

## **The Origins of Neural Organization Technique**

### ***The life long work of Dr. Carl Ferreri***

Mitchell Corwin

#### *Abstract:*

Dr. Carl Ferreri created Neural Organization Technique, a powerful modality for working with physical and emotional trauma. His impact on kinesiology is enormous, and a brief history of his contributions will be presented along with a presentation of his work.

Neural Organization Technique (N.O.T.) was the culmination of a lifetime of work and study by Dr. Carl Ferreri. Dr. Ferreri studied and practiced many healing modalities and techniques that were available to him after his graduation from chiropractic school in 1956. Applied Kinesiology and Sacro Occipital techniques were the chiropractic methodologies he drew upon the most. When asked how many educational seminars he attended, his answer was, "I lost count after 200. I just wanted to know everything that everybody else knew."

Dr. Ferreri's license number in New York was DC102, representing the 102<sup>nd</sup> chiropractor licensed in the state. He also received a degree in Acupuncture and Oriental Medicine. Upon graduation from chiropractic school, he remained on staff for several years as an instructor at Atlantic States Chiropractic Institute (presently New York Chiropractic College). He was awarded the recognition of "Philosopher of Chiropractic" (Ph.C.) for his original research work.

His work was his passion and when practitioners and patients asked how he developed this technique, his short answer was, "The Creator allowed me a small glimpse into how things really work." The following summarized version of an autobiography he was working on before his recent passing in 2007 describes how he got started in chiropractic and how he created Neural Organization Technique. The proposed title was, "A New Manual For Body Owners ...An Adventure in Human Cybernetics":

For many years, my patients and particularly the N.O.T. practitioners I've taught have asked how I discovered the various protocols which make up what is now known as Neural Organization Technique? They wanted to know my thought processes, how I developed the methodology of the treatment programs and how I discovered the logic of the body itself. I will share with you many of the thought processes, more or less how they happened.

For as long as I can remember I was always interested in the human body and how it functioned. There was very little spoken of back then in relation to healthy living with the exception of exercise and eating the “right” foods. Dietary implications and knowledge were just starting to come into vogue with people like Carlton Fredericks and a few others who, for the most part, were often ridiculed as being some kind of charlatans.

My main influence of health at the time was exercise programs designed by Joe Weider and Sigmund Kline that incorporated the use of free weights or a concept developed by Charles Atlas of using muscle against muscle called Dynamic Tension. I started using Dynamic Tension but I felt it was too slow. When I was turning thirteen years old I started bodybuilding by using homemade weights made from two paint cans filled with cement connected by a pipe. As my body gained in strength and size I became an athlete in both high school and college (primarily track and field).

My father was a lawyer and so it was assumed that that some day I would join my father in Vincent and Son ... attorneys at law. While I was attending St. Johns Law School my father was appointed to the bench [became a Judge]. If I had continued in law school and graduated, I would have been the only lawyer in the state of New York whose father was on the bench at that time. It would have made my early law career a lot easier than most.

I was a very healthy child and young adult for the most part except for one annoying problem. I had developed allergies while going through puberty. This meant I sneezed a lot and had itchy eyes from May to October. I also had some kind of skin allergy on my hands from November to January that oddly enough was controlled by rubbing my hands on a copper artillery shell. I tried every antihistamine known at that time but after a year I would become immune to each antihistamine and needed to change to another one. The allergies were getting worse and all the medical doctors I saw agreed that some day I would develop asthma. Not a bright future I would say.

The fortunate part of this allergy condition was that my family and I had a neighbor who was a chiropractor, Dr. Richard B. Wainwright. Although we were long time friends and he often nagged me that he could be of help with my allergies, I ignored his kind gesture thinking “What could chiropractic do for me?”. After all, at the time I could not understand how spinal manipulation for a structural problem could possibly affect my allergies.

One stormy Friday evening in May of 1952 after the last final exams in Law School, I called Dr. Wainwright and told him I couldn’t breathe and that I could not stand these allergies any longer. At that time I needed to take as many as thirty antihistamines in a day. There were times when I would have to get up in the middle of the night to go

outside in the back yard and work out with the weights to get my adrenals up so that I could breathe.

I received daily treatments from Dr. Wainwright. On the 5th day while discussing what I was going to do for the summer, I noticed that one of my sinuses was opening up and I was breathing much easier. Within a week I needed only three or four antihistamines a day.

I was very happy and at the same time very curious about what was happening to me.

I needed to know what he did and how it worked. The next three weeks was an education in Chiropractic. I met with three other chiropractors including the president of the Atlantic States Chiropractic Institute that was located nearby in Brooklyn. We discussed the pros and cons of Chiropractic. Dr. N. Robert Limber the president of the school at the time was an interesting Greek man. He told me there is an expression in his country, "Give an important decision twenty one days and if you can't make up your mind after weighing all the facts, do something else." During that time, I made up my mind; I quit law school and decided to become a chiropractor. At first my father was very upset because his dreams of having a father & son law office were being shattered by his only son. Eventually my father was understanding and supportive of my career change. He always instilled upon me to become the best at whatever I chose to do. During my chiropractic

education, my father was appointed to the bench becoming a superior court judge.

At this point in the mid 1950's there was no license to practice Chiropractic in the state of New York. Frequently chiropractors would be arrested for "practicing medicine without a license." Usually the course was to plead guilty and pay a fine and they would then leave you alone for a couple of years. It was like paying dues to the state to allow you to practice. It was sheer harassment on the part of the state and I am sure that most, if not all, of the judges were aware of this fact.

Eventually a chiropractor from Brighten Beach, Brooklyn, was arrested and the local chiropractic association decided to challenge the issue in court. It was a criminal case in those days, as a chiropractor would be arrested as an abortion physician and thus practicing medicine without a license. Since it was a state offense it required two New York state troopers to make the arrest. Just so happened this case was assigned to my father's court. During the trial my father questioned the two officers as to the circumstances of the arrest:

- Did the chiropractor have a sign out front? Yes he did.
- Did this sign state he was a chiropractor? Yes it did.
- Did you find any medical equipment implying he was doing abortions outside of a blood pressure instrument in his office? No we did not.

My father dismissed the case making a court decision that there was insufficient evidence.

A short time later another chiropractor also from Brighten Beach was arrested on the same charge. Aware of the recently dismissed case, the chiropractor tried to reason with the NY State troopers. They arrested him on charges of practicing medicine without a license and resisting arrest. The arresting officers trashed his office looking for evidence and excessively physically restrained the chiropractor.

When the case finally came to court it was again in my father's courtroom. The chiropractor that had been arrested had polio, walked with a significant limp and was a large overweight man. When my father saw the abused condition of the chiropractor, he questioned the troopers as to the circumstances of the arrest. They testified that he resisted arrest. The troopers further testified that as they were searching the office for evidence by emptying every drawer on the floor, the chiropractor attempted to inhibit their search for evidence and had to be disciplined. My father became annoyed knowing that the chiropractor, being unable to move with any great speed or strength, could not overtly prevent two New York State troopers from gathering evidence and making an arrest. He charged the two officers with abuse of power and ordered the State of New York to restore the damage to the chiropractor's office. Because of the prior court decision, my father

declared by prima facie that there was no cause for arrest. That was the end of chiropractors being arrested for practicing medicine without a license in the state of New York. I am happy that my family was involved in this very important part of the history of chiropractic in the state of New York. A salute to the Honorable Vincent J. Ferreri, my dad.

During the final months of my chiropractic education and beginning of my internship, I started to work in a private clinic run by a local doc in Brighten Beach, Brooklyn. The first patient assigned to me was a man of 60 years old with persistent headaches. I found a very dramatic atlas subluxation that was causing him to hold his head at a slight tilt. I did what I was taught to do in school and adjusted his atlas. I was surprised that there was a rather loud pop, almost like a gun shot when the atlas let go of its aberrant position. He said he felt a surge of energy shoot through his head and body.

Two days later the patient came gleefully running up the steps to the clinic, grabbed my hand and started to shake it vigorously stating, with much excitement, that he could see out of his left eye and his headaches were gone. He later explained that he suffered a severe head injury from a car accident at age 21 that took away his eyesight. It was a miracle cure with my very first patient. I was glad that I made this choice to be a chiropractor instead of a lawyer.



After graduation I was asked to join the faculty of the Atlantic States Chiropractic Institute to teach Chiropractic Technique and Nutrition. I remained on faculty for seven years in both the under graduate and postgraduate divisions while I started my own practice. I opened on the Saturday before Christmas and had two new patients that first day. Being a teacher of technique, my adjustments were very precise and some times, if the situation required, I was inventive and somewhat intuitive. I was also fortunate even in the beginning of my career to attract patients with a wide variety of conditions that most other chiropractors did not usually see. This gave me insight into the many different illnesses of the human condition and prepared me for my future.

Although I was successful with most of the patients, I was always looking for more. To pursue my thirst for knowledge, I set out to learn as much as I could from my colleagues, whether they were chiropractors or other health care professionals. My first discovery was two Chiropractic techniques not taught in Chiropractic Colleges known as Sacro Occipital Technique and Cranial Technique.

However, realizing that even with this growth of knowledge my education was incomplete. I needed to keep searching. My father had taught me the quest for knowledge and proficiency in one's profession should never stop. I formed a study group with about twenty local chiropractors from

Brooklyn. We met every Wednesday evening after hours in my office to discuss practice techniques and problem cases. We became known as the *Wednesday Night Boys*. If one of the members would attend a seminar he would bring the information back to the group to share and to implement into our practices.

Fortunately one of the chiropractors in our group had developed a persistent sciatic nerve irritation that resisted everything any of us knew to resolve it that time. Desperate for relief he sought help in other disciplines and finally tried Acupuncture, which at the time was essentially illegal in New York and could only be practiced under the direct supervision of a medical doctor. He got his first relief at the third acupuncture treatment and after a few more his condition resolved. We were all astounded and realized there was still much more to learn.

Wanting to pursue Acupuncture, we asked the acupuncturist who helped his sciatica to teach us at our Wednesday night study group. This doctor happened to be the Secretary of the International Acupuncture Society. As part of the agreement to teach us, the International Acupuncture Organization insisted that we must learn at least some of the philosophy of Acupuncture and some of the Classical Acupuncture Techniques. Fortunately the philosophy of Chiropractic and the philosophy of Acupuncture are identical, that is, the Energy (Innate or Chi) from the Universal Energy flows down through the body to the earth

and then returns to the Universe. Any interference with this flow of energy will cause some sort of interference with some bodily function. Because of this understanding the doctor of Acupuncture was given permission to teach us because we had a similar philosophy even though we were not formally training to become acupuncturists.

About the same time, I got involved with a company called the Diapulse Company. They developed a pulse diathermy machine invented by a local medical doctor who had a practice on Ocean Avenue in Brooklyn. This was a very remarkable piece of equipment that I found very useful. The first patient I used the machine on in my office had chronic congestion in his lungs. The diapulse cleared the congestion in a few minutes. He asked if it could improve blood flow. I told him that was one of the things it was invented for. He told me his father-in-law had gangrene of both legs and needed surgical amputation. He said the family would be very grateful if I could help him to avoid surgery. I went to his home and indeed he had gangrene developing in both feet and legs to just below the knees. I suggested they rent a diapulse machine and apply it everyday as I instructed. Additionally I recommended 800 IU of vitamin E and high doses of vitamin C.

Seven months later with daily treatments he walked out of his house on two pink legs. He had only lost a few toenails and the tip of one toe. He

was so happy he went to show his MD what he had been accomplished. The medical doctor first asked if he was ready for surgery. He said, "I walked here on my two feet." The medical doctor said that was impossible and even refused to examine his legs. As he left the office he rolled up his pant legs. The nurse assistant turned her chair to the wall and also refused to acknowledge his improved health.

Next in my education were the applications of Applied Kinesiology. When our study group was first introduced to this new technique of Applied Kinesiology in the late 1960's, I knew this chiropractic development by Dr. George Goodheart would be the final link in my continuing quest for knowledge. I knew then as I know now that the many faces of kinesiology were going to be a critical tool for many important advancements within the healing professions.

The International College of Applied Kinesiology (I.C.A.K.) was an incredible source of new information and ideas and for over a decade I attended well over 2500 hours of instructional seminars around the world. I also submitted a number of original research papers to I.C.A.K. that were included in "The Collected Papers" publication over the years.

Combining my prior knowledge of Chiropractic, Sacral Occipital Cranial Technique and now Applied Kinesiology diagnostic and treatment

methodologies, I knew I had begun to lay the ground work for the future development of the work I would soon manifest. The final break through was one of several articles published by Hugh Hefner in Playboy Magazine more than twenty years ago discussing Human Sexuality. Although these articles focused on sexuality as a primal survival system, the author also clearly described the other survival systems of feeding, fight/flight and reproduction.

This was the missing link that I needed to understand how to develop a well-directed and successful approach to health care. One concept that really rang true for me--which I incorporated as a fundamental principle--is that everything that happens to us or anything we do must be expressed through one or more of these survival systems. The nervous system response must manifest in and through one or more of these primary and secondary survival systems. We have no other choice. Finally, one must understand that the response of these systems is always geared to optimize our survivability.

Over the next couple of years I looked deeper into the primitive survival reflexes present in-utero and early infant development. I understood that these reflexes lay the groundwork as they transition and mature into the human survival reflex system of fight/flight, feeding and reproduction. I knew that each of these survival reflex systems of fight/flight, feeding and reproduction must also have a very specific control mechanism to

maintain it. Additionally a fourth survival system called the Immune system would also need to maintain homeostasis.

This internal survival system in relationship to the external systems of feeding, fight/flight and reproduction would be critical as a support system and make the other three systems viable. My job was to find the specific control mechanism and incorporate it into a viable treatment methodology.

It also became obvious to me that the root of any health problem must also relate to a specific compensation or disintegration of function within one or more of these survival systems. The disorganization results in a loss of the harmonious function; the resulting imbalance causes a temporary compensation to allow the most appropriate response to an external or internal threat. Once a threat passes and the system fails to reset by not completing the appropriate reaction to the action, this compensation now becomes an imbalance that can potentially inhibit a return of homeostasis and/or perpetuate an illness.

The sentence I've marked to delete seems to contradict the ideas mentioned earlier in this same paragraph and the next sentence as well.

I believe that an intact, well-organized and integrated central nervous system is essential to health and well being. The body is a self-healing, self-regulating, self-perpetuating organism, continually replacing itself and its own tissues. Everything we need for survival-- with the exception of

food, air and water-- must be found within the body itself. The body and its functions are organized into a computer-like holographic program in a complex network of primary and secondary survival systems. Although each system may appear to work independently of the other systems, they are intricately aware of and coordinate their activities with each of the other systems. Each system works in a precise rheostat manner. As one system is turned up or down another is turned down or up to the same degree. There can be no void in body function. Each system effects and is effected by each of the other systems. Disorganization in any one part of this network can and will effect some other part of the network. This is the core principle.

These survival systems originate as extensions of and the matured manifestations of a series of primitive reflex systems. All of these primitive reflex systems initially develop in utero to insure the survival of the fetus. These systems ideally are short lived and are replaced by more sophisticated postural reflexes. They are necessary for survival and conditioning of the neonate and exist for various periods of time as needed after birth. These systems ultimately mature into more sophisticated reflex systems involved in general life functions.

Examples of these primitive reflex systems are:

1. The Moro Reflex is fully present at birth; however, it is usually inhibited between 2-4 months of age. This

reflex first manifests as a startle response at about 9 weeks of age. The Moro Reflex is the origin of the Fight/Flight Reflex System (adrenal activation). When retained it has a strong effect on the emotional profile of the child because he/she is caught in a vicious circle in which the reflex activity stimulates an overproduction of the stress hormones, adrenaline and cortisol. This presents a paradox - the child may be acutely sensitive, perceptive and imaginative, but also immature and over reactive.

2. The Palmer Reflex emerges at 11 weeks in utero, is fully present at birth and is inhibited until 2-3 months of age. It is responsible for the grasp that helps the neonate cling to its mother, particularly during the feeding process. It is replaced by the pincer grip at 36 weeks. It is involved in manual dexterity, handwriting, speech and articulation in the mature individual.
3. The Asymmetrical Tonic Neck Righting Reflex emerges at 18 weeks in utero and is fully present at birth. This reflex facilitates kicking movements, muscle tone and provides vestibular stimulation, which activates the balance mechanism and increases neural connections during uterine life. This reflex

assists and is reinforced by the birth process. If retained it will impede creeping and cross pattern crawling that is important for hand eye coordination and for integration of the vestibular information with the other senses. It is very important in the neonate to insure free passage of air in the prone position by allowing the head to be turned to one side. Then the arms and legs are positioned to stabilize the body and to assist this posture. The Asymmetrical Tonic Neck Righting Reflex matures into the Symmetrical Tonic Neck Righting Reflex at 9-11 months, which is necessary for proper postural position of the head in later life. This reflex works with the labyrinthine reflex (below) to form a head righting reflex system.

4. The Tonic Labyrinthine Reflex emerges in utero, is fully present at birth and is inhibited at 4 months. It is closely linked to the Moro, is related to the vestibular system and is activated by head movements. This reflex develops into the Vestibular Spinal Tract that is present at birth and is responsible for attempting head righting, as the baby is held erect. There are four distinct response patterns; face up, face down, right ear down, left ear down. Each activates specific

muscle patterns.

5. The Spinal Galant Reflex emerges at 20 weeks in utero and is actively present at birth. If retained this reflex will affect posture, gait and other forms of locomotion. It can be responsible for fidgeting, poor concentration and bed-wetting. It matures into the Tonic Lumbar Righting Reflex System to stabilize the lower body in weight bearing. This mature reflex system is reactive to the Tonic Neck Righting Reflex to position the head in total body erect posture.
6. The Landau Reflex elicits extensor tone throughout the body and generally strengthens muscle tone. The Landau Reflex, the Amphibian Reflex (early body movements similar to swimming) and the Segmental Rolling Reflexes (baby moves in body segments) develop into the Head on Body Righting Reflex and the Vestibulo Ocular Head Righting Reflex. These righting reflexes are responsible for gait activities, balance and motor skills.

This is the origin and basis of my work: to address these primitive reflexes that have not matured or were inappropriately retained, and to allow them to transition into their mature survival reflexes.

As this work matured, it became evident to me that the body and its multitude of functions seemed to work precisely like a computer with very specific programs to deal with every eventuality. The basic primary survival systems were built-in (innate) while other programs were developed, learned or put together as the need arose depending on the various activities attempted. After much investigation I believe these additional learned programs were built on the primary survival systems using essential parts or combinations of the parts of these programs. I believe that the learned programs were, in essence, extensions of these primary programs.

There is a certain simplicity to the body responses and organization as there are only four primary survival systems and a limited number of body parts which can be used to fulfill any requirements of life activity. "The body is both simply complex and complexly simple" as Dr. George Goodheart states in his description of Applied Kinesiology. The trick is to determine the hierarchy of a symptom (compensation) and what survival system(s) needs to be reset.

How did I come up with the name of this work? In one of the early seminars I taught in San Francisco, I was interviewed by Carolee Trefts, a woman who was writing an article on alternative health practices. She wanted to know what I did. I tried to describe the early protocols. I said that they were designed to organize the central

nervous system. She then asked, "What do you call this program?" I told her that I did not have a name for it yet. She suggested Neural Organization Technique. I thought that was a fine name. Dr. Mitchell Corwin, who practiced in Berkeley and who had sponsored the San Francisco seminar, said that he did not think that was a good idea because the abbreviation (N.O.T.) implies a negative thought. I replied that, to the contrary, it could be very positive and powerful statement. IT IS N.O.T. IMPOSSIBLE!!!

I am grateful to Dr. Ferreri because he changed my life and my work. Although I was in practice for five years before we first met at an International College of Applied Kinesiology annual conference, the scope of my work was limited to musculoskeletal conditions. My clinical practice has continuously widened in scope over the past twenty-five years leading to continued expansion and enhancement in N.O.T. to meet the ever-challenging health care needs of my patients.

The work that he taught but did not finish writing was a unique kinesiological approach to learning disabilities and their varied descriptions. Here his work focused on upper brain function or language processing. He understood that there was a neurological deficit that was present in adults and children ranging from a mild learning problem to Autism and Down Syndrome. He attributed the Vestibulo-Ocular reflex deficit to the gait distortion of scoliosis as one of the primary factors involved in neurological disorganization of upper brain function. The four major components he outlined were:

1. Specific Cranial faults that are unique to a neurological learning disability (as well as many other genetic/specific neurological developmental neurological disorders)
2. The presence of a Vestibulo-Ocular reflex deficit pattern
3. Primary language processing deficits of auditory processing delay, eye tracking and teaming weaknesses
4. Secondary academic problems that are often accompanied by emotional overlays and self-esteem issues

Another significant contribution Dr. Ferreri made was the clearer understanding of memory recall and emotional overlays. He called it the "In Relation To" factor (I.R.T.). This became a useful tool to address past traumas whether they were physical, chemical or emotional in origin. He knew that past traumas must be stored somewhere in our memory banks and the key was to bring up the memory (the original circumstance) and reset the survival systems in relationship to it. By resetting the survival reflexes and addressing the emotional anchor via eye muscle memory-- resets similar to the eye memory coding in neuro linguistic programming (NLP) and eye movement desensitization and reprocessing (EMDR)- he was able to efficiently neutralize this persistent problem.

With over twenty-five years of a successful N.O.T. practice, I am able to continue to preserve Carl's dream. And from the results of daily work with my patients, I am able to expand N.O.T. with a new focus on system health issues that I refer to as Neural Organization Work (N.O.W.). The

emphasis of N.O.W. focuses on restoring and optimizing our fourth survival (immune) system to its full potential. With a stronger and retrained core immune system, one can successfully address many common and challenging systemic issues including toxicity syndromes, herpetic and spirocyte infections, vaccinosis and aging issues.

Neural Organization Technique is specifically designed to reorganize the nervous system, so that it can function in the way it was designed. This kinesiology-based technique is demonstratable, predictable, reproducible and reversible. Dr. Ferreri believed "Neural Organization Technique is one of the most complete and powerful treatment protocols known."

#### **About the Author:**

Dr. Mitchell Corwin is an integrative holistic health care practitioner of 30 years in private practice in Berkeley and an integrative holistic medical group in Walnut Creek. He is a practitioner of Neural Organization Technique. Dr. Corwin has served as board member of EnKA for 6 years and a 30 year member of the ICAK. He also serves as assistant medical director of The Health Medicine Forum, a non-profit public educational forum.



## **Wounds Into Gold: Another Model of the Chakra System**

Debra Hurt Burchard

### **Abstract:**

The chakras are often divided into two groups: masculine and feminine. My observation is that these two groups describe and facilitate two very different evolutionary paths for an individual: the paths of relating and creating. These two paths are acted upon by every kind of input imaginable, including the predisposition to introversion or extroversion.

“The church says this body is a sin. Science says this body is a machine. Business says this body is a product. The body says: ‘I am a fiesta!’” --Eduardo Galeano

Everything we know about the subtle systems has come through observation of Nature, observation of humans and the perceptual frameworks on which we hang these observations. We call these frameworks “models.” In the Galeano quote above, we see four models of the body presented by four different sources with four different agendas, each one colored by its own perceptual framework. I am offering you yet another model: a model for working with the chakra system, looking specifically at two streams of human learning that function independently and interdependently.

Let’s start with dualism -- the sensual pulsation of alternating contraction and expansion impulses that permeates all of creation. Different rhythms, different speeds, different intensities, all modulated in ways that serve different structures and different

functions throughout the Natural world. The sea rushes to the shore, the sea rushes away from the shore. Our heartbeat’s alternating presence and absence. The changing relationship between the Earth and the sun that changes the lengths of days and the passage of the seasons.

Everything at every level of Nature is pulsating, breaking things apart and putting them back together. Making energy, spending energy. This is happening everywhere we look, at every level of the manifest world -- contraction and expansion in repeated patterns. When a system, or part of a system, is moving in its best rhythm of contraction and expansion, its use of energy, of available resources, is highly efficient. When it strays from its natural balance, it requires more or different resources and its integration into the system as a whole becomes strained.





Constant change makes “balance” a moving target. The complexities of the human bio-system make it necessary to have multiple layers of feedback between the internal and external environments in order to create and recreate balance in response to changing circumstances. In this process, we react, but we also learn, create and interact... and evolve.

At our 2004 conference, Hugo Tobar presented the chakra system from the perspective of looking at over- and under-energy in both the yin and yang qualities of each individual chakra. I would like to take a step back and look at the major chakras as a system and the pulsation of yin and yang in a slightly larger framework into which the balance of yin and yang in the individual chakras fits.

