What is Research and why do we want to do it?

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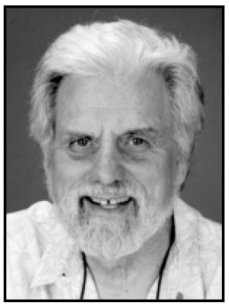

What is research in the field of touch kinesiology? What do we know? What do we want to discover? What would be the value of our findings? Research is the careful, patient, systematic study and investigation in TFHK undertaken to establish facts or principles that allow us to give more efficient, effective and safe interventions in our self-care and care for others.

In our field of health enhancement that is very new, despite the rush of other disciplines to use it we are somewhat impoverished. We do not have the advantages of some of the more established fields of knowledge that are affiliated with Colleges, Universities, Foundations and Government's Disease and Health care organizations. Naturally, these groups have the advantage of a long track record. In every new field of knowledge the pioneers need to make the necessary sacrifices to attract the more conventional sources of funding. This means we must fund our own research first.

What do we know?

From a scientific research standpoint we know almost nothing. The criteria for knowledge in science is public knowledge. Not only public knowledge, also that the information has been published in peer-reviewed journals. This has been done in Applied Kinesiology to a very limited extent. It has not been done in TFHK.

We do not have the names or total numbers of teachers/practitioners who are teaching TFH worldwide. We do not know the outcomes of TFH interventions as reported in peer-reviewed journals. We do not know how many benefits are derived from TFH interventions which are placebo responses, that is responses that come about to please the person rather than the actual intervention. We no not know if TFHK interventions have a nocebo response that is causing negative outcomes based on the factors surrounding the TFHK intervention. We do know that placebo and nocebo, which relate to the positive and negative responses unrelated to the therapies, are facts in the interventions with drugs and surgeries.

We do not know the amount of education needed to use TFHK safely. We assume that it is safe for everyone because that has been my personal observation and we have not heard of negative outcomes that would change our minds about that assumption.

We do not know who are the best responders to TFHK interventions, or, do all people respond equally?

So where do we start? We need to start locally and expand outward to the world in finding out about ourselves. Who else in your community is doing muscle testing/monitoring? Who can you refer your students or clients to when you do not want or are unable to see them when they would like to have more information or help with TFHK?

Where else do we start at the same time? We need to continue to keep and expand carefully written records of those we are helping, what we are teaching, the protocols we are using and the outcomes of what we have done. We then learn how to present individual case studies for publication. First we publish these in our own publications and then in peer-reviewed publications with which some of us are affiliated. These publications may accept our paper if written as a carefully done case study.

From these case reports we can then develop some hypotheses that could be tested in carefully designed studies. These then could be published in peer-reviewed scientific journals. By following these procedures we could present our methods as one of the safe, efficient methods of enhancing health and preventing disease as well as helping change the present model of disease care that appears to be failing. As evidence of this failure the United State Government through its National Institutes of Health has established a Center for Complementary and Alterative Medicine whose task it is to investigate those methods that are being used increasingly by the American public that are not taught in Medical Schools today.

In the United Kingdom their National Health Service UK issued, in March 2005 a report

by the House of Commons Health Committee on "The Influence of the Pharmaceutical Industry." This is called the Fourth Report of Session 2004–05 Volume I Report, together with formal minutes Ordered by The House of Commons to be printed 22 388.

It stated in part:

> "Pharmaceutical companies cannot be expected to undertake in-depth research into these areas. In the absence of other sources of funding this research must be financed by the Government. We recommend that the Government fund: A multi-disciplinary investigation of existing medicines, combinations of medicines and medicines use where there is a reluctance of the industry to fund such research; Research into the adverse health effects of medicalisation; Trials of non-drug approaches to treatment.
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> #390. There are a number of specific measures which may help to focus on health priorities. The World Health Organization has recommended that all countries adopt a National Drugs Policy to encourage the availability of medicines to all types of patients, the safety and efficacy of these medicines and their rational use. We recommend that the Government adopt a National Drugs Policy to encourage the availability of medicines to all types of patients, the safety and efficacy of these medicines and their rational use and to ensure that medicines are compared to non-drug approaches.
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> #391. The NHS, despite its size, has no policy on the evaluation of drugs in treatment relative to non-pharmacological approaches. We recommend that the NHS adopt a policy regarding the role of drug

> treatment in relation to non-drug treatment, emphasising the importance of both approaches. (my emphasis added in bold)."

Can the people using TFHK in the UK be part of this program? Locally they will need to be organized and have a single "Kinesiology Approach" to the government if it is to be possible based on my previous observations with the chiropractic approach to government agencies.

It is hazardous to start talking about the clinical condition of the patient rather than the person who is presenting themselves to us in the clinical condition. One of our approaches to avoid this is to stay with the self-responsibility model of asking the person what they want better in their lives rather than only concentrating on what is wrong with the person. In presenting an individual case study we must never present the study as a way of intervening for a particular problem or disease. What we need to always focus on is the person who is presenting themselves to us with all their multifactorial possibilities. This will mean that in our individual case presentation we must always be very careful to include the personal story of the individual who has the complaints and goals. The entire whole person in the context of their lived life needs to be considered.

We must never lose the value, satisfaction and excitement of helping individual people to have happier and healthier lives in reaching their goals and fulfilling their missions and destinies.

We do not yet know if there is a place for TFHK in the Integrated Medical practices that are developing throughout the world. We do know from personal communication that many licensed health practitioners who have studied TFH do offer these interventions in their practices; we do not know the numbers or the frequency of the use of TFHK by these practitioners or in what situations. There are no peer-reviewed articles about this subject in publications of which I am aware.

Also, what additional training is ideal for a licensed practitioner in TFHK in order to integrate these methods into their licensed profession?

Again, I ask the question," Where do we start? " We start with ourselves, being willing to pay for our own advancement in the scientific world of today. We first, are the yeast; the starter-then the rise of information will attract others with the financial means to grow the field. We need to be aware that some of us want to be the scientists of TFHK. We especially need to encourage and recruit these people to use their investigative interests and talents to do the simple research projects. Keeping good records and developing individual case studies that can be published is the task. We need to note here that there is a difference between testimonials and case studies. Testimonials are a way people can let us know of their appreciation. Appreciation in all things good is vital. Case studies, however, are much more the hard facts recorded of a person's history, interventions taken and outcomes and much more.

We have been developing tools that will assist us in being the scientists of TFHK. One of the tools is the eTouch for Health CD, which allows you to keep careful accurate records of the interventions you do. Another tool that has been developed is the Gateway to TFHK on the Internet, which allows you to post to the Internet TFHK research site the outcome of your interventions. With these tools you have the ability to begin to learn about being a TFHK scientist and reporting your results as careful case studies and reports.

I envision thousands of people worldwide using the TFHK CD and the Gateway to gather the information needed for individual case studies. When we have this compiled information on the Internet it will be available to qualified researchers to develop. The researcher studying the TFH Internet data could submit individual papers and develop hypotheses. We could open the floodgates for more people everywhere to learn how they can better their health and experience joy of living through TFHK. I hope all of you will see the possibilities here and get started on keeping better records and reporting to the TFHK Internet Gateway Research site. And now I want to demonstrate tonight how we can get started with an individual by using both the TFH CD record keeping and how it can be reported to the Internet research site.