest Strength and Weakness*

By Jerry Blackburn

*Emotional Self Management*

Alice Vieira, Ph. D.

*TFHKA General Session*

*Bridging the Gap*

Matthew Thie, MEd.

*Sign Language of the Soul– Hand Modes of Healing*

Dr. Dale Schusterman

*Chocolate, Playing Possum & Migraines*

Wayne Topping, Ph. D.

## **Diversity And The Challenge of Change**

By Jerry Blackburn DN, CMT

The evolution of Massage Therapy and Bodywork as we know it is in the process of drastic change that will be fostered by the profession, or dictated by those that may wish to control us or persuade us for their own purposes. As our profession grows, we must make those decisions that will maintain our diversity, autonomy, and consequently, our effectiveness. For if these are undermined, Massage Therapy as we know it will be lost to so many whose need is so great.

By their choice, the public has shown very clearly to all the professions that Massage has an important role in their lives. Our diversity has been the vehicle of this public validation. It's also the source of the inability of the Health Care Field to trust our authenticity. In our case, validation has not come from the powers that control the economics of related fields, but rather from the public we have helped. It has been a grass roots denial of the rejection of Massage by other professions threatened by our growth. Thousands of Massage Therapists and Bodyworkers have been quietly and independently developing their own protocols for dealing with their clients concerns.

Over many years of experience, the practical

and methodical forming of these hybrid protocols of treatment through careful thought, observation, results orientated changes in techniques and their sequences; is responsible for the huge diversity of style and technique that permeates our profession. The "old-timers" or pioneers of Massage have been the ones that have fostered the public acceptance and are responsible for this vast diversity. They are also the ones who have taught these concepts through a mentoring process necessary for the profession's advancement and essential to its future. This diversity and its contribution to our present popularity and acceptance has been fostered and supported by the existing educational network. This system has evolved through the uncontrolled free market and has served our needs by reflecting our diversity. Without it, the profession's present profile runs the risk of losing its base.

The Health Care Field is showing an increased interest since Scientific Research is beginning to confirm the claims our profession has made for the last 30+ years. It has lured segments of our profession into a misconception that has initiated a calculated movement to adjust educational requirements toward a medical model. This misconception is that the validation we are



receiving through this medical model is more valid than that we have received from the public and the free market forces. A move in this direction could drastically change market perceptions and attach us to a segment of business that is on a down hill slide of negative public perception. We may face the possibility of gaining status but losing the credibility it has taken us so long to establish.

The disappointing aspect of this "adjustment" to national educational requirements is that it has been enacted by a very small segment of the massage and bodywork community. This action has been initiated without understanding the ramifications of this action and its drastic effects on the profession as a whole. It has been done without open discussion, debate, or consensus.

This illustrates a lack of very basic knowledge of business principles by very highly educated people. This situation drives home the point that our profession has a void of understanding in this area. Perhaps the "adjustments" to the education would be more productive by including significant business courses to the basic curriculum. This has been a real deficiency in the basic programs that would give the newly graduated practitioners the ability to survive their first three years. This would certainly serve the vast majority of graduates and the whole profession more practically than the medically orientated changes that have been dictated. Especially when these changes benefit a very small percentage of our

profession.

An alternative to serving this minor market in the profession through basic requirements would be to develop specific continuing education classes to enhance the skills more inherent to medical applications. This makes the decision a personal choice and a career move, and does not disrupt the ability of the profession to serve the future needs of the largest segment of the public market. Interestingly, there are no provisions in these adjusted educational requirements for anything on prevention, over 80% of the available market for massage.

To totally appreciate the impact of education on the future growth we must look at the next ten to fifteen years and their business implications. From a business stand point, the most recognized and accepted fact in trends is that the Baby-Boomers have in the past and will in the future, set the largest segment of the Market. The importance of this group and its impact in the development of any portion of American Business has been well documented. It is one of the first groups marketing experts consider in new product design. At this time, most of these people are reaching the age where their concern is moving toward quality of life and longevity. This "Approaching Geriatric" segment of the population will be increasing at its greatest rate in history. Unfortunately, a large number are not financially prepared for retirement, and a lower disposable income will be the norm as they retire. If we are to support the need of this segment of the population, the service we provide must

be affordable, regardless of its Wellness or Traditional Health Care origin. It will be a universal problem to the profession.

The challenge we face will be our ability to supply sufficient numbers of competent new practitioners through the evolution of the existing educational network and the free market forces. If we don't, the demand will push the price of Massage upwards and out of the reach of the Baby Boomers personal ability to choose Massage as an alternative. Should this higher cost occur, the temptation would be to shift these services into the medical and insurance paid model instead of the free market.

Although this is financially attractive for a few, this move has the potential of changing the whole landscape of the profession overnight. It will eliminate the largest potential Massage market from the largest segment of the Massage profession. In addition, this move toward the medical model does not reflect the desire of the majority segment of the profession. That is, the vast number of Wellness applications from which it has evolved. This group wants the freedom of the "autonomous independent contractor status", and does not want to become part of the current logic of the Health Care Field. If this shift is made, many of these practitioners may be forced to give up their autonomy to make a living.

There are two actions by segments of the profession that will greatly challenge our ability to supply an increasing number of

practitioners through our schools. The two actions are the increase of the entry-level education hours with increased emphasis on medical orientation, and the move to force schools into accreditation. The first will raise the cost of education and reduce the number of students entering the field. The second will affect 80% of the existing schools by putting unrealistic demands on the small business segment. This would require the small school owner to hire a full time person just to take care of the paper work, and to write out a very large check for a service that is already handled by most states through an approval process.

We, as a profession, have had the luxury of being the fly on the wall within the business community. No body has noticed us. The ones that do, consider us a non-factor in business, legislative, and Health Care issues. We have grown in numbers, public influence, and demand for our services. Unlike many of the professions that have come before us, we have the benefit of observing the mistakes they have made. We are at a critical point in the development of the profession. The Associations that serve us are the key to our future. They have evolved from supplying professional insurance to a whole range of other services. Some return phone calls in 24 hours, and others don't ever return calls. Some have formed and started specialty groups that may or may not be appreciated by the profession as a whole. A very few are a-political and are constantly trying to do what is right for the whole profession. Then there

are a few who are divisive and work for only a small segment of the profession without concern of the ramifications for the rest. For the most part, the intent of these organizations is to do the right thing. The problem that now confronts our profession is that these organizations are in strategic positions. Their activities can and are drastically shaping the direction Massage and Bodywork is heading. The question is how do we hold these organizations accountable for their actions? How do we influence their decisions and monitor them to assure that private agendas for a few are not being pursued at the cost of many? The only way an association can prove itself to the profession is to step up and lead by example.

I believe the Touch for Health Association has an incredible chance to become a moving force in the Massage Community. The advancing Baby-Boomer market is tailor made for the preventative aspects of TFH. Add to this the need of small schools to expand their curriculums to meet the competition of the universities and community colleges. The addition of business and marketing courses designed to prepare their graduates for the business world, will complete the package. The intent is to help the profession by marketing TFH into small school curriculums. The program's design will empower the schools to teach TFH over the full length of their programs. This will allow the students to gain a command of the complexities of TFH, learn how to integrate it with conventional techniques, become a

viable member of the TFH Association, and learn how to market these services to the public. This helps the small school network to remain intact at a time of high competition, it helps to prepare the profession for Baby-Boomer Market, and it fills a void in the professions overall lack of basic business knowledge. Add to this, the ability for the TFH association to expand its numbers and have a voice in the direction of the profession. Everybody wins!

However, the biggest winners in this endeavor will be the Baby-Boomers and the American Health Care System. The effects of the Preventative aspects on the cost of Health Care alone have the potential to be enormous. Think of the possible impact on the record number of diabetics this group is projected to produce. An army of practitioners with integrative skills will be spreading preventative knowledge through their daily work.

Our profession is desperate for leadership that has the intent to help the whole profession move forward. The need for unity in a direction that honors the diversity of our profession is critical for its autonomous survival

*Jerry Blackburn, DN., CMT, Grayslake, IL a massage therapist for 22 years, Dr. Blackburn owns and operates Lifestyles Learning Center, a state approved school of therapeutic massage in Illinois where TFH I is part of the basic*

*curriculum, the only one in Illinois to do so with a Certified TFHKA instructor. He serves as a key member of the Illinois Licensing Coalition by drafting the Coalition's Action Plan, and coordinating legislative efforts between the ABMP and the AMTA. He presently serves as a vice-president/delegate of the Illinois AMTA chapter*

Notes:



## **The Use of Eye Movement Inhibition and Facilitation for the Enhancement in Emotional Self-Management Techniques**

By Alice Vieira, Ph. D.

**Abstract:** Peter Lambrou and George Pratt's protocols for Emotional Self-Management (ESM) are a powerful means of relieving stressors such as fear, anxiety, shame, and anger. In addition the ESM is a means of empowering ourselves to optimize our potential. Eye movement stress and TFH metaphors will be discussed as a means of enhancing ESM.

Peter Lambrou and David Pratt have developed a procedure they have named Emotional Self Management (ESM) that takes from a number of earlier established techniques. "ESM is at the leading edge of a whole new approach to healing that combines elements of cognitive therapy with the latest thinking in everything from the mind/body connection, to subtle energy theories, electromagnetism, polarity, neuropeptide chains, acupuncture, and quantum physics."<sup>1</sup> We, in Touch For Health, have used many of the components of this procedure in our work. I have found that the procedure is greatly enhanced when the eye modes are noted and cleared. Let me summarize the protocol (I have added my personal additions in which I have incorporated muscle testing. Lambrou and Pratt do not use muscle testing) for ESM and then describe when and if to insert the eye mode intervention.

First the Lambrou and Pratt protocol

in brief and then the protocol with explanation and muscle testing, and then eye mode intercession:

Identify the feelings or issues that are distressing

Check the Subjective Units of Distress (SUDS)

- Balanced Breathing
- Polarity Reversals
- Tap Sequence
- Bridge
- Repeat Tap Sequence
- Recheck SUDS
- Eye Roll

1. Discuss the problem, find the overall emotion, and set a goal – a statement that encompasses the issue in positive terms. I muscle test this goal. If it is the goal that we need to balance for it will test weak. I find the attractor number.<sup>3</sup> From the goal statement, I give him/her the Lambrou and Pratt's 28 Protocol Reference List<sup>2</sup> (anger, anticipatory anxiety, guilt etc) and have the client decide which is most appropriate place to begin to deal with their goal statement and muscle test for verification.

2. Muscle test for reversals, "I deserve to get over this problem" "I don't deserve to

get over this problem" If not strong and weak in the appropriate direction then there is a reversal and proceed to correct it. I use the Callahan method of tapping<sup>4</sup> on small intestine meridian between SI3 and SI4 (on the side of the hand: karate chop point of the outside of the hand, where the "life line" starts) with the affirmation "Despite this reversal I deeply and profoundly love, accept and respect myself" three times.

3. Check the SUDS (Subjective Units of Distress measured on a scale of 1-10 with 10 being extreme distress and 1 meaning no distress at all), or the attractor number.

4. The Balanced Breathing Exercise is a variation of the two Wayne Cook's positions (which we have called Cook's Hookup): The Lambrou/Pratt version is: Cross one leg over the other, cross the other hand over the opposite hand, rotate the palms of your hands so that they are facing and interlock your fingers, rotate your hands down toward your stomach, continue rotating inward so that you bring your hands up close to your heart. Breathe in through your nose with tip of your tongue on the roof of your mouth; breathe out through your mouth with the tongue resting on the floor of your mouth. Do this for 2 minutes. (For me, 2 minutes is 30 breaths.)

5. Polarity Reversal (PR) Exercise: Lambrou and Pratt have determined that "there are twelve standard polarity reversals<sup>5</sup>- one global that covers the "whole ball of wax," one addresses the possibility of a uniquely personal reversal, and each of the remaining 10 focuses on a particular theme or motif...finding that these twelve themes cover just about all the unconscious undermining motifs of our lives: All of the statements are accompanied by rubbing the Stomach acupressure point 13-14 (located

above the heart, about three inches off the center line of the body and about 2 inches above the nipple("the sore spot") except for the future statement which taps the end of the governing meridian and the deserving statement which taps the end of the central meridian. Each statement begins with

"I deeply and completely accept myself even ->

- Global: ..."with all my problems and limitations"
- Intention: ..."if I want to keep this problem"
- Future..."if I will continue to have this problem" (tap end of Governing)
- Deserving..."if I don't deserve to get over this problem" (tap end of Central)
- Safety of Self..."if it isn't safe for me to get over this problem"
- Safety of Others ..."if it isn't safe for others for me to get over this problem"
- Permission..."if it isn't possible for me to get over this problem"
- Allowing..."if I will not allow myself to get over this problem"
- Necessary..."if I will not do what is necessary to get over this problem"
- Benefit of Self..."if getting over this problem will not be good for me"
- Benefit of Others..."if getting over this problem will not be good for others"
- Unique..."if I have a unique block to getting over my problems."

They recommend that these statements

be said three times each. I find that the tedium of the three statements each is no more effective than saying the statement once.

6. Tap sequence for the goal: I am fascinated with why each of the specific sequences works, but they do. Later in this paper I will list some of the tap sites and metaphors<sup>7</sup> associated with each of the sites: Tap each site seven times.

7. Bridge (Callahan's Phobia Cure Sequence): tapping on triple warmer #3 to #4 continuously on one hand while: Eyes open, closed, down right, down left, circle right, circle left, sing or hum a tune, count, sing or hum a tune.

8. Check the SUDS – if the level has dropped to a 0, 1, 2 (or if you are out of time) complete with

9. Eye roll while tapping triple warmer #3 to #4 which consists of the following pattern:

"Begin with the eyes closed. Open your eyes, look down (at the floor if you're standing, or into your lap if you're sitting), and with your eyes, and slowly trace an imaginary line straightforward across the floor to the wall in front of you. Continue slowly rolling your gaze up the wall to where it meets the ceiling and then back toward you across the ceiling, until you are looking above you; stop there." <sup>6</sup>

At step 7, carefully watch eye movements. Note if the eyes seem to skip a position or is shaky in a position. One client said, "My eyes seem stuck and are sticking over there." Another client said, "My eyes just won't go over to that part" and another said, "It hurts to look that way." "Goodheart

noticed that muscles test differently when a patient's eyes are oriented in different directions, according to his postural distortion. This apparently is because of an adaptation of their oculomotor muscles to the individual's distortion. When the eyes are oriented with the distortion, sub clinical faults appear; i.e., an individual may have symptoms and other indications of a condition..." <sup>7</sup>. I have found that some of the symptoms of the eyes in distortion (EID) are indicative of an unresolved clinical issue.

#### Eye rolls as a key to unique blocks

The eye roll has become an essential part of the protocol for me. Referring to the Advanced One Brain's Nine Eye Modes<sup>8</sup>, the stuck points were very revealing: Under stress our eyes tell us where we are seeking relief – where our negative emotion is and what we want to do about it.

To summarize, "Some of us aim for Conscious control":

Eyes straight up=acceptance or antagonism – wants to clean up the mess and take action or, if questioned, feels attacked and gets defensive (corrective symbol is the circle)

Eyes straight ahead= willingness or anger – quick to blame others and gets angry when others won't agree (infinity symbol)

Eyes up left= interest or resentment – this is the analytical mode – "computer is on" but not in touch with emotions (plus sign);

"Others of us give way to deeper, unconscious feelings and desires":

Eyes to either side are enthusiasm or hostility:



Eyes right= enthusiasm - when stressed, makes jokes (harmony of the spheres)

Eyes left= hostility - feels trapped or will do anything to avoid confrontation, will skirt issues (triangle)

Eyes down right= assurance or fear of loss - needs support and needs to learn the greatest support is self (star)

Eyes up right= equality or grief and guilt - needs to be involved (or get involved) and reliable or feels discouraged and self-punishing (boxed triangle);

"Others of us take an instant check-out into Cellular Memory":

Eyes down left = attunement or indifference - either in tune with what is going on or freezes and feels immobilized (wave symbol)

Eyes straight down = oneness or separation - quiet and at peace or feels uncared for and loveless and unlovable (circle)

All positions = at choice or feels there is NO Choice.

A few examples:

A 20-year-old man came in because he felt out of control. His anxiety and worry consumed him. He played highly competitive golf and, although, usually leading the field by several strokes would begin to worry, not enjoy the game and lose tournaments he should clearly win. Although thought to have what it takes to be professional, he was ready to give up the sport all together because it was not fun. He worried about his school work in the same manner, although very bright, was performing less than

average and worried about getting into graduate school. In our first session, his goal was "I relax and enjoy playing competitive golf." He chose Anticipatory Anxiety as the most appropriate protocol and after using the ESM, his SUDS level went from 10+ to 5. The difference was amazing. He called to tell me that he had experienced the best week of his life. It was the first time in his life he didn't dread going to classes and his golf coach commented on how relaxed and happy he seemed on the course.

For his second session he wanted to work on having this feeling last. He began worrying that this new approach to his life would disappear. Again, he wanted to work on the Anticipatory Anxiety with the goal, "I relax and do my best." The overall emotion was panic/terror. He had trouble with eyes lower left. I used the symbol of the wave to diffuse this "In balance, I find flexibility and the attunement to my highest good and the highest good of all." He muscle tested that this was the appropriate goal but he didn't want to be balanced for it. He began having a panic attack right in the office. With ESR I asked him how he would define "flexibility." His definition was that he would be out of control. He needed to feel completely in control and not allow anyone to control him or his things. He described the way he lives his life to maintain control- he knows if anyone ever goes into his room - everything is in perfect order. All his shirts are folded and stored exactly the same way. He checks every door and the locks throughout the house. He cannot sleep unless all is perfect. He felt panicky; at the thought that I would somehow take this control from him. (That is the total faith he had in this process.) We cleared lower left eye mode and proceeded with another round of the ESM. During the "hum a tune Bridge", he hummed "Row, row, row your boat" and "Mares Eat Oats..." At

age 6 he remembered when the family came home and the house was in the process of being burglarized. His father ran after the thieves and the family was terrified. From that time forward he was sure that, unconsciously, his compulsive behavior had kept the family safe. We began with a full ESM on letting his family take care of themselves. His SUDS level went to zero and he has been working on less compulsive behavior.

A brilliant 32-year-old man was suffering from panic attacks when he was given a new project on his job. He was placed on the fast track in his company – advancing faster than anyone ever had. When he takes on a new project he works 20 hours per day, is worried all of the time that he will fail, that they will find out who he really is and that he will be fired. He performs with excellence to the point where large companies are demanding that he be the one on their projects. When a project is over he collapses, has crying spells, goes to bed and destroys relationships because of his demanding and belittling ways. Panic attacks accompany all of this. Began the ESM protocol with “I relax and do my best.” The overall emotion was NO CHOICE. His eyes wouldn’t go down left so much so that trying would hurt. He interrupted the balance by saying that the reversal statements were uncomfortable for him, especially that he accepted himself even though it wasn’t safe to give up this problem. He said, “It isn’t safe – I have to do it this way to make sure that I do a good job.” The ESM issue changed to be “I can reframe my work to enjoy working hard.” The panic attacks have stopped.

A 50-year-old woman came in with excruciating pain in her elbow after house painting. After a TFH balance, using the Carpel Tunnel Syndrome correction (2003

TFH Journal) and the Kate Montgomery shoulder adjustment her pain went from a 9 to a 4. We did the EMS for pain and her eyes would skip the up right mode. The boxed triangle correction indicated that she needed to break free from working for her husband. She needed to move on to her own life and hobbies. This balance gave her permission to do so without being in pain.

A 30-year-old mid eastern woman came in for clinical depression. She was commitment phobic always nit picking her dates and being bored. Her medication seemed ineffective and she was running out of hope with suicidal thoughts becoming more prevalent. Her excessive worry and anticipatory anxiety centered on never getting any better. Eyes down right were a problem. She was clearly not in tune with her culture and needed reassurance. Discussed needing to learn she needed to support herself in this new world and begin resolving issues with her father, who was a tyrant. She was terrified that she would end up subservient like her mother and dominated by any man.

In each of these cases the eye mode intervention allowed a surge forward in dealing with the root of the problem and not just alleviating the symptoms.

Using the emotions and symbols, clear that position before going any further. The power of this intervening step is tremendous.

The protocol tapping points are as follows:

1. Inner eyebrow – where the inner eye meets the nose<sup>9</sup> – beginning of bladder meridian
2. Outside eyebrow – at the temple in the

soft spot between the eye and the hairline – between TW22 and TW 23<sup>10</sup>

3. Under the eye – middle of the lower eye orbit, at the notch – beginning of the stomach meridian
4. Under the nose – middle of upper lip between the ridges- end of governing meridian
5. Under the lip – middle where chin begins protruding – end of central meridian
6. Little fingernail – edge of little finger nail nearest the ring finger- (opposite side of the fingernail of SI1)
7. Index fingernail – inner edge of the index fingernail – opposite side of fingernail of LI1
8. Middle fingernail – inner edge of middle fingernail – CX9
9. Back of Hand – the gamut spot, the valley between ring and little fingers just below the knuckles – TW3
10. Under the collarbone – indentation under the collarbone at the outer edge of the collarbone – S11-S12
11. Under Arm – side of body about 2 inches below the armpit parallel with the nipple -
12. Ribcage – open palm on ribcage directly below the breast – S19
13. Chest – the only site where massaging deeply in a clockwise direction replaces tapping: indentation located above the heart, about 3 inches off the center line of the body and 2 inches above the nipple – “sore spot” – S12
14. Side of Hand – karate chop point on outside of hand, where the “life line”

starts – between SI3 and SI4

15. Thumbail – inner edge of thumbail – LU11

Listing these sites with arbitrary numbers 1-15, the following points are tapped 7 times for a selected group of protocols:

Addictive urges: 1, 3, 4, 5, 11, and 10

Comprehensive Sequence – if all else fails: 1, 2, 4, 5, 3, 10, 11, 10, 3, 2, 7, 10, 7, 10, 8, 15, 14, 9

Disgust: 2, 3, 11, 10, 15,

Embarrassment: 4, 10, 11, 10, and 12

Grief: 1, 2, 3, 4, 11, 10, 7 10, 9x50

Pain: 1, 2, 3, 4, 10, 11, 6, 10, 7, 10, 9x50

Procrastination: 1, 4, 5, 10, 11, 10, 3, 15, 8, 9x50

Adding the metaphors to the tapping adds another dimension to the balance. As an example::

Anticipatory Anxiety: Tap the following points 7 times each

1-Beginning of TW meridian (outside of eyebrow): (emotional metaphor: What do you need to be less or more open about? Do you need to open our arms to receive or are you trying to take in too much?