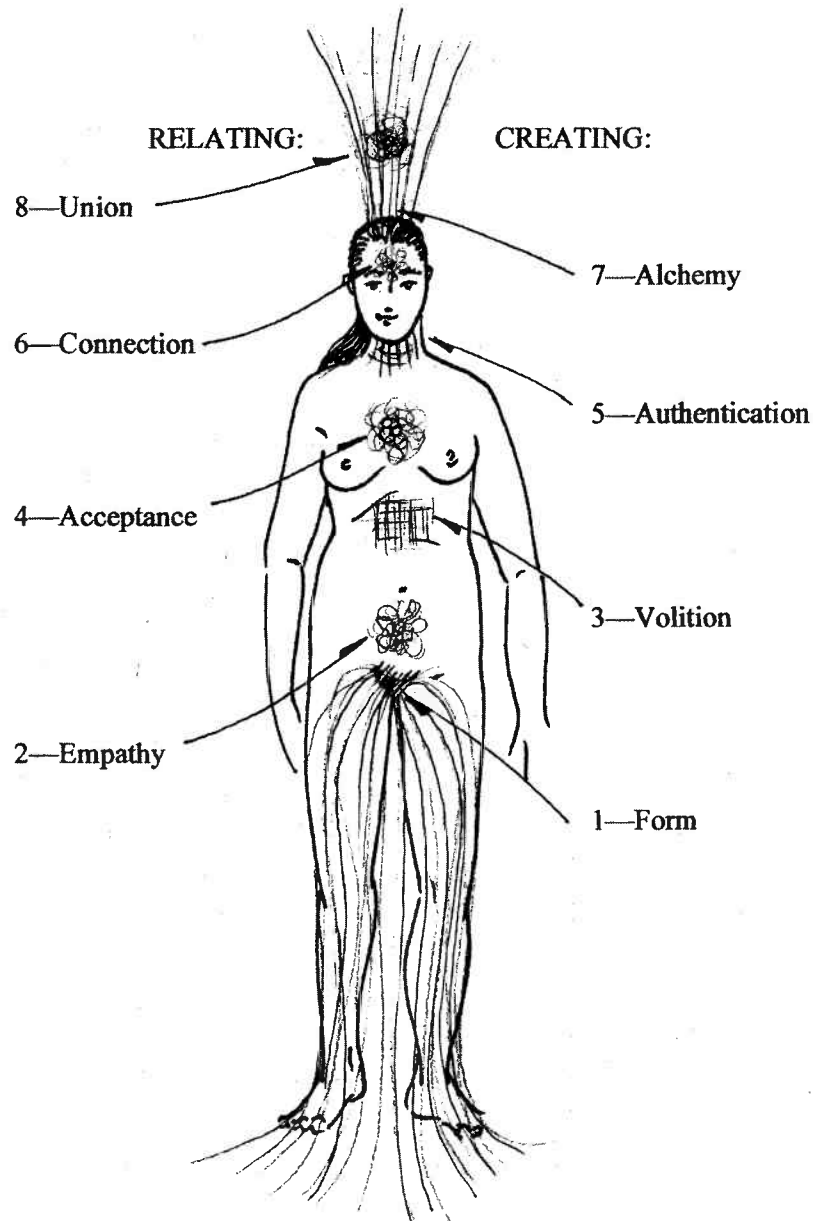
Numerous authors use the model of individual chakras having predominantly “male” or “female” qualities, usually ascribing the more “female” qualities to the even numbered chakras and the more “male” qualities to the odd numbered ones. The chart below shows, metaphorically, how I “see” the two sets of chakras. The “male” chakras I see as much more highly organized, having a clearer intrinsic structure. The “female” chakras I see as being more highly motile, having a less static organization. This alternation of more and less structure, more and less motility provides yet another wave of pulsation through the chakra system, contributing to its strength. Certainly the differences between the “male” and “female” organizations are more distinct in the lower chakras than they are in the upper ones, where the two evolutionary processes

represented by these differences begin to converge and finally disappear into each other, creating that well-known whole that is greater than the sum of its parts.

When I refer to “two paths” in the context of female/male, it is not my intention to imply a tension between the two; that they are pulling against each other in any way. Rather, that as we climb the chakra system from the bottom we start with the first step on the “yang” path, then up to the second chakra for the first step on the “yin” path. Next, up to the third for the second step on the “yang” path, then to the heart for the second step on the “yin” path and so on. The alternation of steps – yang, then yin, then yang, etc. – illustrates how the two paths interpenetrate each other, just as Ida and Pingala wind their ways up the column providing stability in complementing each other’s polarity.

What are these two primary evolutionary paths that we are walking? They can be described in several ways: form/content, action/experience, male/female, etc. I tend to shy away from male/female because it’s so easy to fall into the traps of gender programming that are so utterly silly when considering energy systems. Let’s refer to them as the path of relating and the path of creating. I find this a workable description based on watching the flow of energy through the chakras in the context of this model of two different paths. That is not to say that when I speak of FORM in the first chakra, that’s my one word definition of all the qualities and actions of the first chakra. Far from it. Each chakra has a wealth of complexity beyond these single words. While looking at these two streaming

processes, I attempted to select what was coming forward as the strongest contributing quality to the process I was seeing in this model. It may seem overly simplistic. Use whatever words work for you.



*"The atomic world of small action is ruled by a fusion of cause and chance...yet it is no world of caprice or chaos. Chance and cause have been wonderfully married into a point of view in which precise pattern governs potential events, and yet in which the variety of potentialities allows the full growth of that novelty which we know to govern the world we live in." —Philip Morrison*

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## Creating

“No problem can be solved from the same level of consciousness that created it.”

--Albert Einstein

cre·ate verb

1. to cause to come into being, as something unique that would not naturally evolve or that is not made by ordinary processes.
2. to evolve from one's own thought or imagination, as a work of art or an invention.
4. to make by investing with new rank or by designating; constitute; appoint.
5. to be the cause or occasion of; give rise to.
6. to cause to happen; bring about; arrange, as by intention or design

ME creat (ptp.) < L creatus, equiv. to creâ- (s. of creâre to make) + -tus ptp. suffix]

The path of creating begins in the first chakra with FORM. From the Earth element arises matter, substance, form and our relationship to the sustaining planet. In the first chakra, earth element is in a slow-moving state. It is consolidated, dense and homogenous. It is rich with minerals and nutrients and full of delicious unawakened potential. It will likely remain where it is, as it is, until an outside force overcomes inertia and launches the process of differentiation. As Ngakpa Chogyam says of the earth element: “We like it because it's tradition, and it's tradition because we like it.”

To go beyond (Latin = trans-) form, we need an outside force. In the third chakra, the next step in the creating path, we mobilize VOLITION to set form in motion. We explore the personal will in crafting form in accordance with our desires. Once we've set

form in motion, it becomes quite interesting and we begin to experiment with different shapes, structures, processes and what it feels like to control them. The passionate fascination of the fire element can sometimes cause people to get stuck here, possibly languishing in regressive power dynamics.

Our personal will and desires can create a lot of things, a lot of experiences, but that, too, has limits. In the fifth chakra, the drive to create deepens and the forms and structures we make now go through a sorting process. We are searching for depth and meaning, for what is authentic. As we amplify these forms, we must bring something larger than our personal will to the process. We bring in the larger Will of creation itself for AUTHENTICATION of our creations. This requires that we sort through the various processes that we set in motion in the third chakra and make decisions about which ones we will continue to nurture and which ones we will abandon. When this process is properly aligned with the Will of creation itself, we naturally cultivate forms that are in alignment with our destiny and gifts. We communicate our purpose to the world.

Once we've culled the pathways into which we will funnel our drive to create, and the flow of our destiny moves through them, we bring them, as a kind of offering, to the crown chakra. Here, they transform through contact with the Divine and ALCHEMY is the result. The metaphor of alchemy comes from the process of turning base metal – lead – into gold. However, this deceptively materialistic metaphor was actually a representation of the honing of the human soul and the elevation of consciousness. A simple description of the process of creating

would be reaching down to gather up a handful of earth, forming it into a shape, sanctifying the shape, and making an offering of it to Heaven. Similar imagery to many creation myths around the globe.

### **Relating**

“No, I don’t understand my husband’s theory of relativity, but I know my husband and I know he can be trusted.” --Elsa Einstein

re·late [ri·leyt] verb

1. to tell; give an account of (an event, circumstance, etc.).
2. to bring into or establish association, connection, or relation
3. to have reference (often fol. by to).
4. to have some relation (often fol. by to).
5. to establish a social or sympathetic relationship with a person or thing.

L relâtus, suppletive ptp. of referre to carry back  
ME referren < L referre to bring back

Our drive to relate begins in the second chakra, where the perception of self and other arises. After the homogenous form of the first chakra, in the second we observe the dual nature of our world. There is self and there is “other.” The other resembles us in some ways and not in others. Sometimes the appearance is very similar indeed, as in identical twins, and the line between self and other may be very thin. Sometimes, as in different ethnic or racial groups, the differences are so great as to be difficult to reconcile. We observe our inner responses to the outer world, project those same responses onto those around us and discover EMPATHY. We can ease suffering and we can create suffering. We can nurture and we

can shun. We can observe the emotional flow in another individual and use it to support or manipulate them. We experiment with these skills to get our own emotional needs fulfilled. We keep score.

This initial drive to relate deepens in the heart chakra. The emotional scorekeeping of the second chakra no longer functions here. The capacity to prioritize our needs with the needs of others becomes much more sophisticated. We no longer hold the needs of “me and mine” above those of the community at large, and the world as a whole. Rather than feeling oppressed by the differences between our process and another’s, we can savor the added richness that this diversity brings to the world and to our ability to feel. We can serve for the sake of service itself and develop much greater ACCEPTANCE of differences. We experience altruism.

In the sixth chakra, we experience the world through all the ways in which consciousness experiences/expresses itself: waking, sleeping, dreaming, nightmares, and mental chatter that relate to our personal processing of our interactions with others and with the world at large. Also available are telepathy, intuition, insight, psychic ability and the capacity to contain and entertain paradox. We have both local and non-local means of relating to our inner world and to others. We can see both the human frailty in another and the divine aspirations striving for expression and realize: “That’s me!” Not “That’s like me!” as we experienced in the second chakra, nor “That’s not like me and that’s okay,” as we experienced in the fourth chakra. We come into CONNECTION that allows for non-local, as well as local, experience and communication, which breaks down the

barriers between self and other. We realize that the microcosm of our inner world and the macrocosm of the outer world are reflections of one another.

In the eighth chakra (called the Transpersonal Point in some systems, or shown as a kind of “confluence” of energies within the crown chakra) those barriers break down completely and we experience the ecstatic state of UNION with all things: seen and unseen.

While these two paths of relating and creating may seem, at first glance, to be too disparate to exist side by side, they are highly interactive. Some individuals may have a more natural flow with one or the other, or spend a certain period of time more deeply immersed in the learning process associated with one or the other. The problem solving involved in these processes gives us opportunities to resolve the lessons associated with our evolution.

If we accept the premise that one of our life purposes is to progress our genetic stream, our lineage, we can see how these two paths serve together, yet separately. On the creating path, we take the tribal foundation, move it through our personal will and higher Will selecting which family patterns to perpetuate and which to end, then offer up these aspirations through our self-actualization. On the relating path, we take the nurturing that we did or did not get and project those early experiences onto those around us to learn about them. As we move through acceptance and connection and finally union, we discover that, like Dorothy with her ruby slippers, what we were seeking from the outside was within us all the time.

A different type of example of this interactive relationship would be that the generative force necessary to fund the creating process does not reside within the process itself. The path of creating must go to the second chakra to pick up the generative force before volition can start actually moving form. In the process of relating, the empathy of the second chakra and the sorting process of self and other must pull the stabilizing personal force of ego from the third chakra before aligning in the fourth with an expanded process of service motivated by altruism. The interactions between these two processes are constant and reciprocal.

How well we are able to make creation manifest in the world has impact on our ability to relate and our relationships provide fuel for creative problem solving. If either process doesn't flow well, it takes resources from the other. Often, when a person feels greater skill with one path, they may seek refuge there when their experiences on the less skillful path are difficult. These tendencies, when repeated often enough, can create habitual imbalances that can affect the whole system.

Either or both of these paths can be affected by using whatever techniques you already use to balance the chakras and connect them to one another. What this model provides is another working framework to use in recognizing imbalance patterns, and new possibilities for discussion with clients who present with the same types of imbalances over and over again. For example, a client who reports frequent stress in several of her important relationships always needs her heart chakra balanced. If she's habitually having problems keeping the heart chakra

energy in balance, perhaps building the relationships between the heart chakra and the second and sixth chakras (and perhaps the eighth as well) will stabilize the heart chakra energy and give her more resources in resolving her relationship issues, by reintegrating the typically stressed chakra with the others on the relating path.

Of course our personal predispositions affect our personal work and our work with clients. One of the qualities that can affect how we interpret the state of balance or imbalance in either of these processes is whether we identify ourselves as introverts or extroverts. And how our personal tendency colors our expectations of “normal” behavior.

Dr. Marti Olsen Laney, in her book [The Introvert Advantage](#), makes a very simple, yet clear distinction between these two types. Introverts build energy when alone and spend energy with others. Extroverts build energy with others and spend energy when alone. Whichever of these perceptual lenses you habitually use may well affect your definition of “creating” and “relating.” Of course, the map should reflect the territory, not the explorer.

However, an important factor to consider as we prepare to use these techniques is the impact of stress and the Fight/Flight/Freeze response on the quality of energy that we’re able to bring to our experiences. When we are locked into F/F/F in the creation process, we can become reactive and hypersensitive to the local environment, scanning for cues that mean immanent danger and can only create what our senses can contact, nothing new or different, no new uses. We are condemned to repetitions of old forms, known forms. When we choose protection strategies, we

lose growth. When we stop growing we start dying.

In relating, our ability to be truly present to the one in front of us disappears. They transform before our eyes into a ghost from the past, speaking with another voice, from another time. And as goes our attention, so go our chakras... They process at the speed of thought and they hold personal history, family history and genetic history. Here is a system that’s been running a moment-by-moment learning, evaluating and adjusting program from the moment of conception. Our quality of attention changes the balance in our chakras, as does our state of stress as we manage the dynamic tension between our inner and outer realities, and move through these two processes of personal evolution. Clearly this would be a prime location for making very profound changes and for increasing the capacity to tolerate change itself, supporting the process of continued growth and development.

“We don’t see things as they are, we see them as we are.” -- Anais Nin

In other words, we can lose the capacity to be present which is so crucial to both these evolutionary processes. When we drop out of the present moment, it creates a kind of vacuum, which the subconscious abhors, and immediately fills with whatever seems to be the closest “match.” If the match is close enough or has been repeated often enough, we can go on like this for days or even weeks, repeating what is known without reflection.

The present moment is the only place of true creation and true relation. The only place where we can clearly see what’s there to work

with and what can be done with it in new and different ways. Maintaining this present moment awareness is a very difficult thing, but it's the only place to change ourselves, and the world, for the better. Look at the world that we've created by not being in the present moment. We develop more and more creative ways to destroy and go into most opportunities to relate as opportunists. It will likely continue in this way until we move it consciously in another direction. We have the power to do this, for ourselves and with others.

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## Getting Rid of Negative Feelings

Luis Angel Diaz

### Abstract:

Cellular Memory Release (CMR) is a system that was inspired by Touch For Health and other modalities. This presentation will initiate professionals to concepts of reality and how we manifest our lives in the present moment. Attendees will be introduced to two “cutting edge” body-mind technologies that effectively work to uncover repetitive, negative patterns stored in the unconscious and transform them through a series of integrative processes.

CMR (Cellular Memory Release) is a cutting edge healing method that teaches to release the negative emotional load, even if the person may feel some pain in the process. It is a battle against the habit to withhold emotions, to hide them and to be ashamed of them.

Margot underwent continuous episodes of depression when she was a teenager. She did not remember other situations in her youth different from her fight against symptoms like restless sleep, not wanting to get out of bed, low performance at work and suicidal thoughts. Although for some periods, she would feel fine.

For almost 8 years, from age 22 to 30, she visited her psychiatrist once a week. She tried at least 15 anti-depressants, 25 types of medical treatment and appointments with all kind of health professionals without showing any recovery. “I even thought of having electro shocks as the last resource offered by medicine,” she remembers.

She was studying Mathematical Statistics and only believed in traditional medicine. But her will to be healthy led her to look into alternatives where she found a specialist in cellular memory, Luis Angel Diaz, an Argentinean who eventually would teach her in detail Cellular Memory Release.

During the sessions with Margot, Luis used his knowledge of oriental medicine and kinesiology. One of the exercises he taught Margot was to tap specific points on her hands every time she had negative feelings.

She followed all the specialist indications with strong will. “I followed his instructions for 4 days and must say it was not pleasant. I did not feel well; I was exhausted, tired and cried a lot. Continuous practice began to vanish those feelings,” she says.

Because of the results, Margot took the risk to drop all other traditional medicine treatments and decided to only follow Luis Diaz’ advice. Today, she no longer needs other consultations even though depression episodes occasionally return. She recognizes that, unlike other methods, this treatment helped her to heal herself.



## **Learning to Feel**

Learning to feel is the premise of an approach in which the professional works as a guide so that the patient gets to his inner self and discovers what is harming him.

“It depends on the person’s ability to take responsibility for his life. The work does not function when the person really wants another to cure him and to solve his problems but is not willing to assume that responsibility himself,” Luis Diaz says.

Surely, many people are not willing to face their problems because they know this causes pain. The specialist explains it: “The idea is to release the negative emotional load. When a physical therapist touches a stiff muscle, it hurts. And you must breathe deeply to allow freeing of the accumulated pain. In the energetic cellular field it works the same way: when the negative loads leave, sometimes it produces pain.”

But, how does the pain accumulate? Diaz explains that all human beings are designed to “recycle” energy so that when something affects us emotionally or physically, any uncomfortable sensation or feeling is meant to flow through us naturally. The problem is that our society teaches us to withhold our emotions, to hide them and to be ashamed of them. And as time goes by, we get clogged up with them, we stop being authentic and we forget who we really are.

“The ‘human transformation plant’, conformed by body, mind and soul, gets so loaded, that it becomes a ‘storage place’ where we keep emotions stuffed until it starts overflowing. Then, the smallest trigger creates an out of control reaction in us.”

Luis Diaz draws a parallel with a computer. If anger happens in us, that anger goes to its own file; if it is sadness, it will go to the sadness file, and so on. To each one of those energetic places, there is a corresponding physical place, which at the end it will be manifested in the form of pain or disease. For example, anger is repressed in the liver, the shoulders and the jaw; sadness is repressed in the chest area and the intestines.

## **Enough suffering**

The specialist asseverates that through the practice of CMR (Cellular Memory Release) and Pain Body Release he has found that all the information, from the moment of conception onwards, is stored in people’s bodies like in a giant file with different levels from the deepest to the shallowest. And when something extraordinary happens, the possibility of knowing what is kept arises. It certainly is an uncomfortable process for the ego but very beneficial for the real self.

“CMR is for those who are ready, for those who no longer want to take suffering, confusion and emotional/physical pain. And some times, desperation is the most suitable space to do this type of work,” the specialist clarifies.

According to CMR’s creator, heaviness sensation, cold or hot spots, sleepiness in some body areas, or acute body pain are ways the body expresses itself. In those cases, vital energy’s contraction prevents the power of life force from flowing and the organs healing. That repression produces self-destruction because the negative load is not expressed. “It is not uncommon to find very nice, gentle people with suppressed emotions and serious diseases.”

### **Re-emerging feelings**

CMR is practiced individually or in group sessions. The facilitator asks people how their life would be if, by magic, everything changed and a miracle happened. Depending on their answer he leads them to find the obstacles that prevent them from reaching their dream.

If it is a chronic backache, a repetitive situation like an addiction, or situations like never finding a good job, these could be caused by jammed negative emotional charge that creates what we call the Pain-Body. The person is taught how to transform and to release that load using very easy-to-learn and effective techniques. This is a very simple explanation, but the process is truly a very conscientious procedure, which demands dedication.

During the sessions there is no physical work. The process consists of asking the right questions and helping the person to find the places by himself. The patient remembers, gently revives the feelings, and from the most tenuous gets to the deepest feelings. Then he is ready to let them go.

Luis Díaz, who studied and practiced oriental medicine for over two decades, became very involved in developing ways to access the human unconscious. 8 years ago after the sudden death of his wife, he created this methodology called Cellular Memory Release. He recalls that event as the greatest pain suffered in his life but also as the best opportunity for self-transformation and also for helping others.

“It was then, where my inner energetic dimensions were revealed to me, that I finally discovered how the cellular memory works and how we store information in our body.” This revelation fit together with his particular concern in helping his clients in more effective ways, because until then “I had not been able to root out the negative memories they had.”

## **The Ultimate Muscle Balance**

### Steve Woodward

#### **Abstract:**

Throughout the Kinesiology Muscle techniques there are five very common problems that we find: weakness, hidden weaknesses, reactivities, stretch weaknesses, sustained weaknesses. There are tests to find and locate each of these problems. However, to find each of these problems on a person can require dozens or hundreds of tests. The procedure that will be demonstrated finds any of these specific problems quickly and easily. The procedure saves hours of muscle testing, which allows you to get deeper into the goal in a given amount of time. As with any TFH balance, the imbalances that manifest themselves change based on the underlying goal. Specific emotions can easily be added making for even more powerful corrections.

#### **Introduction**

My name is Steve Woodward. I am a TFH and K-Power® instructor. I work as a Professional Kinesiology Practitioner in Goshen, Indiana. I first became involved in kinesiology in the mid 1980's when I was a patient of Dr. George Goodheart Jr. I had broken a vertebra in my neck and developed an extreme case of TMJ dysfunction. I had 8 surgeries to rebuild my jaw joints and face.

I was left almost incapacitated with pain and was diagnosed at Mayo clinic with Chronic Fatigue Syndrome, Fibromyalgia, and numerous other diagnoses. Dr. Goodheart balanced the muscles within my face along with other treatment and gave me hope of a normal life. I was so impressed with the work that I began learning all I could about Kinesiology. I later resumed my career as a pilot. I worked as an airline pilot for several years before taking early retirement to pursue a career in Energy Kinesiology.

What I would like to describe today is what I will call "The Ultimate Muscle Balance".

#### **The Ultimate Muscle Balance**

Throughout the Kinesiology Muscle techniques there are "seven" common problems that we find. If we can find and correct these problems with a person it can have a profound effect not only structurally but may also improve organ /gland function.

- 1) Weakness (unlocked) – a muscle that tests unlocked in the clear.
- 2) Hidden weakness – a muscle that tests locked in the clear, but is unlocked under certain conditions or weakens intermittently.
- 3) Stretch weakness – a muscle that although locked in the clear, unlocks after it has been stretched.

4) Sustained weakness – a muscle that initially tests locked but weakens with use.

5) Reactives – Muscles that are overpowering other muscles when used in sequence or combination with another muscle in a movement.

6) Frozen/Hypertonic – a muscle that does not respond to normal stimuli affecting the spindle cells or Golgi Tendon apparatus. The muscle may be “stuck” in a “locked” or “unlocked” state.

7) Fibrosis – when a build up of lactic acid within the muscle inhibits the circulation and function of that muscle.

Again, by finding and correcting each of these muscle problems within a person we can bring about powerful correction, both with their muscular function and also the related organ/glandular function.

There are tests to find and locate each of these problems. However, to find each of these problems on a person may require hundreds of tests. The following procedure enables you to find any of these specific problems quickly and easily. This procedure saves hours of muscle testing, which allows you to get deeper into the goal in a given amount of time.

For example,; if you would like to evaluate all of these problems on the 42 Touch for Health (TFH) muscles it would involve at least one muscle test on each muscle for each of the muscle problems (1-7 above). This would be 7 times 42 equals 294 muscle tests. However, some problems, like reactive muscles, require two or more tests to evaluate. So you can see that just using the 42 TFH muscles to evaluate the seven muscle problems can require hundreds of tests.

With the Ultimate Muscle Balance technique, we can quickly locate which muscles have problems and which problems are present.

Once we have located the problems we simply correct that problem using standard procedures. This technique saves me hundreds of hours each year and enables me to get far deeper into a person's imbalances. As with any TFH balance, the imbalances that manifest themselves change based on the underlying goal. Working with “real people” who have no knowledge of Kinesiology and even less trust in the process, it is important to meet the person where they are in their understanding and teach them from that point. It is also necessary in a practical sense to do this quickly and efficiently.

In my daily work I find that most people come to me because of a physical complaint. Their problem may have an emotional base. When we address the physical complaint, we may also include the emotions or nutritional needs if we chose.

As you know, setting a goal is standard TFH protocol. There are two ways that I incorporate this. The first is the normal procedure I learned in TFH classes which involves verbalizing the goal. This works well with a client who understands the process or one with an interest in learning more about the process. However, there are many people who are not interested in learning and just want their problem fixed. With these people instead of describing how and why a verbal goal is useful, I simply touch the problem area (as in Circuit Locating). I liken this to when you take your car to the garage and they plug the diagnostic computer in underneath the dash. We are accessing the electrical system to show what the problems are. I can then put this in “circuit retaining mode” (CRM) to retain the information. Normally in TFH we do not

“ask the body questions”. Although when we incorporate an emotion or do a sound balance this is what we are doing. By asking the body we can dramatically improve our accuracy and efficiency during our sessions. I will not try and explain how I think this works but basically it is because all matter has memory.

David Van Koevering, a quantum physicist, explains that it is within the subatomic particles of the atom that this memory occurs. We are accessing this memory and its electrical energy by muscle testing. This is done in relationship to our intention. Belief in the process is important. The higher our confidence in the process is, the more accurate our results will be.

### **Procedure**

First I ask the body to show me the priority meridian. I usually do this silently. To find the priority meridian I check the alarm points. When I check the alarm points I am expecting all the meridians that are not the priority meridian will test with an unlocked muscle. Again, my intention is important. One meridian will test strong. This is the priority meridian. I then ask which side of the body the priority meridian is on. On an alarm point that is on midline I do this by moving my fingers to the left or right of the alarm point and test to see which side remains strong. Or if the alarm point is bilateral then I simply find which side tests strong. Then I chose a muscle that is powered by that meridian and correct that using standard TFH protocol. Once I have strengthened that meridian I recheck the alarm points.

Occasionally I may find that there is another priority meridian; I correct in the same manner. I also may find that there is one

meridian that is still over energized. If I find this, I use the Acupressure Holding Points (AHP) to sedate that meridian.

With practice I have found that I can complete this step in 2-3 minutes. An emotion can be incorporated during the correction of the priority meridian.

Next, (after either verbalizing a goal or touching the problem area and putting it in circuit retaining mode) I refer to a list of the TFH muscles. I personally use the Muscle Reference Section index (page 31) in the old TFH book. Along the top of the index page I have written an abbreviation for each of the seven specific muscle problems described above.

W / H / ST / SUS / R / FZ / TP

With this list and by using any indicator muscle from the client I then ask: Are there any “Weak” muscles; if so, are they in this column? Is it one of the first three, the second three? Is the muscle weak on the left, the right? Using any accurate indicator muscle and incorporating the chosen goal, I am accessing their body to show me where the problems are. I then test and correct whatever muscle problem is present using standard techniques. Again, if I would like to find the emotion or nutrition for each correction I can.

The next steps are simply to go through the list of muscles, finding and correcting each problem that is indicated. I continue through the list looking for all “Weak (or Unlocked)” muscles, then “Hidden” weaknesses, then, “Muscle Stretch weaknesses”, then “Sustained weaknesses”, then “Reactives”, then “Frozen Muscles” and finally those muscles with Fibrosis problems. After identifying a muscle with a particular

problem by asking the body, I then confirm and correct that problem using standard techniques. I may ask the body to show me the priority problem or muscle. Each time I find a problem, I correct it. There are different techniques used to correct each of the seven muscle problems. I have found the following techniques to be effective in correcting the stated problems. However, there are many different ways to achieve the same result.

