

Touch for Health Kinesiology Association

7121 New Light Trail
Chapel Hill, NC 27516

Welcome to Health at Your Fingertips 2010

On behalf of the TFH Kinesiology Association, the TFHKA Board of Directors, and our many Angels and Volunteers, I would like to welcome our members, distinguished speakers and vendors, students and interested newbie's to a historic gathering together and an enriching 4 days of nutrition for body, Mind, Heart & Soul. May you enjoy it in good health!

We are celebrating 20 years of the Touch For Health Kinesiology Association, and likewise 20 years of the International Kinesiology College. At the same time, we mark the 35th consecutive Touch for Health conference held in the United States. The TFH Foundation and the TFHKA have always held international gatherings, sharing good will and different viewpoints with old friends, colleagues in TFH and Energy Kinesiology, as well as leaders from Applied Kinesiology and any number of other walks of life and areas of expertise.

We have been a launching pad for many of the "K's" and have had some influence, whether clearly recognized, or subtly felt, on the birth and growth of the emerging profession of Energy Kinesiology, the expanding ideas and recognition of Energy Medicine, and yes, even the recent explosive growth of the field of Energy Psychology. Today we are all the beneficiaries of this cycle. Today we can see the seeds that were planted 20 and 35 years ago have borne fruit that now nourishes us anew with a tenfold return on efforts to share this work in homes, classrooms and clinics throughout the country... and the world!

This year we have chosen the theme "Health at Your Fingertips" which echoes the theme at one of the last conferences held under the TFH Foundation (Health at Our Fingertips 1989.) In 1990 the TFH Foundation closed and the IKC and TFHKA were formed. It is amazing to realize that the TFHKA and IKC have already been in existence 20 years! (Five years longer than the TFH Foundation was in operation next door to the Thie Chiropractic Clinic). For me it's fitting that we might return to a familiar theme as we grow into another stage in the formation of this energy field we are all a part of.

I happened to find in my library a copy of the 1989 Conference Journal, and I was fascinated to see similar themes that are reiterated in 2010, as their application is validated not only in repeating the experience in so many more countries, in new contexts and new areas of expertise, but also now with more scholarly literature published, with more academic/scientific insights, and at long last an initial evidence base that will be a catalyst for another 10-fold or greater growth of this work.

In 1989 we had about 9 TFH Instructor Trainers and active Faculty in 10 or so countries. Many of the K's that are well-known today had already begun to grow and spread throughout the world. Today we have more than 20 International TFH Faculty, and additional instructor trainers who are creating TFH instructors in over 60 countries around the world! We have represented in our program today, members of the original TFH Foundation Board of Trustees, (Sheldon Deal and Warren Jacobs) as well as Faculty member Norma Harnack, whose husband Richard Harnack was US Faculty together with John Thie and John Maguire in 1989. And we have leaders from Energy Medicine, Educational Kinesiology, Energy Psychology and Energy Kinesiology. This is a moment to take a breath and appreciate the presence of early pioneers, leaders of today's more robust organizations and training programs, and undoubtedly some of the leaders and innovators of tomorrow!

This conference also marks a returning to what I hope will be more stability for our office and Board of Directors. We have 2 outgoing members, Joe Bassett and Richard Hurtado, who I thank for their service through challenging times, together with VP Karen Beleck who is volunteering to continue another 3 years on the board, as well as

appointees Mary Jo Bulbrook, a leader in Healing Touch and Energy Medicine, who has joined the board to nourish some of her “roots” and Melodie Wakefield who brings some much needed financial perspective to the equation.

As many of you know, we have moved the office and changed our management twice in the last 2 years, which has meant our board members have been working overtime over an extended period to keep continuity in our programs while researching and trying a variety of strategies and logistics. Larry and Arlene Green have worked far above and beyond the call of duty, first helping to shepherd the association to successful function at Eurich Management in Michigan, and then when that was clearly not working, to physically move the office to North Carolina and donate time and space at their facilities in North Carolina to get our logistics and operations back on track, while at the same time heading up the Conference Committee and putting together this year’s exciting program! Earl and Gail Cook (our eTouch creators, database experts, and TFH Angels extraordinaire) will be missed at the conference this year, but their support and hard work will be felt in so many obvious and subtle ways.