2- End of Governing meridian (under nose): (emotional metaphor: What burden or weight needs to be removed from your life? How do you envision the burden?

3-End of Central meridian (under lip): (emotional metaphor: What small things or ideas do you need to release to reach your goal?)

4- Beginning of the Stomach meridian (under eye): (emotional metaphor: In relation to your goal, do you need to hold your chest up and be more proud or are you too proud?)

5- Origin of Neck Flexors (collarbone): (emotional metaphor: Are you literally sticking your neck out? Figuratively, are you taking too many risks or do you need to take more chances?)

6-Beginning of Heart meridian (under the arm): (emotional metaphor: What are you hiding or keeping private? Is there something you need to reveal? What do you need to feel with your heart as opposed to your head?)

7- Collarbone see # 5

8- Under eye see #4

My take on this, as a psychologist, is that anticipatory anxiety can be energetically resolved by first stating the fear or dread, shifting the energy allocation to have the fear be less of a burden, let subtle ideas or things go, be confident, take a chance, connect emotions with reality, take a chance, take pride in the reality.

Each of the protocols could be examined in this manner and I invite your input and insight.

Enjoy these new techniques.

#### Notes

1.Lambrou, Peter & George Pratt. *Instant Emotional Healing: Acupressure for the Emotions*. New York, Broadway Books, 2000. p.23

2. *ibid*, p. 150-152

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*Element Metaphors*. Malibu, CA Touch for Health Education, 2002. p. 59-60

4.Callahan, Roger J. *Five-Minute Phobia Cure*. Wilmington, Del.: Enterprise Publishing. 1985. p.60

5. Lambrou, Peter & George Pratt. *Instant Emotional Healing: Acupressure for the Emotions*. New York, Broadway Books, 2000. p.70-71

6. *ibid* p. 92

7. Walther, David. "Eyes Into Distortion (EID)," *Applied Kinesiology – A Synopsis*, Systems. DC, Colorado 1988: 44-46.

8. Stokes, Gordon & Whiteside, Daniel. *Advanced One Brain – Dyslexia – The Emotional Cause*. Burbank, CA Three in One

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Alice Vieira Ph.D. is a Clinical Psychologist who has studied extensively in many different Kinesiology's. Alice has been a certified Touch For Health Instructor since 1975 and a former Executive Director of the Touch For Health Foundation (1978-80). Her undergraduate studies were at the University of California at Berkeley. She has two Master's Degrees and her Doctorate was earned at the California School of Professional Psychology in 1982. She has written *Belief Systems and Your Personal Power* and *The China Cup Approach to Successful Relationships*. She can be reached at 949 720-9464, by e-mail at [AliceVPhD@aol.com](mailto:AliceVPhD@aol.com) or on her website: [www.AliceVPhD.com](http://www.AliceVPhD.com)

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## ***Bridging the Gap with Touch for Health, Energy Kinesiology & Metaphor***

By Matthew Thie, M. Ed.

Touch for Health (TFH) is a system that anyone can learn to use to facilitate the harmony of the whole person. It was first developed by Dr. John F. Thie, a chiropractor in Pasadena, California. Dr. Thie found that there were simple, safe, effective techniques that his patients could easily learn to use for themselves and with their family and friends, to *bridge the gap* between professional health care and home health maintenance. In keeping with the wellness/ prevention model of chiropractic care, Dr. Thie wanted to provide basic tools to his patients that would allow them to focus on caring for themselves to prevent illness and disease and to optimize personal bests and peak performance.

TFH bridges the gap between feeling energetic and well, and feeling "sick enough" to warrant a visit to a health professional. There is a grey area in which we're not sick, yet we're not well. Most of us simply seek to ignore minor symptoms, hoping they'll go away, essentially pretending they don't exist unless they are obviously debilitating. Even then, the approach is often to simply treat symptoms, rather than addressing the imbalances in our lives that lead to symptoms.

TFH allows us to INCREASE our awareness of minor symptoms, and to balance our energy to prevent minor issues from becoming clinical diseases. At the same

time, we not only enhance our fine tuning in relation to dis-comfort, dis-ease, or dysfunction, but we constantly reframe our focus on the positive experience that we want to be living, so that health care becomes an ongoing dynamic process of adapting and enhancing our wellness in the context of our life experience and goals rather than getting rid of disease to achieve some static and standard condition of health.

The empowered, proactive self-responsibility model of TFH also leads to earlier and more frequent use of expert and professional healthcare when it is needed. Thus, rather than compete with existing health professions as was originally feared by some practitioners, adopting the TFH approach actually leads to more appropriate, assertive and appropriate access to healthcare resources. This also reinforces the fact that TFH is also extremely SAFE.

While Contemporary Medical Care has reached the point of being considered the leading cause of death, ahead of all of the diseases it is meant to treat, TFH enhances Wellness and disease prevention and reduces unnecessary medical procedures while also encouraging pro-active recourse to traditional medicine. Adverse reactions to TFH energy balancing are extremely rare and have never been life threatening.

Dr. Thie found that by teaching patients to care for themselves, and pay close attention to the habits and experiences that either inhibit their function, make them feel ill, or enhance their vitality and joy, their attitude towards their doctor changed from wanting the minimum treatment (and cost) that would "get rid" of their symptoms, to an attitude of ongoing investment in feeling well. A trip to the chiropractor, or *energy kinesiologist*, is then about getting the maximum benefit and optimal experience of being alive.

The more Dr. Thie taught people to care for themselves, the more they were able to appreciate the value of his years of experience and his expert skills, so that as they cared for themselves, they were also more interested in getting the expert care. TFH bridges the gap between the lay person's knowledge of their own health issues and needs in life, and the professional's experience and training both in health maintenance and in responding to acute pain, trauma or disease, or coping with and adapting to chronic conditions.

Currently there seems to be an ongoing gap between training in kinesiology for lay people for self-care and the integration of kinesiology into professional health care, or even the practice of kinesiology as a health care profession in its own right.

TFH bridges the gap between lay education and self-responsibility, *energy healthcare* or *energy medicine* (whether practiced informally at home, or by professionals in the holistic Energy Kinesiology model), and use of the energetic model as a complementary or integrated aspect of practice by

physicians who are also working with diagnosed, named diseases and availing themselves of the armamentarium of powerful (and dangerous) drugs and surgery. TFH serves as an initial experience for those who would be healers, to see if they have a gift of healing, and if they enjoy working with people, dealing with their problems, health issues, and their needs, life-goals and dreams.

TFH provides a minimum investment of time, money and energy to explore a method of promoting health, and to decide if the holistic, non-diagnostic, energetic TFH protocol is enough to allow you to help yourself and others fulfill their healing gift, or if you need more expert care or more training. You may want to explore the traditional academic fields of psychology, muscle/body mechanics, anatomy and physiology, acupressure and acupuncture, massage, chiropractic pathology and so on. You may find that TFH gives you an added tool in your existing healthcare practice, or reorients and revolutionizes your entire practice. You also might find that the Wellness model and the development of your subtle sensitivity and intuition does not require academic knowledge- indeed may be inhibited by it. Your experience with the fundamental Energy Kinesiology principles taught in TFH will help you discern which is your path.

The original premise of chiropractic care involves the concept of "vitalism", the idea that health and disease are ultimately a function of the relative balance and flow of our life force- or the inhibition of our life force. In this model, diseases and dysfunctions are not seen as discrete entities to be addressed in isolation, but rather as expressions of imbalance that are



unique to the individual. For this reason, you will hear many chiropractors say, "I don't treat diseases, I treat people."

The disconnect between treatment of disease and caring for people has resulted in a crisis in modern bio-medicine in the United States and many other countries, exacerbated by insurance companies and Health Maintenance Organizations that demand standardized treatment of diagnosed conditions. The holistic, person centered approach of chiropractic and Touch for Health has always been a bridge between treatments that alleviate symptoms and health care that truly reinforces and maintains ongoing health.

This corresponds well with the energetic model of Traditional Chinese Medicine (TCM) and Acupuncture. TFH provides a bridge to the powerful energy balancing model and techniques developed over thousands of years in the East. TCM involves sophisticated academic and practical skills, as well as culturally bound conceptions and practices. TFH allows us to implement the powerful energy-balancing model of TCM in our own personal and cultural contexts. Use of Muscle Testing for biofeedback allows us to safely access some of the information utilized by the traditional acupuncturist, without the years of specialized training.

In TFH we use muscle tests to get a sense of the energy flow in the meridians. We develop goals, assess the flow of energy, use various reflexes to balance energy and then reassess how we feel. Our purpose is to increase awareness of all of the aspects of our whole Soul (the complete physical, mental, emotional, spiritual, energetic

human being) and to facilitate the flow of energy and communication between all of the cells, organs and organ systems, between the conscious mind, the unconscious, our intuition, and our connection to Chi, life energy, and God.

When we do a holistic TFH energy balancing, we are ultimately trying to re-integrate and harmonize the multiple aspects of our experience of life that tend to be thought of separate and independent functions.

When we test muscles to get a sense of the energy flow in the meridians, we are working simultaneously with the gross muscle function and the neurological circuits and general brain function and integration, but we are also accessing the subtle, intuitive sense of energy. When we test the muscle, we are normally working within what is considered the "normal" functional range of physical muscle integrity, or muscle strength. We are not looking for muscles that don't have strength, but rather, looking for muscles which seem to have a relatively inhibited flow of energy.

This tactile, kinesthetic monitoring of muscle flow provides a bridge between concrete physical sensation and intuition and subtle sensitivity to energy states. In many cases it provides people with an initial realization that their intuition is real, and that awareness of subtleties and subtle energies can be significant. The muscle test also allows people who are naturally intuitive, or have special gifts of "seeing" or feeling what is happening with other people's energy, to reinforce what they see, and refine their vision, as well as make their ineffable instincts more concrete and real for those they work with. So TFH allows those

with a special intuitive gift or who have simply not “unlearned” or had their abilities “taught out of them” to have a tool to communicate and show what they see, and to enhance their skills in reading and balancing energy. It also provides a bridge for all of us to begin developing our awareness of our intuition and 6<sup>th</sup> senses and their positive, effective use.

Since Dr. Thie retired from his chiropractic practice, and has enjoyed more free time to speak about the benefits of TFH, he has emphasized a dialogue process which grounds the body/energy work in a wellness oriented approach, and bridges the gap between muscle/energy work and the mind-the conscious mental processes, attitudes and beliefs that each of us experience. This dialogue process involves a narrative exploration of issues, symptoms and goals, and more recently a discussion of the Chinese 5 Element Metaphors to access the sensory/associative aspects of life experience through the 5 senses, emotions, seasons, climates, etc.. including his own adaptation of the concepts of cognitive development and belief systems- the Faith metaphors.

By integrating both narrative and sensory/associative aspects in the dialogue process, we bridge the gap between the abstract, language based perception of our memories, our current ideas, and our future outlook, and the “gestalt” sensation of experience as it is experienced through the senses and feelings. We know that emotions are actually a fascinating nexus of our awareness of physiological function, our unconscious physical reactions to stimulus (if we consider our automatic survival

responses as the precursors to the millions of subtle feelings we experience as emotions), and our conscious interpretations of our experiences (think of the fact that although many emotions are cross-cultural-happiness, grief, sadness, anger, fear- there are subtle emotions that are only well defined and recognized as a common experience in certain cultures). So being aware of our emotions is actually assessing a highly complex construct.

Narrative is necessarily abbreviated to fit the limited “space” available in the abstracted “meanings” of words. By also accessing the “whole picture” of our experience (including visual images, physical/emotional sensations, sounds, smells, and even taste) we fill in the gaps between our words. We can either follow-through on this connection by putting our senses and emotions into words, or take advantage of the efficiency of simply being aware of and feeling all of these aspects as we balance the energy.

Our premise is that a sufficient flow of information/energy will result in an emotional, physical, mental and spiritual equilibrium that will allow us to feel whole, to do the things that are most important to us, and to find meaning in life. Creative use of metaphors can enhance our assessment of our own wellness in the context of our life, help balance our energies towards our goals and help us discover new passions and purposes that are right for us. Awareness is the key aspect of the process. We may feel a lot better physically, mentally and emotionally after a balancing, but the true power of TFH and Energy Kinesiology is in developing our awareness of the things that

we really want from life, the things that block our energy to accomplish our goals, and in activating and balancing our energies to more joyfully and effectively participate in our lives.

The Five Element Metaphors, the Organ Function metaphors and metaphors derived from the muscle anatomy and functions/test motions or gestures, offer a rich resource for exploring the meanings of our experiences, our feelings, our imbalances and our goals. Using the metaphors helps us to verbalize or at least think about the many possible aspects of our goals and the related imbalances. When we think about a metaphor related to an imbalance indicated by a muscle test, we often have that "Aha!" moment of insight. This may be a highly transcendent, sudden, miraculous moment of enlightenment, like those attained in prayer or meditation, and it may also be a step-by-step process of development through small, everyday insights as we deal with our problems, our life's work, and seek our Telos, the purpose in life we were born to fulfill.

The mental exercise of contemplating the metaphor increases parallel processing in diverse areas of the brain and the whole Soul, bringing more of our innate resources to bear in balancing our energies for our unique purposes. Just thinking or talking about the metaphor often balances the energy in all of the meridians as indicated by muscle testing. But thinking about the metaphors also provides all kinds of insights

and new perspectives for our life experience. The TFH Metaphor Workshop, recently approved by the IKC as an additional course for TFH instructors to teach, expands on the powerful goal-setting and Five Element Metaphor protocols of the standard TFH I-IV training.

Learning to use metaphors effectively involves practice of listening and other communication skills. This may be interpersonal communication, or communication with ourselves, self-awareness. The person seeking help will often have conscious insights related to the metaphors, but also reveal things they might not be aware of through body language, tone of voice, etc. The person acting as helper has an important role in observing responses that the individual may not perceive, may be blind to, or may be in denial about. However, we maintain the self-responsibility model. The helper only offers their observations as possibilities. It is up to the individual to derive his or her meaning. Yet through this assistive, supportive dialogue process, we bridge the gap between what we are consciously aware of and able to cope with or resolve, and things that have us "stuck", overwhelmed or simply unaware. Assisting each other to balance our energy, posture & attitude, we often find relief and improved function, whether subtle or dramatic, bridging the gap between the reality we see, the possibilities we can visualize, and the experiences we can create in our lives

Bridging the Gaps with <i>Touch for Health</i> Kinsiology		
"Doctor", Therapist/ Authority	Instructor/Coach/Consultant Assistant	Empowered Personal Responsibility
Clinical Illness/ Disease treatment	"not sick" but also "not Well"	Wellness, Optimal Function, Personal Best
Reductionist: Cause & Cure	Survival: Stiff Upper Lip	Holistic: Balance and Enjoy LIFE
Intuition, Energetic Sensitivity	Bio-feedback, Muscle Response	Concrete Physical Experience
Traditional Chinese Medicine	Formula or Medical Acupuncture	Holistic Energy Balancing with Kinesiology
Spinal Adjustment, Massage, PT etc.	Postural Exercise and Strengthening: Yoga, Gymnastics, etc.	Harmony of Purpose, Posture and Attitude
Postural/Body Work	Sensory/Associative aspects	Mental/Emotional Energy work/ Dialogue
Good Energy, Mental Clarity, Comfort, Range, Strength etc.	Feeling No Pain:	Meaning, Vision, Purpose, Fulfillment & Satisfaction in YOUR LIFE
	"I can't complain"-	
	Pain Pills	
Dangers of Medication, Side- effects, Surgery, etc.	DEMAND for some kind of help for non-pathology	Holistic Preventative, Wellness Enhancing, Balancing
Academic Teaching Institutions	Workshop	One-one-One, Independent Study
	Training Environment	
Long Term, High Cost, Licensure Education	Vocational Training – Modality Certificate/ Business License	Lay Education, Home Care, Volunteer & Missionary
Legislation, Licensure: "Protect the Public"	Piece-meal Regulation, City by City; Grey Areas, "Flying Under Radar"	Freedom of Access to Health Care: "Empower the Public"
Natural "Gift of Healing" & Joy in Health Care Work	Religious Healing Traditions, Vocational/ Para-Professional	Long-term Formal Academic and Clinical Training

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*Matthew Thie M.Ed, LA, CA, Vice president, Touch for Health Education, Inc. He has taught the TFH Metaphor Workshop to over 500 students, BA, Literature, UC Berkeley, M.Ed. Education, '90 UCLA, TFH Instructor '80, TFH Instructor Trainer '03, worked extensively with his father, TFH founder, John F. Thie, DC., co-authoring articles and books, organizing seminars, teaching TFH I-IV, and speaking at national and international Energy and Kinesiology conferences. Co-authored: TFH Pocketbook with Chinese 5 Element Metaphors with his dad.*

Notes:



## **Sign Language of the Soul**

### **—Hand Modes of Healing**

By Dale Schusterman, DC, DIBAK

**Abstract:** The brain views the hand as one of its prime sources of information as well as a major destination for neurological motor effort. This paper will discuss the use of hand 'modes' in healing and how they can bridge communication between the energetic realms and the body.

#### **The Hand**

The hand is the tool with which we manipulate and interact with our environment. We can use them to create the most beautiful and intricate artwork. They can also transmit healing energies. A mother's caress of her child, the touch between lovers, and the laying on of hands by a healer all express love and a sense of connection. The hands can accomplish much in the world and in relationship to others.

The cerebral cortex transmits and receives a large amount of information to and from the hands. This is evidenced by the homunculus (little man), a map of the body placed over the cortex, which shows the amount of space allocated to each part of the body (Figure 1). The hand occupies almost 20% of the cortex for both sensory and motor function. Therefore, the hand is a major focus in our neurology and the use of specific hand positions can enable us to maximize our therapeutic effect in healing.

The hands can generate specific sensory states within a person. When placed in unique spiritual gestures or signs, they can activate internal worlds. In other words,

both the inner and outer landscapes can be accessed and influenced. In fact, we can place hand signs that tune the nervous system and energy system of an individual to the subtle realms of the soul, and can use this attunement for healing ourselves or for healing others.

#### **Hand Mudras**

The use of specialized hand signals called mudras dates back thousands of years. The term mudra, which comes from the root mud, means to rejoice. The Tantric tradition considers mudras to be "seals." They are used to seal, or lock into the body, certain energies or states of consciousness. The folklore beings of many Asian cultures are depicted with different mudras in their hands. Mudras are also prevalent in the hands of many Asian religious masters, and in images of their deities. Statues and paintings of the Buddha show his hands in different mudras, and these mudras are still in use in Buddhism.

Likewise, statues of Hindu deities show different mudras in their hands. Practitioners of yoga use mudras to focus

other biblical personalities with their hands showing specific mudras. Kabbalistic literature (Jewish mysticism) includes many diagrams of the hands with Hebrew letters on the different joints, and modern rabbis continue to use the blessing mudra of the Levite priests (Figure 2). The ancient masters, saints, and teachers were communicating a message with their hands. These hand positions were not random, as they tell us something about the message or perspective of the teacher. It is not uncommon for people in deep meditation to have their hands unconsciously form specific mudras. The hands can, and do, reflect deep inner states of consciousness.

### **Clinical Kinesiology**

Alan Beardall, D.C., one of the original applied kinesiologists, made many great contributions to the collective knowledge of the subject. One of his many accomplishments was the development of the therapeutic system that he called "Clinical Kinesiology." Central to this integrative approach to natural healing was the use of hand mudras. He called them hand modes.

He once observed a patient spontaneously make a specific hand sign that altered the response of the muscle he was testing. This led him to research different hand positions and their effect on the body. He could ascertain the meaning of the different hand positions through manual muscle testing, observation, and a deep intuitive ability. Beardall developed several hundred of these hand modes that represented all parts and functions of the body.

The hand mode acts as a neurological filter or focus point for the body. This is like sorting a list of names by the first name or the

last name or the city the people come from, depending on the filter you have chosen. Beardall's hand modes enable the practitioner to get specific information from the nervous system. They help to give context to a dialog that you are having with the body. It is the difference between asking a general question and asking a specific one. This is a great tool for getting to deeper layers of distortion and imbalance in the body.

One common procedure used in applied kinesiology is to place the body in different positions when testing muscles. Some muscles will only exhibit inhibition (appear weak) when the patient is sitting, standing, or assuming the position of the original injury. It makes sense, therefore, to include specific hand positions in muscle-testing procedures when we realize how much of our cortex is wired to and from the hands. We communicate so much with our hands that harnessing this tool can be a way to enhance our conscious dialog with the body.

### **The Master Circuit**

Many years ago, I realized that I could place the mudras in my hands and determine their effect on my body. I would spend some time each day doing very subtle balancing of my system as preparation for meditation. In October 1983, at the end of a period of deep inner contemplation and work with some new modes that Beardall had just developed, I had a life transforming experience. My hands spontaneously went together in a hand sign that I had never seen before (Figure 3). I said to myself, "I wonder what this means." There was an instantaneous reply. I heard a loud voice say, "This is the Master Circuit!" The voice came from all sides of me. I was stunned. Not one to hear voices, this was a memorable experience,



because it was definitely not my little brain speaking to me. Furthermore, the effect of the mudra lasted in me for hours. Without going into more detail, this hand sign worked in my system like nothing I had ever experienced. It took approximately 13 years to realize the full meaning of this mudra.

The Master Circuit was the first of many hand signs given to me in my inner contemplations over the years. This mudra was active over only certain areas of my body, and the design of the active areas was quite different from anything I had ever seen. Soon after receiving the Master Circuit mudra, I recalled having purchased a book on the Kabbalah several years earlier. I retrieved the book and found that the new mudra was activating places over my body that correlated with the locations of the 10 Sefiroth; the major energy centers of the Tree of Life (Figure 4). This was the beginning of my research into the Kabbalah and how to activate the spiritual patterns in the body. Since then, I have spent much time contemplating the mudras and the energies of the Kabbalistic Tree of Life.