1) To correct a Weak or Unlocked muscle use standard TFH protocol (NL's, NV's, AHP, etc).

2) To correct a Hidden weakness, you find the hidden problem by using a finger mode from Professional Kinesiology Practitioner (PKP). Once you find the hidden weakness you correct it just as you would in Step #1 above.

3) A Stretch weakness is also found by using a finger mode from PKP or by manually stretching the muscle to determine if the muscle unlocks or tests weak immediately after being stretched. I correct for this by using oil on the bare skin and use a firm kneading pressure in the direction of lymph flow. I am basically reintegrating the fascia that surrounds the muscle with the muscle. This allows the fascia and the muscle proprioceptors to send the similar signals to the brain when the muscle is stretched.

4) A Sustained weakness may be found using a finger mode from PKP or repeated testing to see if the muscle weakens. The correction is usually to rub the NL's firmly for an extended period of time (i.e. 3-4 minutes.)

5) A Reactive can be found using a finger mode from PKP. Testing the suspected muscle in sequence with another locked muscle will also weaken the second muscle if the first muscle is reactive. The most common correction I find useful here is spindle cell technique on the belly of the muscle.

6) A Frozen/Hypertonic muscle may be found either by a finger mode from PKP or by using spindle cell or Golgi Tendon apparatus weakening techniques and finding that the muscle does not respond to either technique as it should. The correction is to use the muscle against resistance throughout its range of motion in flexion or extension.

7) Fibrosis (Trigger Points): When a muscle is used it produces lactic acid. Normally this lactic acid is flushed out of the muscle. However, if the lactic acid remains in the muscle it causes the muscle to tighten. As the muscle tightens it produces more lactic acid that further tightens the muscle. As this cycle continues it produces an ever-increasing area of tight muscle that is called

I have not discovered a specific muscle test for identifying Fibrosis other than asking the body or palpating the muscle. An experienced massage therapist will also be able to palpate the muscle and find the trigger points (TP). The correction here is a technique originally developed by Dr. Janet Travell, MD. Dr. Travell was the personal physician of President J.F. Kennedy. The technique is to apply deep continuous pressure into the trigger points to break up the crystallized lactic acid which has built up within the muscle.

Another powerful correction, which works systemically if numerous muscles within the same person have this problem of a build up of lactic acid, is to supplement with malic acid and magnesium. The Krebs cycle is the name of the physiological process that describes what happens from the time we eat food until that material is passed out of our bodies. One of the steps in the cycle is the catalyzing or breaking down of lactic acid, which is a muscle byproduct. The step just prior to this involves the production of malic acid which jumpstarts the breakdown of the lactic acid within the body. It appears that malic acid and magnesium are instrumental in allowing muscles to relax.

In a study at the University of Texas Fibromyalgia participants taking 2400mg of malic acid with magnesium per day benefited with less muscle pain and soreness. Some reported results within as little as 48 hrs after beginning the malic acid.

I have found that in just a few days supplementing with malic acid and magnesium, clients have significantly fewer weak or unlocked muscles as well as fewer reactive muscles and most of the trigger point problems with decreased significantly. I personally have found several products that contain the malic acid and magnesium but most have numerous other items, in particular B vitamins, added. I have found these supplements are usually not tolerated well.

Most people with Fibromyalgia have allergies and do not tolerate supplements with too many ingredients well. Brewers yeast is frequently a problem for Fibromyalgia sufferers. Brewers yeast is a common source of B vitamin in supplements.

It is important to find and correct the priority meridian first or we may cause a lot of extra work for ourselves. Correcting the priority meridian can correct a lot of problems that will otherwise show up individually.

I incorporate this procedure into many of my daily client sessions. I have found that it enables me to have great results in a minimal amount of time. If you are trying to make a viable business and speed and efficiency are important, this is a very powerful technique. You can also use other muscle lists from other Kinesiology programs.

I personally use charts from PKP & K-Power® (Dr. & Mrs. Dewe), BioKinesiology (Wayne Topping, PhD.), Clinical Kinesiology (Allan Beardall, D.C.) When determining which list to use, I ask and muscle test. Generally I begin with the TFH muscles and progress to other charts based on the client's goals. I tell clients it is whatever level of comfort and function they would like to work toward. If I'm working with a 90 year old person living in a nursing home who simply wants to move be able to move around without pain, I use a smaller list. If I'm working with a high level athlete who is looking for the highest level of performance, then I use a more comprehensive of list of muscles.

While I was a patient of Dr. Goodheart's he explained almost every procedure he used with me. At the time I did not realize how fortunate I was to have this opportunity to learn from him, in addition to getting my life back. In his book "You'll be Better", Dr. Goodheart describes studies that confirm that by restoring normal function to a muscle there is an immediate corresponding return toward normalization of the related

organ or gland. For example,; correcting a problem on the Teres Minor muscle can have an immediate effect on the function of the Thyroid gland as indicated by a number of parameters. What this indicates is that even though we may not be aware that we are doing anymore that correcting a muscle, we can actually be making significant improvement in our client's health.

### **Credits**

I would like to give credit to those whose work I have used, not only for this technique but also for many others that I have benefited from.

Dr. John & Carrie Thie D.C., Matthew Thie,  
Dr. George Goodheart Jr,  
D.C., Dr. Bruce and Mrs. Joan Dewe, Wayne  
Topping PHD, Richard Utt and Adam  
Lehman and Frank Mahoney.



# W/H/ST/Sus/R/FZ/TP

33  Supraspinatus Control C1 & 2	35  Teres Major Governing T2	37  Pectoralis Major Cervical/Stomach T5	39  Levator Scapulae Stomach T8 C5	41  Anterior Neck Flexors/Stomach C2	41  Posterior Neck Extensors/Stomach C2
43  Brachioradialis Stomach T12	45  Latissimus Dorsi Spleen T7	47  Middle Trapezius Spleen T5,6	47  Lower Trapezius Spleen T6	49  Opponens Pollicis Loqus/Spleen C4	51  Triceps Spleen T1
53  Subscapularis Heart T2	55  Quadriceps Small Intestine T10	57  Abdominals Small Intestine T6	59  Peroneus Bladder T12	61  Sacrospinalis Bladder T12	63  Anterior Tibial Bladder L5
63  Posterior Tibial Bladder L5	65  Psoas Kidney T12	67  Upper Trapezius Kidney C7	69  Iliacus Kidney T11	71  Gluteus Medius Circulation-Sex L5	73  Adductors Circulation-Sex L1
75  Piriformis Circulation-Sex S1	77  Gluteus Maximus Circulation-Sex C2	79  Teres Minor Triple Warmer T2	81  Serratus Triple Warmer T11	83  Gracilis Triple Warmer T12	85  Soleus Triple Warmer T11,12
87  Gastrocnemius Triple Warmer T11,12	89  Anterior Deltoid Gall Bladder T4	91  Popliteus Gall Bladder T12	93  Pectoralis Major Stomach/Liver T5	95  Rhomboids Liver T5	97  Anterior Serratus Lung T3-4
99  Coracobrachialis Lung T2	101  Deltoids Lung T3,4	103  Diaphragm Lung T12	105  Fascia Lata Large Intestine L2	107  Hamstrings Large Intestine L4,5	109  Quadratus Lumborum Large Intestine L4,5



## **The Tendon Guard Reflex**

Sher Smith, RN, RPP, RCST

### **Abstract:**

The TGR is an unconscious reflex triggered from the reptilian part of the brain. It is part of the built-in survival mechanisms of the body. To understand the impact on the body I will go thru the progressive systemic impact in the fascia, ligaments, muscles and connective tissue. We will learn the theory plus practical physical application.

The Tendon Guard Reflex (TGR), also known as the Shock Reflex, is an unconscious response by the body to messages transmitted by the reptilian part of the brain. The oldest part of the brain and responsible for survival instincts and reflexes, the reptilian brain is believed to have evolved from the time when people were under constant physical stress for survival in the world. When the body encounters a real or a perceived threat, the TGR reflex automatically activates and causes the tendons at the back of the ankles to contract. The purpose of the tendons contracting is to hold us back until we are neurologically organized and it is safe for us to choose to take flight or stand and fight. The TGR serves the dual purposes of preparing the body for action and of the subsequent reflex decision to stand and fight or turn in flight. The TGR protects the legs and enables them to perform efficiently regardless of the action ("fight or flight") chosen.

Although today these same survival needs may not be physically present, other forms of stress remain which can and do trigger the TGR response. The dilemma in today's society is that there is often so much stress in people's lives that the TGR can be constantly

over-stimulated and remain locked in the contracted or stressed position without a person's conscious awareness.

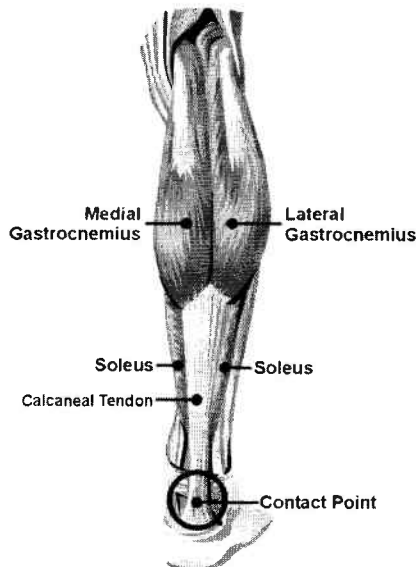
Although at first this may seem like a small occurrence, it has significant systemic ramifications. When the tendons at the back of the ankle tighten, a chain of events occurs:

- the muscles of the lower leg contract, resulting in
- the tendons at the back of the knee contracting, resulting in
- the knees locking, resulting in
- the muscles, fascia and connective tissue of the upper leg and thigh contracting, resulting in
- the lower back tensing and contracting, resulting in
- the complete spine becoming stressed and under tension, resulting in
- the neck muscles becoming tightened and shortened, resulting in
- the head being pulled back.

For efficient functioning of the vestibular system, which keeps a person balanced, the eyes must remain parallel to the ground. When the neck muscles tighten and shorten,

the head is tilted back triggering a counter reflex--the Oculomotor Reflex--which exerts a counter pressure partly through the muscles of the TMJ (jaw joints) to assist the return of the head to its proper position.

This simplified description shows an overview of the whole happening and the systemic pattern that can be addressed in a session. From one neurological impulse response, the whole body's physiology becomes involved--from the top to the bottom and back again. It's just like that old song... "The knee bone's connected to the thigh bone, the thigh bone's connected to the..."



When tissues tighten, the resulting effect resonates into the life energy of the cerebrospinal fluid (CSF) found in the sacrum, spine and brain. When the tissues surrounding the spine contract, the system must work harder to keep pumping the CSF to maintain its' own rhythm and pulse. Bringing relaxation to this response of the tissues and subsequent tension allows any work that follows to go deeper and for the body to be receptive to the muscle balancing of Touch for Health.

In the field of Educational Kinesiology, Dr. Carla Hannaford Ph.D. in her book "Smart Moves" discusses the far-reaching effects of releasing the TGR. She gives examples of working with school age children who were not talking and after release of the TGR, started to talk. Many children with learning difficulties are often toe walkers. When the TGR is released, they start to walk normally and their disabilities improve. Dr. Hannaford teaches parents how to apply pressure to the tendons to release them and encourages the parents to flex and extend the feet of their children while they are sleeping. Encouraging results have been noted.

In my own practice, I often start with work on the TGR. I am still in awe of the results that clients vocalize. Some immediately report their TMJ muscles relaxing, and many times, that they were unaware of how tight they were before I started holding the tendons. Or, they may state that they are aware of their low back, knees, neck or the area between their shoulder blades releasing. Often times they will release a deep sigh as their whole system commences to relax, release and unwind. This simple application, I find, has such a wide systemic influence.

One way to assist the system to release the TGR is to grasp each ankle and apply a firm pressure on the posterior aspect of the Achilles tendon in an anterior direction, within the client's tolerance. It is important to keep the thumbs on the lateral side of the ankle while applying pressure to the tendons found on the posterior aspect of the lower calf just superior to the anklebones, all the while encouraging the client to breathe.

In fact, some clients, with a little encouragement, may be willing to make loud sighs, groans or toning sounds on exhale. Sound often assists the movement of energy, so much so, that when feelings are repressed, clients have been known to begin sobbing. During a session, the legs may start to tremor as excess energy in the tissues is released. This technique is often to the body system what a valve is to a pressure cooker. Flexing and extending the foot after applying pressure to the tendons brings more releasing, as does applying a lengthening movement to the toes in a downward motion. Where the practitioner and/or client notice

congestion and/or release of energy, affords valuable insight or information as to what area might possibly benefit from more direct work during the session.

As an application in private practice or as a home activity for clients, the results of this work have been very dramatic. With a clear intention, visualization of relaxed tissues, presence, and the ability of the practitioner to be with the client, a safe, sacred space is created for the client to unwind, let go and release.

#### **About the Author:**

Sher Smith, is a Registered Nurse, Registered Polarity Practitioner, Registered Cranial Sacral Therapist, Educational Kinesiology Instructor and Touch For Health Instructor who has been involved in the holistic health field since 1979. Sher was the founding President of the Ontario Polarity Therapy Association and is a member of the American Polarity Therapy Association, the Craniosacral Therapy Association of the United Kingdom and Director of the RYP school of Polarity Therapy. Currently serving as a Vice President on the BOD of the American Polarity Therapy Association and is the Canadian Faculty for Brain Gym®. Her website is: [www.realizingyourpotential.ca](http://www.realizingyourpotential.ca)

- Brain Gym is a registered trademark of the Education Kinesiology Foundation of Ventura California.



## **Kinesiology and Animals**

Larry Green

**Abstract:**

Kinesiology can be used very effectively on all animals. This talk will concentrate on horses, but the principles can be applied to other animals as well. Learn how to muscle test a horse, how to use flower essences on horses and some simple and quick ways to release a horse's stress.

NOTES







## **Kyudo (Zen Archery): The Way of the Bow**

### **Laurajeane "LJ" Stewart**

#### **Abstract:**

Kyudo (Zen Archery) is a moving meditation that, with practice, becomes a metaphor for one's life. Zen Archery is considered the highest body practice that comes out of the Samurai tradition. It requires discipline of the mind, body and spirit. The basic Kyudo form is a means for gathering energy to the heart, then releasing that heart energy with focus and precise intention, with no attachment to the results.

When taken up with patience and attention to detail, Kyudo is a dynamic way to focus the mind and open the heart. One of the traditional Japanese Arts, Kyudo is considered the highest discipline of the Samurai. Kyudo form itself teaches us to gather energy to our heart, then release that heart energy with clear intention, without attachment to the results. The precise movements, specifically of the hands,

strengthen the Heart Meridian as our Kyudo practice deepens. We will demonstrate the basic form.

Observers will experience the gentle flow and continuity of movement in the heart of stillness, witnessing movement without tension and the effortless release of energy. Participants will leave being able to paint a Golden Rainbow with their own heart energy.

#### **About the Author:**

Originally from NYC, LJ Stewart attended York College CUNY, then the Swedish Institute for Massage and Allied Sciences, where she later joined the faculty in 1984. Her first employment in hands-on health care was in a chiropractic facility in 1979, and LJ became a certified Touch For Health instructor in 1983. She has been practicing full time as a Touch For Health kinesiologist, and Licensed Massage Therapist nearly 30 years, during which time she has been widely recognized as a groundbreaker within her profession. For many years, LJ worked alongside any number of inter-disciplinary practitioners, including, but not limited to: chiropractors, osteopaths, medical doctors, and physical therapists. For the last decade, she's been employed in the Outpatient Physical Therapy Department of Northeastern Vermont Regional Hospital in St. Johnsbury, VT in addition to her private practice at the Barnet

Tradepost Wellness Center, built by her in 2005. The Barnet Tradepost Wellness Center is the first Complementary Care facility in the Northeast Kingdom, a tri-county region of Vermont. LJ is joined there by acupuncturists, a breath coach and a Tibetan healer. Classes taught at the Tradepost are Touch For Health, TaiChi, Kyudo, Kenjitsu and Yoga.

LJ Stewart began her practice of Kyudo (Zen Archery) in 1994, after a long search for a moving meditation. In awe of the simultaneous balance of tension vs. relaxation, and the metaphor for which Kyudo practice translates into everyday life, LJ became a Kyudo instructor in the \*Hekki Ryu Bisshu Chikurin Ha\* Kyudo Lineage in 1998. She was named to this position by Kanjuro Shibata Sensei XX of Kyoto, Japan, the official bowmaker and archer to the Japanese Imperial Family at that time. LJ continues to practice and teach Kyudo, and is honored to help perpetuate Zen Archery teachings in the west. LJ has also spent time with the Shibata family in Kyoto, at the invitation of the current Kanjuro Shibata XXI.



## **Love Makes The World Go 'Round – Want To Help?**

**Alice Thie Vieira, Ph.D.**

Clinical Psychologist, Marriage & Couple Counselor  
& Specialized Kinesiologist

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### **Abstract:**

Love is the Golden Touch. This talk will introduce new research on relationships, both good and bad. Attendees will be able to identify ways to give and receive love more successfully, and learn how to get along in relationship with skills not previously thought of.

One of my friends was selected to be the counselor for Viet Nam refugees who had the most horrible experiences life could imagine – seeing family members raped, tortured, murdered – babies killed, parents taken away, never to be heard from again. These people were brought over in a ocean liner and were greeted in the United States by the immigration authorities and by counselors wanting to be of service to them. My friend trained in crises intervention techniques, post traumatic stress syndromes etc When she met with individuals in the in one-to-one sessions, the topic that was most discussed was relationships that had formed on the ship that brought them here.

We all discuss our relationships and usually we discuss the areas of our relationships that don't work, when we want them to work more than anything else in the world. The divorce rate is astronomical. Divorce has become a viable option when a couple gets married. Prenuptial agreements are commonplace today. When the words "till death do us part" were written people were dying in their 30s and early 40s. Times have changed. Yet when all is said and done, we

all want to be with someone we treasure and who treasures us. As many books are written on how to get along in a relationship as there are self-help books in general. We all want to have the love in our life make our world go 'round. My talk today is to discuss some very exciting tools that can make that happen. The two books that I own this wisdom to are **Five Languages of Love**<sup>1</sup> and **How To Improve Your Marriage Without Talking About It**<sup>2</sup>.

John Gottman (**Seven Principles for Making Marriage Work**<sup>3</sup>) is the man from Washington State University who created a love lab in which couples would come up for a weekend and were video taped and wired for sound for the entire weekend except when they were in the bedroom and bathroom. Interactions were carefully monitored. The longitudinal study then included a follow up to check out how the couple fared. This study was conducted over a 20-year period. From that study Dr. Gottman came up with his definitive work on the Seven Principles, that if followed can make a marriage work. He also came up with what he calls the four horseman of the apocalypse (criticism,

defensiveness, stonewalling and contempt), which are guaranteed to make a marriage fail. The Seven Principles for making a marriage a success are the following:

1. Learn more and more about your partner – he calls this Enhancing Your Love Maps
2. Nurture Your Fondness and Admiration
3. Turn Toward Each Other Instead of Away From Each Other
4. Let Your Partner Influence You (especially men need to let their women influence them)
5. Solve Your Solvable Problems and recognize that there are some that cannot be solved
6. Overcome Gridlock and
7. Create Shared Meaning

These principles cannot be underestimated and should be at the forefront of any relationship. The Principles I want to focus on for this talk are Principles #1-3 in a way that adds to his invaluable Principles.

Drs Patricia Love and Steven Stosny add another dimension to Gottman's Principles # 2 Nurturing Fondness and Admiration and # 3 Turning Toward Each Other in their amazing book **How To Improve Your Marriage Without Talking About It:**

Men and women are different. The specifics of these differences in relationships cannot be ignored. Some of their pertinent points are:

1. Men are happiest in relationship when they know that they know that their wife is there. Men can go away for long periods of

time and feel satisfied the their woman is home and his. Women are happiest in relationship when they are emotionally connected with their man. That connection is crucial to her. The big difference is presence for men and connection for women. John Gray talks, in his Venus and Mars books, that men need to know they make their woman happy and women need to have her man be there for her emotionally. When a man feels that he is present, in the house, it is enough – he assume that everything is OK If things are not OK, he wants to fix whatever is wrong so that peace can be reestablished. When a woman feels connected, that her man is there for her, things are OK. If she feels a distance or trouble in some way, she wants to talk to get reconnected.

2. When a woman asks to talk to her man she is usually feeling disconnected. For a man this means that he has failed to make her happy in some way. This failure makes him feel shame. Men will do anything to avoid feeling shame and women will do anything not to feel abandoned.
3. All that couples do with and to each other has to do

with the values they hold for that relationship. For the relationship to grow, each and every action and verbal interaction needs to be first run through the screen test: Does this

- a. connect us
- b. appreciate him/her
- c. protect her/him/us
- d. improve us

If it doesn't then don't say it and don't do it!  
There is no need to talk about it.

Regarding Principle # 1 – Enhancing Your Love Maps. Dr. Gottman says:

“They remember major events in each other's history, and they keep updating their information as the facts and feelings of their spouse's world change. When she orders him a salad, she knows to ask for his dressing on the side. If she works late, he'll tape her favorite TV show because he knows which one it is and when it's on. He could tell you how she's feeling about her boss, and exactly how to get to her office from the elevator. He knows that religion is important to her but that deep down she has doubts. She knows that he fears being too much like his father and considers himself a “free spirit.” They know each other's goals in life, each other's worries, each other's

hopes.” (p.48)

What Gary Chapman added to the Love Maps are some essential pieces in his book **The Five Love Languages, How to Express Heartfelt Commitment to Your Mate** (1992, 1995) and gives us an insight beyond what has previously been explored.

We each feel loved in a particular language of love but if your mate does not know this language, then you may not feel loved regardless of whether or not your partner loves you. . And if neither of you know the others' language, most likely your marriage or relationship will not last. This part of the love map is crucial.

Think about what you complain about in your relationship: “He is not a toucher,” “She is frigid,” “He never helps out around the house,” “He never brings me flowers or gifts no matter how much I tell him what I would like,” “She is always so busy with this or that that we don't discuss the important decisions, she leaves it up to me and then complains,” “I just don't feel close to him any longer – we used to talk,” “She doesn't understand me, she just doesn't listen when I talk to her,” and so on. What you complain about or what your mate complains about is a huge hint as to what your love language is.

The five languages, i.e. the five basic ways that we feel loved when someone talks to us in that language are:

1. Love Language #1: Words of Affirmation
2. Love Language #2: Quality Time

3. Love Language #3: Receiving Gifts
4. Love Language #4: Acts of Service
5. Love Language #5: Physical Touch

There are primary and secondary love languages and it is important to find out both. It is important to know what you need to feel loved and to be able to communicate that to your mate. It is just as important to know what your mate needs to feel loved. If I want my mate to help around the house, to go to the grocery store for me, to help me fold the clothes and when he does, I feel loved then my primary love language is Acts of Service. It would, then, be natural for me to do things for my mate – fix his favorite dinner, keep the house clean and his clothes washed. But if my mate wants to sit and cuddle when he comes home from work and have a leisurely dinner and perhaps make love and I am busy doing things for him, he will feel unloved. If he brings me gifts and kisses me on the back of the neck when he comes home from work and doesn't pitch in with all the work I have to do, I don't care about the gifts or the kisses. In fact, I may be annoyed and overwhelmed with all the work I have to do. He on the other hand will feel unappreciated and rejected. Why can't we figure all this out? It seems so simple!!!

Or is it? I have asked numerous people what they think their own love language is – and almost everyone says that all five are important. One woman said, "Well, I know me – call me materialistic if you want, but I feel special when I get gifts – the rest is OK but I like things." She was the exception.

Coleman suggests that what your partner complains about may be what he/she needs from his/her partner. I ask, "When do you feel the closest to your partner?" Often times, couples relate to when they were first dating: "We used to like to be together and it didn't matter what we did" (quality time) or "We used to talk for hours" (words of affirmation or quality time) or "We couldn't keep our hands off each other, now we barely touch" (physical touch) or "He comes home from work and just sits in front of the TV – he doesn't do a thing around the house. I work too" (acts of service.)

What I also found was that when we don't get what we need to feel loved, it is very difficult to give what our partner needs – if we even know what it is.

When I work with couples, I ask them to visualize each one of the languages – receiving that from a partner. I ask for an indicator muscle and go through all the languages. Only one man had no indicator and upon exploring it, he said, "I don't expect anything from anyone and actually don't know how to feel loved." He was an exception. His wife hung her head and said, "That is why we are here – I can't seem to please him and I don't feel he cares about pleasing me." Individually Bob told me that his wife Mary did not love him any longer. This is their story:

Bob and Mary worked together for 25 years. She was his assistant and they were together 24/7. He had

many things for her to take care of to make the business work, and they both enjoyed talking about their business at home. He often told her how much he appreciated her. Their love life was active and satisfying for them both. Then circumstances in their business changed and Mary retired from being his assistant. She pursued her own hobbies and Bob continued to run the business. Bob became gruff with Mary, their sex life was reduced to almost nothing and Mary felt more and more unloved. They rarely talked. When we all talked about how each felt loved, it became clear that Bob felt loved by acts of service – and the role that Mary played in their business made Bob feel very loved by her. Mary on the other hand enjoyed the physical touch they had during the day and night and his compliments always made her day. All that had stopped when she stopped working for him. Bob resented her hobbies because he felt her interests were outside his life. They would eat out every night and had a cleaning lady so she couldn't think of a thing to do for him and he couldn't think of anything she could do either. He didn't feel close to her so touching her or

complimenting her seemed phony to him. When Mary would ask him to help her with something, he would complain and say, "What do you ever do for me?" They both considered divorce.

Bob and Mary are now back on track. We worked on what other acts of service would work for Bob and came up with her calling him more, taking over their bill paying (which Bob had always done before), fixing him coffee in the morning (which was a huge sacrifice in that she usually slept in). In return he practiced complimenting her on the way she dressed, how much he appreciated her for taking over some of the things always felt he had to do, "as the man in the family" and they scheduled time to be together, sitting next to each other, talking again, holding hands when they went out to dinner, sitting next to each other instead of across from one another, and making love. It wasn't easy at first but once it became clear how to love each other in each other's love language, it seemed easier and easier.