I think we are coming to a place where our systems are leaner, clearer, more effective, and set up for easier continuity for future administration and boards. I have one year left in my term, and with the support of this outstanding board, and our passionate membership, I believe we will be on solid footing when we meet again in 2011, allowing us to turn our attention and energies from filing systems and online shopping carts to the real business of the TFHKA- creating the new vision for the next 35 years of this energy work, and getting the word out more than ever!

As we continue to look for new areas and new methods to develop the work and do our due diligence of marketing, we needn’t forget about the tried and true. We have again on the program this year, a long-time supporter, Jerry Teplitz, to help us renew our skills in creating high energy promotional materials. Rev. Alicja Aratyn is also on hand to offer us new insights into the vibrations of the human energy field.

We have had the great honor over the years of being a springboard for the innovators and leaders in the field, and frequently have the leadership return to their “family roots” to share new insights and tales of opening new frontiers, in the areas of the work itself, and across new geographies in the world. We are delighted to have the current Chairperson of Brain Gym ® International, Bonnie Hershey to remind or reveal to us some of the commonality of TFH and Brain Gym/ Educational Kinesiology, and share with us some of the fascinating dimensions of the work of pioneers Paul and Gail Dennison.

Debra Greene returns to our conference, energized by her recent publication of Endless Energy and her contribution to Goddess Shift. She will present a step-by-step procedure (Inner Clarity) for going behind the scenes to get to the core of energy imbalances, providing us another powerful opportunity for self-discovery, transformation, and lasting change.

Richard Dureé, was at the Foundation in the early days of the grassroots explosion of Touch for Health around the country and then around the world. This year he returns to the fold and will share with us some of the cutting edge science to explain how the 40-60 trillion cells in your body somehow “all know what to do” and why our work in kinesiology is so effective.

One of our newest, but nonetheless hardworking and essential board members, Brian Esty, has stepped up to give us some insights into the parallels of the TFH philosophy and NLP. He points out that John and Carrie Thie were strongly influenced by Virginia Satir, who also influenced NLP, and shares some key concepts that are immediately applicable in making our balances, not just about “fixing what’s wrong,” but part of an enriching journey of transformation and everyday miracles.

Wherever I go in the world of kinesiology, I constantly meet people who remind me that our simple Emotional

Stress Release technique is not to be underestimated. It may be the simplest, easiest technique in TFH, but it might also be the most powerful. John Thie used to say that if the only tools he had were goal-setting, muscle-testing and ESR, he could probably get almost all the same results he did with Chiropractic, Applied Kinesiology and TFH. One of the dreams of TFH is to share such simple techniques to "deactivate the stress response" as widely as possible around the world.

In 1989, Marge Murray shared "emotional tapping" adapted from Roger Callahan's "Phobia Tapping." In 2010, Gary Craig's Emotional Freedom Technique (EFT), also based on Callahan's tapping, has spread worldwide to amazing success- in terms of being known, and in terms of so many people receiving significant help and relief. Greg Nicosia, president of the Association for Comprehensive Energy Psychology, points out that today, EFT is probably the most widely used, and is the preferred technique to be studied in most research. In fact, there is now a significant evidence base of Randomized Controlled Trials (RCT) – the current "gold standard" of research evidence. Energy Psychology has reached the minimum threshold to be considered "real." This is important news. Though John Thie consistently called for the kind of evidence base that is being generated in the field of Energy Psychology, both in Applied Kinesiology and in Energy Kinesiology, he was also fond of saying TLC is more important than the RTC!

As Greg Nicosia so poignantly points out, we persist in this work because we already know it works, we have experienced it working everyday miracles, AND we do need this research that is happening in AK and is exploding in ACEP, to allow it to be available to more people, AND you can give the patient the "right medicine" but it may not really be effective if, "he doesn't know you care."

Fred Gallo literally "wrote the book" on Energy Psychology, and will offer us some of his fascinating insights into some of the mechanisms behind trauma, and the potential for immediate, lasting relief.