### **The Tree of Life**

The Kabbalistic Tree of Life (Figure 5) offers a valuable perspective for healing. Based on Jewish mystical thought, the Tree is a map that serves as a blueprint for both the cosmos and the human body. The symbol of the Tree of Life consists of 10 spheres called Sefiroth (Sefirah is singular), which are connected by 22 pathways. The Sefiroth represent the 10 stages of Creation. The pathways represent the alphabet of Creation. The Hebrew alphabet consists of 22 letters. These 32 paths (10+22) have a direct correlation to the structure and function of the physical body.

Chapter 2 in my book *Sign Language of the Soul* explores this one-to-one correlation in detail, but, it is interesting to note that each extremity in the body contains 32 bones and there are 32 teeth in the developed adult mouth. The Tree of Life manifests in four different dimensions or worlds, which correlate with the four extremities. The 22 bones of the skull and the 20 amino acids plus two stop signals of the DNA (22) relate to the letter pathways of the Tree. Keep in mind that there are many more such linkages, but the essential idea is that the human body perfectly reflects its spiritual origins.

### **Addressing the Soul**

My goal was to learn how to dialog with the body from the spiritual perspective. Although this does not imply any religious connotation, it does assume that there is a sacred place within each person. When I realized that there was a way to physically tune the body to this sacred place, I knew that an important key had been revealed. I found that through resonance the higher pattern could be stimulated in the physical system. Humans are perfect resonators. Anytime we are with another person we begin to resonate to their energies and vice versa. If we don't like what we feel, we get away from that person. If we embrace the feelings, we find a rapport with that person. The effects of resonance can be exposed in the nervous system with muscle testing.

If I go up to John Wilson and ask, "Hey John, what's up?" I will get a different response than if I ask, "Hello Mr. Wilson, how are you today?" He responds (resonates) based upon how he is addressed. The same occurs in the nervous system. We all know the touch of a healer when he or she puts his or her hands on us. Likewise, when we start a

dialog with the body, the type of questions we ask determines the kind of answers we receive. The body always responds, but it is important to ask the right question in the correct manner if we are to gain an accurate perspective.

For instance, asking physical, psychological, or even spiritual questions are of limited value if the problem is biochemical in nature. The job of the healer is to determine the greatest need of the client. If the only way you know how to ask the body questions is on the structural level, then that is the type of information you will receive from the body—unfortunately, it may not always be the root of the problem.

### Example

Let us explore one of these hand modes. The mudra that resonates to the Hebrew word Shekhinah and the Sanskrit word Kundalini is shown in Figure 6. Shekhinah and Kundalini are both terms used to describe the feminine aspect of divinity, which is said to be exiled in the lower realms, or the physical plane. Without getting into a philosophical or religious discussion on this, we can observe the effect of this hand mode.

Place this mode into someone's hands. Touch the tips of the thumbnails to each other and touch the four fingertips to their opposites (Figure 6). The person with whom you are working can then release this mudra as long as he or she remains quiet and centered. Now, touch his or her lower sacrum-coccyx while testing any strong muscle. You should notice a weakness or inhibition of this muscle. There is nothing wrong or in need of correction at this area. This test only shows that the hand mode activates this area of the body/energy field. Now have the

person with whom you are working speak any word in order to break the resonant effect of the mudra at the lower sacrum or coccyx.

This simple exercise shows that the Shekhinah/Kundalini mudra activates the energy over the lower sacrum and coccyx. It is interesting that the Kundalini force is said to rest as a coiled serpent in this area. This is just a short demonstration of one of the spiritual hand modes.

### Conclusion

Hand mudras that tune the nervous system to the Tree of Life center the body to a very special frequency that is beyond all switching and other neurological distortion in the body. Beginning a dialog with the body in this way insures a better outcome. The Sign Language of the Soul procedures are quite good at clearing structural imbalances, energetic distortions, and if you know how, psychological issues. They can be of great help in clearing confusion from the body so that one can evaluate the whole system. You will find that many structural imbalances begin to stabilize once you address the energetic basis behind them. There are limitations of any natural healing method in treating serious illness without other knowledge or support. However, anyone working with the spiritual hand modes will be pleasantly surprised by the results.

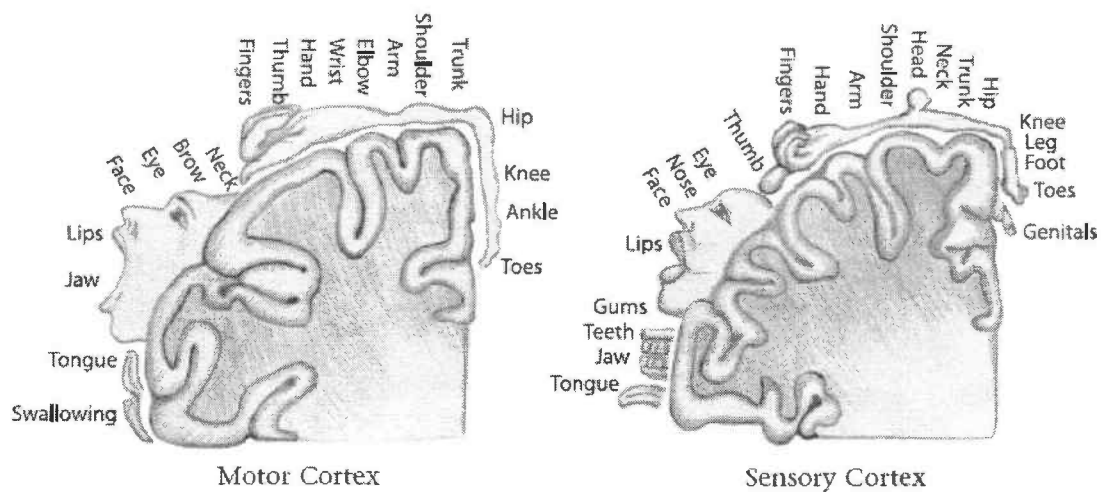


Figure 1. The Homunculus (From *Cerebral Cortex of Man*, by Penfield and Rasmussen, Macmillan Library Reference, © 1950 Macmillan Library Reference.

Adapted by permission of the Gale Group.)

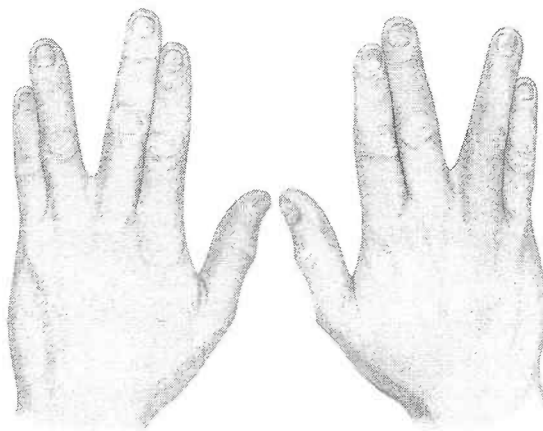


Figure 2. Levite Blessing Mudra (Ahavah)

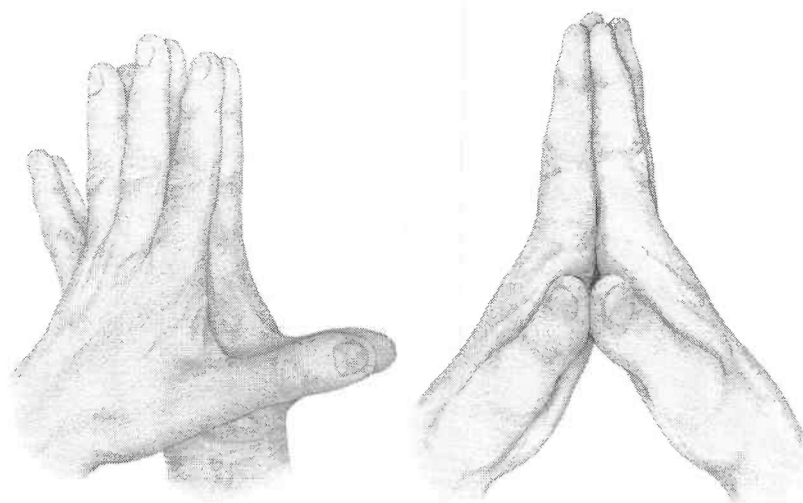


Figure 3.Master Circuit (Yesod)

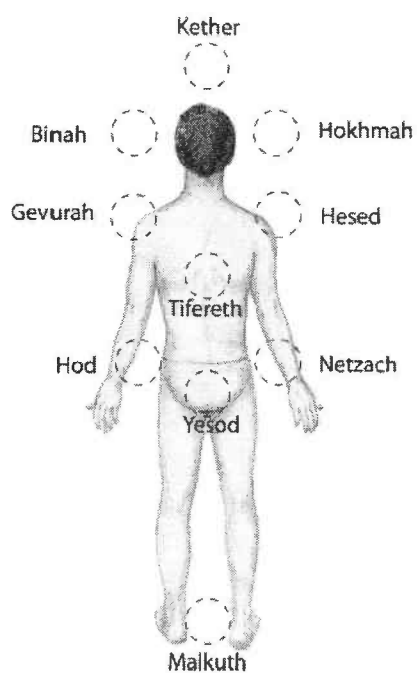


Figure 4.Tree of Life over the Body

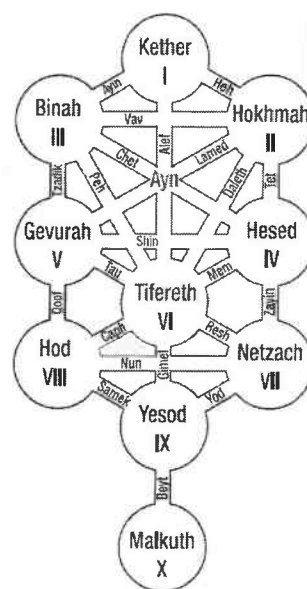


Figure 5.Tree of Life

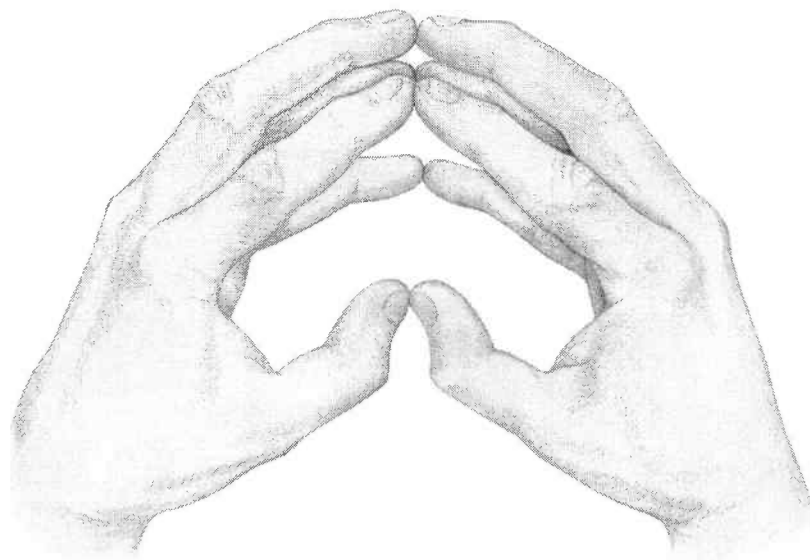
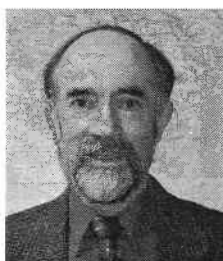


Figure 6. Shekhinah/Kundalini

Schusterman, Dale (2003). *Sign Language of the Soul: A Handbook for Healing*, The Writers' Collective

*Dale Schusterman, DC, Great Falls, VA, a Chiropractic Physician practicing in Virginia since 1977, he has been a diplomat in Applied Kinesiology since 1986 (DIBAK), was Vice-chair of ICAK-USA (International College of Applied Kinesiology) 1999-2000. Author of "Sign Language of the Soul."*

Notes:



## Chocolate, Playing Possum and Migraines

By Wayne Topping, PH.D, LMP

**Abstract:** Migraines have a multifaceted origin. We shall examine physiological, dietary

And psychological origins and show how these factors are addressed in Wellness Kinesiology

### Introduction

Approximately nine out of every ten patients go to medical doctors because of pain—headaches, abdominal pains, backaches, arm, shoulder and leg pains (Thie, 1994, p.11). Headache is the commonest complaint presented to physicians, an migraine is the commonest function; disorder by which patients are afflicted (Sacks, 1999). Approximately 18% of all females and 6% of all males in the United States experience migraines and they are increasing. In the 10 years prior to 1997 the incidence of migraine among all age groups in America has risen more than 60% (Milnes, More & Goldberg, 1997). Thus anyone working in the holistic health field will be seeing clients who experience migraines.

In 1989 I presented a paper entitled *Personality Traits and Their Relationship to Illness* describing methods developed by my ex-wife Bernie and myself where we could identify limiting beliefs—what we called “personality traits”—and their related dysfunctions. The Migraine Personality Trait was described to illustrate the

Subsequently, I initiated an international study designed to see how many clients with migraines eliminated within two therapy sessions by dismantling the migraine personality trait, if it existed. In the final instance only three of us—Sjoukje Van Hellemond of the Netherlands, Hanne Iversen of Norway, and myself, worked with 15 clients. After two sessions five were free of migraines; only one person said her migraines were unchanged. (She has since had a small “accident” and the migraines ceased!)

However, one of the things that fascinated me about this project was how difficult it was to find people who were willing to eliminate their migraines. I was curious why that was. Why did they not want to get rid of their migraines? I understood only after I broadened my perspective on the most fundamental responses we have to a stressor. This is what we are going to be examining in this paper. First, however, let's look at the characteristics and different types of migraines.

### Classifying Migraines

Migraine is characterized by intense, throbbing headaches that are often one-sided (the term migraine is derived from a

Greek term meaning "half-skulled") . The head pain often spreads over the entire cranial area and can be mixed with or accompanied by a tension headache. The migraine is a "sick" headache and the intense throbbing pain is often accompanied by nausea, vomiting, diarrhea, dizziness, hallucinations, numbness or tingling, sensitivity to light, noise, smell and/or taste, depression, irritability, tension, constipation, trembling and tremor, swelling of the fingers, hands, wrists, ankles, breasts, legs, and/or abdomen, inability to concentrate, loss of memory for words, names, etc., slurred speech and incoherence, detachment, yawning, talkativeness, skin rash, and increased or decreased urination.

Up until recently, there have been two major types of migraines:

**Classical Migraines** are preceded by visual disturbance, the aura, occurring 20-35 minutes before the onset of the migraine.

**Common Migraines** are not preceded by any visual disturbance.

Very recently the decision has been made to replace the terms "classical" and "common" migraine by *migraine with and without aura*.

The *aura* can consist of visual disturbances, such as flashing lights, zigzag lines, blurring, or bright spots, partial or total blindness, numbness or tingling on one side of the body, muddled thinking, a sense of unreality, fatigue, anxiety, and/or an overall body weakness.

### Do You Have Migraines?

According to the International Headache Society (HIS), you can determine whether

you have a migraine by looking at the following two groups. If you agree with any two statements in Group A, plus any one on Group B, then, according to the HIS, you have a migraine:

#### Group A:

- Your pain is located on one side of the head.
- Your pain is throbbing or pulsating.
- Your pain is severe enough to interfere with or keep you from normal activity.
- Your pain is worsened by exertion.

#### Group B:

- The pain is accompanied by nausea or vomiting.
- The pain is accompanied by sensitivity to light and noise.

Source: Jerome Walker, M.D., Michael Norman, M.D., and Sharon Parisi, PhD, "Controlling Headache: Question and Answers." DeKalb Medical Center, Headache Treatment Center, in Decatur, Georgia. As described in Milne, More & Goldberg, 1997.

### The Cause of Migraines

It is generally accepted that the immediate cause of migraine headache is the dilation of blood vessels within the head and the release of local pain-producing factors (inflammation). The pain is throbbing because the blood pulses through the swollen arteries in time with the pulsing of blood from the heart.



## Migraine Triggers

### A. Dietary Factors

Seymour Diamond, M.D., neurologist and director of the Diamond Headache Clinic in Chicago and J. Nathan Blau of the City of London Migraine Clinic estimate that foods such as chocolate and aged cheese may be triggers to migraines in one-third to one-half of all sufferers.

Foods known to trigger migraines include:

1. Aged cheeses (such as Brie, Camembert, cheddar, and blue), meat and fish, alcoholic beverages, avocados, bananas, and figs. These foods are rich in the vasodilating-amino acid **tyramine**.
2. All alcohol, especially red wines,
3. **Monosodium glutamate (MSG)**, a flavor enhancer that is very common in canned or packaged soups, sauces, and Chinese food
4. **Chocolate**, a very common cause of migraines, contains **phenylethylamine**
5. Foods rich in **phenylethylamine** including dairy products, smoked fish (especially pickled herring), eggs, tomatoes, and wheat
6. Foods rich in **nitrites** including cured meats such as bacon, hot dogs, ham, bologna, salami, and pepperoni
7. **Nitrates**, used to keep hamburger looking pink and fresh
8. **Nuts**
9. **Citrus fruits** and their juices (grapefruit, lemon, lime, and orange)
10. **Niacin** (vitamin B3) is a vasodilator

11. **Caffeine**, as in coffee and tea, initially constricts arteries, but results in dilation of arteries about 12 to 18 hours later

12. **Excessive sugar** intake, or going for a long time without eating can allow the blood sugar levels to drop, whereupon the cranial arteries dilate in an attempt to deliver more sugar to the brain

13. **Onion**

### B. Environmental Factors

1. Sleep deprivation or excess sleep
2. Weather changes, eg. impending thunder
3. Positively-ionized winds such as the Santa Anas, Foehn, Sharav, Mistral, Chinook, and Hamsin
4. Excessive and/or loud noise
5. Strong smells
6. Smoke, gas fumes, paint fumes
7. Sunlight, bright or flickering fluorescent lights, television
8. Yeast infections
9. Analgesic agents and other drugs
10. Violent exercise
11. Plane take-offs and landings, air pressure and humidity changes
12. Full moon
13. High altitudes

### C. Female Sex Hormones

Female migraine sufferers often get

migraines at the time of menstruation and are often free of migraines during pregnancy.

Usually migraines begin occurring at puberty and disappear or become less frequent with menopause. Sex hormones are also known to influence blood vessels, and it is changes in blood vessel diameter that underlies migraine. Thus menstrual migraines may be due to sex hormone-induced dilation of vessels, or as Richard Lynch (p. 219) speculates: "The onset of one's menstrual period triggers many potential psychological problems that center on issues of femininity, lack of pregnancy, and so on."

#### D. Personality Characteristics

Dr. Alfred Scopp (1982) describes four personality characteristics which frequently aid in creating migraines.

- a. **An exacting, perfectionistic, conscientious, and highly controlled nature.** Migraineurs set very high standards, especially for themselves, and become frustrated or upset when their high standards are not met.
- b. **Ambitious goal orientation.** Migraineurs may feel there is never enough time to get things done.
- c. **People pleasers.** More than most people, the migraineur will go out of his or her way to please others, even at the expense of self.
- d. **Difficulty in handling anger, frustration, and negative emotions.** Generally, negative emotions are "held in" rather than being dealt with directly and released.

In our personality trait research we linked the limiting belief, "I don't want to confront differences" with the tendency to have migraines. Note that it describes a "people pleaser."

Another characteristic that is quite common among migraineurs is an immaturity and insecurity that result from having a dominating parent and that leads to violent immature emotions, notably, jealousy and rage, in the face of frustration – just as a child would act (Arehart-Treichel, 1980). Such persons are often accident prone as well (usually fire or falling accidents). Is it possible that if the person cannot express his rage against others, he might turn it on himself, either as a migraine or in the form of an accident?

Lynch (1985) has noted that migraine patients typically are not able to detect their feelings. On the outside they may wear a smile and consequently believe that they are happy. On the inside, however, they are not able to detect a heart that is racing out of control or their hands some 20 degrees colder than normal.

#### **Toward a Comprehensive Model to Explain Migraines**

Any extensive research into migraines leads to some obvious conclusions:

1. No one approach – nutritional, acupuncture, psychological, pharmacological – can eliminate all migraines.

2. Migraines *with* and *without* auras have a wide variety of symptomology.
3. The two leading models to explain migraines cannot account for all the symptoms.

(a) Vasomotor Theories of Migraine.

It is believed that contractions of vessels in the brain due to excited action of the sympathetic nervous system creates a diminished supply of blood to the brain. This vasoconstriction and local anemia is supposed to account for the symptomology of the aura. The exhaustion of the sympathetic response causes the dilatation of the vessels and the headache.

1. There appears to be general consensus that vasodilatation is the intermediate cause of migraine headaches. For example, almost pure vasoconstrictor agents, such as norepinephrine (noradrenaline), promptly reverses all the painful aspects of migraine headache. However, as stated by Sacks (1992 p. 184-5) a vasoconstrictor origin of migraines "shows itself utterly inadequate to explain the rich complexity of the aura format with its many, elaborate and varied symptoms. The ischaemic [deficient blood supply] hypothesis is attractive in view of its simplicity, but is, alas, altogether too simple to account for a migraine."

(b) Chemical Theories of Migraine.

1. No one chemical seems to be responsible for migraines. Looking for a "magic bullet" has given rise to the histamine theory of migraine, the

acetylcholine theory of migraine, and the serotonin theory of migraine. While using drugs to alter levels of such neurotransmitters may help reduce symptomology in some cases, the challenge can be seen in perspective when it is recognized that each of the following neurotransmitters is involved in the production of a migraine – noradrenaline, acetylcholine, dopamine, histamine, GABA, enkephalins, and serotonin (5-hydroxytryptamine). This is why severely affected migraine patients may be on three or four drugs simultaneously.

4. Migraines seem to have a multi-faceted origin. It is clear that chocolate triggers migraine for some individuals. Some women have migraines around menstruation time. Thus chocolate consumption around menstruation time would provide two factors tipping the individual toward initiation of a migraine. Change aspects of the migraine personality then the other factor may not be sufficient to trigger migraine.
5. To finally account for the origin of migraine we need to include the possum response.