Sometimes a partner is so surprised when the language is so clear. "You mean all I have to do is tell you how much I appreciate you? I thought you knew" (words of affirmation.) Another was so surprised that all the work she was doing around the house meant nothing in comparison to her just sitting with him when he watched his sports – she could read or write letters but he loved having her close by (quality time – for him.)

1. Think about the five languages and muscle test after each statement

“I love to have people tell me nice things”

“I love to have people I care about touch me”

“I love to spend time with people I love”

“I love to have gifts given to me.”

“I enjoy having someone do something I need done.”

2. If any one of the above is not a strong muscle, check for reversals.

3. Now repeat the statement and muscle test after each statement, but preface it with,

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“**I feel loved** when my partner tells me nice things.” Or “**I feel loved** when my partner compliments me or assures me that our relationship is really special.”

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“**I feel loved** when my partner touches me.”

---

“**I feel loved** when my partner wants to spend time with me.”

---

“**I feel loved** when my partner brings be a gift.”

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“**I feel loved** when my partner does things for me, helps me get things done.”

4. Think of your partner and go through the statements in #1 and #3. You may or may not know what his/her love language is. Interestingly, if you are not getting your language responded to, you may have a block to his/hers. If, for example, physical touch is your partner’s language and the thought of him/her touching you or trying to

make love to you is not acceptable – use the Gary Craig basic protocol for accepting his/her language of love: “Even though I cannot accept (or give) my partner’s language of love, I deeply and completely love, respect and accept myself.” Tap the basic protocol, use the gamut, tap and see if speaking his/her language is more palatable. I have found the EFT faster than the ESR, which also works.

I believe that the more we can talk our and our partner’s language of love, the more love will be available in the universe for all of us to enjoy – and I also believe there will less unhappy marriages and many fewer divorces.

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3. Gottman, John, **Seven Principles For Making Marriage Work** (1999) Three Rivers Press, New York
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**About the Author:**

Alice Thie Vieira, Ph.D. is a practicing Clinical Psychologist in Newport Beach. She combines her psychodynamic approach in her psychotherapy with Specialized Kinesiology techniques such as Touch For Health, EduK, PKP, EMDR and EFT. She is the author of **Belief Systems and Your Personal Power**, *Why Self-Help Books Don't Work* (1995) and **The China Cup Approach to Successful Relationships, 10 Rules For Keeping Your Relationship Precious** (2003 and 2<sup>nd</sup> edition 2007). Her 3<sup>rd</sup> book, **Horrible Mothers, Breach of a Sacred Trust** will be published in the fall, 2008.



## Heart-Brain Integration and Living a Soulful Life

Peter McLellan

Abstract:

Emotional & Spiritual disconnection between the heart & the brain creates a separation between our primary neurology & our soul. Attendees will learn about the neurological cascade between the cortex through the brainstem to the heart. The heart-brain integration recreates the deep connection between neurology & soul.

*“The soul is the transcendent force that innervates us, allows self definition; our uniqueness that drives us to individuation. It is the glue that binds us together, the sacred vessel that contains our spirit and guides us on our journey toward enlightenment. The soul is our unique resonance and its true purpose is to seek union with the divine. It is the landscape for our neurology and neurology is the landscape for the expression of the soul. It is the language, expression and poetry of our inner life and the heart of our being”*

**Peter McLellan 2000**

As human beings we live in a complex world of struggle, conflict, and confusion with only the occasional glimpse of clarity and harmony. How we handle stress and cope with distress is indicative of our inner workings, manifestations of our neurology and the connection between heart and brain.

- Do we lead a life of separation?
- Are we caught in a maelstrom of thoughts, emotions and feelings that do not make sense or seem to ever be resolved?
- Are we disconnected from our hearts and the deepest level of our being – the soul, or our thinking brain – our higher order neurology?

When we are governed by the mind we may live our life between the train tracks, not being able to move out and experience life, nature or the universe. When, under stress, or in the classic fight or flight that is where we are forced to reside.

On the other hand it may be that we may be more feeling, sensate beings and may be overwhelmed by our emotions, have poor cognitive understanding of our predicament, become de-energised, labile or even hysterical as these feelings transfix and immobilize us.

There is an inextricable connection between body, mind, emotion, reason, nature and being human.

Damasio (Looking for Spinoza, 2003) discusses the importance of emotion and feeling in the construction of the self. Employing rigorous 'hard science' he proposes that we have an emotional brain. Isabel Carlos, in the Biennale of Sydney, 2004, proposes an idea which overturns the most classic dichotomy in western culture – the separation between mind and body suggested by Descartes in the phrase 'orgito ergo sum' (I think therefore I am). The disconnection between head and heart made, and kept, alive since the 17<sup>th</sup> century has blinded medicine and confounded science and psychology.

In the 1980's Daniel Goleman argued the importance of Emotional Intelligence (EI), noting that people can be smart in a way that doesn't have anything to do with IQ scores. The IQ test doesn't measure vital life skills so much as the ability to manipulate certain data in tests. In the end this testing has been engineered to value more academic tasks over other styles of data analysis. It is perhaps one of the lasting legacies of the 1960's social reformations that questions of happiness and personal fulfillment began to flower and push through the barren soil of our confident, yet paranoid, technocratic post war progress. Timothy Leary looms large here: "Tune in, turn on, drop out".

EI has been defined by psychologists Mayer and Salovey as: "Emotional intelligence involves the ability to perceive accurately, appraise, and express emotion; the ability to access and or generate feelings when they facilitate thought; the ability to understand emotion and emotional knowledge, and the ability to regulate emotions to promote emotional and intellectual growth.

"It is only with the heart  
that one can see rightly."

–Antoine de Saint-Exupery

It was Goethe who once wrote "we are shaped and fashioned by what we love". Perhaps the best conception of emotional intelligence is that it represents a true understanding of what has been experienced; an understanding thus deepened into wisdom through the conjoining of brain and heart. William Anderson recalls the Sufis speaking, "of the eye of the heart, the opening of which is the true aim of religion, art and education". He calls this the intellect of love, a phrase recalled from Dante, "the awakening of which made manifest the inner beauties of the beloved and creation." (Geoffrey Bonwick; NSI Faculty)

### Embryology

In the embryo the first organ to develop is the heart. This is followed almost immediately by the central nervous system and brain. The beginning of heart development initiates the development of all other internal organs. The development of the internal organs starts a new phase of energetic life.

Organ	First Day of Development
Heart	17
CNS	18
Liver/Gall Bladder	18
Kidney	22
Somites	20-30
Lungs	25
Gonads	23
(undifferentiated)	
Thymus	33
Pancreas	30

The process of somital formation is completed in the third and fourth week. Somites determine the types of tissue formation, including tissue that forms along the neural tube. These somites give rise to the vertebra and various body tissues, including voluntary muscle, bones, connective tissue and dermal layers of the skin.

The body of a seventeen-day-old embryo has a median axial structure, and is involved in the process of gastrulation; i.e. it forms an inner cavity. Development in an embryo moves from a radial symmetry to a bilateral symmetry and differentiation of mesoderms support this interpretation. Mesoderms give rise to muscles, bones, tendons and cartilage, precursors to structures that are in some way connected with the ability of the organism to move. Morphologically, an inner world develops.

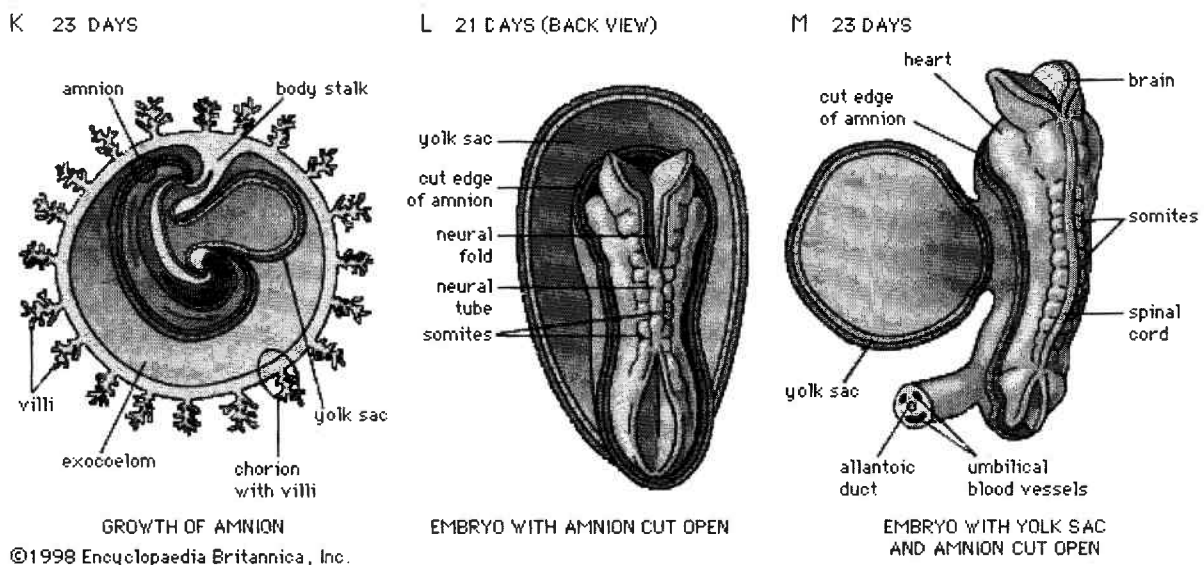
Development always follows the pattern of origin. Primarily the heart starts beating before the head starts developing. The development of the CNS and the rest of the body need massive blood, oxygen and nutrient supply. The head spirals forward

and the heart moves into the body. You can hear the foetal heartbeat from the 9th week onwards. Interestingly the heart actually starts to beat even before it is fully formed with valves and septa or muscular walls between chambers. The heartbeat is wired in. However, how the heart actually starts to beat is still somewhat of a mystery.

*Fig. 1: Encyclopaedia Britannica; Human Embryology of the Heart; Online Version*

### Broken Hearted Syndrome

An overwhelming release of catecholamine (notably epinephrine and nor epinephrine) into the bloodstream along with their breakdown products and small proteins are produced by an excited nervous system. These chemicals can be toxic to the heart, effectively stunning the heart and causing symptoms similar to a heart attack, including chest pain, fluid in the lungs, shortness of breath and heart failure. This was found by Dr Ilam Wittstein of John Hopkins Medical School. He and others have termed this condition stress cardiomyopathy.



Nineteen patients were seen by Dr Wittstein between 1999 and 2003. These patients presented heat attack symptoms after sudden emotional stress: news of the loss of a loved one, close relative or friend, shock from a surprise party, fear of public speaking, armed robbery or assault, court appearance or a car accident. Testing by angiogram found no blockages of arteries, no sign of elevated cardiac enzymes, and no irreversible muscle damage. Recovery rates were much higher than after a heart attack. A hallmark feature was the heart's unique contraction pattern and also a distinctive EKG.

In contrast, recovery from heart attack can take weeks or months and frequently the heart muscle damage is permanent.

It seems that the autonomic nervous system cannot cope. There is a battle between the sympathetic and parasympathetic nervous systems.

First reported in the New England Journal of Medicine; February 2008

What is really going on here? There seems to be a separation at the deepest level of being: the soul. The Greek philosophers believed that the heart was the seat of the soul. This idea is also supported by other traditions including the teachings of Taoist priests. In the Vedic and Yogic traditions there is a wonderful saying: "when the mind is still it resides in the heart". This sums up the whole premise of healing the rift or separation within. There is a disconnection from life, love and the self, striking at our very soul and can lead to soul damage and under extreme circumstance without resolution, to soul loss.

The soul is believed to be the vital link between spirit and the rest of our being. It defines the nature of our presence in the world as well as in mind and body (Ralph Locke; Ikon Institute). In Ken Wilbur's structure, the soul is diminished. Therefore, mind, body and presence in the world are diminished and life energy is attenuated. Separation occurs. And with this separation, whether it be mild or severe, the energy is diminished in a relative sense.

Shamanism, at its core, is about the journey of the soul. It is the shaman who can give us a view into the world of the person and the status and health of the soul. Again Ken Wilbur provides us with a map of our entry and transport through this life:

Spirit → Soul → Mind → Body → World

Wilbur sees these elements related in a variety of ways, but one that is important is the linear sequence. Left to right describes entry into the world and right to left describes our exit from the world.

The shaman, often described as a steward of the soul, travels into the landscape of the person and looks for their personal medicine or totem. This totemic presence is not only symbolic but represents the soul. It is their unique resonance in nature and the world. If the totem is present and in fine fettle then the soul is fully embodied and happy. If the totem is not in good shape, is separate, or, in extreme cases, missing then the shaman must act to repair the damage and restore the soul and therefore the person to enliven and bring them back into the world more fully. If the soul is missing - which is rare - then the shaman must travel in the spirit world

to retrieve and restore the soul to its host so they can re-establish their connection with the stream of life and again participate fully in the world. This is a highly skilled and dangerous process. (Don't try this at home). All shamanic activity is carried out in an altered state of consciousness.

**Case Study - Mary, 34:**

Names in all case studies changed

Mary had lived in Nimbin, a commune in New South Wales, up until the age of 17. She had used marijuana and magic mushrooms from the age of 8. Her parents are separated. Her mum still lives in the commune and has her daily puff. Dad is a comic and street performer whom, Mary says, lives his persona totally.

Mary contacted me as she had electro magnetic sensitivity (EMFs) and couldn't even hold a mobile phone or send a text without becoming distressed; she watches TV infrequently, finding that when she does so she has to do so from a long way away; she has no computer and is constantly battered and bombarded by electrical and environmental activity. After supplying me much detail about her life she blurted out, "I have a broken heart".

The treatment that followed involved a full energetic, cortical, and heart-brain integration balance, as well as an extensive emotional release. Reassessment of her EMF sensitivities after the balance demonstrated that she could now tolerate these frequencies.

Mary says she will definitely continue treatment and will be offered shamanic bodywork to harmonise body, soul and spirit

and help her be more fully present in this world, which will return her to the flow of her life.

***A State of Separation***

*When you enter the world  
You separate yourself  
from the present moment  
You separate yourself from the true source  
Of love power and wisdom  
When you enter the world you enter into  
A state of separation*

*Leonard Jacobson: Sounds from Silence*

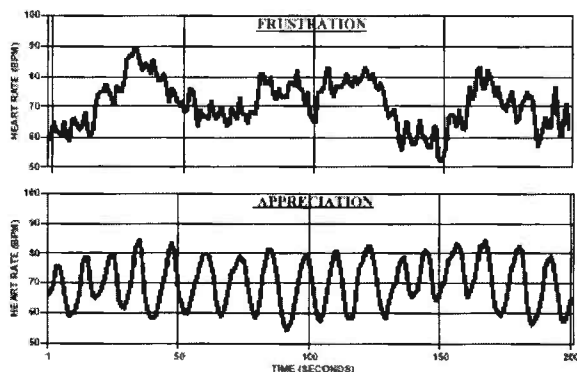
When I use NSI and shamanic healing many of the people I work with relate their lives to one of the following metaphors:

- 'I feel like I am dying'
- 'I have nothing to live for'
- 'My life has no meaning'
- 'I am lost and alone'
- 'I live my life on the edge'

One of the major concepts in shamanic practice is the stream. In shamanic visionary practice the shaman sees the totem/soul of the client in relation to the stream. Is the totem in the stream (of life), or are they separate, outside of, or not in the flow. Is the stream wide, deep and to the horizon, or is it full of rocks, eddies, shallow, dried up or divided. It is the job of the shaman, as visionary practitioner, to reconnect the client to their totem/soul and re-establish them in the stream and flow of life.

## HeartMath

The HeartMath system was created by Doc Childre, a stress researcher, author, and consultant to business, science and medicine. Heart Rate Variability monitors, developed by HeartMath, show that the heart when in coherence forms a neat sine wave-like wave form.



**Heart Coherence in Frustration and Appreciation**

*From Institute of HeartMath, [www.heartmath.org](http://www.heartmath.org)*

If one were to think of an x and y-axis, then the positive gradient in the curve represents the time interval during which heart rate increases and the interval between each heart beat decreases. The negative gradient represents the time interval during which the heart slows down and the beat interval increases. The former represents the stimulatory phase of the curve and the latter the sedatory: the stimulatory a factor of the sympathetic nervous system, and the sedatory a factor of the parasympathetic nervous system. In this way one can see that the HRV is plotting an oscillatory system.

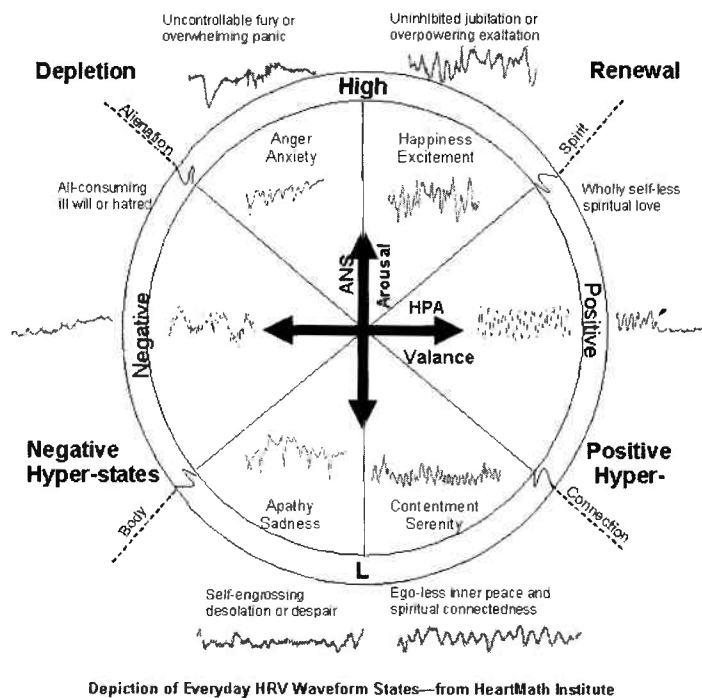
The field of the heart has been measured at 60 times the field of the brain. Given that the heart is an oscillating system, and given that all oscillating systems tend over time

to entrain to each other, it is reasonable to assume that if the heart is coherent, given its overall field strength, then other oscillating systems will become coherent. The HeartMath Institute has measured this in a comparison between the immune system and the heart. Whenever high-level coherence was achieved by a subject under test conditions, their immune systems entrained rapidly and achieved high levels of coherence. If the heart rate variability becomes highly coherent we may ask the question as to whether the brain would also become coherent.

“Whilst it is axiomatic that systems will tend to entrain to more powerful systems, and it would be reasonable to assume that, given a coherent heart, the brain will follow suit. My observations suggest this to be a partially limited truth. The brain is a highly complex zone of the nervous system wherein multiple convergences not only between the left and right hemispheres, but also the limbic system and cortex, limbic system and brainstem, cerebellum and the overall harmonic of the brain. The more brain stress or static there is the more compensated the neurology becomes, and the more fractured and complicated the convergence zone activity” (Geoffrey Bonwick; NSI Faculty).

One only has to refer to the many types of brain switching discovered by Charles Krebs PhD in his groundbreaking research for his book, *A Revolutionary Way of Thinking*.





These types of deep switching include: Thalamic Reticular Switching; always Right –Left: Deep Survival Switching; within the centres of the Periventricular Survival System or in the limbic survival processing areas: Right – Left Survival Switching; mental processing expressed as laterality confusion: Top – Bottom Switching, a mental emotional switching resulting in the inability to integrate our emotional experience with our rational thinking: Front – Back Switching; our now time consciousness is located in the frontal lobes, while the back of the brain houses our association cortices storing our long term memories that may be paired or associated with specific stimuli linked to strong survival emotions. This can totally block learning life's lessons (Charles Krebs, LEAP 1 Manual).

I have discovered another profound level of switching that tends to shut down the global integration of brain function. I call this Primary Neurological Switching. When

this is present the client will find cognitive, emotional, mental and thinking processes very difficult, always frustrating and often debilitating.

I worked with a client who is an emeritus professor of neuro science, holding international patents on various drugs and many post-doctoral fellowships. With kinesiology testing it was found that he had only 3% access to global integrative function.

When we discussed this, the client could totally relate to this shutdown in function. When asked how he had achieved so much; he chimed, "it nearly killed me". Incidentally

he also had an incredible amount of physical and emotional stress, to the point of 'crash and burn'; a lot of body pain, especially trouble with his knees; a fiery relationship with his second wife; he was very disconnected from his young daughter; and had problems with alcohol.

### Neuro Spiritual Integration

Neuro Spiritual Integration (NSI) is my brainchild and life work. It embodies all the above concepts of balancing body, soul and spirit through our neurology, so that as human beings we can live, travel and dance in the light of a life fully lived.

The system uses acupressure techniques in a unique way to balance these layers of being to create a harmonic resonance in and between all the layers of who we are. There is an imperative that as practitioners we look at

these layers so that we don't end up treating the symptoms or components of disease when often the causes are more of a spiritual nature.

In an energetic sense many healing systems view the source of our health crises as beginning way out in the spiritual layers of our energetic structures. Barbara Brennan in her classic book *Hands of Light* has done so much wonderful research in this area.

Research from Geoffrey Bonwick  
(Founding Member, NSI Faculty)

The Heart-Brain protocol developed by Peter McLellan demonstrates the level of connection between heart and head, mind and body, soul and world. This protocol involves formatting, with Applied Physiology language, the neurological cascade between the brain and heart. It starts with the cortex, limbic system, brainstem, spinal cord and Touch for Health muscles that balance the heart itself. Once these structures are harmonised the soul is accessed through a combination of acupressure and visualisation to reconnect the client with the most sacred centre of their existence.

Geoffrey Bonwick has completed a three and a half year research study on the efficacy of the NSI Heart-Brain Protocol, and has produced some very positive statistics (see Appendices for full study). He used the Heart-Rate Variability monitor from the HeartMath Institute. His research was to measure low level, medium level and high level coherence on variation in heart rate. Sessions were conducted at 6 monthly intervals. Eight testing sessions were conducted.

In the control group (which did not receive a Heart-Brain NSI protocol) a reduction of 14.74% in low level coherence (LLC) and an increase of 2.08% were achieved over a 42 month period in high level coherence (HLC). In the 2nd group (Which received the NSI Heart-Brain Protocol), there was a reduction of 40.33% in LLC and an increase of 18.74% in HLC over the same time frame.

### **NSI Case Studies**

#### **Steven**

A young boy, Steven, came to the clinic recently for help with his learning difficulties. He had major birth trauma. Medical intervention was needed during the birth and forceps and suction were both employed. His head was misshapen.

Steven's mother had tried everything including going to two other kinesiology practitioners.

Whilst on the table he was agitated and needed to go to the bathroom but held on and wet himself. LEAP brain integration procedures including NSI Primary Neurological Switching were used in the first session. In the second session the Corpus Callosum was balanced using the Heart-Brain Integration protocol was carried out. Steven became very calm and spontaneously said, 'I feel like I'm sitting on a comfortable couch drinking a warm strawberry milkshake'. His mother was quite amazed at the change.

## **Jack, 57**

Jack was recently diagnosed with cancer. Jack has a history of separation, starting with caesarean birth. At birth he had subluxated hips and wore a cast for part of his early life.

Jack studied medicine and became a physician then moved to medical research, executive coaching and running his own consulting to the corporate world. He lost his mum at 27 and has a strained relationship with his dad. They are apparently too similar. Jack seems aloof but is really very shy. He couldn't play sport as a kid so he turned his interest to the arts and academia, where he has excelled. He lives in the mountains and admits to being "a bit of a recluse". He has always felt the world has rubbed him up the wrong way.

The first session involved Primary Neurological Switching, as Jack had little access to basic function, cortical integration and Heart-Brain Integration. In further sessions Jack had some structural work, using Neural Organisation Technique, with balancing of the immune and endocrine systems with particular emphasis on neurological skin direction as when this is not happy the client will always feel they are working against the grain.

Jack reports that he feels like a new person and just feels amazing. We still have some work to do but life is moving in the right direction and the stream is flowing for the first time in a long time.

## **Conclusion**

As can be seen from the overview of heart-brain research, embryological development happens from heart to head then to the rest of the body. The essential nature of being fully ensouled in the world, and fully embracing, embodying and enlivening our existence and placing ourselves in the stream of life is our birthright.

We often enter this world and immediately become separated. We leave the safety of the womb and are thrust into this unfamiliar and strange place without the resources, whether developmentally, emotionally or spiritually to cope. We rely heavily on our mothers and families in an ever-shrinking social support network. Life can deliver many journeys. For some it is a journey with much deep trauma and misery; for others it is a safe passage for the soul.

What sets us up for success or failure, happiness or sadness and depression? These are questions for all of us to find our own answers.

However, through integration of our heart, mind, soul and spirit we can re-enter the world, travel in the stream of life, and fully embrace our potential to "be" in the world of all possibilities. Healing in its essence is reconnecting to the life force that gives us meaning and presence, as James Hillman attests, to express our Daemon, our sacred seed.

We need strong, effective and efficient tools in this modern age to help us complete this task. Neuro Spiritual Integration and, importantly, Heart-Brain Integration can assist us on this road called life.

## **APPENDIX**

### **Summary of Results of Follow Up Study into NSI Heart-Brain Integration**

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#### **Summary**

A longitudinal trial of the NSI Heart-Brain Integration protocol was conducted in clinic from 31 January 2003 to 31 July 2006 tracing the effects of bi-monthly treatments of this protocol on a pool group of 24 clients. Using the technology of the HeartMath institute to measure Heart Rate Variability (HRV), clients were measured at 6 monthly intervals prior to a treatment for that session. Eight testing sessions were conducted. In the control group (which did not receive a Heart brain NSI protocol) a reduction of 14.74 percentage points in Low Level Coherence and an increase of 2.08 percentage points was achieved over a 42-month period. In the 2nd group (which received the NSI Heart Brain Protocol), there was a reduction of 40.33 percentage points in Low Level coherence and an increase of 18.74 percentage points in high-level coherence over the same time frame.

