



Research Possibilities and Need

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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 Kinesiologic 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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