### The Possum Response

When we are faced with an emergency situation innumerable neurological and biochemical responses are triggered instantly in order to help us survive (Topping, 1990, p. 6-7). The physiologist Walter

Cannon (1920) termed this set of responses the "fight or flight" pattern. These responses and Dr. Hans Selye's entire General Adaptation Syndrome are based on arousal of the sympathetic nervous system. However, there is another response to stress. Some people respond with passive withdrawal, what Phil Nuernberger (1981, p. 69) terms the "possum response": "...[I]nstead of preparing to fight or run away when faced with a threatening situation, they just sort of roll over and play dead. Their response to fear is not arousal, but inhibition. This is marked by the typical characteristics of extreme parasympathetic discharge - decreased physiological functioning, loss of skeletal tone, mental lassitude, inactivity, and eventual depression."

"Whether we react with arousal or inhibition seems to depend on whether or not we perceive ourselves to be overwhelmed. If we can fight or run away, or if we are backed into a corner, we will respond with sympathetic arousal. If we perceive no hope, if we have the feeling that nothing we can do will help us, then we will tend to activate a possum response and become passive and depressed" (p. 79).

Compare this with Howard and Martha Lewis's (1972, p. 178) comment: "The most common prelude to migraine is repressed rage. Psychoanalysts treating migraine patients have observed that an attack may disappear when a patient gives vent to his hostility."

The possum response fits nicely for some of the people I have seen with migraines. The limiting belief we discovered to be very common for migraineurs was "I don't want to confront differences," with a feeling of *insignificance* being triggered if we asked

the client to imagine standing up for themselves. These people are typically people pleasers who will suppress their desires in order to keep peace at all costs. Are they often angry? You better believe it, but you wouldn't know from the smile they present to the outside world. For some of these clients just eliminating the limiting belief without looking at the early childhood environment that gave rise to the belief would be doing them a disservice.

Put in behavioral terms, the essential terms of a migraine attack are these: retreat from the outer world, regression, and, finally, recuperation.

It is also characterized by passivity, stillness and immobilization. Oliver Sacks in his very comprehensive book, *Migraine*, describes passive reactions to threat in the animal kingdom which he regards as parallel to migraine attacks in humans. "A fearful dog... cowers, and may vomit and be incontinent of faeces; the hedgehog responds to threat by curling up; the gerbil by a sudden cataplectic loss of muscular tone; the opossum by a trance-like arrest or "sham death." The frightened horse may "freeze" and break into a cold sweat; ..." etc.

Sacks believes that migraines have developed, "as reactions, from a broad region of passive, parasympathetically-toned, protective reflexes, such as many animals employ in response to environmental or internal threats - cold, heat, exhaustion, pain, illness, and enemies. All such reflexes, like migraine, ...[are] distinguished by regression and inertia, in contrast to fight-flight responses."

The simplest, and dynamically the most benign of migraines, are *recuperative*. These tend to occur following prolonged physical or emotional activity, and habitually as the notorious "weekend" migraines. There is usually a rather sharp collapse from the preceding or provocative period of over-activity and tension, the phase of prostration may be profound, and it is followed, characteristically, by a post-migrainous rebound and sense of awakening and re-animation. "Recurrent attacks ...constitute an available "flight into illness" for certain individuals, the motives for such flight being as various as those underlying neurotic or hysterical behavior."

#### Changes to Eliminate or Prevent Migraines.

Based upon the foregoing discussion our approach to working with migraineurs in Wellness Kinesiology includes:

1. Collecting a detailed history to identify possible migraine triggers and relevant beliefs and stuck emotional states.
2. Is hypoglycemia a contributing factor?
3. Is there a magnesium deficiency?
4. Check the Migraine Personality Trait and see if it is okay to reprogram it.
5. Teach the client how to defuse anger so it no longer needs to be suppressed.
6. Teach the client to begin using the "feel/want/willing" formula to express their feelings so that there is less likelihood of their negative emotions being "held in" or suppressed. The client may need to use the emotional stress release (ESR) techniques while they practice role-playing using the feel/want/willing formula.
7. Teach the client how to use the Defusing Stuck Emotions approach to help change any obsessive-compulsive behaviors.
8. Work on eliminating any tendencies towards perfectionism. Persuade them on the merits of aiming for excellence rather than perfectionism.
9. Teach them how to delegate responsibilities.
10. Teach them how to say "no". Role play using ESR.
11. Teach them how to verbalize their requests. Role play using ESR.
12. Build on the three C's of "hardiness" (commitment, control, and challenge) and work on eliminating their opposites (alienation, powerlessness, and feeling threatened).
13. Help the client build some exercise or relaxation (progressive relaxation, autogenic training, or visualization) into their work week so that there is less contrast between a busy work week and their Friday night/Saturday morning relaxed states.

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Wayne Topping, PhD, Bellingham, WA, a New Zealander former Geology Professor, International Kinesiology College faculty for the US, former member of Wellness Kinesiology, writer and author of numerous books on kinesiology.

Topping International Institute, Inc.

2505 Cedarwood Ave. Suite 3, Bellingham, WA  
98225 USA

Phone: 360-647-2703 Fax: 360-647-0164

email: [topping@wellnesskinesiology.com](mailto:topping@wellnesskinesiology.com)

website: [www.wellnesskinesiology.com](http://www.wellnesskinesiology.com)

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Schedule

Friday July 23

*"Speak Law, Thy Servant Hearth"*

Lillian Poston

*The Importance of Bonding in Heartland Security*

Adam Lehman.

*TFHKA General Session / IKC / Quick Fixes*

*The Art of Communication How Muscle Testing Works*

Larry Green

*Creating High Energy Websites & PR Materials*

Jerry Teplitz, JD, Ph. D.

## **Speak Law – Thy Servant Heareth”**

By Lillian C. V. Poston

Ancient texts of indigenous peoples residing great distances from each other reveal similarities of belief systems, food supplies and social customs. For these people, observation of natural growth patterns; creature habits, weather signs, etc. were inspiring teachers as well as the elders of the tribe. There was (and is) a reverent respect for the creative forces; a respect for nature's ways preceded the establishment of a scientific realm separated by form.

The five senses: taste, touch, sound, sight and feelings were recording instruments. These same senses are our link today between the inside and outside worlds of the human.

Over eons of time, refinements of facts have brought us up to date to appreciate laws that govern . . .

Of creation which have opposite and equal reactions.

The lowest common denominator of life energy – is vibration. This vibration has four characteristics, i.e. no religious persuasion, no cultural bias, does not judge nor condemn, it just IS.

To bring us quickly up to present age, present time, we find ourselves living in a most exciting age. Technologies are exploding around us; becoming obsolete overnight in some instances. All these happenings teach us the more we learn of creation, the more there is to know. A crisis

in consciousness is developing in outer and inner space.

Our work with the varied modalities of balancing life energy within the human? challenges the integration of body-mind-spirit.

David Bohm, physicist, calls vibration matter as “frozen light.”

This paper deals with aspects of Touch For Health Kinesiology, founded by John Thie. Let us begin with a few facts about the skin of bodies (see page 3 on skin facts & skin appreciation).

Communication via the acupressure system to the physiology of the form has definite pathways of receiving and responding to messages. These messages act according to universal laws. These acts take on an aura of speech: thus the facilitator studies to understand the universal law and can evaluate if the response is balanced. Should a deviation of response occur, again the facilitator knows how to make proper adjustments.

The Touch For Health format studies (and teaches) how to balance the flow of chi from the atmosphere through the Chakras, meridians, muscles and organs. The Chinese law of the five elements and the Chinese 5 Element metaphors are disciplines that enhance the quality of life.

At the beginning of a Touch for Health, Level 1 class, it was decided to take aura photographs of the students, before and after the class. The events that followed reinforced the practical value of learning Touch for Health. Aura changes in each student were dramatic. We had the privilege of recording the happy adult recipient of a life goal balance – to regain a childhood clairvoyant talent. The aura changes as well as the physical effect were proof positive of the results. (Overhead projection of these aura changes will be shown.)

Learning Touch for Health pays big dividends. It is simple to learn – you carry the necessary tools with you all the time – head – heart – and hands.

“The doctor of the future will give no medicine but will interest his patients in the care of the human frame, in diet, and in the cause and prevention of disease.”

Thomas A. Edison

### **SKIN FACTS AND SKIN APPRECIATION**

“Most of us take our skin entirely for granted, except when it burns and peels, or breaks out in pimples, or perspires unpleasantly. When we think of it at other times, it is with a vague wonder at so neat and efficient a covering for our insides: waterproof, dustproof, and miraculously--until we grow old--always the right size. As we grow older we begin to discover qualities of the skin, color, firmness, elasticity, texture, we had failed to notice at all before we began to lose them. With the accumulation of years we are apt to regard our aging skin as a rather dirty trick, a

depressing public evidence of aging, and a somewhat unwelcome reminder of the passage of time. No longer the good fit it once was, it grows loose and baggy, and is often wrinkled, dry and leathery, even parchment-like, sallow, splotched, or otherwise disfigured.”

-Ashley Montague, Touching

But this is superficial and the skin is still functioning!

\* Physiologically the skin has seven primary functions:

- 1) our skin acts as a barrier and a protector of underlying parts from mechanical and radiation injuries and invasion by foreign substances and organisms (viruses, bacteria, parasites)
- 2) our skin is a sense organ with receptors for heat, cold, touch, pressure and pain.
- 3) our skin acts as a temperature regulator
- 4) our skin is involved in the metabolism and storage of fat, and in water and salt metabolism by perspiration
- 5) our skin is a reservoir for food and water
- 6) our skin is a facilitator of the two-way passage of gases
- 7) our skin is 'the seat of the origin of vitamin D

\* In the average adult male, the skin weighs about 8-10 pounds and covers about 18,000 square centimeters or about 18 square feet, about: the area of a twin bed 3'x6'

\* The skin ranges in thickness from 1/10th of a millimeter to 3 or 4 millimeters and is thickest on the palms and soles.

\* The number of sensory fibers from the skin entering the spinal cord by the posterior roots is over half a million!

#### A PIECE OF SKIN THE SIZE OF A QUARTER CONTAINS;

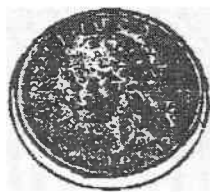
3 million cells

100 sweat glands

50 nerve endings

3 feet of blood vessels

640,000 sensory receptors



We nourish our bodies with air, food and water to sustain life and nourish our minds with thoughts, speech and education but do we nourish our skin? Touch is our primary skin nourishment and when we do not receive enough touch, it can affect our bodies and our minds, and our emotions and behaviors. The skin can be 'hungry for touch' and one can 'crave affection'. Touch is our basic expression of love; we use our skin to touch and be touched, to love and be loved. Massage is loving touch which nourishes the skin hunger and helps maintain our body's state of wellness and, balance, by

stimulating our external nervous system, our significant organ the skin!!

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*Body Energy Systems Therapy, Inc.*

*109 Canonchet Road*

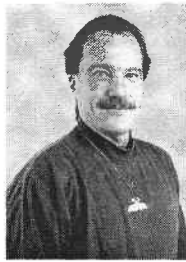
*Hope Valley, RI 02832 USA*

*Phone: (401) 539-7010 Fax: (401) 539-0763*

*[drposton@hotmail.com](mailto:drposton@hotmail.com)*

*Lillian C.V. Poston, Hope Valley, RI, a wholistic  
facilitator with 55 years experience in TFH, One  
Brain, Stress Observation Specialist, CRA  
Facilitator, Facial Harmony, REIKI, Aura Photo,  
and Tibetan Bowls.*

Notes:



## **The Importance of Bonding in Heartland Security**

*By Adam H. Lehman, N.D., En.K.*

**Abstract:** The purpose of this paper is to emphasize the importance of bonding in the birth process, the potential effects of the bonding process not occurring, and a kinesiological approach to working with issues resulting from lack of bonding.

### **Introduction**

Bonding between parent, particularly the mother, and newborn child, is a natural process that occurs throughout the animal kingdom. While human mothers have a broader and more diverse range of experience in this process, there is much evidence that supports the importance of bonding in the parent-child relationship, as well as other aspects of the child's growth and development. This includes physiologies that range from the development of the digestive system and related disorders, to learning and behavior issues that may not be readily apparent for years afterwards. Even the grown adult's ability to have successful partner relationships later in life may be affected by the bonding experience after birth and throughout childhood.

Some definitions distinguish between bonding being the bond from mother to child, while attachment speaks to the bond from child to parent. For the purposes of this article, I will use bonding to mean both.

Through much of the early baby boom of the 50s and later, birthing became more of a medical procedure than a natural process.

Babies were routinely taken from the delivery room and placed in plastic cribs in rooms with other newborns, removed from their mother's arms and placed in the hands of a couple of nurses to care for the group. Along with drugs used to comfort the mother, and instruments such as forceps to assist in the delivery process, whisking away the infant contributed to a likely more traumatic delivery process than was inherently programmed into the newborn's genetic awareness.

While there are certainly circumstances where medical procedures have saved lives, both mother's and child's, there were also a large percentage of children born in unnaturally "natural" births. Still today, there are countries that look upon Caesarian birth as a status symbol, and elect to have this process even though it may not be required.

In the following pages, we will look at some of the effects on both baby and mother from the interruption of the process known as "bonding" – that initial stage of love and security developing between the baby and the mother in the period following birth. As well, a means of using Energy Kinesiology to identify lack of bonding issues and approach resolving them will be offered. This will give practitioners some tools to work with when they suspect a lack of bonding may be involved with obstruction of health and well being.

The Touch for Health 2004 conference

theme is "Healing in the Heartland", and with security getting national attention resulting from the current political climate in the world, the topic of bonding seems particularly appropriate, having direct relationships with these issues on an individual level. Perhaps what we can learn from the benefits of bonding in early life can assist us in bringing a more peaceful climate to the world. After all, these issues revolve around love, trust and security – the very things lacking in most of the disputes among nations. When we realize that the struggles we experience as individuals are common to us all, and that we can benefit from working together to resolve them, we can let go of the fears that are inherent from a lack of bonding – namely, being alone, and therefore having to fight for survival with the perception that there is no one else available to help. With so many locked into the same struggle, it is sometimes remarkable how we can feel so alone!

"Because we have more in common as a world than differences among nations" (*The One World Flag™ Project*).

### The Birth Process

It may go without saying that there is much not understood about the interaction between mother and infant in the time immediately after birth. As well, there is the inevitable controversy about how important those first moments are, and whether anything can be done if the initial bonding process is missed. However, there are many studies that point towards the positive aspects of bonding, and evidence of physiological benefits that suggest that bonding at birth is a real process.

The huge amount of variables in the human birth process, both natural and technology induced, make this study even more difficult

to reach conclusions about. Needless to say, it is an ongoing study that could take up whole books. In this author's opinion, and with what is known about bonding in the animal kingdom (though quite different, it's hard to imagine that humans don't participate at all!), mother-infant bonding is very real, and important. I will try to touch on some particularly salient points to provide an overview of current thought.

To begin with, let's consider the circumstance. In an ideal situation, the mother has spent 9 months carrying around the developing fetus. The birth process is a potentially traumatic and emotional time with a huge variability of feelings – ranging anywhere from instant love and gratitude for what has been produced, to complete exhaustion and thanks that this nine month ordeal is over with.

Then, of course, there's the newborn – dealing with a complete change in environment, with all the possibilities of how the birth actually happened. Drugs? Forceps? Caesarean? Or squeezed through the birth canal? How can we even know how the newborn responds to all of this? Nevertheless, it is such a radical change that it wouldn't take a big stretch of the imagination to understand the newborn's need for some sense of security, and reassurance that everything's all right.

Imagine for a moment that you are entertaining an important guest in your home, one whom you've never met. How do you prepare to receive them? And how do you treat them when they actually arrive?

Now consider how many births happened in the middle decades of the last century. A small head grabbed and pulled into the "new home", slapped, and then taken away to a



virtual detention center. Not necessarily the nicest greeting! How would you, as the guest, feel coming into someone else's environment with that kind of greeting? It sounds more like a prisoner of war!

Unfortunately, that was not uncommon! And while certain parts of that process are mostly different today, there are still aspects that could be improved upon.

Let's consider, as well, some physiology. To begin with, birth (along with death) is the time that we release the most adrenalin of any experience in our life. How are our adrenal glands doing at that moment?

The adrenals kick in during the third trimester of fetal development. It's interesting to note that many mothers consider the third trimester as a time that they feel better than they ever have, with higher energy levels than they've experienced for a long time. One possibility here is that, if the mother has been under a lot of stress, her adrenals may have been exhausted, and now she is getting help from the fetal adrenaline. That may have an effect on the baby's adrenals at birth.

The adrenalin release at birth also needs to be metabolized. This happens in the liver. When the baby is born, the umbilical cord is still carrying blood and nutrition from the placenta that is helpful in this process. Unfortunately, it is not unusual for the cord to be cut prematurely, denying the newborn of valuable resources for the processing of the adrenalin, and leaving this stress hormone circulating longer through the system.

The skin is the largest organ in the body, and coming through the birth canal is an important process in activating many neurological processes through the pressure

on the skin. Caesarian births deny the newborn of this stimulation. Dr. Carl Ferarri, one of the original Applied Kinesiology "Dirty Dozen", and originator of Neural Organizational Technique (N.O.T.), considers this to be important enough that he suggests a way that people who have not come through the birth canal towel dry themselves after their daily shower, to counteract the ongoing negative effects of this lack of birth stimulation.

### **OK, I'm Out! I'm Scared and Hungry!**

Then there is the first feeding. To begin with, there is evidence of an initial birth crawling reflex. While crawling is not considered physically possible until later in life, if the newborn is placed on the belly of the mother, it will manage to find its way to the breast for its first feeding. This usually happens in the first half hour to an hour after birth – when the *baby* is ready! Think of how empowering that is! And therefore, how disempowering if not given that opportunity, but rather put on the breast. That reflex never gets to manifest itself, and therefore may never be properly integrated. What sort of message might that send?

That first feeding is also quite important. As many as 19 hormones have been identified as being released in that first feeding from the mother's breast, just for digestive purposes. The feeding is not only important for the baby, with factors related to the immune system and digestion, it is also important for the mom to trigger release of hormones for further breast milk development and the functioning of the breast itself in the feeding process. And these don't even include the emotional impact on the role of bonding.

There are a couple of hormones that are particularly important. Oxytocin, a hormone

stored and released by the posterior pituitary, is often referred to as the “nurturing hormone”. It is important in the birthing process, as it stimulates uterine contractions, and is also involved in lactation – the production and ejection of breast milk. However, it is also known to be involved in situations involving loving, with increased secretion in situations as simple as having dinner with another person, or even looking at pictures of babies and young animals. I like to think of oxytocin as the “Awww, isn’t that cute?!!” hormone. Both female and male release this hormone during lovemaking, so it is active at conception as well.

Prolactin is another important “mothering” hormone, combining with oxytocin to produce natural mothering instincts towards babies. This is reinforced by the reward system of endorphin release, active in both mother and newborn, creating an opiate-like good feeling when we’ve acted in a manner that is beneficial to the survival of the species.

These systems are hard-wired into our deep brain centers. Together, these biochemical reactions combine to provide support of the mothering instincts and a bonding between mother and child shortly after birth.

Again, there are so many variabilities of what actually happens in those critical moments after birth. Because it is so complicated, with effects that may not be seen for many years, it is hard to know the result of interrupting what is guessed as being the natural bonding process.

### **Bondus Interruptus**

As an example, newborns are often taken up by the delivery person, cord cut, cleaned, given eye drops that blur vision (potentially

interfering with the visual aspect of the bonding process) and injected with Vitamin K to prevent a possibility of brain swelling should that factor be missing, before being given to the mother, often immediately being “given” the breast. And that’s assuming a “normal” childbirth.

If a caesarian is necessary, or a child is born prematurely, requiring medical attention that supercedes the opportunity for normal interaction between mother and newborn, these may have necessary but unfortunate effects on the bonding process.

As well, there are situations where the mother may have difficulties – maybe being exhausted and desiring some sleep before even holding the baby for the first time. Those initial moments of bonding are important for mothers as well. Some mothers report having trouble falling in love with their newborns, and having that develop only after several hours to even weeks later. This may result in feelings of confusion and guilt as to why a mother is not feeling that love.

If a mother and newborn are unable to bond immediately after birth, does that mean that bonding will never happen? Not necessarily. There are many ways of compensating for that missed opportunity, and still creating a healthy parent-child relationship. One science being promoted today is called “Attachment Parenting”, and provides many methods of maintaining a healthy bond between parent and child throughout childhood

On the other hand, does a healthy bonding process at birth guarantee that a continuing, healthy relationship is maintained forever? Again, not necessarily. Bonding is a process that continues throughout childhood and beyond, and can be affected by emotional

trauma that interrupts the bond of love and trust. Early death of a parent, inattentiveness, drug and alcohol abuse by the parent, or physical and sexual abuse, are examples that might divert an initial healthy bond and create difficult development following the trauma.

### **What To Do**

Ultimately, a parent can only do what they know and feel to be best for their child. However, this is often so clouded by the medical approach (often with best intentions, but may be missing the boat), that it is difficult to know what is natural and instinctual.

With all the variables involved, and the complexity of the human experience making it difficult to study conclusively, one can only surmise that whatever one can do based on a combination of what is known, and common sense (based on intuition and natural reflex), is the best way to proceed. However, if a natural bonding process can be pursued at the time of birth, the initial groundwork is laid for all that comes after, and a life based on love, trust and security.

There are studies that show difficulties in physical and emotional wellbeing resulting from certain circumstances encountered in the birth process. If we accept that bonding is a natural and beneficial process that both parent and child will benefit from, then one may contend that there is a certain "common sense" procedure that is easy to follow, without much risk unless there is evidence of a life or health-threatening situation.

An example of this more natural upon-birth approach would be to:

- Immediately put the baby on the mother's belly

- allow the mother to connect visually with the baby (an important imprinting process that some say the baby will never forget, even if given up for adoption), providing an opportunity for hormonal systems to kick in
- the mother verbally welcomes the baby to the world. "You're a winner!"
- Allow the cord to remain uncut until it is clear that all remaining fluids have passed through it (it will stop pulsing) and these other connections have been made (at least 25 minutes after birth)
- let the baby find its way to the breast in its own time and have its first feed, with all the benefits.

Eye drops and injections can still happen after that without serious risk.

As simple as this sounds, it never ceases to astound the author the amount of resistance encountered to this in discussions with pregnant mothers and their spouses. Many prospective parents are still likely to bend to the wishes of their doctors and their own need for comfort, not connecting to their own natural and intuitive instincts.