#### **Discussion**

##### **Heart/Brain connection**

*Key words:*    *Heart rate Variability*  
                  *Coherence*  
                  *Accumulated entrainment*

The heart beat rate is subject to normal fluctuation. The ideal fluctuation is a rhythmic increase and decrease in heartbeat

variability (HRV) which generates a repeated sine curve. HRV is defined as the variation of time between heartbeats recorded over time. Actual HRV behaviour is typically a more random pattern, often with reduced amplitude, and marked by sharp spikes. The nature of the heart rate variability describes the particular rhythm of an individual's heart beat characteristics, and this has a number of effects on other body systems.

The heartbeat generates a torus shaped field 60 times greater than the field of the brain. It is considered the primary oscillating mechanism in the body. All other oscillating systems function in accordance with the coherence or otherwise of the heart beat variability. That is, other body systems entrain to the heart's rhythm be it regular or irregular. The ANS, for example, is a system comprising a regular oscillation between the parasympathetic and sympathetic nervous systems (PNS and SNS, resp.). Activation of the SNS is coincident with the increase in heart rate variability (i.e. an increase in beats per minute [BPM]) By coincident is meant a simultaneous event within a greater system where there are loops of causation going both ways. The increase in BPM activates the ANS and the SNS increases the BPM. Activation of the PNS is coincident with a decrease in BPM.

The immune system is another with an oscillation pattern. Studies mapping the behaviour of the immune system and HRV, carried out by the HeartMath group in California, reveal the coincidence of the two. Various regular markers of enhanced immune function also show a significant relationship to a more regular HRV.

The neuro-cardiological function of the heart receives its information from the amygdala. In turn the amygdala receives it from the thalamus. The quality of incoming information modifies the HRV and this is then transmitted through the body neurologically (back to the amygdala, the brain stem, and to higher cortical centres), hormonally, and biophysically. An event with stressful associations feeds up to midbrain and brainstem centres to cue increased fight/flight responses, switch off digestive functioning, reduce cortical processing abilities, and raise “perceived” levels of stress. That is, the heart acts as an extension and amplifier of the limbic system of the body. It contains its own “perception” of an event. Cortical perception, therefore, is always post-perception.

To the extent that an event received as stressful inhibits cortical processing, there may be little or no perceived perception at all. By contrast, an event viewed as congruent creates the neurocardiological, hormonal and biophysical environment for cortical facilitation.

### **HeartMath Freeze Framer**

The Freeze Framer is a software programme developed by the HeartMath Company based in California. The programme monitors Heart Rate Variability (HRV) in a stationary position. In other words, it records the regularity of heartbeat variations. The subject is a seated position with a finger monitor feeding the information into the programme which displays instantaneous HRV as well as generating data relating to overall levels of coherence taken over extended time periods.

Data pertaining to these extended periods is sorted through an algorithm for accumulated entrainment. Entrainment is an expression of coherence over time. The base period is approximately 9 seconds in duration. Fluctuations in heart beat variability are recorded in that time interval. A three level algorithm measuring coherence is then generated within this unit period (low level coherence, i.e.. incoherent HRV, medium level incoherence, and high level coherence). The accumulation of these units of time generates the algorithm for accumulated entrainment. This is then displayed as a bar graph displaying the amounts of five-second intervals corresponding to these levels of coherence. An accumulated entrainment graph is then generated by according high level coherence (HLC) a score of +4, mid level coherence (MLC) +1, and low level coherence (LLC) -4.

From a base line of zero, a subject with consistently high levels of coherence may expect to reach a score of 100 within seven minutes. In order, however, to avoid the possible negative selfassessments of “negative” scores, the programme itself has no negative field: the base line is the lowest AE score one can register. LLC readouts only reduce the AE score if it is already positive. If zero, it remains at zero. For the purposes of this test, however, actual AE scores were calculated and are tabulated below.

### **Trial**

#### **Trial structure**

24 clients were chosen for the trial. Their ages ranged from 16 to 68, and include 10 males and 14 females. These were chosen

at random and none had any clinical history of heart arrhythmia. Twelve of the group received the NSI protocol and the other 12 a different procedure designed to facilitate left/right brain integration. None knew which treatment they receiving but there was no attempt create an entirely placebo treatment - as all bodywork forms tends to create a change in the clients system of some sort if for no other reason than a mental feedback loop signifying that they are receiving a treatment. The notion “placebo” in this context is essentially meaningless. Instead, therefore, a control protocol was chosen that has as its general intention nothing more than improving left/right brain integration directly. Since it is clear that neurology functions as a series of convergence zones then the general cortical to amygdala/neuro-cardiology convergence zone would play some role in changing the HRV but it was hoped that this would nevertheless provide a measure of control.

Terms such as “neuro-spiritual”, “heart-brain”, and “cortical balance” were not used. The procedure was referred to as “NSI protocol”. Each subject was made clear as to the reasons for this. Although all 24 clients were known to the practitioner, none had had previous contact with the subject of HRV nor been exposed to the Heart Math Freeze Framer. Many of the 24 were the subject of an earlier study into HRV.

Subjects were divided into two groups of 12. The control group (G1) of 5 males and 7 females were given a cortical balancing protocol every second month. After 3 sessions their HRV was taken in a seven-minute session prior to treatment on that day. They received eight HRV measurements in

total. No one had visual access to the monitor at any stage during his or her session.

The second group (G2) was also a 5 male/7 female population and were given two monthly treatments, theirs being the Heart Brain Protocol. Six monthly their HRV was tested, without their seeing the results, and eight such tests were made.

Note that some but not all of the subjects of the previous study were used. In the previous group

16 subjects were used, 14 of which continued the study. Of the two that did not, one moved interstate and the other, a 76 year old, died. Eight other clients were also involved.

### **Results of trial:**

#### **Group 1 (G1):**

Where LLC = low level coherence

MLC = medium level coherence

HLC = high level coherence

All numbers are expressed as percentages. Figures may not add up to 100 due to rounding.

After seven minutes of monitoring, the mean coherence scores (MCS) for the twelve subjects were as follows. The dates correspond to the date by which the last client had been measured.

Not all were measured on the same day.

G1 S1-12	LLC	MLC	HLC
31/1/03	54.00	42.58	3.42
22/7/03	46.50	51.50	2.00
15/1/04	45.91	48.25	5.84
31/7/04	47.33	46.00	6.66
13/12/04	44.08	50.00	6.92
4/8/05	44.66	50.33	6.00
2/2/06	41.92	52.5	5.58
31/7/06	39.25	55.25	5.50

**Group 2 (G2):**

Where LLC = low level coherence  
MLC = medium level coherence  
HLC = high level coherence  
All numbers are expressed as percentages. Figures may not add up to 100 due to rounding.

After seven minutes of monitoring, the MCS for the twelve subjects were as follows. The dates correspond to the date by which the last client had been measured. Not all were measured on the same day. Note that the first measurement is the MCS prior to the first NSI protocol application. There was no NSI protocol applied in the month of July 06.

G1 S1-12	LLC	MLC	HLC
31/1/03	64.25	35.25	0.50
12/08/03	37.25	54.66	9.08
15/01/04	35.66	53.25	11.08
30/7/04	33.58	53.42	13.00
12/02/05	30.00	54.25	15.75
2/02/06	26.50	59.08	14.42
31/7/06	23.92	56.84	19.24

**Discussion of Results:**

Both groups showed improvement over this period. The group G1, the “control group” showed some improvement mainly in MLC scores. The HLC average score did not significantly alter after one year of treatment, peaking at 6.92%. The group G2 showed a significantly greater overall improvement in heart-brain integration as measured by the HRV than the control group. All of the G2 improved to some extent, whilst three of the control group showed little or no change. G2 showed an increase from a base figure of 0.5 percentage points to 19.24% in HLC. Mean Accumulated Entrainment Scores for the two

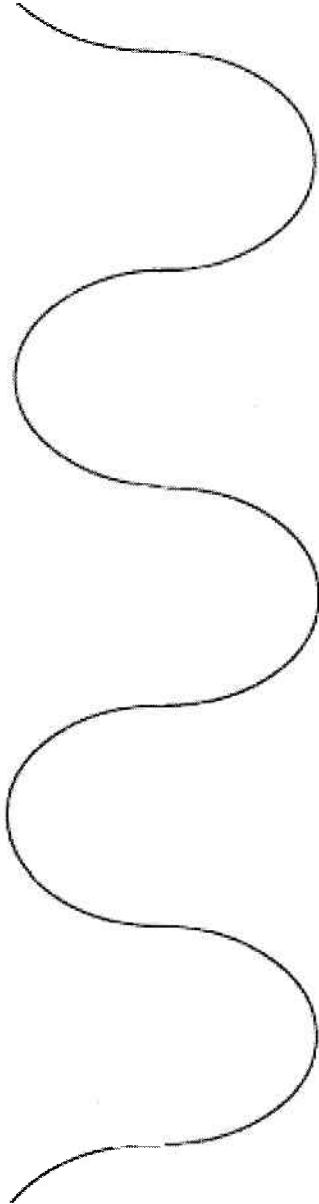
groups are pending. The reduction in LLC in the control group was 14.75 percentage points whereas the corresponding reduction in the group receiving the Heart Brain Protocol was 40.33 percentage points.

It should be noted that the control group, to begin with, showed better coherence than the Group 2. This needs to be born in mind when comparing final figures.

It should also be noted that over time cortical work showed a significant cascade effect on Heart Brain coherence. But in terms of coherence it is a slower journey and given that fewer achieve HLC it is a more limited one than an approach, which seeks to create convergence between the two oscillating systems of the head and the greater one of the heart. That is, the application of the NSI Heart Brain protocol was able to induce changes in its group population that led to substantial increases in high level coherence.

It is in the realms of HLC that great possibilities open up. The effects are many: from the physiological and pathological to the outermost reaches of humanistic psychology. Precisely what coherence engenders is perhaps the most fascinating question of all. How much more of ourselves becomes available when greater coherence is achieved? How closer do we come in realizing our own potentialities? How much of our own access to our deep selves, or the “soul” of traditional thinking, lies bound within such high level coherence? These are questions conventional studies struggle to answer but which are worthy of our ongoing deepest consideration.

***Brain Wave***



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## **Increase The Money Energy In Your Life**

### **Donna Colfer**

#### **Abstract:**

Money is a form of exchange. From a career and business perspective, when we feel cut off or confused about money, we often settle for income or business results that are less than what we really deserve. We might not know how to leverage our talents fully. As a result we may become discouraged or unconsciously self-sabotage our efforts to succeed. Ms. Colfer will also offer a workshop on Monday, June 9th titled "Increase the Money Energy in Your Life." Go to [www.money-therapy.com](http://www.money-therapy.com) for more information about the Money Coaching Institute.

I'm a certified money coach affiliated with the Money Coaching Institute. I call this my "money ministry" because I believe that we really need to shift the consciousness around money in this culture.

A little bit about me and how I got into this field: I met a woman named Deborah Price, who is the founder of the Money Coaching Institute and who wrote a book called Money Magic which changed my life. It brought two very separate worlds I live in together - my numbers world and my spirit world. In other words, I found my purpose in life. I became a money coach and have been helping people with their money issues for 3 years.

#### **Brief overview**

- Two examples of how we "decrease" the money energy in our lives
- Leveraging your skills, talents and abilities

- How we are hard wired around our relationship to money
- What money types are at work in your life

How many of you measure your worth based upon what you have...your homes, your cars, your investments and the amount of money you have in the bank, rather than by who you are and the contribution you make in the world? The media and advertising tell us everyday that "things" are what we should want more of. This kind of thinking places our self-worth in the material world, outside of ourselves.

The truth is your greatest asset is you!!  
Never loose sight of that. Your value has nothing to do with what you have or how much...your true net worth is far greater than anything you could ever own external to yourself.

Let me give you two examples of how the energy of money “decreases” in your life; that is to say, how you interrupt the balance between what it is you do and the money you manifest because of it:

Example #1: When we spend our life’s energy doing what brings us the most money, rather than what brings us the most fulfillment, what do you think happens? What happens when all we do is work “for” the money? We risk losing our passion, our vision, our purpose, what we are inspired to do. When that happens, we are no longer in touch with ourselves, we lose our joy and become “burnt out” working for the paycheck. When we do this, we have devalued ourselves and our self-worth becomes attached to something that is outside of ourselves.

Example #2: When you overly identify with your artistry, your spirituality, or your healing abilities and let your interior world become out of balance with the material world, you can develop a conflicted love/hate relationship with money. The interior world is important but becomes a problem when you deny or become imbalanced and push away the material world...energetically saying ‘no’ to your potential for prosperity. You can’t simply love money for the freedom it buys and yet have little or no desire to participate in the material world. It simply doesn’t work that way! It’s almost impossible to attract what you are repelled by, so this could lead to a constant struggle for financial survival.

In this way, you may be giving the universe a mixed message. On one hand you are fulfilled in your passionate purpose but

on the other hand you are too passive and detached from valuing the service being provided. And so I ask you...are you in touch with your own value? How much are you worth for your services? Many people in business for themselves have difficulty knowing this. And if we don’t know it and believe it ourselves, it can cause our income and livelihood to be inconsistent at best.

So let’s look at how you can “increase the money energy” in your life. Again, your most important asset is you, your skills, talents and abilities; that’s the real gold inside of you. The assets within you no one can repossess or take away from you.

What comes to your mind when I say skills, talents and abilities?

- Artist / teacher / healer / parenting skills
- What sets you apart from other kinesiologists that you can bring to your clients? What makes you special?

I’m talking about leveraging all of who you are. Most of us have this one identity we recognize (in your case, you’re all great kinesiologists) but we forget all the other things we have accomplished to get there.

I’ll use myself as an example: I was in financial mgmt for over 20 years, I have a great love for psychology, and I became a spiritual counselor and minister 13 years ago. In my Money Coaching practice now, I utilize all my gifts when appropriate.

When we express rather than suppress our gifts, and to the extent we are utilizing these aspects of ourselves fully and leveraging them in the world, we will increase the

money energy in our lives. When we do this, we can't help but maximize our earning potential.

Now let's look at your relationship to money because that has a direct affect on increasing or decreasing the money energy in your life as well. You may already be doing what you are good at in trying to build your business. But there may be some underlying belief system that you're not aware of that doesn't allow you to go any further. This may be a belief that says, "taking care of my clients is far more important than how much money I'm receiving for the service." Or it might be, "I don't really deserve to earn that much money." Or maybe it's, "Making a living is way too hard". These types of beliefs keep us small and scared and limit our potential. Having a flawed underlying belief system will affect your relationship with money.

How do you become aware of your relationship with money? You look at your past and how your money patterns and behaviors were developed. You understand who your role models were. You see how the patterns you learned from them are active in your present life.

With that awareness, create a plan and strategy moving beyond those patterns into the future. That's how you can reach your next level of success. But it's all about becoming aware first. You can't change something you're not aware of.

### **Computer metaphor for how we are hardwired**

Does everyone here have a computer at home? How many of you know how the operating system works? Most of us don't. Similarly, when we are children growing up

we are being downloaded information all the time by our parents. When we become adults we now have this operating system running in the background unconsciously underlying everything we do. But 90 % of the time the model is flawed. What I know as a money coach is that unconscious money patterns are handed down from generation to generation and that is how we become hardwired around money. We're simply not taught about money by our parents or in school, which leads to feeling less than, confused and conflicted around money.

### **How to reverse hardwiring**

Take the time to look at what is working and what isn't working in your financial arena. Gather the knowledge to build a stronger more stable foundation for yourself so that in future down cycles you feel safer and things are in place. Create more balance in your life and find your own rhythm. Take the time to build a better business model for your enterprise.

### **Some practical things to look at**

- Managing your cash flow:
  1. Do you have a budget in place or is your budget your check register?
  2. Do you need to adjust your lifestyle, thinking and/or habits to better coincide with your true cash flow?
  3. Re-dedicate yourself to more "action" steps like reaching out to clients and customers through cards or phone calls that will increase your business and therefore your cash flow.
  4. Be more intentional in your desire to increase & manage your cash flow.

- What are some of your financial habits?
  1. Are you spending money you don't have—on things you don't need---to impress people you don't know?
  2. Look at what isn't working, such as budgeting, putting systems in place, etc. and get help around it if you need it. You don't have to do it by yourself.
  3. Do you know within \$100 what your monthly expenses are? If the answer is "no" it's very likely that money leaks out somewhere and you're not aware of it.

Looking at our relationship to money and becoming aware of our hardwiring is an inside job. We need the space and the time to allow us to do that.

### **Money quiz**

How would you like to become aware of what your relationship is around money?

The point of this exercise is to understand who you are being around money. The Money Archetypes aren't who you are; they're a representation of where you are around money. They are ways of being that haven't been expressed. They're not meant to label you. They are more of a description of energy. It's important to remember that none of these are fixed. We can change them at any time.

When you come across a money type that doesn't serve you, you want to befriend it, give it a voice. We all have needs that are unmet or unexpressed; give them airtime so they can be released. We can't energetically hold all of that force without creating a block.

Let's find out what your individual money type is. The following page contains a list of characteristics with a number beside each. Circle the characteristics you resonate the most with around money. You can circle as many as you recognize in yourself.

**Determining Your Money Type**  
**List of characteristics**

1 anxious	2 prone to blame	2 highly emotional
2 lives in past	2&5 financially irresponsible	2 seeks rescue
1&8 trusting	1&2 feels powerless	2&7 unforgiving
2 addictive	2 self-fulfilling prophecy	3&8 powerful
3 driven	3 disciplined	3 goal-oriented
4 feels betrayed	8 confident	3&7 calculating
4&7 highly critical	4 judgmental	5 lives for today
3&4 rescuer	7 aggressive	3&8 generous
8 loving	8 conscious	8 open to flow
4&7 manipulative	1&5 happy-go-lucky	3 discerning
4&7 controlling	2&4 long-suffering	4 caretaker
4 self-sacrificing	2&4 passive-aggressive	2 resentful
4&8 compassionate	3&8 wise	5 restless
5 undisciplined	3&7 financially successful	1,2 & 7 fearful
5 impetuous	5&8 optimistic	5 overly generous
5 adventurous	6 internally motivated	8 lives in present
6&8 detached	7 highly materialistic	6 loner
6 seeker	6&8 tells the truth	6 non-materialistic
8 financially balanced	8 vibrant	1 indecisive
6 passive	1 financially dependent	1 seeks security
1&6 non-confrontational	1 represses feelings and beliefs	7 secretive
6 artistic	7 obsessive/compulsive	3 competitive
8 transforms reality	4 harbors resentment	7 rigid
6&8 spiritual	5 lives for the future	3 loyal
7 oppressive	7 prone to rage or violence	3 cautious

Now add up the number of characteristics you have in each category.

1: \_\_\_\_\_ 2: \_\_\_\_\_ 3: \_\_\_\_\_  
4: \_\_\_\_\_ 5: \_\_\_\_\_ 6: \_\_\_\_\_  
7: \_\_\_\_\_ 8: \_\_\_\_\_

This number represents the type each characteristic is associated with below.

- 1 = innocent
- 2 = victim
- 3 = warrior
- 4 = martyr
- 5 = fool
- 6 = creator/artist
- 7 = tyrant
- 8 = magician

The category that you have the highest number in is your primary money type. If you have a score of five or more in any other category, that is an indication that this money type remains active in your life. You have work to complete with this type as well. A score of four or less represents a passive money type. Passive money types are generally not present or active in your daily life but can be triggered and become “active” during times of stress or when you feel anxious or fearful about money. Passive money types are inert aspects of the self that can be influenced by external circumstances or events. The passive money “energies” that exist within us all tend to keep a low profile and remain largely hidden dimensions of who we are.

### **Money Types**

Innocent - Takes the ostrich approach. Doesn't want to see what's going on. Doesn't want to take responsibility.

Victim – Blames their financial situation on external factors. Often they have been abused, betrayed or have suffered some great loss. Can't take responsibility for their life situation.

Warrior – Takes charge, and gets it done. Successful in business. Focused, decisive and in control. “I'm sorry I haven't been taking care of you” is an aspect of the weary warrior.

Martyr – Busy taking care of others' needs, often neglecting their own. Not conscious of their own suffering. They give but may have strings attached. “I'm so tired. When is it going to be my turn?”

Fool – Looking for a windfall. Takes financial shortcuts. Fearless. Gets caught up in the enthusiasm of the moment. Lacks discipline, restless, overly generous.

Creator / Artist – On a spiritual or artistic path. Finds material world difficult to live in. Has a conflicted love / hate relationship with money, and tension between spiritual and material worlds. Needs to integrate the two.

Tyrant – Uses money to control people, events and circumstances. Doesn't feel comfortable or at peace. Greatest fear is loss of control.

Magician – The ideal money type. Knows how to transform and manifest financial reality. Willing to claim their own power. Armed with knowledge of the past, has made peace with personal history. They know all their needs are met all the time through faith, love and patience.

Think of these archetypes as roles we play in this great and wonderful movie of our lives. You can determine who gets the most speaking parts, because you are the producer, director and the star of the movie.

### **In summary**

Increasing the money energy in your life involves exploring the gold you have within yourself, leveraging your skills, talents and abilities (expressing all of who you are), and becoming aware of your relationship to money so you can experience your full potential.

And in the end, what will help you increase the money energy in your life are also the greatest ingredients in life:

- Faith - because without it we are lost
- Forgiveness - forgiving ourselves for not knowing how
- A good dose of courage
- Patience – slowing down your process if you're feeling restless
- An abundance of love and compassion
- A commitment to being of service
- A purpose greater than yourself

I wish you all great wealth. Namaste

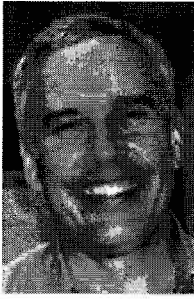
**About the Author:**

Donna Colfer brings over twenty years experience in financial management to her Money Coaching practice. She combines both practical financial advice with sound psychological principles and universal spiritual beliefs that guide her clients to a deeper, clearer and more conscious awareness of the limiting behaviors, beliefs and patterns relative to money. Donna offers a unique and practical approach in helping her clients learn to manage and transform their financial lives with greater ease and flow. She provides Money Coaching to both individuals, couples and organizations who are interested in exploring their relationship to money and desire to experience greater success and fulfillment, both personally and financially.

To make an appointment, please call 707-484-4246.







## **An Introduction to the Core Dynamics of Common Problems**

Tom Stone, PhD

### **Abstract:**

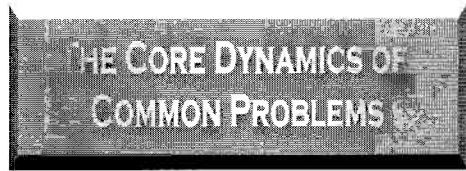
There is a powerful correlation between childhood traumas and adult health problems, and such traumas are far more common than had been previously thought. Unfortunately, they don't tend to self-heal. Core Dynamics of Common Problems provides a set of penetrating insights into the nature of pre-verbal conditioning that are at the basis of people's apparent inability to self-heal from early traumas.

### **About the Author:**

Tom Stone is an expert in the application of biophysics and changing patterns of energy in the human body. He has studied applied biophysics extensively in Europe with leading experts in the field. Tom has integrated bio-energetic testing, wave interference, and sophisticated electronic technology to be able to pinpoint and resolve the "bugs" in our inner human software. These Human Software Engineering™ techniques can be used to debug and upgrade any aspect of human life.

Tom's body of experience includes training in the physics and mathematics of music, more than 30 years of practice and teaching of meditation, a deep understanding of addiction recovery and the presentation of hundreds of lectures and seminars. This is the perfect background for becoming a researcher in the application of wave theory and biophysics for transforming the physical, mental, emotional, and spiritual aspects of human life.

## Introduction to



## Overview

- The ACE Study
- The Levels of Life
- The nature of inner conflicts, illusions and conditioning
- The Core Dynamics of Common Problems
- The Pure Awareness Techniques
- Demonstration
- Debugging the Core Dynamics with the WaveMaker Technology
- Vaporize Your Anxiety Post Conference Workshop

## The ACE Study

### Adverse Childhood Experiences

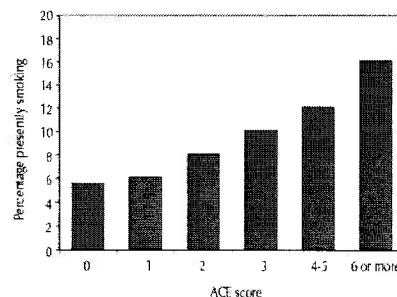
## New Research on the Causes of Addiction and Disease

- Kaiser Permanente in San Diego, CA & The Center for Disease Control
- Dr. Vincent Felitti and Dr. Robert Anda
- 17,421 adult Health Plan members
- The study reveals a powerful relationship between our emotional experiences as children and our adult emotional health, physical health, and major causes of illness and death.

## ACE Study Findings

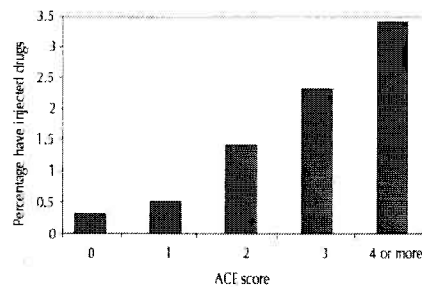
- Time does *not* heal some of the adverse experiences.
- One doesn't just "get over" some things.
- A striking finding – ACE's are vastly more common than recognized or acknowledged.
- They have a powerful correlation to adult health even *half a century* after the initial event.

## ACE Study



Graph shows relation between Adverse Childhood Experiences (ACE) Score and smoking status.

### ACE Study

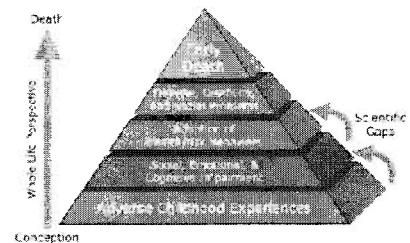


Graph shows relation between ACE Score and illicit use of injected drugs.