Johanna Keller-de-Wild comes all the way from Switzerland to share a new perspective on the Five Elements, and a new way to relate to our family, friends, students or clients. John Holodnak has come all the way from Australia to share with us a different approach to the diagram of holistic health- not the triangle, but the SQUARE, with valuable notes on nutrition and herbs. And Warren Jacobs comes out of retirement to remind us again of the importance of Emotions and Active Listening, with his expert style of interviewing, and the final tonic note of many a good balance- THE HUG.

These are exciting times as we reach a new tipping point in the paradigm shift from disease treatment back to Energy Balancing. A month ago, Mary Jo Bulbrook introduced us to some of her friends practicing Healing Touch at the Scripps Institute in San Diego, California (a Center of Excellence in Integrative Medicine, in the company of Johns Hopkins, Stanford, Duke, Tufts, U. of Wisconsin, U. of Maryland and U. of Arizona). I was even lucky enough to receive a very soothing and stress-relieving demonstration session. With over 2000 Nurses practicing Healing Touch in cutting edge hospitals around the country, energy work is increasingly becoming a key feature of cutting edge Integrative Medicine, and the patients are asking for it!

The cycle begins again today. We can change this world, one person at a time... AND the hundredth monkey may soon be holding his ESR points or tapping his EFT spots. Then ALL of us will truly have "Health at Our fingertips." I hope you will leave here with new inspiration, and an expanded vision of TFH and energy work in the world, and your own life. I hope you go home with some new applications or perspectives for your practice, whether it is with your family or your hospital patients. And be sure to get about 15 hugs per day, recharge your body, mind and spirit, and take your new connections with you to nourish your vitality, and enjoy YOUR life to the fullest.

In Touch,
Matthew Thie,
President, TFHKA, 2010

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Schedule of Speakers
Thursday, July 15

Welcome
Mathew Thie

Perspectives on Biological Communication
Richard Duree

Perspectives on Biological Communication

By Richard Duree

Abstract:

State dependent memory or state-specific learning records not simply a report of actual events. Included in the memory are the emotions, feelings, related memories and connected muscular patterns and reflexes experienced while experiencing an event. Classical biochemical cellular communication is but one type of epigenetic (over genetic) influence on cellular activities such as growth and differentiation. New research exposes the role of integrins and connective tissue as information pathways for cellular communications that are simultaneously mechanical, vibrational or oscillatory, magnetic, energetic, and electronic. This informational network connects every cell in the body.

Davis-Duree reflexes will be used to alter state dependent stress stored in the enteric area, or the second brain in the gut.

Years ago, researchers discovered that the emotional state we are in when learning takes place becomes an integral part of that learning. We call this type of memory state dependent memory or state-specific learning. Candace Pert's discovery of the "molecules of emotion" shows how all informational substance (ligands) related function, such as cellular communication and control, immune system function including allergic responses and inflammation, occurs as a sophisticated memory system handled primarily by our emotional brain, via the hypothalamic limbic connections.

Due to these hypothalamic limbic (emotional brain) connections a positive or negative emotional reaction or "state" triggers a corresponding flood of state specific informational substances. Because learning and memory are emotional-cognitive functions, the neural pattern, imprint, script, or "structure of knowledge" (to use Jean Piaget's term) of a specific learning event includes in its content the memory patterns of those emotional informational substances prominent in the body at the time of that learning.

Thus the emotions, feelings, related memories and connected muscular patterns and reflexive reactions experienced while learning something becomes part of the learned biopattern. When we exercise that learning in the form of some type of internal or external perception (looks, smells, sounds, tastes, feels like), even years later, the same learned biopattern will activate, informational substances will be released on cue, for they are as much a part of the neural/glial information pattern as is conscious intellect and our body (structure and physiological responses), brain (emotional and psycho/physiological responses), and heart (feelings/physiological) respond accordingly.

The whole body is a learning and memory system, an organism. It is important to remember that when we are discussing biological subsystems that we are dealing with a living biosystem where all the parts are interconnected and interactive.

"I THINK therefore I am," said Descartes. He could have also stated: "I act, therefore I think."