### **Conclusion**

Human beings are inherently social animals. And that social contact begins with bonding – the connection established, beginning directly after birth, between mother and infant. Of course, the connection begins even earlier (conception and fetal development), but for our purposes, we will consider the effects from birth onwards.

As well, and as previously alluded to, there are physiological effects of bonding. Sensory induced biochemical responses, such as endorphin release through visual stimulus, hormonal and nutritional exchange through

breast feeding, neurological development and hormone release due to touch. All contribute to both physical and emotional wellbeing.

The amount of information that supports these responses is continually growing, and along with it, the controversy of what is the best way to proceed. Because of the complex nature of this topic, and the limited time and space available in this paper and presentation, what I would like to offer is a balancing process to assist those who may have been denied a proper bonding process.

Many possible situations have been presented here suggesting circumstances that might result from lack of bonding, whether in time following birth, or later. Digestive disturbances, immune system difficulties – including allergies, breathing difficulties (often resulting from emotional issues such as grief) and resistance to disease in general – neurological development resulting in learning difficulties, emotional and behavioral disturbances – including addictions, and the inability to have successful social relationships – such as co-dependency or hostility – later in life, all might have components involved that resulted from issues around bonding.

Fortunately, Energy Kinesiology gives us a tool to allow the body to communicate whether or not bonding might be involved in a person's health issues. If a lack of, or interruption of, bonding is found, there are many approaches from the healing arts that may be helpful in balancing this energy disturbance. The resulting change may be profound, altering not only the physical and emotional health, but possibly the entire family structure in both directions – parents and children.

The Bonding Balance may be done in relation to specific health issues, or may be done in the clear to address this stress directly.

*Adam Lehman, N.D., En.K., is an active practitioner and instructor of many forms of Energy Kinesiology. If you have any questions regarding the information presented here, or are interested in learning about the broad range of workshops available, please contact: [adam@kinesiohealth.com](mailto:adam@kinesiohealth.com) or call 707-328-2838. website: [www.kinesiohealth.com](http://www.kinesiohealth.com)*

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*Touch for Health. John Thie.*

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[www.cirp.org/library/birth/](http://www.cirp.org/library/birth/)

[www.childthai.org/ciec/c008.htm](http://www.childthai.org/ciec/c008.htm)

[www.askdrsears.com/html/10/T101100.asp](http://www.askdrsears.com/html/10/T101100.asp)

and many more. Use Google to search on "bonding", "Infant bonding", "newborn bonding", etc.

### **Balancing for Bonding**

As we know, there are many approaches to balancing using different kinesiology models. With the information provided, it is my hope that readers will be able to fashion possibilities that are consistent with their way of working, whether it be goal balancing, metaphors, statements, or muscle energy assessment. What I will present here is an integrated approach based on an Applied Physiology model – using modes, the Chinese medical model, and stacking to identify specific areas of stress, creating an energy "setup". Then we will balance with whatever energy correction the body indicates is appropriate, with special focus on the chakras, figure 8s and other body energy systems.

The information and techniques incorporated into this balance are drawn from a variety of places, including the Infant and Childhood Reflexes work of Svetlana Masgutova (Poland), the Chakra Hologram and Neural Emotional Pathways (NEPS) work of Hugo Tobar (Australia), and neurotransmitter points researched by Alfred Schatz (Germany). As well, well-known Applied Kinesiology and Applied Physiology methods are also incorporated.

**Modes you'll need for this balance:**

- **Organ Mode:** Thumb pad to index finger pad, other fingers in a fist.
  - **Gland Mode:** Thumb pad to middle finger pad, other fingers in a fist.
  - **Hormone Mode:** Thumb pad to ring finger pad, other fingers in a fist.
  - **Anatomy Mode:** Hand in a fist, thumb over middle digit of index finger.
  - **Physiology Mode:** Hand in a fist, thumb over middle digit of ring finger.
  - **Centering Mode:** Sharp jolt to person's shoulder to throw them off center.
  - **Chakra Mode:** Index finger pad over thumb nail bed, other fingers extended.
  - **Touch Mode:** Wring palms of hands together, P/L. Check Indicator Muscle.
- 
1. Have person put their hand to their chest and feel a connection to self and the world. Check the Indicator Muscle (IM). If Indicator Change (I/C), then pause lock (P/L – also known as Circuit Retaining Mode). If you know AP, SIPS, or NEPS, then add the Powers of Stress (P/S).

- a. Additional statements may be added, such as:  
    "I love myself", "I love others" (either of these should show no stress – if they show stress, P/L).  
    "I live for others" (This should show stress. If not, P/L)  
    "I am in control of my own life/circumstances" (Should not show stress. If so, P/L)  
    "I am controlled by others/circumstances" (Should show stress. If not, P/L)
2. Check Oxytocin. Gland Mode X GV17 (Posterior Pituitary, where oxytocin is stored). P/L. Then Hormone Mode + Ht 3 (in the elbow crease). I/C = P/L, P/S, P/L.
  - a. If Oxytocin shows, then check Ht 9 (thumb side corner of the pinky fingernail). I/C = P/L, P/S, P/L.
3. Check Touch Mode. If I/C, scan the body for where there is stress. Common places may be the buttocks and the stomach/abdominal area, and sides of head. P/L, P/S, P/L.
  - a. Additionally, if person knows they were born by Caesarian, have person lie on their side, and, starting at the top of their head, draw your hands down both front and back of body simultaneously with a couple pounds of pressure. Repeat with the sides. P/L, P/S, P/L.
  - b. Repeat Step 2.
4. Check the Placenta – Gland Mode X Anatomy Mode X CV8 (Navel). I/C = P/L, P/S, P/L.
  - a. Repeat Step 2.
5. Check Adrenalin and the Adrenals.
  - a. Gland Mode X CV5 (TH Alarm Point) + GB25 (Ki Alarm Point) + Hormone Mode + Temporal Tap "Adrenalin". Can also check Noradrenalin by adding St. 6. P/L, P/S, P/L.
  - b. Monitor the Sartorius muscle (if you know how to do both contraction and extension, then check both – Positions 1 & 8 in Applied Physiology). P/L, P/S, P/L.
  - c. Monitor either Pec Major Sternal or Rhomboids for Liver stress. P/L, P/S, P/L.
6. Check Amygdala Emotion Points
  - a. Anatomy X Gland X CV23 (posterior chin, above Adam's apple) X CV24 (CV Alarm Point). P/L. (This is the format for the limbic system) Then...
  - b. Physiology Mode X CV14 (Heart Alarm Point). P/L. (This is the amygdala) Then...

- c. Check CV 12 through 16. For any I/C, P/L, P/S, P/L. These are the amygdala emotion points:
    - i. CV 12 – Rage; CV 13 – Escape; CV 14 – Pain/Punishment; CV 15 – Fear; CV 16 – Blocked Pleasure.
  - d. If you know AP Brain Physiology or LEAP, you may also check the Hippocampus for Long and Short Term Memory related to Pain/Punishment and Pleasure.
  - e. Repeat Step 2.
7. Check Organ Mode X Alarm Points for St, Sp, SI, Lv. For any I/C, P/L, P/S, P/L, then check that meridians muscle in positions 1 & 8 (contraction and extension) For Sp, use Lats for Pancreas. P/L, P/S, P/L.
- a. Then check Hormone Mode X SI 5 (CCK – cholecystokinin, an important digestive hormone and neurotransmitter).
8. Check Middle Trapezius in contraction and extension (Spleen aspect of Spleen meridian for immune system)
9. Check Centering Mode. If I/C, check for Hyoid, Gaits and Cloacals. Identify all imbalances without P/L. Once identified, P/L all that show. P/S, P/L.
10. Check Chakra Mode X CV1 for Root Chakra, CV8 for Navel Chakra, and CV14 for Heart Chakra. P/L, P/S, P/L.
- a. If you know the 7 Chi Keys, identify all specific imbalances, then P/L them.

**Other Possibility:** If you are comfortable with role playing or visualization guiding, you may also include a process that incorporates the initial “Welcome to the world. You’re a winner!” verbalization that should have come from the mother at birth. Having a picture of the mother can be usefully incorporated in this situation, along with age recession. This can be particularly helpful for people with low self-esteem and 3<sup>rd</sup> chakra issues. This may be part of the setup, or the upcoming balancing situation, or both.

This completes the setup. Understand that this is meant to be a guideline. If there is other information from the context of the person’s issues that may be related, or that you’re aware of in regards to bonding, feel free to add that to the circuit. The above steps simply speak to common areas that are often involved in issues arising from lack of bonding, and help to bring all the energy into the circuit for balancing.

As well, if the client is aware of specific emotional stress patterns in their life related to the lack of bonding, such as how they manage personal relationships, you may wish to add that to the circuit. If you know Continuous Record Mode, you may hold that while discussing those issues, or simply P/L. Emotional discussion/processing may also arise from what shows in Step 5 from the amygdala emotions, Step 7 using the TFH Metaphors related to the different organs, and Step 8 in regards to what you may know about the chakras. All of this helps to further clarify issues in the person’s life in regards to their issues from

bonding.

Now let's look at some balancing possibilities. There are a couple of things the practitioner can do that are often involved and should be checked. As well, these steps actually combine to be both balancing and further additions to the setup, to be further integrated with other energy balancing afterwards.

11. Have client sit with knees spread, feet touching. Arms crossed over chest. Have them breathe deeply and rock side to side. Notice the flexibility (or lack thereof) and amount of control used in the rocking motion. Then, using your hands on a shoulder and opposite hip, resist the side-to-side movement, first on one side, then the other. Repeat several times.
  - a. Optional: Have the person say statements that are appropriate to the specific person or circumstances of their bonding issue:
    - i. I embrace my (mother, father, world, etc.)
    - ii. I am united with my (body, feelings, mind)
    - iii. I forgive my (mother, father, world, those who have wronged me), and take responsibility for my own growth.
12. Check Centering. Now balance any that show. Stay in Centering, checking all aspects until none show.
13. Check all other balancing modalities and balance accordingly. Flower Essences may be helpful, along with the information they provide.
14. Check all energetic systems thoroughly and balance in whatever order they show. Don't just check the mode – put the mode on and check all the points or other challenges associated with the energy system in the way you learned. Continue checking all the energy systems none show.
  - a. Chakra mode with all chakra indicator points, front and back.
  - b. Figure 8s: If you do Applied Physiology, P/L the mode and then check all the alarm points. For TFH, challenge each Figure 8. Don't just rely on the "Fuzzy Glove".
  - c. Check any meridian balancing techniques you know: 7 Element Acupressure, Acupressure Holding Points, 5 Houses of Chi, 3 in 1 Meridians, etc.
  - d. If you have a means of checking Auric Fields, do that.
15. Recheck the flexibility and ease of rocking in step 10.
16. Recheck any formats and/or muscles that showed stress during the procedure. If any stress still shows, P/L and balance until clear.
17. Recheck the bonding reflex in Step 1, along with any statements used. If any stress still shows, P/L and balance until clear.
18. Close the circuit (legs together). Balance anything that shows in the clear. Chakras,



Figure 8s, and Centering are all good things to make sure are balanced. Check Flower Essences for support.

19.

**Additional Notes:** For mothers about to give birth, or who have just given birth and are having difficulties with bonding, balance them for oxytocin and prolactin. Use the oxytocin format in Step 2 above, and as well, add: Gland Mode X GV 24.5 (Anterior Pituitary) + Hormone + Temporal Tap "Prolactin". P/L, P/S, P/L. Balance.

As well, the oxytocin/prolactin combination may be beneficial for mothers having trouble with producing and ejecting breast milk for their baby.

**Be sure not to balance for oxytocin prematurely, as oxytocin also stimulates uterine contractions. You don't want to set off premature birth. However, balancing for oxytocin may be beneficial for mothers who are late.**

Notes:

## **TFHKA / IKC**

General Sessions

Quick Fixes

Notes:



## **The Art of Communicating How Muscle Testing Works**

By Larry Green

In TFH we use muscle testing as a communication tool. Successful muscle testing includes communicating to the client (or testee) their part in this co-operative venture. And communicating the value of using TFH.

TFH instructors spend a lot of time (hopefully) in TFH 1 explaining, demonstrating, observing, correcting, modeling, fine tuning and providing hands on feedback of how to do a muscle test. A lot of attention is given to mastering the physical skills involved with muscle testing. (See page 10 of the Touch For Health class manual - Book I.)

But we also tell our students that 50% of successfully performing a muscle test is communication with the client. Explaining to the client what muscle testing is and how it works. And educating the client about their role/responsibility in the muscle testing procedure.

Although we say communicating TFH is important, there is very little information in the class manuals on how to successfully communicate all this information. As an instructor do you have your students practice the 'art' of communicating muscle testing? Do your students practice explaining

what Touch For Health is? Do you give them feedback and coaching on the skills necessary to communicate what we do?

Most students who take TFH 1 do not go on to TFH 2. Some people finish their first class unsure of how to approach someone and offer a balance, so they don't practice. Some find it hard to successfully balance the people who they do work with. Many students get discouraged when their initial balances don't go well, so they stop.

I believe more students will succeed in muscle testing and balancing if we empower them with more training, practice and skills for communicating what we do. The 50% we need to give them is the ability to communicate all that we do.

An important aspect of communicating TFH is both knowing what to say, and also, tailoring what you say to your audience. Talking in technical jargon to some people is a convincing strategy. They are impressed with facts, technical and scientific language, polysyllabic words and references to studies. Other people are turned off or intimidated by this approach. Tailoring your presentation to your audience is good for anything you are presenting. In this paper I will offer a number of different ways to

'language' what we do.

When you offer to balance someone who has never heard of TFH, you are selling them on trying TFH. In sales it is a useful strategy to have what is known as a 30 second explanation of your product or service. And also a 2 minute explanation, and a longer explanation. You never know how long the opening opportunity to tell someone about your service will be.

To that end choose an explanation that you like and feel comfortable with, and memorize it. This can be very useful especially for beginners. That way you don't have to stumble finding the words when someone asks, "Just what is Touch For Health?"

In my classes I have my students break into pairs and practice explaining TFH to each other for 2 minutes. Most people experience their first attempt (or their first number of attempts) to be like dancing with two left feet. Better to trip in class and recognize what you need to learn. In TFH class we already have the students practice their muscle testing skills to develop proficiency; I also have my students practice their communication skills.

Another important distinction to make when talking about TFH is the difference between features and benefits. Features describe what we do ( we push on muscle, we balance meridians, we check for hydration) Benefits are what people are interested in (we can help you feel less stressed, you'll

probably have more energy after a balance, pain often decreases.)

People also respond well to stories. Know some good stories of people who have been helped with a range of issues. And particularly share your own experiences receiving and giving balances. If you would like to see many testimonials from students and clients check out [www.USkinesiology.com](http://www.USkinesiology.com)

Lastly before describing ways to talk about what we do, I often introduce people to TFH and muscle testing by asking them if I can show them something (prior to explaining it.) I then ask them to hold out an arm which I lightly test and have them notice my pressure. Then using spindle cells, central meridian or "think of something stressful" I give them the experience of being muscle tested. This almost always gets their curiosity.

Each person is going to have their own preferences and unique ways of talking about TFH. There is no right or wrong, just what works for well for you.

### **Sample Explanations of TFH**

Here are some ways of communicating what Touch For Health is. This list is not complete and there are many other ways you may discover.

- ◆ In TFH we allow and facilitate the innate healing powers of the body to restore harmony
- In TFH we work with a series of 'energy

reflexes' developed by western doctors to re-balance the system.

- ◆ We can upgrade our present and future performances physically, emotionally and mentally with TFH balances.  
Our body is electric, if the heart stops you jump start it, like a car. TFH helps jump start the stuck places in the energy system.
- ◆ TFH helps with neurological integration. This helps us think clearer, be more coordinated, more alert and responsive to life.
- ◆ Learning the 'language' of TFH is like seeing your body as a bio-computer
- ◆ In TFH we share information that will enhance personal power for health improvement, disease prevention, and releasing natural healing energies.
- ◆ The potential for having peak performances and 'personal bests' is increased when the energies are balanced using the TFH methods.
- ◆ Western science with its reductionistic and mechanistic world view has tended to look upon us as anatomical and physiological beings, like a complex machine. TFH addresses us as wholistic, holographic and multi-dimensional and is more effective in bringing harmony and balance to the entire system.
- ◆ When you get a TFH balance, your system has more of it's inner resources available to address challenges or stresses at the physical, emotional,

mental and spiritual levels.

- ◆ TFH and kinesiology blend both Eastern and Western research. It draws upon 5000 years of acupuncture theory and experience, and western scientific observation (empiricism) and controlled studies.
- ◆ We are structural, biochemical, emotional, mental and spiritual beings. When any one of these sides of ourselves is stressed or unbalanced, all the other sides can become affected. Emotional stress affects our chemistry, which can effect our mental states, which can effect how we hold ourselves structurally, which can cause pain creating emotional distress. TFH can balance for all of these.
- ◆ A TFH balance is more than just a structural assessment of the body's musculature. Muscle testing of each of the body's meridian systems can give us a 'computer readout' of the internal status of the body
- ◆ TFH can help people care for themselves, their family and friends. It can save money on doctors and medications, though it does not completely replace the need for medicine. TFH techniques are safe, simple and easy to learn and use.
- ◆ You have within you a unique human bio-computer, which serves you by making moment to moment decisions. How you look, feel and behave is a result of these decisions. The bio-computer always makes the best possible choice it can, given the information it has available at

the time. Using Touch for Health, you are actually using a language that communicates with our bio-computer. You create communication links that allow the bio-computer to evaluate how good a job it is currently doing and to upgrade decisions that contribute to your well-being. There are many ways to interpret the language of the bio-computer, such as recognizing pain, taking blood test, using bio-feedback, looking at posture and function, etc. However, TFH is a language that allows you to establish a two-way communication that is easily learned and can be used by anyone.

- ◆ This is for someone with a strong Christian or religious background, courtesy of Dr. Thie (I am paraphrasing what I recall he says.) 'We were created by a Divine creator, who imbued creation with an intelligent design. When we do TFH we are accessing the intelligent design that the Divine creator placed within us.'

#### **Sample Explanations of Muscle Testing**

- ◆ Muscle Testing is an art and a science.
- ◆ Muscle testing is a stress response indicator
- ◆ Muscle monitoring is a biofeedback mechanism
- ◆ Muscle monitoring is a biofeedback mechanism that allows us to access the body's biocomputer and upgrade its performance.
- ◆ We are looking for differences in muscle strength and performance. (or muscle response.)
- ◆ The brain is like a computer and we are accessing its information.
- ◆ Muscle testing is an extension of our intuition
- ◆ When we muscle test we are getting feedback about the energy system in the body. It is really more of an energy assessment than a test of muscle strength.
- ◆ With our words and mind we can edit what we tell each other, but muscle testing shows us what is so.
- ◆ Every individual responds somewhat differently with muscle testing. It's like dancing the foxtrot, the steps are always the same but you have to find the right rhythm which each new partner.
- ◆ Muscle testing is a co-operative venture. We decide together about the results. As the tester I have a part to play, and so do you as the testee . Your role is to notice if the muscle locks or does not lock. Does it have integrity with each test? Both roles require an unbiased, neutral stance and a degree of curiosity.
- ◆ Through accurate muscle testing we find energy and muscular imbalances. We can also find stress patterns in the system at structural, biochemical, emotional and mental levels. With more sophisticated approaches in testing we can discover a wide range of specific



- imbalances or stressors to the system.
- ◆ Physiologically, when we muscle test, our sensory nerves have recorded our testing pressure and sent this information to the spinal cord, limbic system and brain. The system responds by sending information down the motor nerve to tell the muscle to lock or unlock. If the muscle does not lock we know that somewhere in the energy circuitry an imbalance is occurring. (Or: there is stress in the system).
  - ◆ In muscle testing we start with the muscle in it's contracted position and push back into extension. This is opposite of what the muscle does when it works. For example the quadriceps bring the leg up. We start with it up and push down

#### Sample Explanations of the Meridians

- ◆ 'Meridians are the interface between the physical and energetic bodies' - Richard Gerber M.D.
  - ◆ The meridians are 'energy pathways' that were discovered 5000 years ago by the Chinese.
  - ◆ The body has an energetic blueprint that directs it's incredible intricate workings. We call this blueprint the acupuncture meridian system.
  - ◆ The meridians are subtle and constantly in flux. And like our body temperature on hot or cold days aim towards homeostasis or equilibrium.
  - ◆ Energy flows like water in a hose until it gets a kink. If it gets blocked it backs up or flows elsewhere. We work with meridians to unblock the flow.
  - ◆ The meridians have been measured by western science using electronic, thermal and radioactive technology. Modern technology has verified that the Chinese correctly mapped the meridians 5000 years ago.
  - ◆ The acupuncture meridian points are measurably lower in terms of electrical resistance than surrounding tissues.
  - ◆ The meridians were named for organs and life functions by the Chinese. They had to call them something. There is a very complex interplay between all the meridians, and just because today you have one that is under-energized does not indicate a problem with the organ or function it's named after.
- The acupuncture meridian system exists in chicken embryos 24 hours after conception and before cell differentiation. (From Vibrational Medicine by Richard Gerber M.D.)
- ◆ When we have a goal and test the meridians, we get a snapshot (or energy readout) of the energetic imbalances in relation to that goal. We can re-set the energetic pattern connected to that goal. This allows us more opportunity and access to our innate healing, and more options in responding to life.

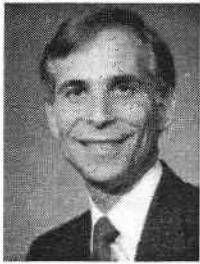
These are 'sound bites' of introductory information about TFH, muscle testing and the meridian system. Write down similar lines when you hear your colleagues, students or other sources say something that sounds good. With this information you'll be better prepared to share a variety of different ways to introduce muscle testing. For TFH instructors you'll have a wide variety of ideas on how to better empower your students in communicating TFH.

*Larry Green, Chapel Hill, NC- has studied TFH since 1990 and had taught TFH since 1995. He has been a past TFHKA president and board member. He currently teaches classes in Kinesiology, works with a local cancer support center, and is president of a state wide coalition of complimentary and alternative practices.*

*Arlene and Larry Green  
greentfh@mindspring.com  
visit our website  
at: [www.uskinesiologyinstitute.com](http://www.uskinesiologyinstitute.com)*

Notes:

Notes:



## Creating High Energy Websites and PR Materials

By Jerry Teplitz,, JD, Ph.D.