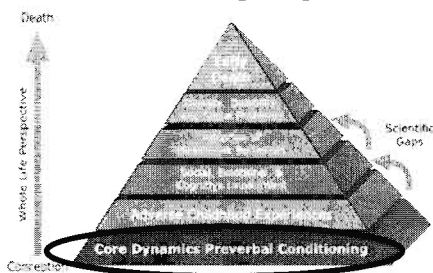
The study also found a strong, graded correlation between what happened in childhood and incidences of:

- Hepatitis
- Heart disease
- Fractures
- Diabetes
- Obesity
- Alcoholism
- Occupational health
- Job performance

The ACE Study Clearly Indicates that Addictions & Other Health Problems are Originally Caused by Unresolved Adverse Childhood Experiences



### A missing layer



### Levels of Life

- Bio-Mechanical**
  - Surgery
  - Chiropractic
  - Massage & Body Work
- Bio-Chemical**
  - Medicine/Drugs
  - Herbs
  - Nutrition/Diet
- Bio-Energetic**
  - X-ray/Radiation/MRI/CATScan
  - Bioresonance
  - Homeopathy
- Bio-Awareness**
  - Intentions/Thoughts/Feelings
  - Core Dynamics/Conditioning
  - Pure Awareness Techniques

Many of the causes of problems  
and suffering in human life  
occur at the level of  
**Bio-Awareness**

Problems at the level of  
**Bio-Awareness**  
are caused by the loss of the direct  
experience of  
**Wholeness**

**Wholeness is the essential  
nature of what we are**

It is easy and simple to experience  
Wholeness because it is the experience  
of our own essential nature -

**Pure Awareness**

Experiencing  
Pure Awareness

- What is Awareness?
- Knowledge has two parts
  - Direct Experience
  - Intellectual Understanding
- Having the direct experience of Pure Awareness



Why do We Lose  
the Awareness of  
**Pure Awareness**

We lose awareness of  
**Pure Awareness**  
when we become absorbed in  
**Inner Conflicts**

## Introduction to



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## The ACE Study

**Adverse Childhood Experiences**

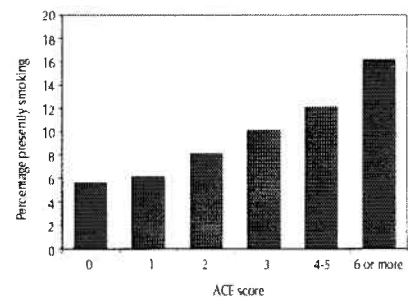
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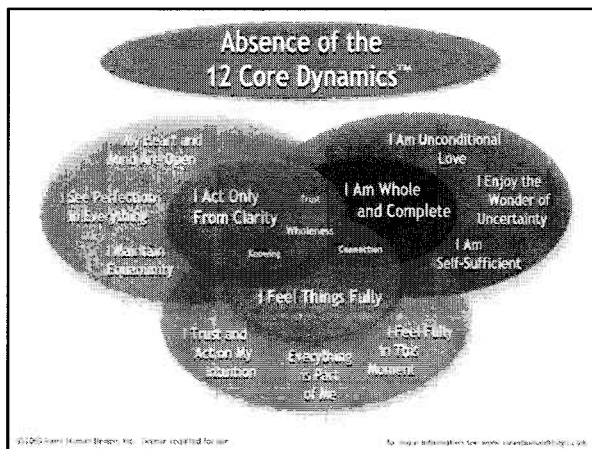
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- They have a powerful correlation to adult health even *half a century* after the initial event.

## ACE Study



Graph shows relation between Adverse Childhood Experiences (ACE) Score and smoking status.



## Using Intellect and Will

- Inner conflicts are held in place by patterns of energy and information
- Intellectual understanding and will are typically ineffective at removing them
- If you have a virus on your computer understanding its name, that you have it, etc. doesn't get it off of the computer
- Willing it off or demanding that it leave or envisioning it as gone don't work either
- You must run the anti-virus software to remove the electro-magnetic charge that "is" the virus

**Human Software Engineering  
Anti-virus software  
for resolving inner conflicts  
at the level of Bio-Awareness**

## Pure Awareness Techniques

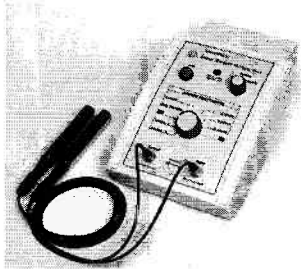
- GAP
  - Greater Awareness Place
- AGAPE
  - Accessing the Greater Awareness Place Everywhere
- SEE
  - Side Entrance Expansion
- SANYAMA
  - Silent Awareness Notices Your Answers Manifesting Automatically

## Pure Awareness Techniques

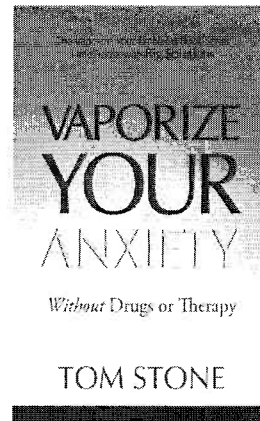
- CORE
  - Center of Remaining Energy
- GPS
  - Gentle Provocation System
- WAIT
  - Waiting Accesses Intuitive Truth
- Wonder
  - Waiting On Neutral During Extreme Reactions

## Demonstration

Human Software Engineering  
Debug and Upgrade  
Your Inner Human Software



The  
WaveMaker



One Day Post  
Conference Seminar  
Monday, June 9th

Presented by  
***Tom Stone***

A Great Life Technologies  
program

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# Welcome

Dr. Beardall's Presentation

## Touch For Health Conference



June 7, 2008  
Sacramento, CA

# **Clinical Kinesiology<sup>2</sup>**

Christopher Beardall, DC, Dipl. Ac.

**Chiropractic Physician**

Western States Chiropractic College 1993

**Master of Acupuncture & Oriental Medicine**

Oregon College of Oriental Medicine 1998

**Bachelor of Science Biology**

University of Portland 1992

- RAND Corporation 1993-1994
- World Health Organization Internship –  
Nanjing TCM University

- Kinesiologist
- 2<sup>nd</sup> Generation Chiropractor
- Born – Son of Alan G. Beardall, DC

## Alan G. Beardall, DC

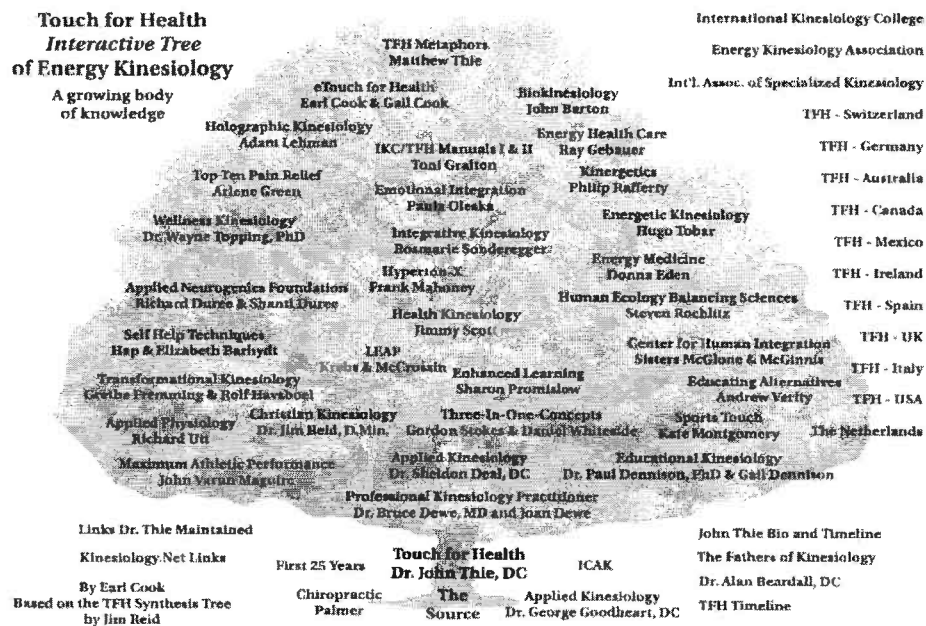


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IN MEMORY OF  
September 20, 1938 - December 1, 1987

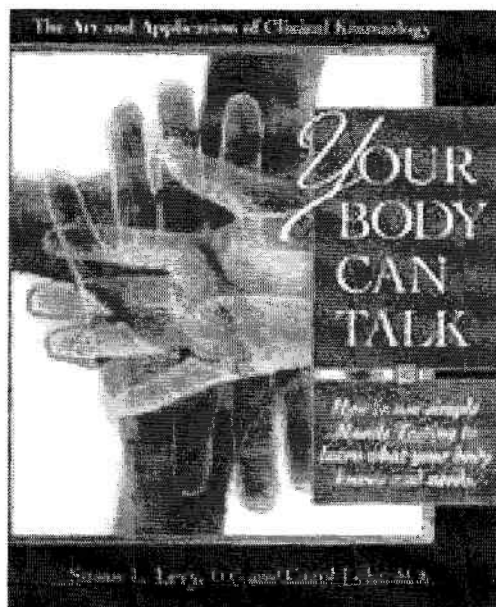
### Touch for Health Interactive Tree of Energy Kinesiology

A growing body  
of knowledge



Source: <http://www.etchforhealth.com/community/tfhtree/>

- **Your Body Can Talk:**  
How to Use Simple  
Muscle Testing to  
Learn What Your  
Body Knows and  
Needs : The Art and  
Application of  
Clinical Kinesiology



- Volume I covers the 23  
muscles that link the rib  
cage and the pelvis.  
Volume covers all the low  
back muscles



- Volume II covers the 47 muscles that link the crest of the ilium and the knee including several clinically significant muscle divisions not commonly defined



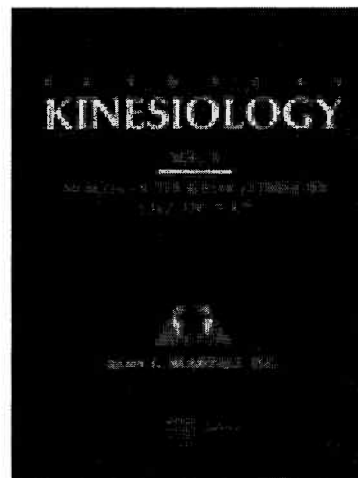
- Volume III covers the 31 muscles that link the mandible and hyoid as a functional unit. It also includes a complete section on cranial manipulation and an introduction to the biocomputer philosophy of Clinical Kinesiology.



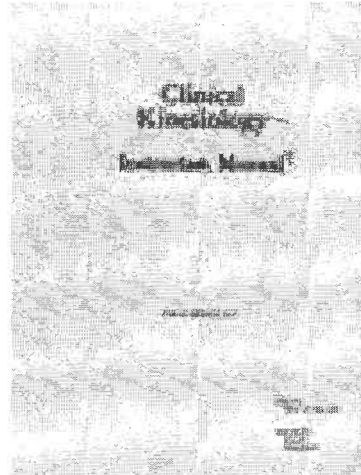
- Volume III covers the 31 muscles that link the mandible and hyoid as a functional unit. It also includes a complete section on cranial manipulation and an introduction to the biocomputer philosophy of Clinical Kinesiology.



- Volume V covers the 52 muscles of the lower extremities from the knee to the toes. Several muscles have been renamed for more efficient understanding of muscle function. The volume includes a comprehensive cross-reference guide of all muscles, relationships to vertebral levels and cranial associations contained in all five volumes. Volume V include a unique testing sequence for efficient examination purposes



- The Instruction Manual introduces the reader to the Biocomputer model, philosophy, and concepts of Clinical Kinesiology. A preliminary sampling of hand modes and their usage, various group muscle tests, gait tests, cloacals, and acupuncture charts that are utilized in the specific.



- A comprehensive handmode manual that includes over 400 handmodes and illustrations. It includes over 2,500 submodes. All Clinical Kinesiology therapies are included. A complete index and table of contents. All the information is compressed into a small binder easy for traveling.. "A must have for any kinesiologist."

**CLINICAL  
KINESIOLOGY  
TRAVEL  
MANUAL**

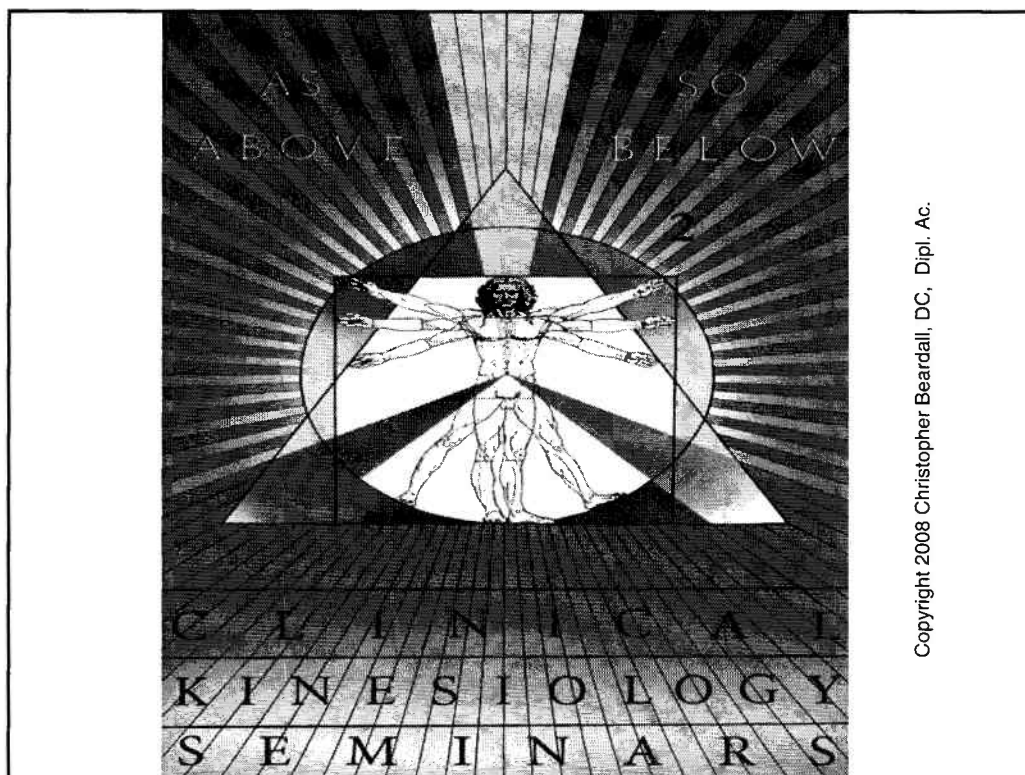
2nd Edition

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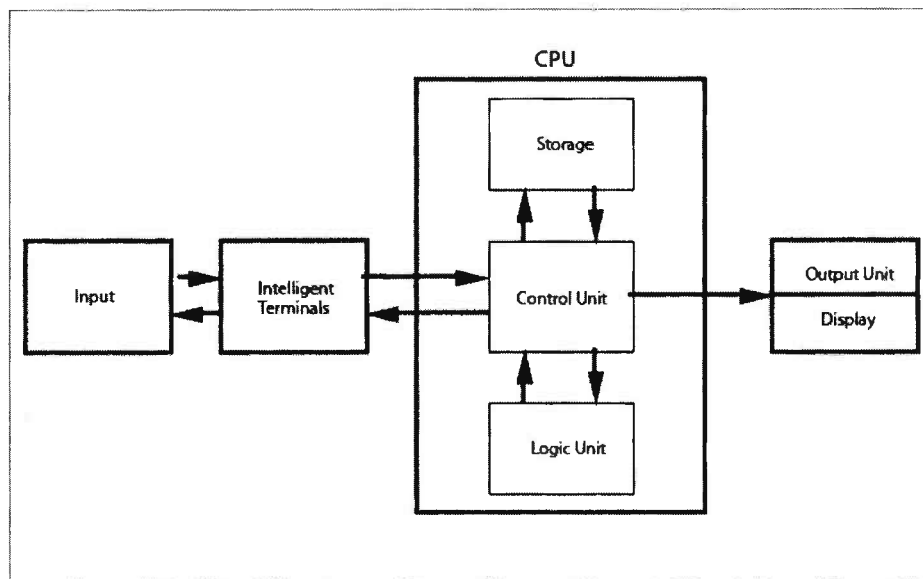


## Blueprint to the Human Body



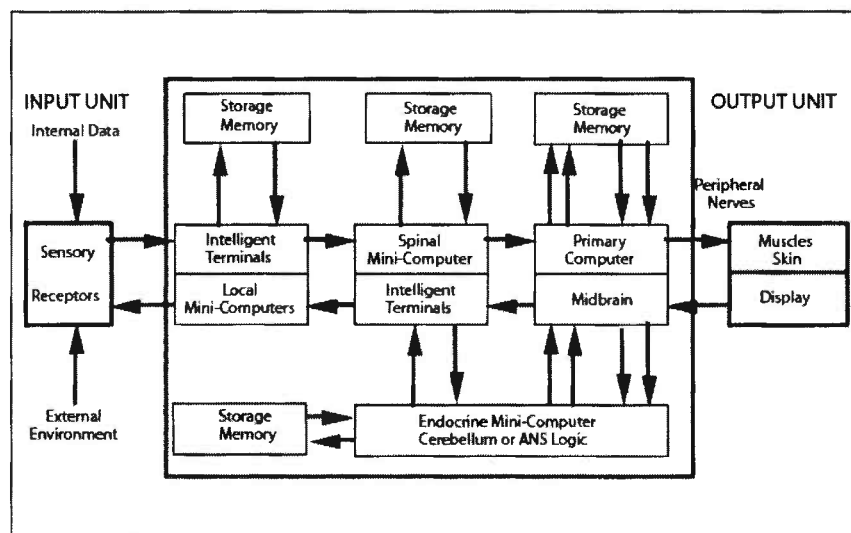
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## THE ELECTRONIC COMPUTER



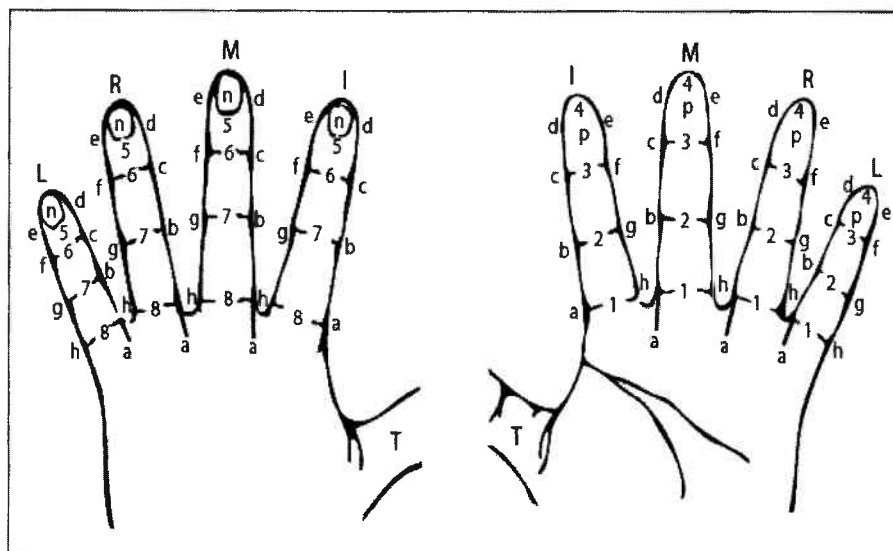
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## THE BIOLOGICAL COMPUTER



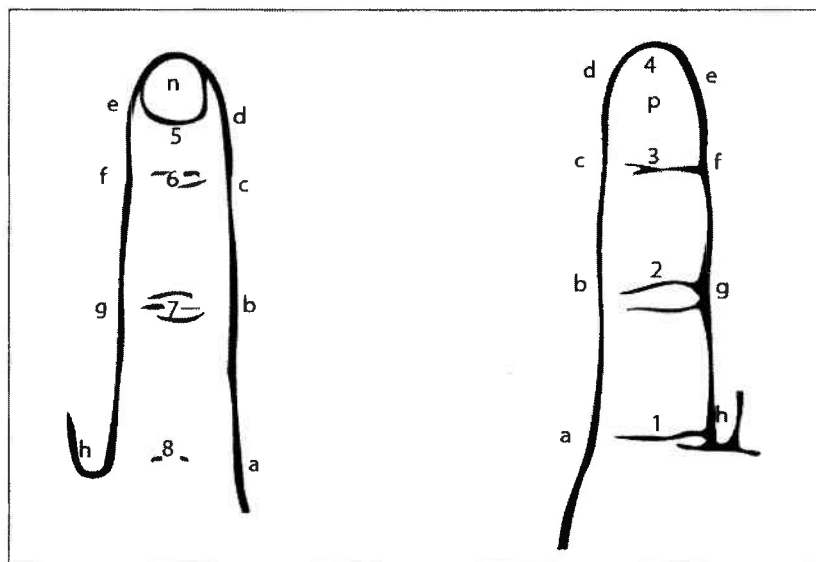
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### Handmode Nomenclature - Hands



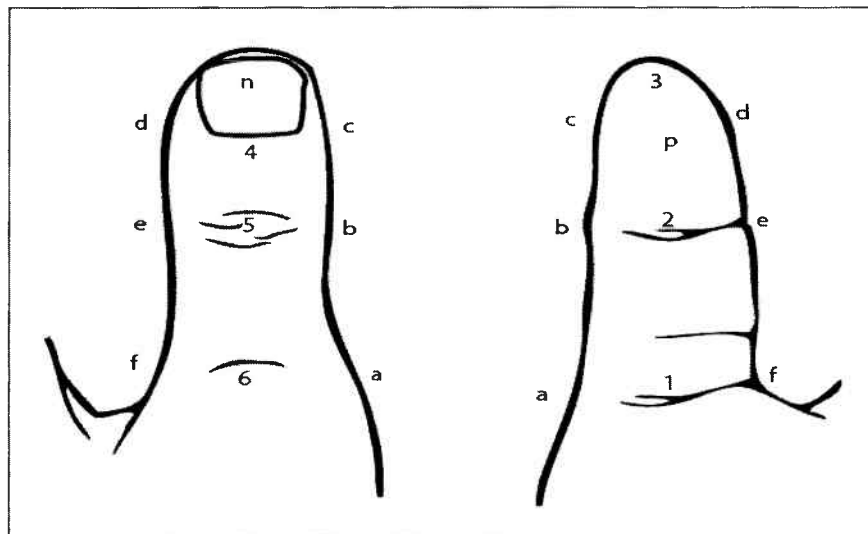
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### Handmode Nomenclature - Fingers



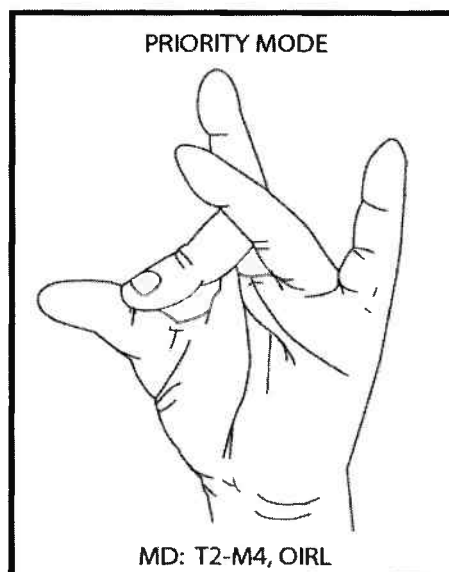
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### Handmode Nomenclature – Thumb



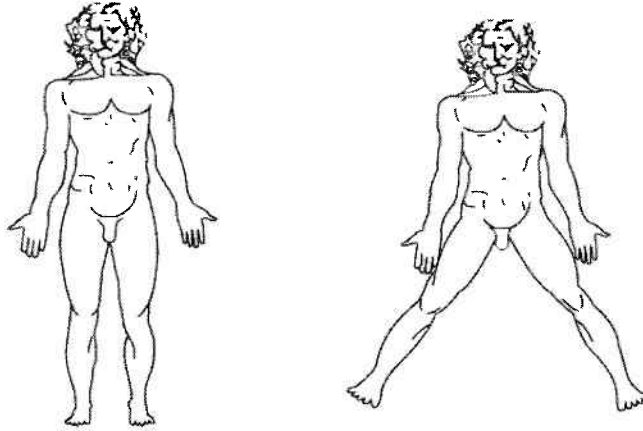
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### Handmode



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### BIOCOMPUTER LOCK



Abduction of the femurs puts the displaying or presently processing files on hold.

This process is referred to as computer locking (CL).

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## Thank You For Attending

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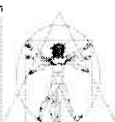
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1-877-



-



## **"It's Not Funny!" – Laugh Anyway**

**Holly Stuber, LMT,**  
Certified Laughter Yoga Leader

### **Abstract:**

Laughter Yoga was developed by Dr. Madan Kataria and uses simple laughter exercises along with gentle breathing and stretching activities. Laughter Yoga is one more tool to reduce excessive tension and bring balance and fun into our lives.

We all know life's joys and sorrows, up and downs. When "it's not funny!" or when we "don't feel like it", - laugh anyway and reduce stress, increase respiratory capacity, lower blood pressure, improve immune function, and end up feeling better. Laughter Yoga, a group of people gathering together to practice laughter as a form of exercise, provides a great tool to "laugh for no reason" and improve health.

Laughter Yoga as a modality, program, tool, or technology (however you want to classify it), began as the brainchild of Dr. Kataria in Mumbai, India. In 1995, while working on an article, "Laughter - the Best Medicine", a flash of inspiration struck Dr. Kataria. With the assistance of his wife Madhuri, a yoga instructor, the fledging idea of Laughter Yoga first graced the world.

Articles abound on humor and healing. An internet search on laughter research yielded 638,000 results, laughter and health 751,000 and laughter therapy 268,000.

Contemporary laughter research generally is credited to beginning with Norman Cousins and his fascinating personal journey published in 1979 as *Anatomy of an Illness*. Cousins, suffering from a chronic, degenerative pain condition, abandoned the medical regime of 26 aspirin a day, sleeping pills and codeine and treated himself with high doses of laughter and nutritional therapy.<sup>1</sup>

Roundly condemned by the medical community of the time, Cousins, upon his recovery, sought to legitimize his claims by funding research. Dr. Lee Berk, a researcher in psychoneuroimmunology at Loma Linda University, California, although funded by Cousins, initially doubted his claims. In a 2003 interview, Dr. Berk stated, "If you'd told me 10 years ago that medical organizations would today be accepting papers on this, I would've said you were crazy...but the reality is that now there's a real science to the health benefits of laughter."<sup>2</sup>

Many other researchers work in the field of humor and healing as well. The movie Patch Adams, starring Robin Williams as Dr. Hunter (Patch) Adams, popularized the idea of therapeutic humor.