Our concept that the brain was the center of mind has long been considered central to what makes us human. Now research suggests that our bodies and their relationship with the environment govern even our most abstract thoughts.

"Advocates of traditional accounts of cognition would be surprised," says Tobias Loetscher at the University of Melbourne in Parkville, Australia.

"They generally consider human reasoning to involve abstract cognitive processes devoid of any connection to body or space."

Until recently, the assumption has been that our bodies contribute only to our most basic interactions with the environment, namely sensory and motor processes. The new results suggest that our bodies are also exploited to produce abstract thought, and that even seemingly inconsequential activities have the power to influence our thinking. Traditional beliefs regarding cognition view human reasoning as a series of abstract processes occurring in the brain that are devoid of connection to one's body or the external environment. This view has been increasingly challenged recently in the scientific community. Dr. Loetscher suggests that even our most abstract thoughts do not take place in our brains alone. Our most abstract thoughts are governed instead by our bodies and the relationship between our bodies and the world around us. In this more recent view, the mind and body work together, neither having primacy over the other. In fact they are simply parts of a totally integrated biosystem.

In the work I have been involved in for the past 35 years I have begun to explore our encultured self and the structures of our personal life metaphor and their affects on our health and wellbeing. The very foundation and framework of our world view, self-image, mind set, faith, and belief are culturally and experientially determined. In order to learn how to rescript patterns in our own lives, and use this awareness to assist others in rescripting theirs, we have become aware of how many of these patterns get embodied. How did I learn that this particular way of experiencing a scene in life that causes stress or pain? Who and what caused a particular scene to

be written into the script of my life? The first awareness comes from learning that we are indeed dealing with patterns. Some patterns, or scripts, were inherited from our genetic past, the form and shape of our bodies and the way in which we process many forms of reflex and sensory awareness. Other plot developments are written into the script in response to our unique interpretation of the environmental experiences we have had from conception forward. The feedback from the internal and external responses to these environmental signals alters how we grow and what we connect together.

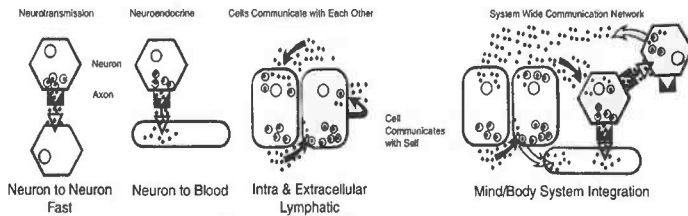
Once we become aware that our experience of life is a direct result of our interpretation of sensory inputs we can begin to cleanly observe conscious or subconscious responses and reactions to the perception of your (or your client's) personal reality: how we structure our interface with internal and external environmental signals and our unique assemblage of genetics (biology), sensory impressions (somatic reflexive memory) and thought structures (conscious and subconscious adaptive metaphors) are some of the base factors in our ability to manage stress, change and the cumulative effects of unmanaged stress on our biology.

That being said and science and biology being what they are what we are dealing with are people and people are all about relationships and story. Relationships are based upon communication. From the relationship between fields, cells, self, others and the environment, clear and balanced communication is essential to the process of health and well being.

Arguably the most important connection between cells lies in the different ways that they exchange information with one another. The precise pattern of our organs, in fact of our whole body and its dynamic functioning is possible only because cells communicate and cooperate. It is vital for cells to understand how to work together in a precisely coordinated manner. The cells must communicate to know when to divide, when to repair themselves, when to make molecules, when to move, and when to die.