Why do some web sites and ads work - and others don't? There are as many theories as there are experts. One key explanation is usually overlooked; it is the energy generated by the copy and the graphics on the website, or in the ad. If energy is present, it encourages people to stay at your site or read your piece; if energy is lacking, they will most likely click somewhere else or throw it away.

I have developed a system to discover whether a website or ad has a positive or negative impact on the energy system of a viewer or reader. This system uses *Behavioral Kinesiology*.

Kinesiology is a way of determining how everything around us affects us. I do Professional Speaking for a living and initially when I demonstrate this technique in my keynotes and seminars it looks to the audience as if it's a trick. To overcome this thought I have everyone in the audience choose a partner and then experience the reality of the concept for themselves, thus self-validating what I am sharing.

Two of our clients are the co-authors of the famous *Chicken Soup for the Soul* book series Jack Canfield and Mark Victor Hansen. Mr. Canfield has stated publicly that he won't release a *Chicken Soup* book unless it's

been through the muscle checking process I developed.

Everything we look at and everything we do has an energy attached to it. What I have done is apply this concept to determine the energy level of web site and pr materials. With it I can measure whether a web site, book cover or pr materials are weakening, neutral or strength-ening.

While someone looks at a web site or an ad, you can muscle check that person. If their arm goes down, it means the web site page or the ad is having a negative impact. A negative impact means that when someone looks at the material, they are consciously or subconsciously turned-off by what they are seeing. The result is that they will be less likely to spend any time reading the ad or surfing the site.

If the person's arm stays up when they look at the web site or read the pr materials it means it's not weakening. I call this second level neutral. While neutral is better than weakening, it's not as good as the third level.

The third level is to determine if the site page or ad is strengthening. That's the level at which we want each *Chicken Soup* book to be. That's also where you want your sites and pr materials to be. It means when a

reader looks at the site or pr, they say consciously or subconsciously that just looking at it makes them feel good. I was waiting in line at a supermarket checkout counter. The woman behind me was looking at a *Chicken Soup* book she was going to buy when she said, "I don't know what it is, but just looking at the book makes me feel good."

Isn't this what you want all your clients to say when they receive your pr materials in the mail or surf your site? You want them to feel good when they look at your materials.

Now, when I'm hired by a client to muscle check their site or pr materials I may discover via the muscle checking that the piece is weakening. What I'll do is give the client input as to what specifically needs re-doing to move the piece to the strengthening level.

One of the first ads I applied this technology to was an ad Burt Dubin, President of Speaking Success Systems, had run in SHARING IDEAS Newsmagazine. Burt told me he had been running his ad for 18 months and had been getting a very poor response to it. He told me he was simply running the ad for good will. (Good will is what you call an ad when it doesn't generate business and you don't know how to fix it.) I muscle checked the ad layout and discovered it was weakening and where the weakness was occurring. I made suggestions for changes, and Burt did what I suggested and changed the ad. Here's what he had to say afterwards:

"I waited four full months to get back to you with my report on how well the new display

ad in SHARING IDEAS is doing. You'll recall you muscle-tested my previous ad and found it to be a 'downer'. It weakened muscles. You called my attention to specific dissonant areas of the ad. You recommended they be excised. Then, you muscle tested the new ad and found it positive. We ran the new ad. The results: Inquiries more than doubled. Sales fully doubled."

The editor of *Reunion Magazine* attended this seminar. He went back to his office and discovered the cover logo of his magazine was having a weakening impact. Based on what he had learned in my class, he eliminated one line from the logo. Here what he said: "Using your system, I discovered that the logo was the number one offender. I eliminated one strip and couldn't budge the tester's arm. Since the change our readership and recognition has been tremendous. Both advertisers and readers tell me they can't wait for the publication to arrive."

Once you start applying what you'll learn in this class, you will discover ways to create high-energy web sites and promotional materials to capture the attention of surfers and readers. Anyone interested in selling 90 million books like Jack Canfield and Mark Victor Hansen?

The rest of this paper has the pr ads and websites that we will be checking. For people not attending the conference, you can just use your Kinesiology skills to determine what is off and what is on.

*Jerry V. Teplitz, Ph.D., J.D., Dr. Jerry V. Teplitz'*  
dynamic, educational and entertaining  
keynotes and seminars have a long-term impact  
on performance  
*enhancement and productivity.*

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over 1500 presentations  
to more than 1 million people over the last 28  
years. Participants  
report becoming more positive, effective, fo-  
cused, energized and more productive.*

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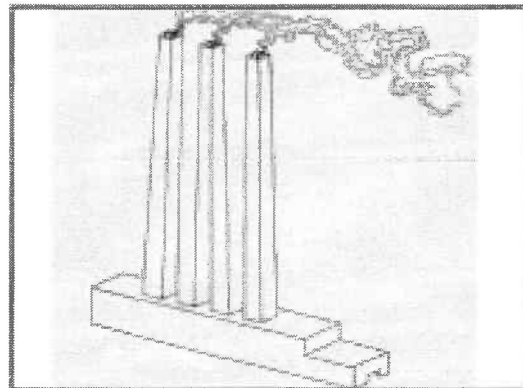
### Creating High Energy Websites and PR Materials



Applying the Science of  
Behavioral Kinesiology to  
The Art of Creating

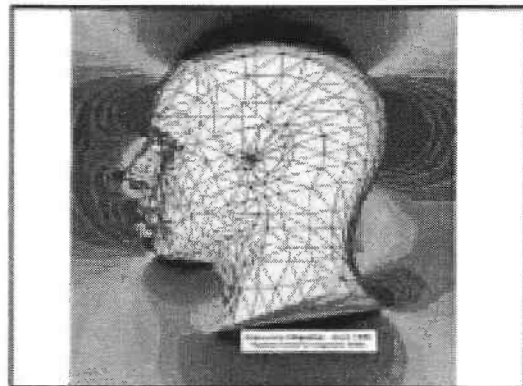
### Behavioral Kinesiology

### Paradigm Shift

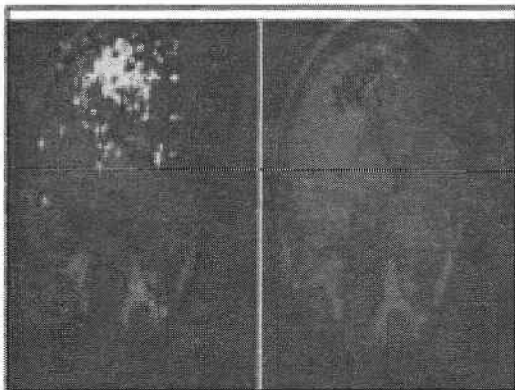
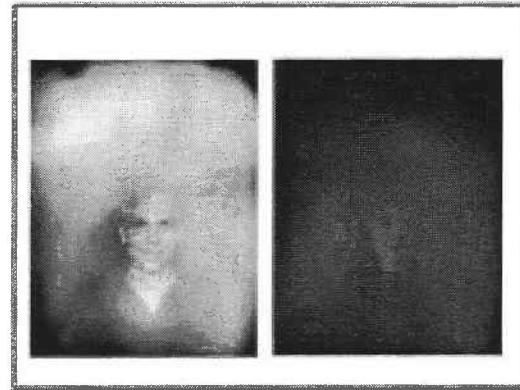
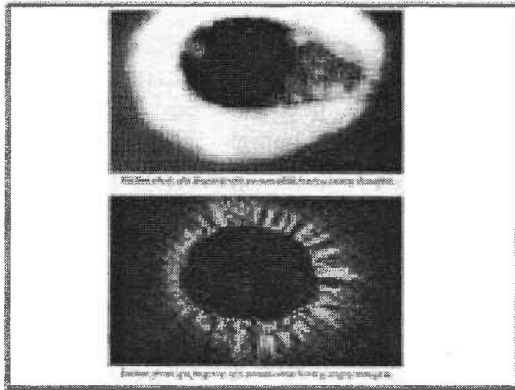


### Meridian Lines

•Stomach





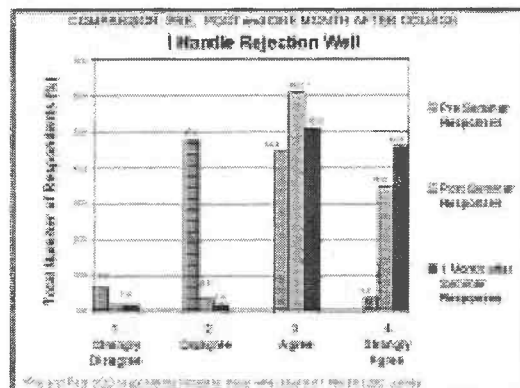


### Muscle Checking

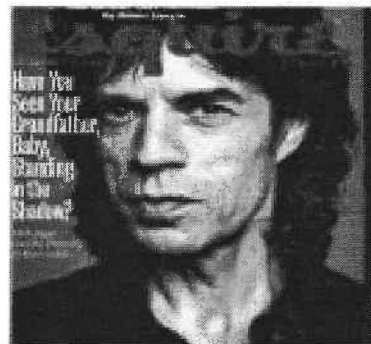
- 1912 - Dr. Robert Lovett - Harvard Medical School
- 1922 - Dr. Charles Lowman - Orthopedic Surgeon
- 1936 - Henry and Florence Kendall - Physical Therapists
- 1960 - Dr. George Goodheart - Applied Kinesiology
- 1960 - Dr. John Diamond - Behavioral Kinesiology
- 1981 - Dr. Paul Dennison - Educational Kinesiology

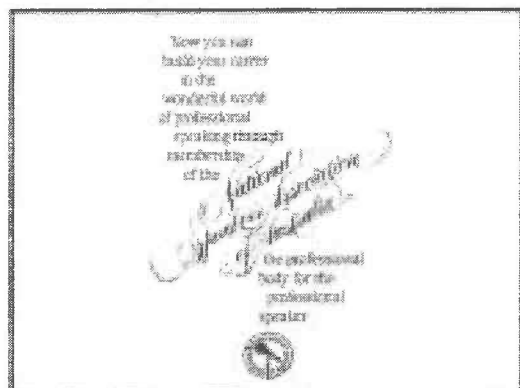
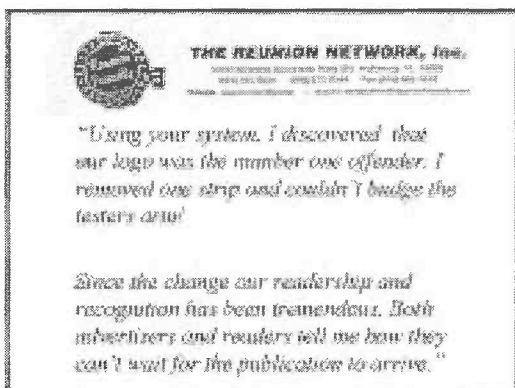
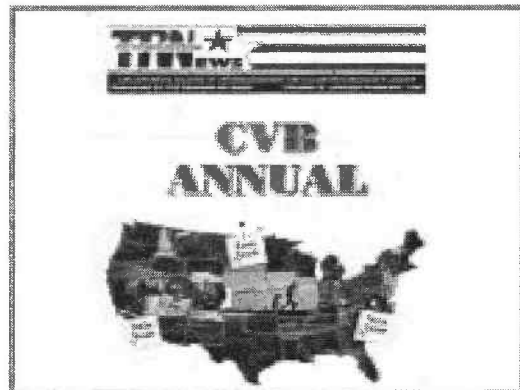
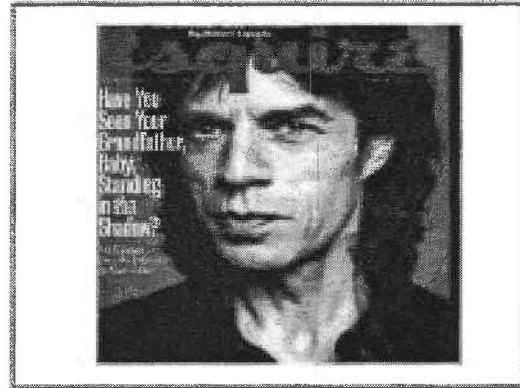
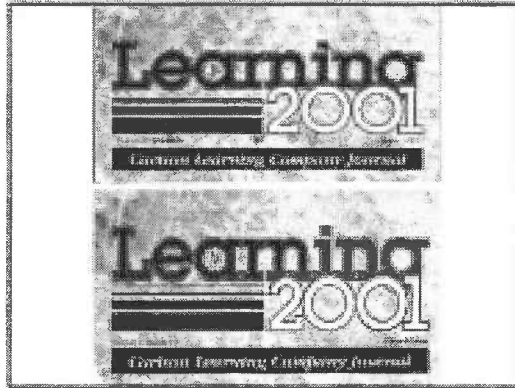
Switched-On Selling

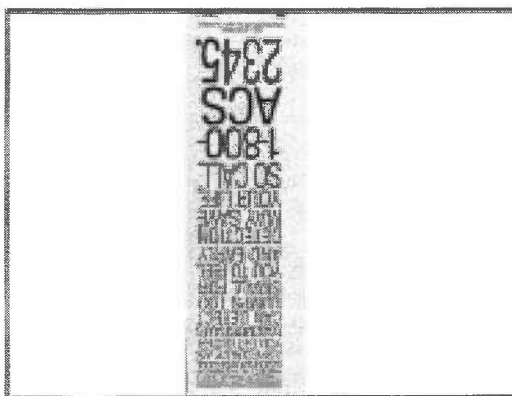
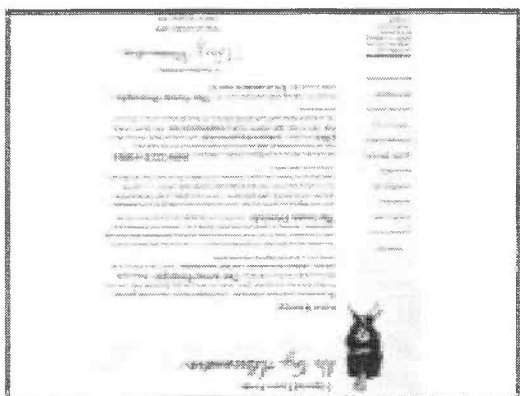
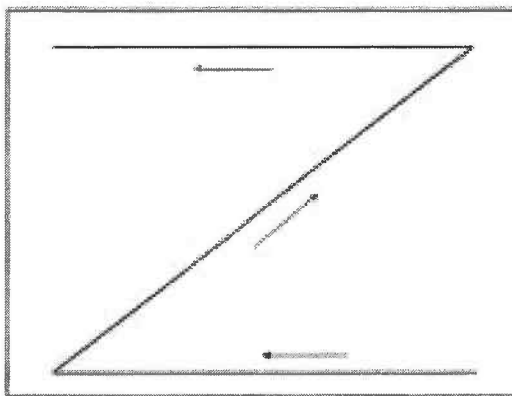
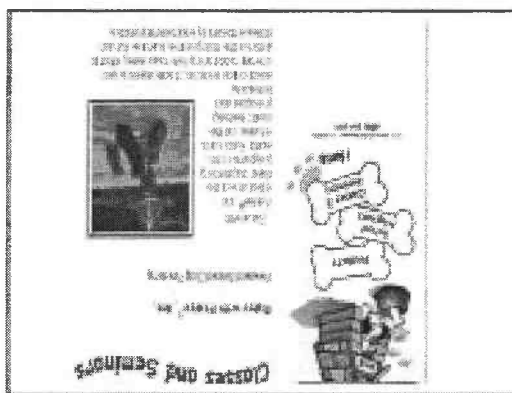
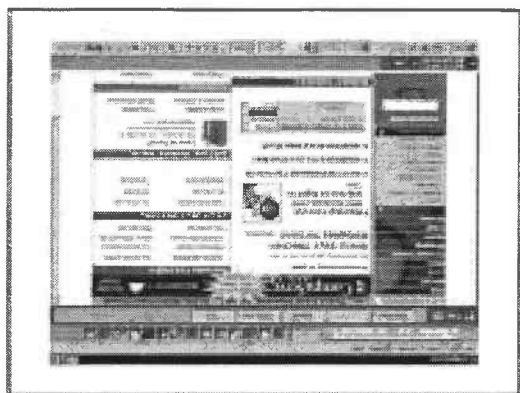
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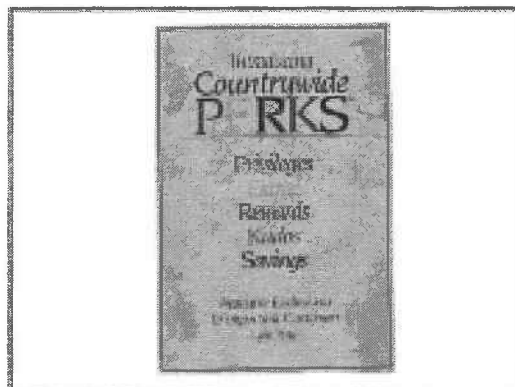
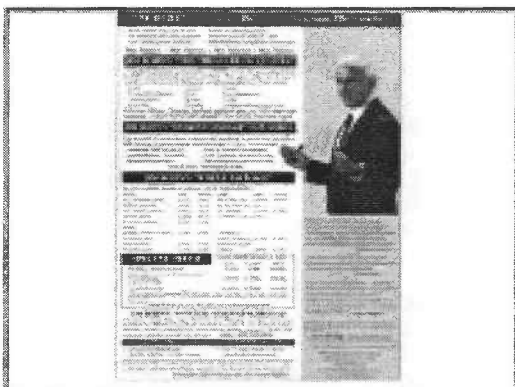
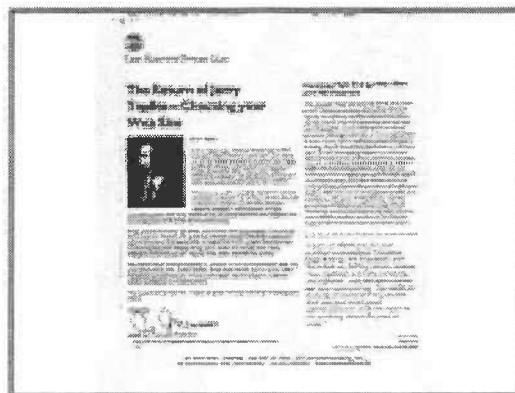
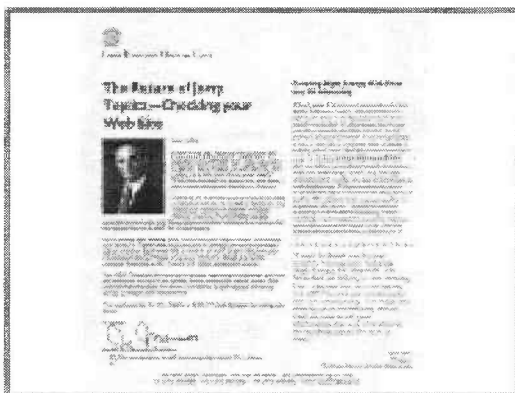
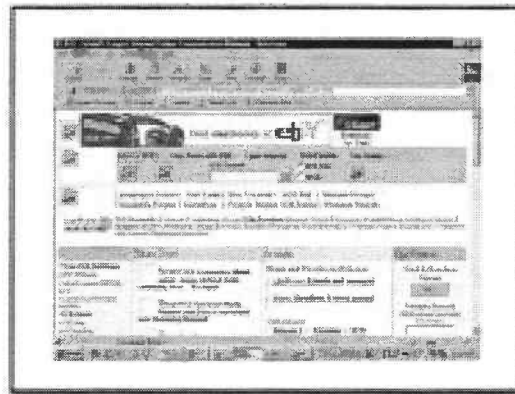
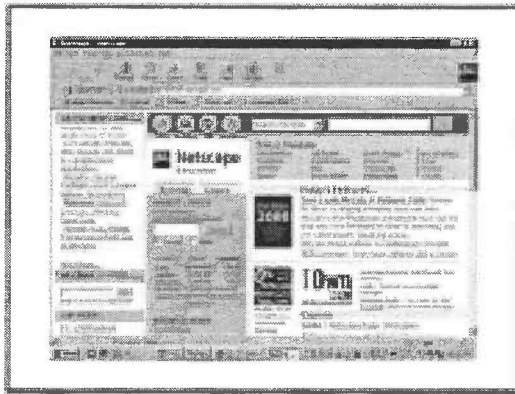