### **How laughter works**

Laughter is a combination phenomenon – production of sound blended with various facial and physical movements. Of all the articles that I found when I looked for the actual physiology of laughter, the only information I could come up with was this: a second-hand quote from the Encyclopedia Britannica, “rhythmic, vocalized, expiratory and involuntary actions.”<sup>3</sup> According to Marshall Brian in his article, “How Laughter Works,” “Fifteen facial muscles contract and stimulation of the zygomatic major muscle occurs. Meanwhile, the respiratory system is upset by the epiglottis half-closing the larynx, so that air intake occurs irregularly, making you gasp. In extreme circumstances, the tear ducts are activated, so that while the mouth is opening and closing and the struggle for oxygen intake continues, the face becomes moist and often red. The noises that usually accompany this bizarre behavior range from sedate giggles to boisterous guffaws.”<sup>4</sup>

According to a variety of published sources, the specific physiological health benefits of laughter include: reduces stress hormones, lowers blood pressure, elevates mood, supports the immune system, improves brain function, protects the heart, increases respiratory capacity and reduces the perception of pain. In addition, laughter works your diaphragm, abdominal, facial and back muscles, even your legs! The torso workout, in turn, massages your abdominal

organs, potentially benefiting digestion and absorption. Mental, emotional, and social benefits include: increases creativity, decreases isolation, reduces aggression, relieves anxiety, enhances relaxation, and just makes you feel good.

### **Why aren't we all laughing more?**

What matters – the humor, the mental aspect; or the laughter, the physical aspect? How do we separate laughter and humor? Can the two be separated?

According to Dr. Kataria laughter alone – no jokes needed, no sense of humor needed, laughter for no reason-- produces all the health benefits previously attributed to humor.

### **Why Laughter Yoga?**

In our high stress world it seems laughter doesn't flow easily. Many people think they need to “have a sense of humor” to laugh freely. Much research has been done on humor and healing. Are the two mutually inclusive? According to Dr. Kataria, humor is a “phenomena of the intellect...unique to the individual, their culture, and it varies from person to person.” In daily living do we have more reasons to laugh or more reasons not to laugh?

After conducting research for an article about laughter as the best medicine, Dr. Kataria thought about how to use laughter in the world today. Dr. Kataria tried a few different ways of getting people together and laughing. After a short period of time, the jokes were stale, things weren't really that funny, and he decided that there must be a way to get people to laugh without the need for humor.



He understood that humor requires intellect; we have to "think" that something is funny in order to see the humor. Humor requires use of the analytical brain.

Humor was ineffective in creating sustained laughter. Sustained laughter "gives us the goods" – provides the increased respiratory capacity, the increase in endorphin levels, and other benefits of Laughter Yoga.

Dr. Kataria started getting together with other people in the park in the morning and they began experimenting with this program. Of course it started very small, 4 people, but people on their morning walk would hang around and look, thinking "What are these crazy people doing?" Eventually, more and more people joined in. Now, in India, Laughter Yoga is really huge. And the concept is spreading through the world. There are now over 6000 laughter clubs in the world today. So, it's a growing movement and it's more frequent in some places, less often in other places. Certified Laughter Yoga Leader training keeps things working in what has been a proven way to help people have a better life.

Historically people used to laugh more. Today if we look around our world and even our own lives we often think we don't have that much to laugh about and so we don't laugh or we laugh briefly, or we laugh sarcastically, or we laugh as a nervous tic. The idea behind Laughter Yoga or the goal of Laughter Yoga is to "laugh for no reason" in a sustained manner to receive the health benefits. It is thought that adults laugh less than 20 times each day, while children laugh 200-400 times per day. Childlike, mirthful, laughter, laughter for no reason – that's Laughter Yoga.

It is important to distinguish between Laughter Yoga and Laughter Therapy. Annette Goodheart, PhD explains the function of Laughter Therapy as "Cathartic therapy...(it) involves four basic steps...get in touch with your feelings,...release them through catharsis,...rethink the situation or experience,...take appropriate action." Laughter Therapy uses laughter with a specific therapeutic intention, as a catharsis to release specific emotions around a therapeutic issue under the guidance of a trained therapist. Laughter Yoga is about "laughing for no reason." Just laughing. Whatever happens, happens.

Not to say there are not benefits to Laughter Yoga. Whatever benefits come, come from the changes in physiology created by the action of laughter, the sense of community formed by laughing with a group, and the childlike playfulness of the exercises.

In addition to clarifying Laughter Therapy and Laughter Yoga, the fuzzy lines between humor and laughter need to be examined.

Most published articles on laughter and healing address humor and laughter as the same thing. With Laughter Yoga there are no jokes, no need for a sense of humor, no "feeling like it," just a willingness to participate in the exercises.

When life isn't living up to our expectations, stress happens. How do you feel when you're stressed and someone else is laughing? Usually it doesn't help the situation. We feel we are being laughed "at", not supported. Group laughter, when laughing together for no reason, changes that. Everyone laughs with each other, not at anyone or anything. Laughter Yoga removes the isolation

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and creates community. This very sense of inclusion reduces stress, creating an opportunity for healing.

People constantly search for happiness. Often feelings of happiness have become conditional, require something outside of ourselves – a beautiful day, things “going our way”, helping someone out, many different things can “make” us happy. If I get the new car/job/boyfriend/house, I’ll be happy. After the new car/job/boyfriend/house the happiness fades. There is still the wanting of something more. Perhaps rather than conditional happiness, we search for joy – a special feeling welling up from within rather than from without. Dr. Kataria developed Laughter Yoga to help us bring forth the joy that resides in all of us – no matter what life throws at us.

With over 6000 Laughter Yoga clubs in existence, this simple program improves people’s lives in a multitude of ways and easily integrates with any other personal process or life journey.

Once laughing for 15-20 minutes a day becomes part of our daily life, a possibility is created for transformation of any situation. The LaughterYoga.org website provides testimonials of how Laughter Yoga impacts lives. Here are two powerful stories.

In Innisfail, Australia, cyclone Larry destroyed much of the town. Fortunately no lives were lost. Susan Brown took Laughter Yoga to help. She and others gathered people to laugh, helped clean up, and provided food. Politicians, police, fire, and hospital personnel opened their meeting with 10 minutes of laughter and without bickering came to great outcome and declared it the

best meeting ever. A Whole Town Laugh created powerful healing opportunities for residents.

Dr. Kirchner of Brazil fell four meters from a ladder resulting in an open tib/fib fracture of the right leg and a radial fracture of the right arm. His gardener help stabilize him, and then the ambulance took him the 50 minute drive to the hospital. During transport he quietly laughed to himself and continued to do so during the four-hour wait for surgery. As President and Founder of the Brazilian Laughter Club, Dr. Kirchner tested the healing benefits of Laughter Yoga, declining pain medication. During his recovery he lead laughter sessions tied to his wheelchair, inspiring others to discover their own self-healing capabilities. Seven weeks after the accident Dr. Kirchner completed a yoga teacher training and was able to walk short distances by himself.

### **The boundaries of the Healing Power of Laughter are still unknown.**

It may feel weird at first; in fact it does feel weird at first. Many of us are very caught up in the image that we present to the world – who we are, who we want to be, who we’re supposed to be. Even those who are pretty self-actualized in a lot of ways can be bound by restraints of family, culture, convention, etc. It can be hard to really let go for no good reason. Because we are so restrained, many people turn to drugs and alcohol or other ways to reduce their inhibitions.

My ex-husband told me once that my sense of humor was “as dry as the Sahara Desert.” I didn’t know how to take that, and so, in kind of a sardonic, maybe a sarcastic attitude, I took that as a badge of honor. Well, I’m

not going to lower myself to childish Jim Carey humor, or, I don't appreciate the value of slapstick – the Three Stooges never really entertained me very well.

I was not a good laugh-er. When I first heard about Laughter Yoga, I thought it was utterly ridiculous. My initial reaction was – How incredibly stupid! One more person slapping the word “yoga” onto something else to try to make something up! It was some months later, that I just took a look, and I realized that I was one of those people that I didn't like as much because I was more sarcastic than I wanted to be, I didn't laugh easily, I rarely saw humor, and I just wanted more fun in my life and I didn't know how to get it! I just didn't seem to have fun in the same way as other people. I wasn't unhappy. I just wanted to be more lighthearted.

For those of you who are familiar with Garrison Kellior and “A Prairie Home Companion,” I was one of those people who worships at the alter of “Our Lady of Perpetual Responsibility.” I was so sick and tired of being utterly responsible for everything! It was driving me crazy. I really needed to get a grip. I've done a lot of work. Seriously. I just need a different way. Trying to have more fun was one more thing to do; it was one thing to add to the schedule. Having fun was one more responsibility. Give me a break!

So, Laughter Yoga popped back into my head. This time I thought – “You know what? Maybe this isn't so ridiculous after all! Maybe, this is just what I need.” So I got on line, looked up the Laughter Yoga website and started reading; it really piqued my interest. I signed up for the training, ordered the book and the DVD and opened my life to Laughter Yoga.

It's been a joy. It really has been a joy. Instead of counting on “something” to make me happy – oh, I'm happy because I had a really good day, or I'm happy because all my clients really wanted to work with me today, or It's such a beautiful day - la, la, la – “things” made my life work. With Laughter Yoga I can have joy in my heart for no reason at all. It's a great tool, it's an easy tool, and it's fun.

So that's kind of my personal experience with Laughter Yoga. Now will have a little experience of it and see how it works for you.

### **A Laughter Yoga Session**

A quick overview of a Laughter Yoga session and then – experience it!

Laughter Yoga consists of laughter exercises - laughing in a group for no reason, without jokes, while moving around and making eye contact. The leader illustrates the exercise, the group begins together, and the leader indicates when to end the exercise. Usually a laughter yoga session includes laughter exercises, deep breathing, and light stretching. Three types of exercises include those based on yoga, playful exercises, and value-based exercises. During the exercises, gentle laughter, not loud and forceful, leads to genuine laughter. Laughter Yoga meditation (spontaneous laughter) follows the exercises and sessions end with brief affirmations and sending out peace for the world.

Contraindications include hernia, angina not controlled by medication, pregnancy with a history of spontaneous abortion, or any other medical condition that prohibits any normal activities of daily living. If at any time during a laughter session you

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feel pain, dizziness, or nausea, discontinue participation.

For a little bit, just be silly, shed your inhibitions, stop worshipping at the alter of Our Lady of Perpetual Responsibility and just laugh!

<sup>1,2</sup> Murphy, Alex, "Science Adds Weight To Proposition That Life's A Laugh", April 5, 2003, The Sydney Morning Herald <http://www.smh.com.au/articles/2003/04/04/1048962923806.html>

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**About the Author;**

Holly Stuber, LMT, Certified Laughter Yoga  
Leader

A licensed massage therapist since 1999,  
Holly Stuber studied many forms of  
bodywork and mind-body healing modalities  
including Touch for Health and other ways  
of aiding people to reduce stress and bring  
balance to their lives.

After reading about Laughter Yoga in Yoga  
Journal Magazine in the late summer of  
2007, Holly began her quest to add laughter  
to her overly serious life. As a Certified  
Laughter Yoga Leader, introducing the joy  
of laughter to people creates community and  
reduces stress for all who participate.



## **The Alchemy of Integral Touch**

### Tanmayo Lana Lawson

#### **Abstract:**

The muscles and tissues of your face wear the accumulation of your emotional interaction with your life's experiences. How you feel about what happens in your life, especially the stresses and traumas, are locked into all the muscles and energy systems of your body and show most obviously in the face. Facial Harmony reconnects you with your innate way of being which then becomes a natural expression of your daily life. This natural radiance emanates from inside and shines on your face lighting up your eyes with the quality of what you are experiencing inside.

So often with all that is expected of us in 21<sup>st</sup> century living, we depend on a learned knowledge that we have accumulated through education. Although this is indeed valuable, there is a stronger and deeper wisdom lying in the heart.

From the moment we take our first breath we are responding to the field around us. As babies we enter this world in innocence and openness. We are pulsations of light and life force held together in patterns of fractals and neutrinos and all kinds of geometries whilst the point of awareness (the physical form) is immersed in gravity.

In the openness of our newly arrived state, the autonomic system is uninhibited and highly active whilst the baby charges and discharges energy.

At the same time in this pre-cognitive state the baby is looking to experience loving communion with the Mother. As much as any parent would want to give that to their

child it is so often not available. You can only give that which you have to give. The parents are doing their best to juggle many different aspects of life and in this juggling their essence is subsumed beneath the worries of life.

Yet they do their best to offer warmth, food and gentle rocking, whilst suffering from their own anxiety and despairing of how to make the baby more comfortable. Often their ability to give any kind of gentleness is not available, as sharing feelings was not part of their conditioning; the parents are unavailable to themselves!

Simply, they do the duty that is expected of them at the time, but are not able to be present in their heart or provide the love that the child so desperately longs for.

The baby experiences the lack of availability of presence, essence and love as a wall of contraction. The baby hits the wall of contraction in the parent; in these moments

the system of the infant also contracts and a tension is created.

***“The new science of epigenetics illuminates how our mind (perceptions, attitudes and emotions) shapes biology and behavior. Throughout infancy, our primary perceptions of life were programmed with cultural beliefs. Since perceptions shape behavior and gene activity, cultural beliefs become biology.” —Bruce Lipton***

The power and projection of cultural beliefs impacts our cells. Whether these beliefs are delivered verbally or non-verbally, they shape the condition of our inner worlds.

***“The sole governing factor of the particle is the field.”  
—Albert Einstein***

The openness of the child is sorely impacted by the walls of contraction that it meets in its environment. Although we know that the autonomic system is most well known for the fight or flight syndrome, it is the frozen layers of tension that live on into adulthood. As children we cannot fight or flee. Like a deer caught in the headlights we freeze. This is the start of our socialization!

Then comes language and we learn more about what is appropriate and what is inappropriate for our survival. And the tension builds as we contract some more. These contractions cut us off from our aliveness.

We are now in survival mode. We are only living to the point of the contraction.

We have learned that the fullness of our energy is unacceptable.

When the child explodes in glee they are chastised for being ‘too much,’ ‘too loud.’ When they are playing quietly the parent comes to see what they are doing, the child feels this suspicion and slowly there is a lack of trust in their own experience of life.

In the pre-cognitive symbiotic stages the baby picks up on the unspoken and unresolved frequencies of the parents, is most powerfully influenced by what the mother is experiencing and enters in to negative merging with the mother.

The baby is seeking to be held in love and presence and again and again the baby is immersed in the wounded-nests of the parents. It is this negative merging, which appears in our relationships later in life. In place of trust in our basic needs, we shut down and learn to cut off from what we want.

We long for closeness and intimacy but we do not trust it. The absence of it in our childhood sets up barriers of distrust and isolation. As our needs for closeness were not met we learn to become ashamed of our need for closeness. As soon as someone gets too close we hit these barriers and we again enter into negative merging with our loved ones. Here we have the basis for the dance of intimacy.

These barriers of tension are held in place through shame, blame and guilt. Our aliveness is compromised by the inner judge, which replaces our basic trust.

We learn from those pre-cognitive stages that we cannot trust life. The inner judge or ‘the super-ego’ as Freud named it, is the



internalized voices of our authority figures! We all know this voice but its subtleties take time to uncover. This false prophet is driving our lives by constantly measuring, comparing and acting like guidance. The inner judge attacks our inner most core. It either puts us down ('you are not good enough') or it puts us up and fills us with grandiosity ('you are the only one who knows anything!') It fills us with hope that we will succeed because of our achievements.

The judge knows the depth of our wounds and the fears of our ego deficiencies and shames us for them. Shame is felt in the body as a visceral response. Guilt and blame are cognitive functions. The frozen tension creates isolation and a lack of feeling, or lack of subtle feeling depending on the strength of defenses.

The super-ego resists all contact with essence. The resistance that we feel comes from our ego's need to defend against the attacks of the judge and to keep us away from the wounds that the judge decides are unmanageable. This was true as a child but is not longer true as an adult.

Facial Harmony—through gentle touch applied to the muscles of the face—releases these frozen traumas held in the body. The face muscles are deeply involved with behavior and socialization. As we create a safe holding environment, the body starts to relax and unwind from these patterns. The mind gradually lets go and we are once more able to contact our aliveness. As we open to our inner world the layers of frozen tension dissolve.

The subtlety of the sessions draws our attention to the judge as "The False Prophet" and slowly we stop engaging with this mechanism. In its

place true guidance arrives. Guidance arises in you as a body of consciousness from the field itself.

Moment to moment access to guidance is blocked through generations of conditioned belief. We have been conditioned to rely on outside authorities. Included in this conditioning is the belief that rational thought is more valuable than the wisdom held within our feelings.

Awareness of the subtlety of feelings, attention to the sensations in the body and listening to the quality of our thoughts are the foundations of our inner guidance system. Awakening to these subtle experiences buried beneath layers of dense conditioning leads us to trust in the true nature of life as a supportive experience.

Facial Harmony releases the being from the bonds of density held within the patterns of frozen tension. The hands on process supports the body/mind to unwind from the entanglement of negative merging that was set in place in early childhood.

Now we become available to the subtlety of the true 'voice' of our experience. In contact with our essence, faith and trust in our inner experience is resurrected and validated. We come to know ourselves as spacious beings, no longer gripped with frozen unconscious patterns or controlled by the voice of the inner critic.

Through the process of gentle touch and heart-full inquiry your true radiance arrives on your face. The eyes of the soul shine out from within the field of infinite intelligence--relaxed, rejuvenated and restored.

Life is once more supporting and creating life!

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Applied Physiology, Three In One Concepts, Myers Briggs Typology Indicator, and Enneagram (with Faisal Muquaddam and Dr Claudio Naranjo), Tarot, and many aspects of the esoteric sciences.

Introduced to the work of the 'Inner Judge' in 1993 with John Bradshaw, Tanmayo has continued to study how this mechanism of mind, with it's many masks and manifestations, operates as the primary source of discontent in the human experience.

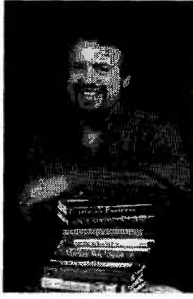
Deepest thanks to the field itself from where all experience and wisdom flows forth.

### About the Author:

Tanmayo Lana Lawson as the founder of "Facial Harmony" has traveled the planet promoting this gentle and powerfully transforming treatment.

Brought up in Scotland, she lived for 20 years in Australia; her origins are deeply rooted in Celtic Mysticism and she embodies a love of soul-full living. Her spiritual journey has taken her around the planet many times to many sacred places and to many gifted teachers.

In her 25years in the wellness industry Tanmayo has studied and trained in many different disciplines, Body Work, Myofacial Release, Bowen Technique, Kinesiology,



## **The Genie In Your Genes**

### **Dr. Dawson Church**

#### **Abstract:**

Epigenetic Medicine is a new form of therapy destined to upend many of the certainties of today's medical and psychological practice. Epigenetics (epi=above, epigenetic=control of genes from above or outside the cell) is a new science less than ten years old. It shows that genes are activated or deactivated by many factors originating outside the cell and even outside the body. These factors include childhood nurturing, belief, spirituality, prayer, visualization, and the quality of our social network. It seems incredible that our cells could be conditioned daily by these epigenetic influences. Yet the most cutting-edge scientific research shows that intention literally affects the conformation of the DNA molecule. Our consciousness is affecting our bodies every day. Large-scale scientific studies have shown that success in resolving emotional trauma can lower our chances of getting cancer, heart disease, hypertension, and diabetes. What we believe and think has an immediate effect on our bodies. In this presentation, Dr. Church will show how we can turn this knowledge to our advantage, engaging powerful epigenetic processes through the quality of our emotions and thoughts, and the nature of our intentions.

#### **About the Author:**

Dawson Church, PhD, has edited or authored many books, and collaborated with many best-selling authors, including Larry Dossey, MD, Bernie Siegel, MD, Caroline Myss, PhD, and others. He founded Soul Medicine Institute to research and teach emerging psychological and medical techniques that can yield fast and radical cures. His new book, *The Genie in Your Genes*, pioneers the field of Epigenetics, (control of genes from outside the cell), explaining the remarkable self-healing mechanisms now emerging from this science. It has been hailed as a brilliant breakthrough by leading scientists. He has also authored several scientific studies on the effect of Energy Psychology on health and athletic performance.



SOUL MEDICINE  
INSTITUTE

5/5/08

# EPIGENETIC MEDICINE AND THE NEW BIOLOGY OF CONSCIOUSNESS

Dawson Church, Ph.D.  
Soul Medicine Institute  
[www.SoulMedicineInstitute.org](http://www.SoulMedicineInstitute.org)



## SOUL MEDICINE

### Comprehensive Review of:

- Medical Records of Miraculous Cures
- Healing Modalities that Employ Consciousness
- Humans are Energy Beings FIRST
- Using Intention as Therapy

Future medicine looking back will regard acupuncture and meditation among others as the greatest of long forgotten medical practices. A new science is emerging, one which embraces the spiritual and emotional aspects of the human body and mind, and the connection between the two. The science of the human Soul Medicine is undeniable.

Larry Dorsey, M.D.

Author, The Science of the Human Soul Medicine

## SOUL MEDICINE

AWAKENING YOUR  
INNER BLUEPRINT for  
ABUNDANT HEALTH  
and ENERGY

NORMAN SHEALY, M.D., PH.D.  
& DAWSON CHURCH, PH.D.

Foreword by  
CAROLINE MYSS, PH.D.



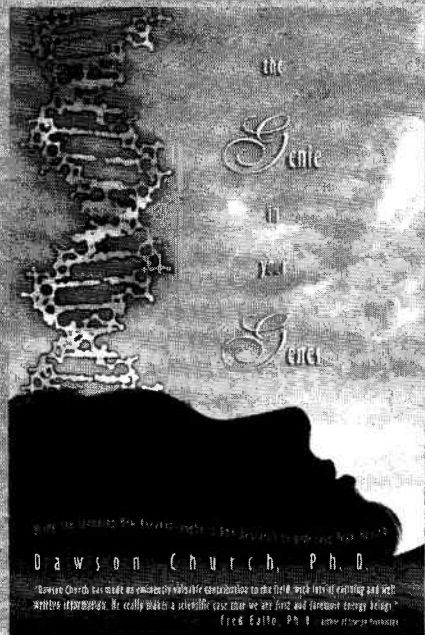


## THE GENIE IN YOUR GENES

### Epigenetic Medicine

- How Genes Express
- Epigenetic Mechanisms
- Energy Signaling Mechanisms
- Principles for Epigenetic Medicine

**Over 300 studies reviewed**

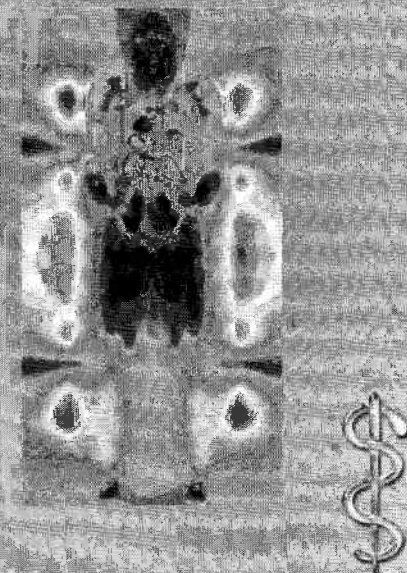


Dawson Church — The Genie In Your Genes



## ELECTROMAGNETIC SIGNALING

- Electrical and magnetic fields influence cells.
- Each cell, organ & system has a field.
- Cells use electromagnetic signals to communicate.
- Emotional traumas are stored in the tissues.
- Diseased organs and tissues have a different charge to healthy ones.
- Energy therapies work on the electromagnetic field.



Journal of the ENKA & TFHKA 2008 Conference



## REASONS FOR USING ENERGY IN HEALING

- 4.1 Speed. Energy Med (EM) can resolve symptoms in much less time than conventional medicine expects.
- 4.2 Effectiveness. EM can resolve problems that have been intractable to other methods.
- 4.3 Low Knowledge Threshold. People don't need a diploma to figure out how to use EM.



## ENERGY MEDICINE

- 4.4 Portable. Can be done anywhere, anytime, without waiting for a trip to the doctor or psychotherapist.
- 4.5 Long Reach. EM can reach diverse populations. Some that can't be reached with other therapies, or for whom the client-therapist model is inappropriate.
- 4.6 Low Tech. EP and EM don't require hospitals, a developed medical system, drugs, or invasive surgery.
- 4.7 Systemic. Drug approach seeks great specificity, drug research looks for a specific molecule that targets another molecule. EM can affect whole body systems.
- 4.8 High Touch. Using hands and human bodies, EM and EP provide a hands-on experience of healing, rather than artifacts.
- 4.9 Self-Care. Gives individuals tools they can use for their own wellbeing.
- 4.10 Personal Power. Shifts the center of power over wellness away from an impersonal system and toward the affected individual.
- 4.11 Raises Baseline Health. EM and EP have the potential to resolve so many issues so quickly that an individual's baseline health expectation is re-set to a higher level.
- 4.12 Ancient Roots. It gives us a fresh connection with some of the earliest forms of healing, over five thousand years old.
- 4.13 Epigenetic Medicine allows us to influence genetic expression that the old model considered beyond conscious control.







## ENERGY IS EPIGENETIC

Conditions show up in the electromagnetic field before they show up in the body.

- Harold Saxton Burr, Harvard, 1930s
- Robert Becker, Bone Healing studies 1980s

Therapies that affect the electromagnetic field may be hi-tech....