So one way cells in different parts of the body communicate with one another is by using their sense of molecular "smell" as molecules that move from cell to cell, allow cells to coordinate their actions by sending informational substances back

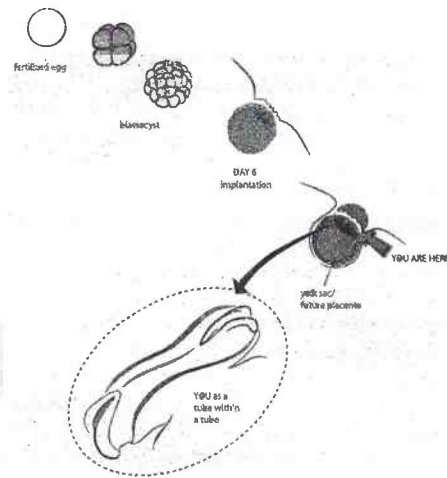
and forth. For instance, in a simple form of cell to cell communication, one cell will emit a signal, in this case a molecule or informational substance. This module will stimulate the outer covering or membranes receptor of the cell. This stimulation to the outer membrane will set up a chain reaction of molecular events that travels from the outer membrane all the way in many cases to the nucleus of the cell.



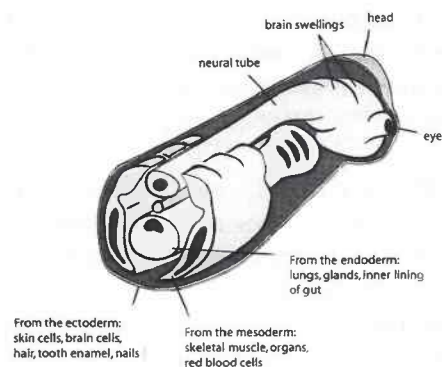
There is another basic structure underlying the connection between cells and their myriad manifestations, organs, muscles, bone, blood vessels, nerve, bioenergy systems and skin surfaces that we kinesiologists work with daily. In order to understand how these different systems get connected we have to look all the way back for a moment of fertilization. At the moment of fertilization, major changes happen inside the egg, the genetic material of the sperm and egg fuses and the egg becomes a complete cell. The cell then begins to divide, from this moment on the developing fetus experiences everything the mother ingests and every feeling, thought, and movement that she makes, these environment related epigenetic (over genetic) influences have a direct effect on the development of the fetus including brain development.

Over about five days, the single cell body divides four times, to produce a ball of 16 cells. This ball of cells, known as a blastocyst and looks like a fluid filled balloon. It is at this phase when the embryo implants into the mother's uterus. Around the second week after conception, the blastocyst has embedded itself with one part of the ball embedded in the side of the uterus. What happens next is the same for all animals whether fish, reptiles, or mammals. All organs can be traced to one of three layers of tissue in the developing embryo. These three layers become known as the germ layers. Significantly the three layers form the same structure and every species. Every heart of every species originates from the same layer. Another layer

gave raised every brain of every animal. No matter how different species look as adults, as tiny embryos they all go through the same stages of development.



The names of these three layers are derived from their position: the outer layer is called ectoderm, the interlayer endoderm, in the middle layer of the mesoderm. Ectoderm forms much of the outer part of the body (the skin) and the nervous system. Endoderm, the inside layer forms many of the inner structures of the body, including our digestive tract and numerous plans associated with it. The middle layer, the mesoderm, forms tissue in between the guts and skin including much of our skeleton and arm muscles. Whether the body belongs to a salmon, dog, chicken, frog or a mouse all its organs are formed by endoderm, ectoderm, and mesoderm.



As mentioned previously development the mammalian embryo has three distinct layers: ectoderm (external layer), endoderm (internal layer) and in between those two layers the middle layer or mesoderm.

Parenchyma

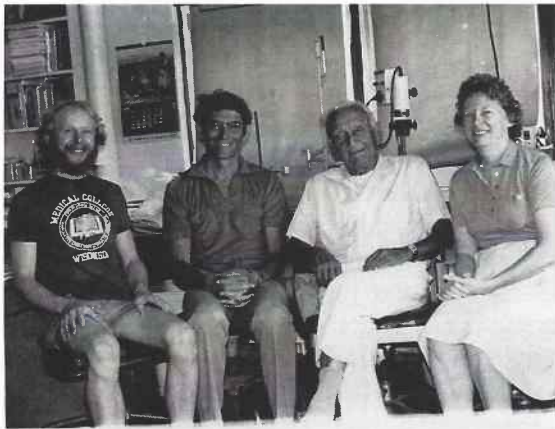
The parenchyma are the functional parts of an organ in the body. This is in contrast to the stroma, which refers to the structural tissue of organs, namely, the connective tissues. The parenchyma, of most organs is of ectodermal (brain, skin) or endodermal origin (lungs, gastrointestinal tract, liver, pancreas). The parenchyma of a few organs (spleen, kidneys, heart) is of mesodermal origin.