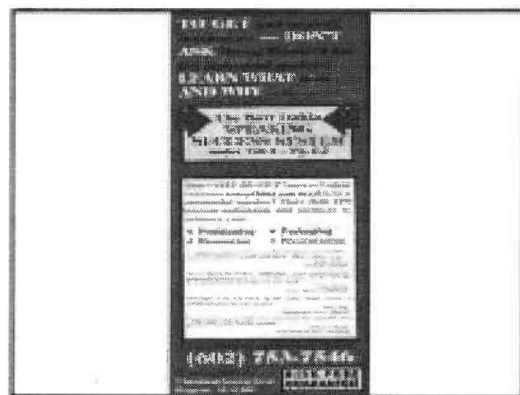
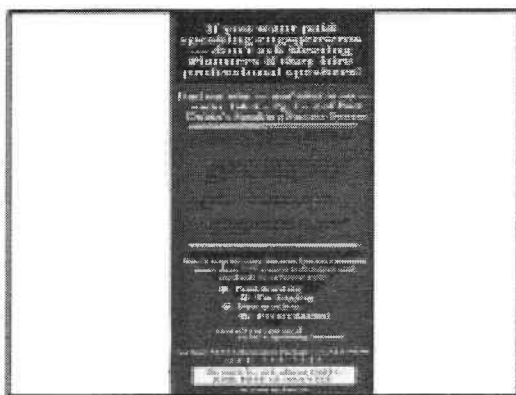
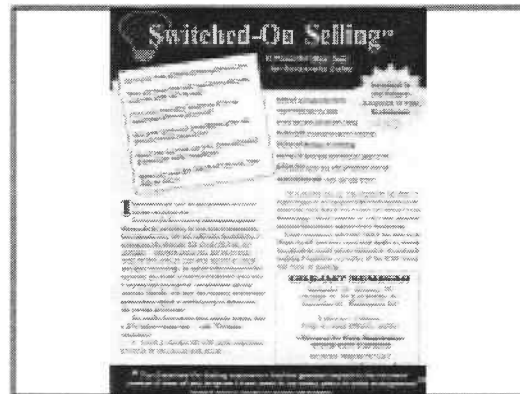
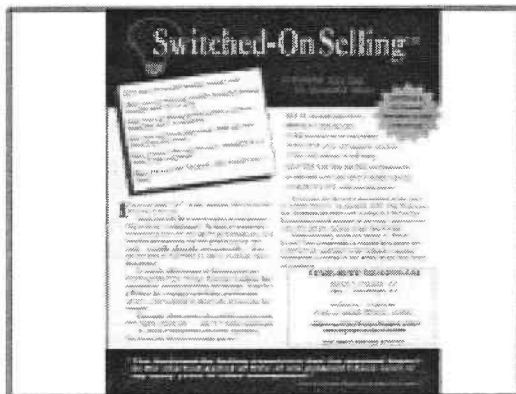
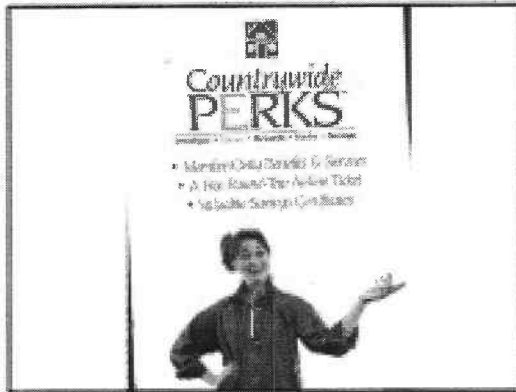
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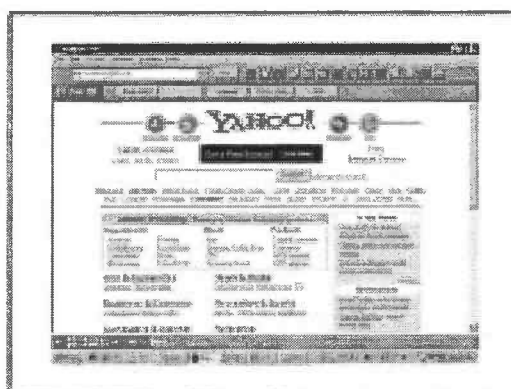
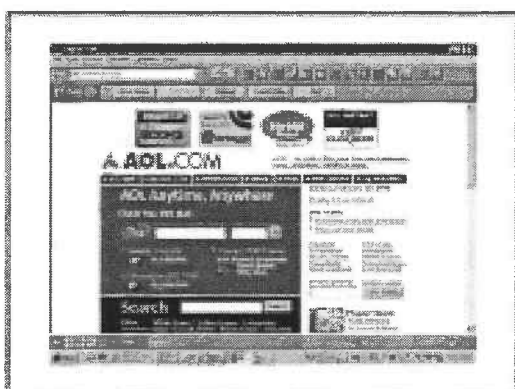
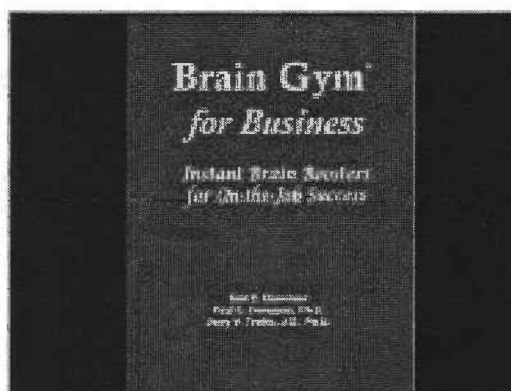
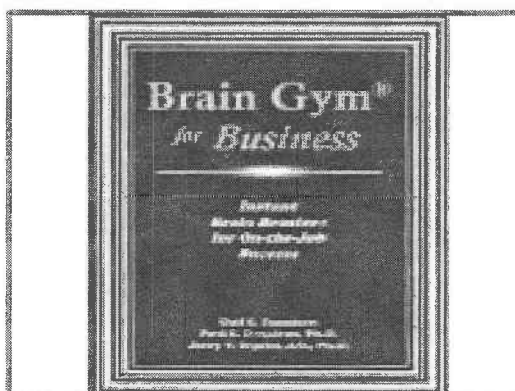
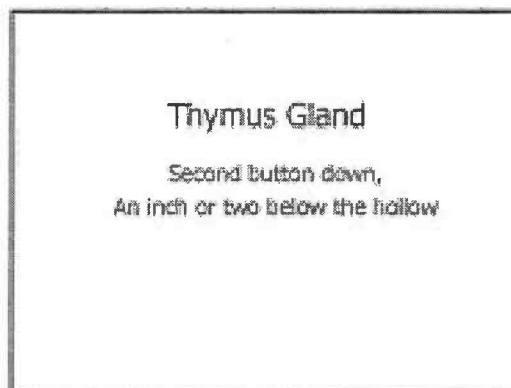


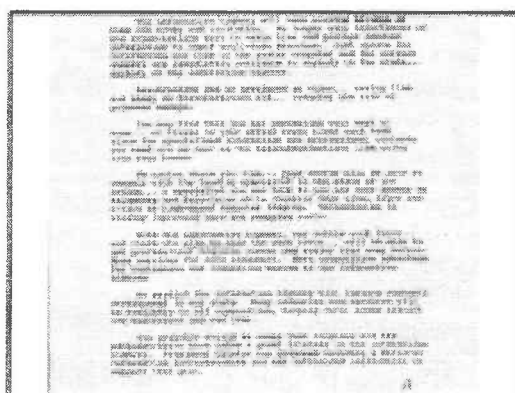
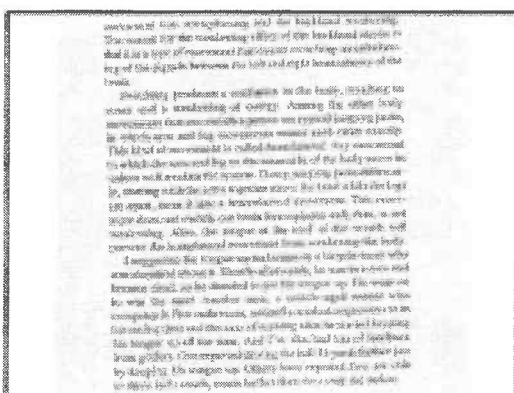
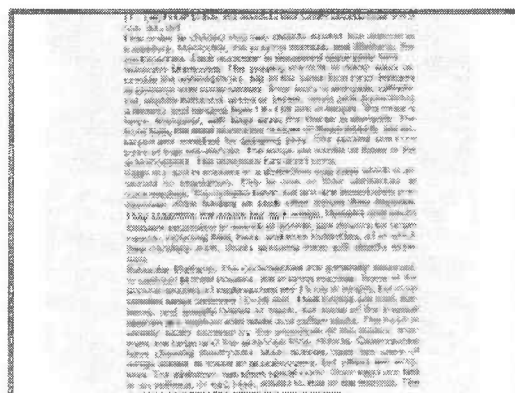
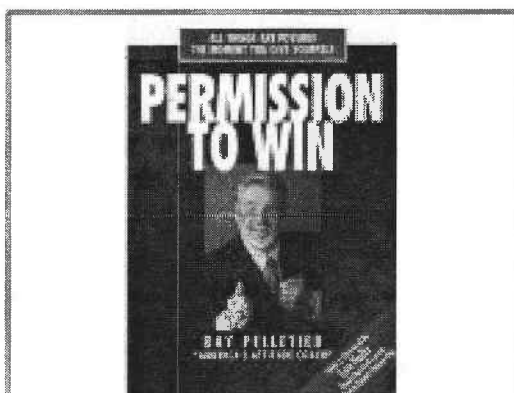
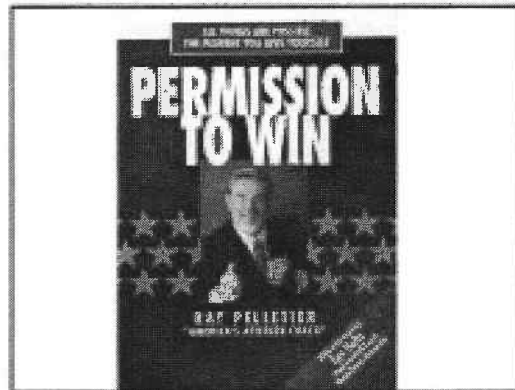
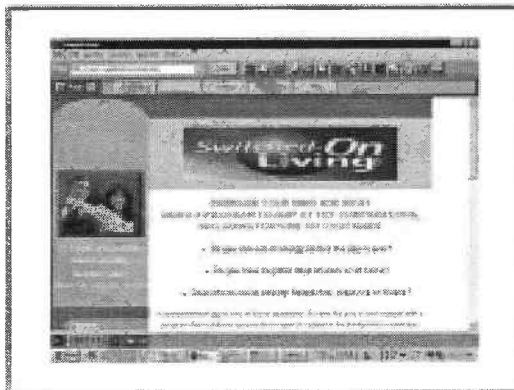














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1. The following information was obtained from the records of the Department of the Interior, Bureau of Land Management, regarding the land owned by the United States in the State of Nevada:

本報記者 王曉明 攝

பெரிய அளவுக்குள்ளேயே, காலம் கடத்துவதற்காக, தனது தனிப்பட்ட நலன்களை, அரசு  
தரக்கூடிய பணியை நிறைவேற்றும் முறைகள், உடனடியாக மாற்றம் செய்யப்பட வேண்டும்.  
அதன்மூலம், அரசு தரக்கூடிய பணியை நிறைவேற்றும் முறைகள், உடனடியாக மாற்றம் செய்யப்பட வேண்டும்.  
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*[Faint, mostly illegible handwritten notes at the bottom of the page.]*

Typed With Halpern  
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- Watch Your Thoughts
  - They become your Words
- Watch Your Words
  - They become your Copy
- Watch Your Copy
  - It leads to your Graphics
- Watch Your Graphics
  - It becomes your Ad & Site
- Watch Your Ad & Site
  - It represents you!

Notes:

## Schedule

Saturday July 24

### *Aesthetical Kinesiology*

Silvano Schiochet

( unable to attend )

*Didgeridoo, Beanbags.... The Primitive and Postural Reflexes  
Spotlight of Asymmetrical Tonic Neck Reflex*

Brendan O'Hara

### *Pain Control with Reflexokinesia*

Fernando Maldonado

( unable to attend )

*Accurate Nutritional & Supplemental Recommendations Thru  
Muscle Monitoring*

By Norma Harnack R.N.

*Quick Fixes (3:20-4:00)*

Any conference participant who has a 5 min. or less "healing" tip

**6:30 Banquet & Awards**

*Saturday Night Live/ Closing*



## Aesthetical Kinesiology

by Silvano Schiochet

The aesthetical kinesiology describes how the aesthetical problems can be a starting point for using the kinesiology method in order to integrate the energetic stresses of a person.

During my presentation, I will explain a few simple tests to underline the aesthetical problems of the different types of facial skins: asphyctic skin, sensitive with couperose, hypotonic skin, greasy skin, dry skin, lymphatic stasis, wrinkles, etc.

### Introduction

I have been collaborating for about three years with a company that produces aesthetic products and, with this company, I have created a new aesthetical line of natural products as well as new massage techniques. All this has been possible thanks to the Kinesiologic Muscle Test that for its use, I have called Energetic Aesthetical Muscular Test (EAMT).

The EAMT consists of a series of simple kinesiological tests that have the purpose to underline the aesthetical stresses of the skin and to recommend a more suitable aesthetical treatment.

The kinesiologist also has the possibility to introduce himself in a beauty salon. Therefore, the aesthetical unbalance is not only a purely superficial factor, but it is also an opportunity to integrate deep energetic unbalances.

### THE TESTS

Before a facial or body treatment the aesthetician usually considers what type of treatment needs to be done. Through the kinesiological test, the evaluations are more precise and the aesthetician will be able to move more energy.

I stated that we cannot find a skin type with just one sort of aesthetical problem, but usually we all have a mixture of different factors, it would be useful to learn some terms used within the aesthetical salon.

The facial skin can be dry, sensitive to the touch (thin skin), sensitive to light, hypotonic, asphyctic, impure, greasy or with some wrinkles.

An important aspect which I discovered after treating some clients, was that the meridian Lung Point 1 on the right side (or Lung alarm point) was the point of entrance to the specific facial skin problems.

So before every facial test, it is recommended to pause lock the Lung alarm point on the right side.

Chinese medicine uses several theories to work on the body's imbalance, the most popular is "the five elements theory".

Remembering that we do not only have one specific collocation of the skin problem, we can find out which element retains the greater part of the imbalance.

So, following the Chinese medical model, we can now see the different types of tests distinguished according to the five elements.

### EARTH ELEMENT

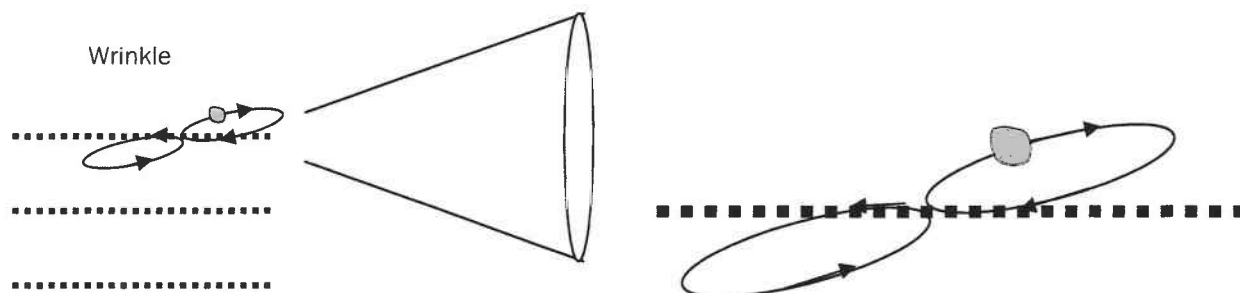
The aesthetical problem usually linked with this element is skin with wrinkles, dry skin, abdominal fat or spread fat, and sensitive capillaries.

Among these aesthetical skin problems, the most typical is the WRINKLE TEST

The wrinkle test consists of a simple TL on the wrinkle, in most cases, the imbalance is linked with the Spleen or Kidney meridians or with both.

The substances that can help delay wrinkles or their partial absorption are: shi-ta-ke mushroom, melissa, lavender, ginger, amazonite gemstone.

Another method that helps reduce wrinkles consists in rubbing the skin with a pink quartz gemstone. The ideal movement is with the figure eight shape or with a spiral shape.



### METAL ELEMENT

Impure skin, asphyctic skin, acne, starting fat in the upper part of the body and then diffused in the whole body, abundant sweat (especially during the night).

In this element the most representative test is the ASPHYCTIC TEST

The test consists in covering a part of the face with a plastic film and after a few seconds you test an indicator muscle. If the muscle being tested is weak, it means that the skin does not have sufficient air reserve.

There are a couple of reasons for this situation:

- ◆ no oxygenation in the surface or
- ◆ closed pores (impure skin)

The substances that can help delay asphyctic skin or their partial absorption are: heather, anise, garlic, black pepper, eucalyptus, ash (tree), agate gemstone.

## WATER ELEMENT

water retention, lymphatic stasis, dry skin, edematous cellulite.

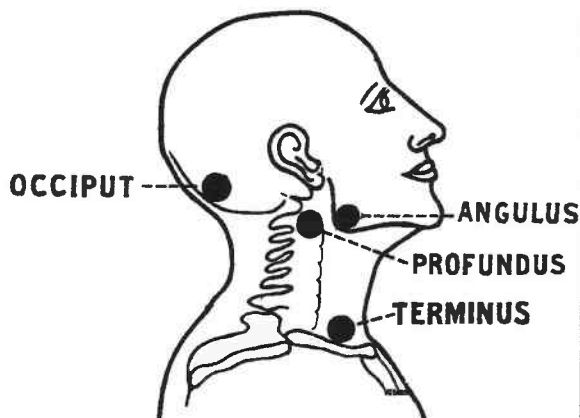
In this element the most representative tests are two: Lymphatic Test and Dry Test.

### LYMPHATIC TEST

This test consist in verifying if the three important lymphatic discharging areas are free.

The areas are:

- ♦ profundus,
- ♦ terminus and
- ♦ angulus.



Verify these points with a slight pressure in these areas.

### DRY TEST

It is similar to the classical dehydration test, in this case, we test the moisture of the skin by stretching it in different directions.

The substances that can help delay dry skin or their partial absorption are: wild apple, helichrysum, jasmine (essential oil), nettle plants, olivine gemstone.

## WOOD ELEMENT

Fat skin, greasy, hypotonic skin, starting stasis of toxins next to the articulations, which in time turns in to fibrous cellulite.

In this element the most typical are the hypotonic tissues. The force of gravity in time causes a weakness of the muscles and the tissues.

Another important imbalance in the wood element is greasy skin, the test is different, but I do not have sufficient information at the moment to explain this technique.

### HYPOTONIC SKIN TEST

For this test it is sufficient to increase the stress factor and if the muscles weakens, it means that we are stressed. Therefore, in practice we will test an indicator muscle after stretching the skin in the force of gravity direction. The substances that can help delay hypotonic skin or their partial absorption are: cypress, cajeput, spearmint, grape juice, sage, turquoise gemstone.

## FIRE ELEMENT

Light sensitive skin, thin skin, couperose, spread fat, dry skin. In this element, the most typical stress is the sensitive tissues.

The skin may be sensitive to light, to the touch of substances, or simply thin and, consequently very sensitive (delicate). Another element frequently linked with this imbalance is the METAL ELEMENT.

We will examine sensitivity to light and to the touch.

**LIGHT SENSITIVE TEST**

For this test, it is necessary to use a lamp light bringing it close to the face. If the skin is sensitive, the muscle will become weak.

**TOUCH SENSITIVE TEST**

Usually, sensitive skin is thin and with some capillaries on the surface. The test consists of lightly scratching the skin.

The substances that can help delay a sensitive skin or their partial absorption are: hopplant, spearmint, camomile, hypericum, sage, read vine, hamamelis, neroli, rhodochrosite gemstone.

**Testing:**

1. - Clear a circuit to use as an IM (switching, dehydration, etc...)
2. - Set the Goal
3. - Pause lock Lung 1 (of the client).
4. -Kinesiologic Muscle Test the following:

a.) EARTH Element Test; TL of the wrinkle	On	<input type="checkbox"/>	Off	<input type="checkbox"/>
b.) METAL Element Test; Covering with a plastic film	On	<input type="checkbox"/>	Off	<input type="checkbox"/>
c.) WATER Element Test; pressures in lymphatic areas	On	<input type="checkbox"/>	Off	<input type="checkbox"/>
d.) WATER Element Test; dry skin test	On	<input type="checkbox"/>	Off	<input type="checkbox"/>
e.) WOOD Element Test; stretch towards gravity direct.	On	<input type="checkbox"/>	Off	<input type="checkbox"/>
f.) FIRE Element Test; bring lamp light to the face	On	<input type="checkbox"/>	Off	<input type="checkbox"/>
g.) FIRE Element Test; light scratch on the skin	On	<input type="checkbox"/>	Off	<input type="checkbox"/>

5. -Identify the priority imbalance
6. -Find the emotion.

Proceed with a complete balance paying particular attention to the beauty products used by the person; from detoxification, to hormonal balance and nutritional food.

*Silvano Schiochet- Cappella, Maggiore, Italy, works with beauticians using 6 different massage courses (basic massage, fire, earth, metal, water and face massage). Silvano will start a professional Kinesiology Aesthetical School in September '04 teaching basic TFH kinesiological techniques, as well as, specific tests for facial skin, cellulite, beauty machines and best beauty creams. He is a professional kinesiologist, TFH instructor, shiatsu therapist, naturopatist, teacher of new massage techniques series, scientific director of the Robeus Co. Alternative Branch of natural beauty products kinesiologist, naturopatist*

*e-mail: [silvano.schiochet@email.it](mailto:silvano.schiochet@email.it)*



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## **Didgeridoo....Beanbags....Primitive and Postural Reflexes**

By Brendan O" Hara

An analogy.....Imagine you are in a car as a learner driver for the first time.

Obviously there is no 'car co-ordination' or smooth control of the vehicle. Wondrously however, nature has provided you with a set of 'learn-to-drive-reflexes' (involuntary actions stimulated by either the movement of your head or by pressure to certain parts of your body).

And so, you sit behind the wheel.

As you tilt your head forward to look at the control pedals, your foot involuntarily kicks out and depresses the clutch pedal. This was not a conscious or a willed movement. In fact, every time you tilt your head forward this happens; it repeats many times.

A few minutes later another involuntary action commences. Each time you sit back and your shoulder blade touches the seat, your opposite hand reaches out, takes a hold of the keys and turns them, thereby starting the engine. For a while these actions occur concurrently.

After some time, as your foot depresses the clutch it causes your other hand to reach out, take a hold of the gear stick and shift into first gear. This too happens over and over.

None of these actions are voluntary. They are in fact **reflex actions** initiated by a movement of the head or the stimulation of

a sensor pad (e.g. the shoulder blade).

It is through continuous and numerous repetitions that these actions become learned (voluntary actions that can be performed consciously and at will). As they, and others all combine, we learn control and acquire the ability to drive the car.

In other words, the brain and the body make the connections that allow the conscious decision to depress the clutch etc. As we gain control, the involuntary actions stop; the reflexes, having served their purpose 'integrate'.

....And so it is with the new born baby. Born with an innate, unconscious desire to walk and talk, we come supplied with a group of reflexes which emerge and unfold sequentially, run concurrently and then Integrate.

These reflexes are known as the **Primitive and Postural Reflexes** and are sometimes referred to as the **Infant Reflexes**. Besides enabling us to survive and gain nutrition for growing, **the reflexes facilitate our learning to move** by causing us to wriggle, lift and turn our heads, roll, sit up, rock, and crawl, stagger, walk, run, hop, skip and jump.

There are many Primitive and Postural Reflexes. The activities in this book focus on those reflexes which are particularly involved with balance, spatial awareness, co-ordination and vision.

If the reflexes don't emerge our neurological and physical development can be hampered, mild to severe problems can be the result.