- Devices, Pulsed Electromagnetic Field (PEMS) therapy for depression
- Transcutaneous Electrodermal Neurological Stimulation (TENS) machines, affect pain, and also the production of DHEA

... Or hi-touch

- Faith healing, therapeutic touch, energy medicine, Energy Psychology, shamanism, belief, placebo, visualization, massage, prayer, altruism

Both affect the formation of proteins in our cells



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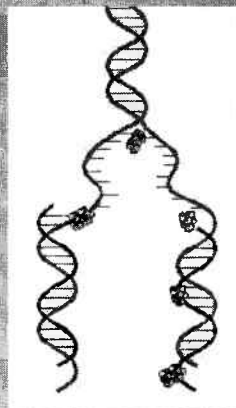
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## DNA > RNA > PROTEIN

The Central Dogma of Molecular Biology

**RNA (Blue) makes temporary copies of DNA (red)**  
And each strand of DNA (Gene) has Instructions to build a specific protein



>



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## PROTEIN FORMATION

**DNA = blueprint for building protein**

- Information required to construct protein

**RNA = working drawings at site**

- Temporary working copy

**Protein = both structure and function**

- The building's structure (beams and walls) plus function (repair, temperature regulation, energy generation)



## FUN WITH PROTEINS 1

**Protein Molecule 1:**

- Histamine
- Heart Rate Increase







## FUN WITH PROTEINS 2

### Protein Molecule 1:

- Histamine
- Heart Rate Increase



### Protein Molecule 2:

- Growth Hormone
- Cell Repair



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## FUN WITH PROTEINS 3

### Protein Molecules:

- Histamine (Top)
- Growth Hormone (Below)
- Beta Blocker (Left)
- Neuropeptide (Right)



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## PROTEIN FORMATION

About 100,000 proteins  
Coded by the blueprint in genes  
Regulate virtually all the processes of life

- Information transfer between cells
- Structure of cells
- Metabolism
- Energy production

Greek "protas" — of primary importance



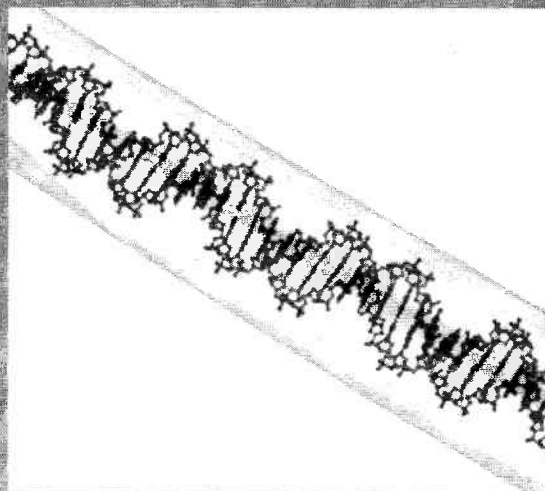
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## WHEN WE SAY A GENE *EXPRESSES*...

DNA is wrapped in a protein sleeve

- Gene cannot be "read" or expressed while encased in protein sleeve.



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# THE TUBE MUST UNWRAP

## DNA Unwraps for

- blueprint to be "read" and a protein constructed.

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# UNWRAPPING REQUIRES A SIGNAL...

## The signal comes from outside the cell

- Epi = above the gene
- Epigenetic = genetic expression triggered from outside
- Signal comes from the environment
- Environment *inside* the body
- Environment *outside* the body
- Epigenetic stimuli trigger gene expression

Evolution has given us excellent mechanisms for translating *external environmental signals* (objective threats) into *internal environmental signals* (cellular communication via genes, hormones & electromagnetic flux)

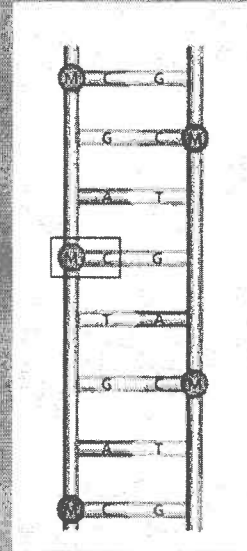
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## METHYLATION, ACETYLIZATION & OTHER MECHANISMS

Expression of genes can be inhibited by the adhesion or absence of other molecules on the DNA and/or protein sheath.



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## METHYLATION OF AGOUTI GENE

- Mice in which Agouti gene is expressed
- Have yellow coats
- Higher incidence of cancer & diabetes
- Die early
- All these are inhibited by suppression of Agouti gene by methylation (mouse on right)



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## NURTURING AFFECTS STRESS GENES

- A gene in the portion of the brain known as the hippocampus dampens our response to stress
- Greater degree of expression of this gene in nurtured rats (Acetylation)
- Expression facilitated by acetyls on protein sheath (Szyf)
- Inhibited by methyls (Jirtle)



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## IT'S NOT JUST RATS & MICE!

- Brains of schizophrenics show methylation/acetylation of their stress-dampening genes.
- Delinquent teenagers also show reduced expression of genes that inhibit stress
- Kaiser's massive ACE study (Adverse Childhood Experiences, 17,400 subjects) showed that 50 years later, people not nurtured as children had a higher incidence of

Hypertension  
Heart Disease  
Cancer  
Bone Fractures  
Smoking  
Diabetes  
Suicide  
Drug Use



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## SIGNAL CAN BE ACTUAL EVENT

Nurturing



21



## OBJECTIVE STRESS

Objective Threat



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## OR A SUBJECTIVE PERCEPTION

I resent  
%#@\*Gary  
because...

Our body converts  
either to a molecular  
signal



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## TRANSLATE TO CELLULAR ENVIRONMENT

Evolution required us to make VERY  
quick changes in our bodies to react to  
threats

Two seconds or less  
Rapid physiological changes  
External environmental cues change interior  
environment of body.



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## IMMEDIATE EARLY GENES (IEGs)

Speed at which protein sleeve comes off and genes express varies from gene to gene.

IEGs, as little as one second to peak expression

Intermediate Genes: roughly 2 hours

Late Genes: up to 8 hours

We have about 100 IEGs

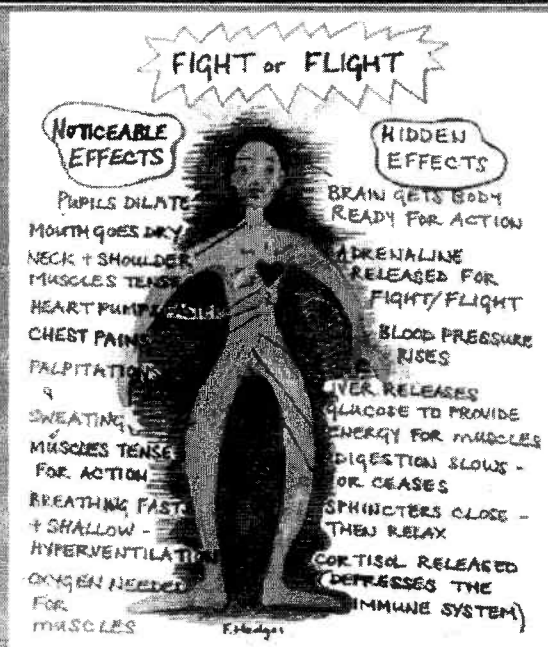
Main function is to regulate the expression of other genes, including the immune system



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## WHAT A STRESS RESPONSE LOOKS LIKE



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## LONG TERM EFFECTS OF STRESS

### Chronic Cortisol Elevation Contributes To:

- High blood pressure
- Reduced memory & learning
- High blood sugar
- Heart disease
- Diminished cell repair
- Accelerated aging
- Slower wound healing
- Reduced bone repair
- Decreased circulating immune cells
- Diminished immune antibodies
- Death of brain cells
- Reduced muscle mass
- Decreased skin cell repair
- Increased fat deposits around waist/hips
- Osteoporosis



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## HORMONE SYNTHESIS/REUPTAKE

### Your body is very efficient

- Adrenal glands, cortisol, DHEA, adrenaline
- DHEA is the most ubiquitous hormone in the body, used for cell repair, anti-aging
- DHEA deficiency is present in virtually every major illness
- Breaks down DHEA (left) to make Cortisol (right), vice versa, in a few minutes



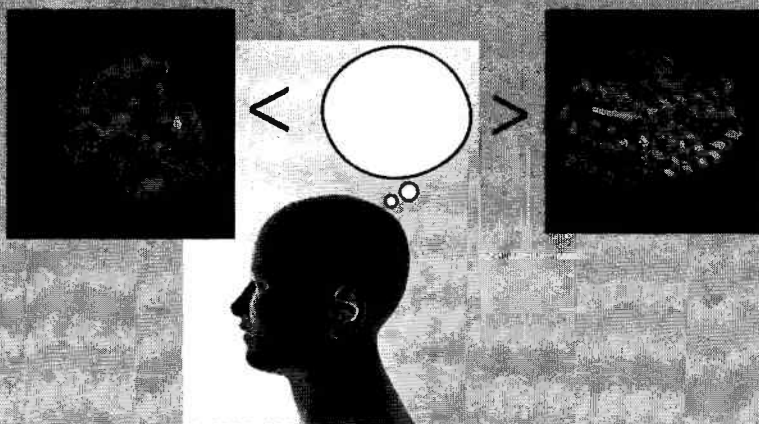
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## CELL REPAIR OR BREAKDOWN

**Your body is very efficient, synthesizing and breaking down billions of protein molecules every second.**

- Either you're stressing, in fight or flight, engaging those 100 IEGs to signal body to make cortisol, OR
- You're using one of those epigenetic stress reduction techniques like EP or visualization to signal your IEGs to break down cortisol and make DHEA for cell repair.



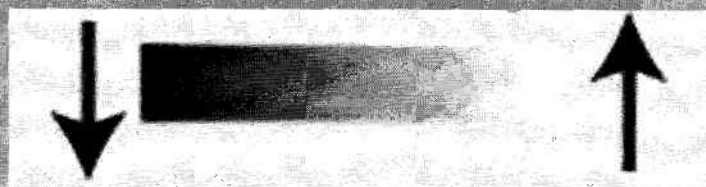
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## DHEA - CORTISOL HOMEOSTASIS

Cortisol

DHEA



Our body is constantly shifting the usage of resources in one direction or another, depending on the signals being received



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## WOUND HEALING STUDIES

### Kiecolt-Glaser Studies

- Spouses had neutral discussion, suction blisters
- Later, disagreement, three proteins healing
- Up to 40% immune suppression
- Could make life-or-death difference



Meta-analysis of wound healing studies showed similar effects



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## BELIEFS AFFECT CELLS DRAMATICALLY

### Annals of Behavioral Medicine, G. Ironson

- HIV patient's **belief** in a loving God was the most important indicator of disease progression (viral load and T Cell count).
- Those HIV patients who believed that God was punishing them, lost T cells "three times faster than those who believed God loved them." (Ironson)
- ACEP now designing some new studies with Ironson and other researchers.



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## IRAQ VETS STRESS PROJECT

- Measuring DHEA and Cortisol before and after EFT intervention. Iraq veterans with Post Traumatic Stress Disorder (PTSD). 2007, Marshall University medical school. The Iraq Vets Stress Project is designed and funded by Soul Medicine Institute.
- Physiological changes observed in clients after energy interventions suggest that cortisol is being very rapidly broken down, and resynthesized into other compounds.
- An experiment using bioresonance machines to measure DHEA and cortisol—before and after 15 minutes of an energy therapy (EFT) that shifts the electromagnetic signature of trauma in tissues—showed drops in cortisol and spikes in DHEA.
- America cannot afford to repeat the mistakes of the Vietnam war, which saw a million troops brought back home without any good therapy to reintegrate them, or deal with their PTSD.
- The Iraq Vets Stress Project needs veterans groups and university hospitals as sites for studies of PTSD, pain, and \$250,000 to fund second and third stage clinical trials.



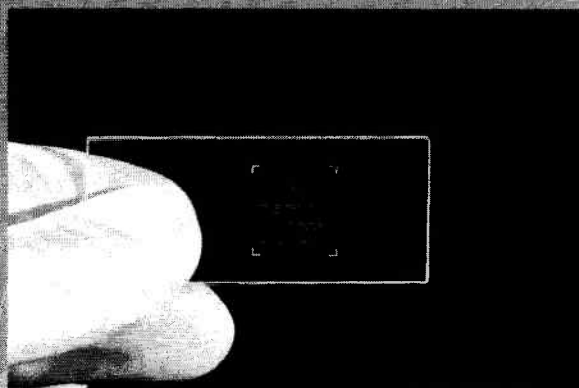
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## DNA CHIP EXPERIMENTS

### Measuring Gene Expression before and after EP Treatment

- Wells on slide contain thousands of genes
- Measures which ones have expressed
- Objective measure of effects of consciousness change



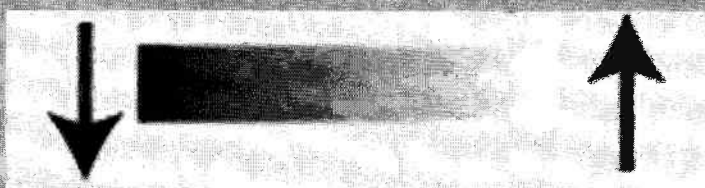
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## THE BIOCHEMICAL BASELINE

- Shifting the hormonal/neurological/ electromagnetic homeostasis is difficult in conventional therapy.
- We're addicted to our biochemical homeostatic state.
- Melody Beatty same guy story. The perfect cup of coffee. When we try a new healthy behavior it actually *feels wrong* in our body.
- Therapies drawn from Energy Medicine that change the electromagnetic signal of a trauma site, or release an electromagnetic blockage, lead us to experience a less-stressed state, a new, low-cortisol high-DHEA homeostasis.
- EP uses this habituation to reorient other body systems. This becomes the new norm for our internal biochemical cocktail.



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## WHAT CONSTITUTES AN EPIGENETIC INTERVENTION?

Studies show that all of these have effects that might reasonably be expected to produce DNA modulation and protein synthesis

- Nurturing
- Belief
- Energy Medicine
- Visualization
- Heart Coherence
- Energy Psychology
- Spirituality
- Attitude
- Prayer
- Meditation
- Altruism



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## CONSCIOUSNESS

When your consciousness is calm, you produce DHEA.

When it's disturbed, you produce cortisol

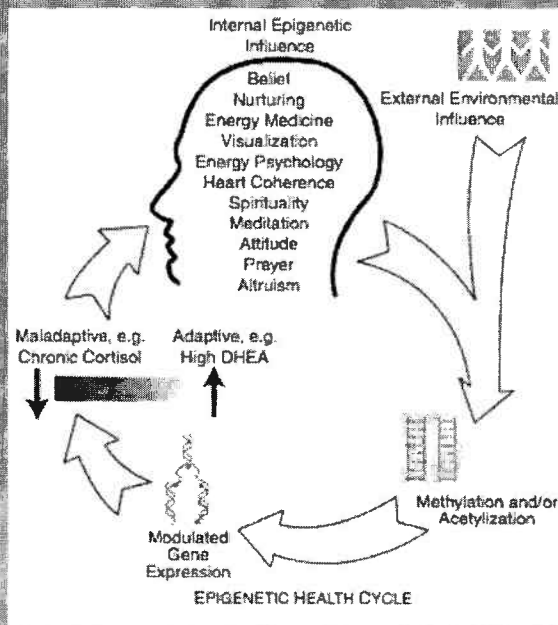
- Consciousness is an epigenetic precursor of cell and gene control.
- We are rewriting our DNA script epigenetically by what goes on in our consciousness.
- We have choice about what we place in our consciousness.
- Epigenetic interventions affect consciousness to reduce stress, and in a chain reaction, affect the corresponding genes, cells, and tissues.
- Baylor U Med Center, Bruce Moseley, M.D. arthroscopic surgery for debridement & lavage.
- Harvard Maid study.
- University of Miami HIV studies.



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## EPIGENETIC HEALTH CYCLE



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# RESEARCH AT SOUL MEDICINE INSTITUTE

## Current Studies involving Soul Medicine Institute:

- **MACE Study:** Asks the question following the ACE study, by examining the effect on adult disease of reducing stress. MACE=Mitigating Adverse Childhood Experiences. If we can break it, we can fix it!
- **Iraq Vets Stress Project:** Effects on PTSD of 3 sessions of Energy Psychology.
- **DNA Microarray Study:** Expression of the genes that code for cortisol production, especially CRHR1.
- **Outcome Measures of Treatment with Energy Psychology (EP) versus Cognitive Behavioral Therapy,** today's Gold Standard. January 2007, *Journal of Alternative and Complementary Medicine*, robust results. Soul Medicine Institute designing and funding studies of anxiety and depression. NIMH estimates that at least 25% of adult population will experience a depressive episode during their lives, and 13% have an anxiety disorder. Depression and anxiety often accompany physical diseases.



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## EP CASE HISTORY DATABASE

**ENERGY PSYCHOLOGY (EP) CASE HISTORY DATABASE** WEB-ADMIN

2 of 6

**Migraine Headaches** 12/1/1999

Initially Diagnosed Condition: Migraine Headaches

Subsequent Diagnosis: Migraine Free

Initial Diagnosis Date: 12/1/1999

Subsequent Diagnosis Date: 12/15/1999

All fields this color are required fields.

**EP Treatment & Provider** **Member Treatment & Provider** **Client Statement & Data**

Primary EP Treatment Used: EFT (Emotional Freedom Technique)

Secondary EP Treatment Used: [ ]

Number of Treatment Sessions: [ ]

EP Practitioner Statement:

Hispanic male in his mid-30's complained of chronic migraine headache syndrome. Reported that migraines "ran" in his family, and that he currently suffered from between 2-5 migraines per week. I had one session with the client during which his current headache subsided. I taught him the basics of the EFT protocol, and he continued to use EFT on himself for the next 2 weeks. Follow-up report revealed he was migraine free after this 2 week period. Case follow-up once a year for 7 years reveals that this client remains migraine free, 7 years later.

EP Provider: Carol Look

Email Address: carol@carollook.com

Phone: (212) 477-8645

Treatment Facility: [ ]

Address: [ ]

City: [ ]

State/Province: [ ] Zip: [ ]

Country: [ ]

Practitioner Clinical Certification: [ ]

Practitioner EP Certification: [ ]

Was Informed Consent Obtained?: Yes

- Anyone can log on and enter cases: patients, doctors, therapists
- Free and publicly available.
- Peer reviewed, compliant with NIH standards.

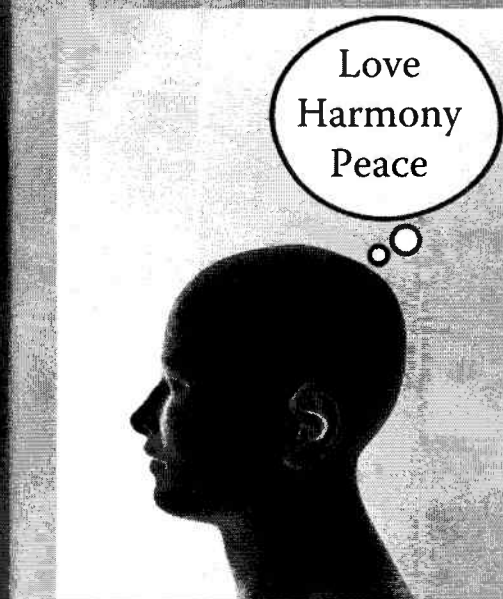


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## FUTURE MEDICINE



Consciousness will be  
the first  
intervention

- Scaled interventions
- Safest and least invasive first
- Drugs and surgery as a last resort,  
not the first intervention.



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## PRIMACY OF CONSCIOUSNESS

THEN: The *Central Dogma* of Molecular Biology  
(Sir Francis Crick, 1957, 1972):

**DNA > RNA > Protein**

NOW: The *Primacy of Consciousness* Principle  
(Soul Medicine Institute, 2007):

**Consciousness > DNA > RNA > Protein**



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## HOW TO USE THIS WISDOM

- Whenever you feel stressed for any reason: Use the 1 minute technique on page 327 of *Genie in Your Genes*.
- Engage faith and belief in the healing process always.
- Every morning, to increase energy: Use the 5 minute energy technique on page 329 of *Genie in Your Genes*. Then meditate.
- Give a copy of the book to your friends in the healing professions.
- Give a copy to anyone who is ill.
- Have a certified professional from Soul Medicine Institute present a one-day course at your school, workplace, non-profit, or corporation. You will then be working with less stressed people.
- Make a generous donation for research or humanitarian purposes, to the Iraq Vets Stress Project, the People in Pain project, and others.
- Get certified in Energy Psychology through the ACEP certification program, link on the [www.SoulMedicineInstitute.org](http://www.SoulMedicineInstitute.org) site.

References at: <http://www.SoulMedicineInstitute.org/notes.pdf>





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# Golden Touch

*of Energy Kinesiology*

## Special Section

The following pages were submitted by members of either the Energy Kinesiology Association or the Touch For Health Kinesiology Association.

## **Effects of Specific Massage Therapy on Chronic Pain in Institutionalized Elderly: Meridian Channel Stimulation**

Norma Harnack

### **Abstract:**

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

### **Purpose**

The purpose of our study was to examine the effects of Meridian Channel Stimulation (adapted from Meridian Massage from “Touch For Health” Synthesis) and Hand and Foot Reflexology on perceptions of chronic pain among institutionalized elderly. This was a pilot study, conducted by Registered Nurses and funded by the United Way (St. Louis, MO). This was a controlled clinical trial of massage versus conversation in 18 institutionalized elderly residents with chronic pain. A baseline assessment of pain and mood were obtained two weeks prior to subjects being randomly assigned to one of two groups of either conversation or massage. Subjects received

the intervention (massage or conversation) in the privacy of their room. Subjects wore comfortable clothing but no socks or shoes. The intervention was administered by independent nurses who were not employees of the nursing home and who were trained in the massage technique at the Massage & Energy Connection College of Applications (MECCA). The primary focus of the conversations was reminiscence and social interaction.

### **Goals**

1. To test the hypothesis that nursing home residents receiving Meridian Channel Stimulation and Hand

and Foot Reflexology will effect significant reduction in pain perception as measured by a decrease in pain as measured on an objective pain rating tool (form) as compared to the nursing home residents who participate in a conversation group.

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

## **Background**

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

There are numerous studies using massage that focus on pain relief with chronic

diseases. Massage has been used with cancer patients, AIDS patients and burn victims. "Slow stroke" massage was studied in healthy middle-aged women and showed a decreased level of anxiety and subjects perceived it as relaxing. (Longworth, 1982)

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

Meridians have been used in East Asian medicine for centuries. The Meridian Channel Stimulation is believed to have effect through the Meridians in the body. Meridians are reported as specific energy pathways that run throughout the body and indicate the flow of energy. (Austin, 1972, Thie, 1997) Acupuncture points are considered to be points of electrical resistance running along these energy pathways (Meridians). Theoretically when disease or pain occurs, there is a disruption in this energy pattern and organization. This disruption may be caused by an excess or a deficiency resulting in a blockage or loss of energy. It is hypothesized that stimulation of either the meridians or acupuncture points may improve energy flow and affect organs quite distant from the area being stimulated (Harnack, 1990). Specifically, stimulation of the meridians enhances circulation of

lymph and blood and brings about energy balance and optimal function, which gives the patient a sense of relaxation and increases the patient's energy level (Gottesman, 1992; Hare, 1988).

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

### **Outcome Analysis**

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

The results indicated that both interventions (conversation and massage) were useful in lowering pain perception indicating the need for further research on a larger group of subjects. The decrease in pain perception

in both the conversation and the massage groups reinforce the premise that we all need social as well as physical interaction.

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

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

### **Working With The Energy Meridian System**

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

nursing home residents, several questions required clarification.

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

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

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

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

3. Would the pressure of the touch cause pain?

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

## Adaptation of the Meridian Massage from Touch For Health

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

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

To help insure our success at meeting the goal of pain reduction and mood enhancing we worked with the system in three ways: Scanning, Tracing and Brushing (the Energy Shower). Each method has a specific use and advantage.

### Scanning

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

### Procedure:

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

### **Tracing**

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

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

### **Energy Shower**

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

1. Following the diagrams above start at the beginning of the stomach meridian, brush in the direction of the meridian (down the body) to the foot to the 2nd toe. Hold the tip of the 2nd toe about 2 seconds.
2. Hold at the nail root of the big toe on the side closest to the middle of the body for two seconds then brush upward along the inside of the foot curving upward in front of the ankle; continuing up the leg just behind the shin bone (tibia), curve slightly forward at the knee and continue along the inside of the thigh up the abdomen to the outside the chest toward the arm pit.
3. From the arm pit, brush down the inside of the arm to the palm of the hand.
4. Brush up the back of the hand and arm to the ear.
5. Starting at the inner corner of the eye above the eyebrow, press firmly on these points for two seconds then brush over the top of the skull, down the back of the head, down the neck move in close along the spine down to the lower lumbar, following the gluteal fold outward. Return to the shoulder and brush out towards the edge of the shoulder, down through the middle of the buttocks, down the back of the thigh, to the back of the knee, following the curve of the calf outside down along the outside of the foot and end at the outside nail root of the little toe. Hold the little toe for two seconds.
6. Begin on the ball of the foot, brush upwards following the arch of the foot up and inside; continue back behind the ankle making a small circle, then up the inside of the leg passing on either side of the pubic bone and navel. At the base of the sternum, flare out slightly and continues on either side of the sternum ending just below the collarbone. Hold the notches at the collarbone for two seconds.



7. From the top of the shoulder brush down the inside of the arm to the palm of the hand.
8. Brush up the back of the arm to the ear.
9. Begin at the outer corner of the eye, brush down and back toward the opening of the ear, make a circle forward then back behind the ear. Continue brushing forward toward the mid-point of the eyebrow (about one finger's width above the eyebrow) continuing back over the top of the skull along the outside down to the back of the shoulders. From the shoulders brush forward on the chest and back under the arms, follow the curve of the chest back at the waist; brush forward on the hips. Continue down the outside mid-point of the thigh and lower leg onto the 4th toe. Hold the 4th for two seconds.
10. Begin on the lateral side of the nail root of the big toe (hold for two seconds) then brush up the foot in front of the ankle on the inside of the leg. Follow the inside edge of the shin bone (tibia) then slightly back at the knee, upward on the inside of the thigh, following the curve of the hips back and up to the side of the abdomen, ending on the rib cage in line with the nipple (in the sixth intercostal space).
11. Brush up the rib cage and down the inside of the arm to the palm of the hand.
12. Brush up the back of the arm to the ear.

REPEAT SEQUENCE AT LEAST THREE TIMES. MAY BE REPEATED AS OFTEN AS NEEDED.

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