For example, the Suck reflex is fully present at birth and ready to help extract the milk from Mum's breasts. The nipple touching on the baby's lips, activates this reflex. Involuntarily the lips pucker and the tongue, lips and jaw muscles all suck and extract the milk. Within a matter of weeks the baby learns control of these sucking muscles. The Suck reflex, having done its job, **integrates**, at about 3 months of age.

If this reflex didn't emerge or wasn't strongly developed, then the baby's suck could be weak or even non-existent.

Possible outcomes could be:

- a poorly nourished baby whose digestion is sluggish.
- constant dribbling and/or slow speech development.
- traumas associated with, even abandonment of breast-feeding.

The timing of the reflexes is also crucial. Imagine if the 'shifting gears' reflex was late, or didn't coincide with the 'clutch' reflex; the result would be grating gears, or worse, the car doesn't move at all. If the Suck reflex was late to develop Mum, feeling the full gambit of emotions from frustration to rejection to grief, will soon have put the breasts away and produced the bottle.

Or for example, if the Asymmetrical Tonic Neck reflex (ATNR) didn't emerge in time, we might find a baby is crawling before good balance has been established. This could have a negative effect on the crawling pattern. This in turn can affect learning and co-ordination. The ATNR amongst other things teaches us to roll over; thereby

assisting the development of balance and vision. It's also crucial in developing our ability to work at and to cross the midline.

....And so, problems can (and do) eventuate when one or more reflexes are late, early, weak, or not fully present at the appropriate time.

It is of utmost importance that the reflexes **integrate** once they have done their job. If a reflex does not integrate it is said to be '**retained**'. Basically '**retained**' equates to difficulties, physically, mentally and eventually emotionally

Many of the Beanbag Games and activities are designed to assist the progress and integration of the reflexes; thereby helping behaviour, academic and intellectual development, along with posture, gross and fine motor co-ordination, vision and hand-eye co-ordination. All in all handwriting, reading, concentration and learning in general are assisted through these activities.

The integration of retained reflexes can even be helpful in the removing of neck and back pain, and other postural problems.

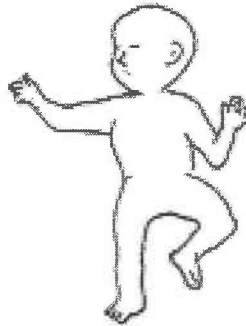
The **Asymmetrical Tonic Neck Reflex**, if retained is a barrier to the midline; if integrated it enhances our ability to work at and across the midline.

The ATNR works like this. Head movement away from the midline causes extension on one side and flexion on the other side of the body. When the head turns to the right, the right arm comes up and extends, and the right leg straightens. The left arm and leg flex.

When the head turns to the left the opposite occurs. The left arm and leg

extend, whilst the right arm and leg flex.

This reflex emerges at 18 weeks in utero. It integrates at around 6 months of age. It is the cause of the "kicking" in the womb, assisting the development of the vestibular system, balance and muscle tone. All this continues until birth when, in conjunction with the Spinal Galant reflex, these head and limb movements help the baby on its journey along the birthing canal.



Once out of the womb the ATNR continues to assist the development of balance, vision, co-ordination and spatial awareness. It also ensures that the infant has an unobstructed passage of air when prone (on its stomach).

When supine (stomach up), the symphony of this reflex is remarkable. The head turns and the arm and leg extend. The opposite leg flexes, its heel rocks, and the baby rolls ...over the extended arm. As the baby comes over onto the stomach, the opposite, flexed arm is there to steady and cushion the 'fall' and thereby save the baby from banging its face on the floor.

Let's add an object to this equation. The head turns, the arm goes out, the hand opens and then grasps (the object), the baby rolls, and hey presto, here are both the hands ready to play, explore and research ...at the midline. This aspect of the ATNR assists the development of vision and hand-eye co-ordination. Even before rolling is developed, as the baby's head turns and its arm extends, the little hand grasps. It is then brought to the mouth for investigation,

research and learning. Through this kinesthetic activity the baby learns distance and vision. By feeling the boundaries and texture of the object, the baby sees the object.

Many years ago my massage teacher said, "Close your eyes Brendan, and 'look' through your fingers."

The ramifications of a 'retained' (staying too long) ATNR are many ranging from poor balance and vision to hand-eye co-ordination problems, from reading and writing difficulties to a propensity for neck and shoulder problems, (and even minor car accidents).

Please note a distinction here. 'Crawling' in Australia (and in this article) refers to being up on hands and knees, defying gravity. In some countries this is known as 'creeping'. Dragging yourself along on your stomach, Australians call 'commando crawling', whilst some others refer to this as crawling.

If the ATNR stays too long, for example, and is still present when the baby wants to crawl, often correct crawling will be hindered, causing the baby to develop homolateral (one sided, or one side at a time) crawling. Later when walking, running or swimming any movement of the head off centre will cause arms and legs to extend and flex involuntarily. This produces awkward rather than smooth, fluid, graceful movements; poor co-ordination, often on the sports field, being the result.

I once met a man, Jack, playing tennis. Whenever the ball was hit to his left side, Jack would reach out and strike a return shot with his left-hand forehand. If the next

shot went to his right the racquet was deftly transferred to the right hand and the ball was returned by Jack's right-hand forehand ...and so on. Everybody said, "Hey isn't it great, Jack is ambidextrous!" "No", thinks I, "he just can't cross the midline." For a backhand you have to cross the midline. ...And by the way, he can't cross the midline because he has a retained ATNR.

Herein lies the problem with handwriting. To write fluently with our thoughts flowing freely to the pen, we need to be able to cross the midline.

Have you ever seen handwriting that starts tight, even cramped on the left side of the page and then falls away. Literally sloping downwards or upwards, or both, as the pen moves left to right across the page. Often the writing will become larger, scrawly and unevenly sized ...the lurking ATNR.

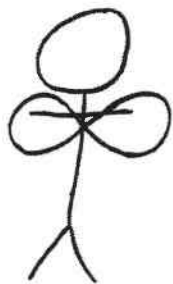
As the hand moves across the page from left to right, the head moves turns to the right, only slightly, but enough to trigger the reflex action, causing the right arm to extend and the hand-writing to slew. The opposite can occur for the left-handed, the left arm flexing as the head turns right.

Post Script: The ATNR Car Accident: Head turns to the right, right arm extends and the left arm flexes. Because the hands hold the steering wheel, the resulting action is the car veering to the left; opposite to where we are looking ...Oops! (sometimes a hand will let go; result: moving unintentionally where we are looking ...oops again!) ...Nasty sound that.

Well, let's delve into a bit of handwriting, shall we? Below is a group of Beanbag Games (activities) which help to integrate the ATNR

#### **Integrating Activities for ATNR:**

- ◆ ATNR Eyes
- ◆ ATNR Eyes and knees – standing, prone, supine.
- ◆ Di Diddly Bom Bom Shew
- ◆ Earthoid Spirals
- ◆ Heart 8's. Tone.
- ◆ Over the falls
- ◆ Rainbow
- ◆ Round and round my tummy
- ◆ Shewie Shewie Back Hand Toss
- ◆ Slide
- ◆ Under the Leg and in the Air
- ◆ Waves



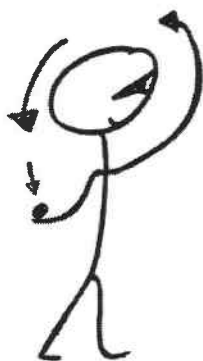
Heart 8's.



Round and round  
My tummy



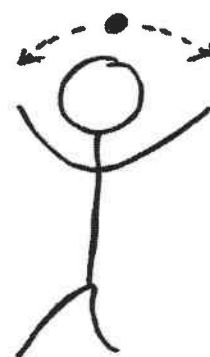
Under the Leg  
and in the Air



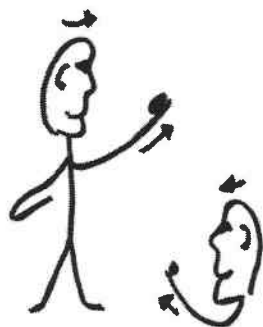
Over the falls



Waves



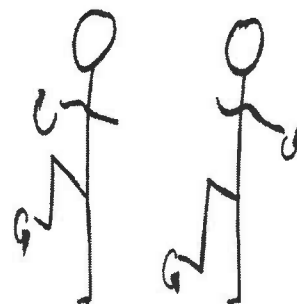
Rainbow



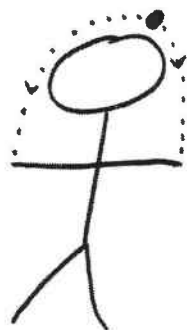
ATNR Eyes



ATNR Eyes & knees



Earthoid Spirals



Shewie Shewie

Back Hand Toss



DiDiddly

Bom Bom Shew



Slide

Extract from The Beanbag Games Book - by Brendan O'Hara.

[www.movementandlearning.com.au](http://www.movementandlearning.com.au)

Email: [fsharp@satlink.com.au](mailto:fsharp@satlink.com.au)

Fax/Ph: +61 (0)3 5988 6988

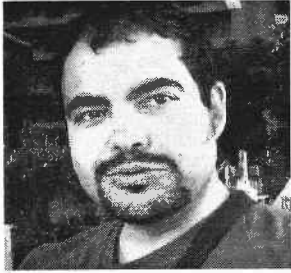
Since 1986 Brendan O'Hara has combined his musical talents with Kinesiology, and has been introducing children (and grown-ups) to Kinesiology through song and dance. He is a natural presenter with a huge passion and enthusiasm for his work.

His is the author and producer of "Movement and Learning" (The Children's Music Book and CD), Wombat and his Mates Book and CD and The Beanbag Games Book, all being Kinesiology based resources for parents and teachers.



Notes:

Notes:



## **“Pain Control With Reflexokinesia”**

By Fernando Maldonado Ramos, PRKP

### **Workshop will cover**

1. Electromagnetic protocol in Reflexokinesia.
2. Three types of muscle weakness:
  - a. Gamma-1 or Type 1.
  - b. Gamma-2 or Type 2.
  - c. Gamma-2 submaximal or Type 3.
3. Three types of K-27 switching patterns:
  - a. Cranial fault.
  - b. TMJ, possible tooth problem.
  - c. Tooth problem causing TMJ problem

Each test will focus on specific areas:

- Meridian
- Spine
- Cranial fault
- Organs and gland
- Immune system
- Injury
- Emotion

## REFLEXOKINESIA

The hands as a prolongation of our brain, possess a sensitivity and a wealth of reflexes that permits us to connect with the activity of any part of our body, giving us timely information about any unbalance which is produced, and at the same time permits us to treat (balance) some of the functions or systems of the body.

In the hand is faithfully reflected all and each of the parts and organs of our body. They reflect their perfect location according to anatomy and physiology in the west, but reflect as well the points and meridians of acupuncture; the energy centers of the Ayurvedic Medicine also appear, as do the Chakras, the 5 Elements: Earth, Water, Fire, Air and Ether. Through the reflexes in the hands it is possible to have access to psycho-affective information about the human personality, and many, many useful points that we will be showing throughout the manual.

This wealth of data given to us by eastern reflexology is seen enriched by the contribution that Applied Kinesiology makes, by discovering and making systematic the relation of the tone of the muscle with the different functions of the person: organs, viscera, endocrine system, nervous system, acupuncture system, nutrition, emotions, etc.

This modern discipline begins as an original method capable of diagnosing and treating health disorders in humans.

Reflexokinesia combines different energy techniques within Natural Medicine, from the East as well as the West, mainly Applied Kinesiology, Acupuncture, Ayurvedic

Medicine, Reflexology and neurological principles.

As for the origin of the reflexokinesic method, it was developed from our knowledge of Applied Kinesiology, Reflexology and experience in Traditional Chinese Medicine in the hospitals of Peking. The main effort is adapting the different energy methods in order to obtain quicker, easier and more precise information from the body.



[www.reflexokinesia.com](http://www.reflexokinesia.com)

### 1. Electromagnetic protocol in *Reflexokinesia*.

Reflexokinesia works first with ELECTROMAGNETIC PROTOCOL:

Place all the fingers and thumb on the body (except over the navel), if the muscle goes weak then there is an electromagnetic imbalance and you must check the next:

1. Switching
2. Visual inhibition
3. Auricular inhibition
4. Ionization

5. Centering:

- a. Cloacals
- b. Hyoid
- c. Gait

6. Blood Chemistry

7. Cross Crawl

8. Acupuncture Electrical Screen

9. Chakras

2. Three types of muscle weakness:

- a. Gamma-1 or Type 1.
- b. Gamma-2 or Type 2.
- c. Gamma-2 submaximal or Type 3.

THREE TYPES OF MUSCLE TESTING:

- a. Examiner started (eccentric test):  
"GAMMA-I" or TYPE 1. *General Screening.*

This is the type of manual muscle testing employed by most examiners using Kinesiology. G-I weakness only is associated with problems arising from spinal level problems. Eg. Neurolymphatic reflex, acupuncture points, muscle problems, subluxations and fixations.

- b. Subject started to maximum (concentric test): "GAMMA-II" or TYPE 2. *Suprasegmental (Supraespal) problems.*

G-II weakness is associated with TMJ

and cranial faults, emotional stress, hypothalamic set point, imbalances of sympathetic and parasympathetic nervous system, hypothalamus and biochemical imbalances.

If G-II is bilateral weak, this can indicate that the organ is in trouble.

- c. Subject started testing with submaximum contraction (concentric-eccentric test): "GAMMA-II SUBMAX" or TYPE 3. *Pain Pathway (Injury Recall Technique-IRT) (Dr. Schmitt). Immune System Challenge Technique. Visual Motor Functional Testing.*

G-II submax is associated with tissue injury and nociceptor stimulation. This pattern may also be associated with visual motor activity including accommodation and near-to-far reflex and some extraocular activities. Allergy, hypersensitivity, and some infections.

Three Types of weakness and pain control:

Pain is now viewed as an emotional experience rather than a sensory experience. We do not have special sense for pain as we do for touch, hearing, vision, smell, or taste. We "experience" pain or are "aware" of pain, but technically, we do not "sense" pain. Pain results from an activation of certain neurons in the brain in the emotional areas of the limbic system of the cerebral cortex.

G-I weakness: Neurolymphatic, *Melzack-Wall Technique* and/or spinal manipulation.

G-II weakness: Set Point Technique, Holographic techniques and visceral Techniques.

G-II submax weakness: Immune system, Injury Recall Technique (IRT), Nociceptor Stimulation Blocking Technique (NSBT), Duramater.

Muscle testing Gamma-II submax or Type-3: Injury or trauma (the neurological memories of these injuries creates a potential source of interference with normal neuromuscular activity).

- Screening for injuries' effects:

- ♦ IRT: *Injury Recall Technique*
- ♦ NSB: *Nociceptor-Stimulation Blocking.*
- ♦ SP: *Set Point.*

1. Test weak muscle for G-II Submax.

2. *Autogenic Facilitation* no effect: IRT. (*Autogenic Facilitation (AI)*: Spread the muscle spindles apart in the belly of the weak muscle should cause a strengthening response on all 3 types of testing. This is called the Autogenic Facilitation challenge and was elaborated on by Dr. Richard Belli, D.C.)

3. *Autogenic Facilitation* effect: NSB or SP.

- a. *Activating pain causes general weakness: NSB*
- b. *No pain or activating pain = no weakness: SP*

4. LOCATING THE PROBLEM AREA:

*In IRT, rubbing over injury site strengthens.*

*In NSB or SP, pinching over injury site strengthens.*

NSB TECHNIQUE:

Used immediately after an injury up to days or weeks after an injury. It is used in conjunction with:

PROCEDURE:

1) Presence of pain causes general weakness. The weakness from pain may be present immediately after injury, induced by direct pressure or by movement.

2) Pain induced weakness is negated by subject TL to or examiner tapping to an ipsilateral

*Hypothalamic Set Point*

3) To relieve pain immediately after injury, tap the related *Set Point* until the pain is reduced.

4) If weakness is induced by pressure or movement, tap related *Set Point* while intermittently activating pain (about once every 2-3 seconds.)

5) Tap until pain reduction is maximized.

SET POINT (SP) TECHNIQUE:

1) Area of previous injury may be recent or ancient. Pain may be present or absent.

2) TL to area is negative.

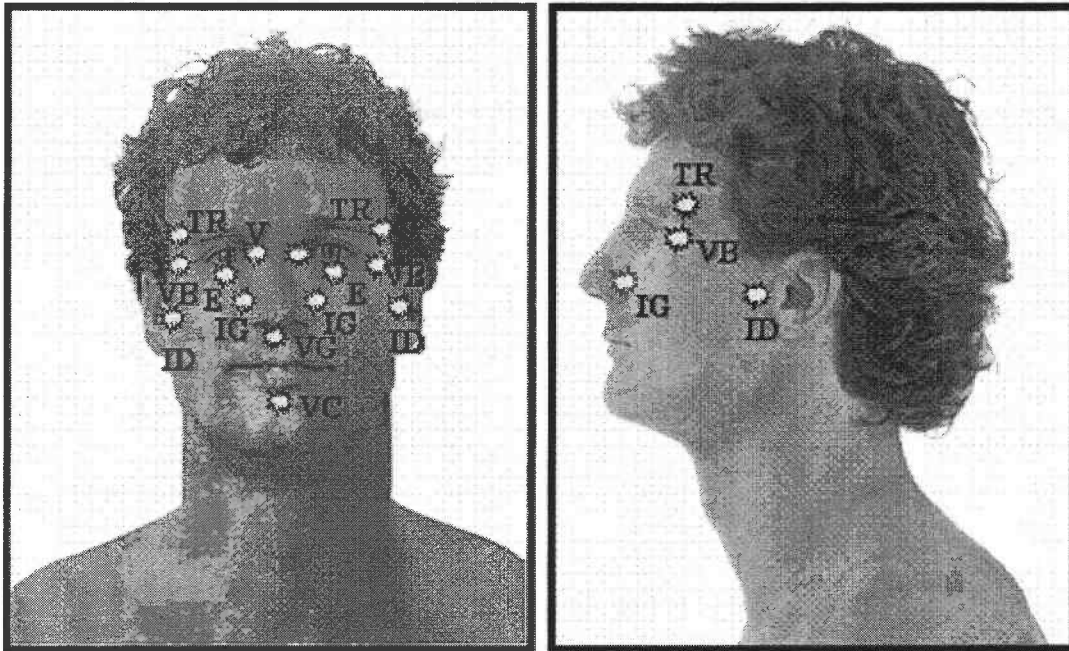
3) TL to associated *Set Point* is negative.

4) Simultaneous TL to area of injury plus TL to or tap to an ipsilateral *Set Point* is positive.

5) Tap 50 to 100 times on *Set Point* while patient maintains TL to area of injury.

### INJURY RECALL TECHNIQUE (IRT):

1. Area of previous injury may be recent or ancient. Pain may be present or absent.
2. Only proceed if the muscle stays strong while touching the injury site.
3. Without moving the hand on the injury, tilt the head backward as far back as it will go (extension). If the muscle weakens IRT is the treatment of choice in this case.
4. Without moving the hand on the injury, tilt the head forward as far as it will go and hold. When the subject breathes out, push gently down on the back of the head. As the subject breathes in, release the pressure so it is resting lightly on the back of the head (5 to 10 breathes).



Fernando Maldonado Ramos. REFLEXOKINESIA ®

3. Three types of K-27 switching patterns:
  - a. Cranial fault.
  - b. TMJ, possible tooth problem.
  - c. Tooth problem causing TMJ problem.

Following correction of injuries by Injury Recall Technique, 3 types of switching may be present. Some subjects have tooth pain, or referred pain from a tooth (temperature sensitivity), headaches, or tooth related TMJ problems and/or cervical symptoms. Any factor which impacts cervical proprioception can result in K-27 switching (adaptation cervical). This includes cranial faults, TMJ problems, and various tooth problems. Through the years, many doctors have observed the following 3 patterns related to TLing to K-27 points. Note that Crossed K-27 TL and Dorsal Regular K-27 show identical patterns as described below.

**A. Regular K-27 TL:**

Right hand to Right K-27 + Left hand to Left K-27.

**Significance:** Cranial fault.

**Assessment:** Pre-test imaging strengthens. Rubbing (examiner) over cranial bone strengthens.

**Treatment:** Correct cranial fault. Traditional mechanical correction or general correction.

**B(1). Crossed K-27 TL:**

Right hand to Left K-27 + Left hand to Right K-27.

**B(2). Dorsal Regular K-27 TL:**

Dorsal Right hand to Right K-27 + Dorsal Light hand to Light K-27.

**Significance:** TMJ – possible tooth problem (Neurological tooth, IRT, SP, or NSB).

**Assessment:** TMJ TLs with neck in extension – possibly negated by TL to a tooth.

**Treatment:** IRT TMJ and TMJ muscles; Tooth techniques.

**C. Dorsal Crossed K-27 TL:**

Dorsal Right hand to Left K-27 + Dorsal Left hand to Right K-27

**Significance:** Tooth problem (Neurological tooth, IRT, SP, or NSB) causing TMJ TL

**Assessment:** TMJ TLs with neck in extension – negated by TL to a tooth

**Treatment:** Tooth techniques.

Combinations of the various techniques are possible:

- Neurological tooth problems. Corrected first.
- Recheck the tooth for IRT (neck extension),
- Two hand TL: Tooth and Set Point for the SP.
- Tapping with the finger nail for NSB.

**NOTE:** If any tooth involvement continues to recur, referral to a dentist is usually necessary for dental intervention.

“Centro de Ciencias Etnomédicas Naturales”

C/ Larra, 16, 1º derecha

28004 Madrid

Spain

T. (34) 91 593 88 55

Fax (34) 91 593 89 99



e-mail: [fernandmaldo@eresmas.net](mailto:fernandmaldo@eresmas.net)

***Fernando Maldonado Ramos, PRKP***

*President and Founder of "Asociación  
Española de Reflexokinesia"*

*Formed training director of  
"Reflexokinesia"*

*Founder and Director of "Centro de  
Ciencias Etnomédicas Naturales"  
(Madrid-Spain)*

*Polarity Therapy Instructor (AETP)*

*Professional Reflexokinesia Practitioner  
(PRKP)*

*Professional Kinesiologist*

*Osteopath*

*Naturopath*

*Acupuncturist*

*Specialist Technical in Dietetic and  
Nutrition*

NOTES:

## **Accurate Nutritional & Supplemental Recommendations Thru Muscle Monitoring**

By Norma Harnack R.N.