Examples include:

Organ Parenchyma

kidney	nephron
lungs	alveoli, respiratory bronchiole, alveolar duct and terminal bronchiole
spleen	white pulp and red pulp
brain	neuron, glia
liver	hepatocyte
heart	myocyte

The stroma of all organs (all parts of the organ that are not organ specific in function) is of mesodermal origin is the same substance that is the supporting framework for every cell in the body which typically consists of connective tissue made from collagen.

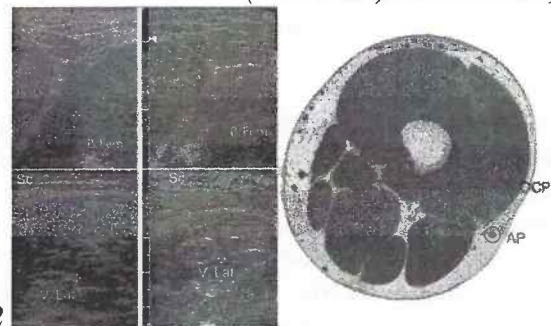


Peter Gascoyne and Ron Pethig, Albert Szent-Györgyi

In 1981 a collaboration with Peter Gascoyne and Ron Pethig, Albert Szent-Györgyi demonstrated that the protein, collagen, acts as semiconductor in biological systems where water is also present. Collagen is the most abundant protein in the world and is the main component of a tissue that has always fascinated me: the connective tissue. This is

the stroma material that forms the bones, ligaments, tendons, cartilage and the coverings of the bones and muscles known as fascia. The fascia forms the largest system in the body as it is the system that touches all of the other cells and systems. It can be described as the construction and communication fabric of the animal body. Alfred Pischinger, Hartmut Heine and their colleagues in Germany referred to this living matrix as the "ground regulation system" and the key to health and disease. To illustrate one aspect of this body wide information system we can look at a publication by Helene m. Langevin and Jason Yandow titled *Relationship of Acupuncture Points and Meridians to Connective Tissue Planes* they hypothesize that the network of acupuncture points (AP) and meridians can be viewed as a representation of the network formed by connective tissue. They propose that the anatomical relationship of acupuncture points and meridians to connective tissue planes is relevant to acupuncture's mechanism of action and suggests a potentially important integrative role for connective tissue. Over 80% of classical acupuncture points fall on facial cleavage lines (AP). These areas are more conductive than control points (OCP).

Photo: *Anat Rec (New Anat)* 269:257-265,



2002

The entire connective tissue living matrix is simultaneously a mechanical, vibrational or oscillatory, magnetic, energetic, electronic, and informational network. We now know that the cellular matrix is connected, across the cell surface, with the connective tissue system or extracellular matrix. Recently a whole class of cellular 'trans-membrane' linking molecules, or 'integrins,' has been discovered.

As was stated earlier YOU started life as a single cell. Now you are made up of somewhere between 40-60 trillion of these individuals. Every day billions of these cells die and are replaced. And if you hurt yourself, billions more cells spring up to repair broken blood vessels and make new skin, muscle or even bone. Even more amazing than the staggering number of cells, though, is the fact that, by and large, they all know what to do - whether to become skin or bone and so on. The question has been, how?

Until recently, the focus was all on "smell": that is, on how cells respond to chemical signals such as neurotransmitters, growth factors and other ligands (informational substances) bonding with the cell surface and their epigenetic affects. Biologists thought of cells as robotic automatons that blindly followed the orders they were given by this biochemical information. In recent years, however, it has started to become clear that the sense of touch is another epigenetic factor and is vital as well, allowing cells to work out for themselves where they are and what they should be doing by reading the stresses, tensions and textures around them.

What is emerging is a far more dynamic picture of growth and development, with a great deal of interplay between cells, genes, our body's internal and external environments plus our interpretation of these sensory inputs.

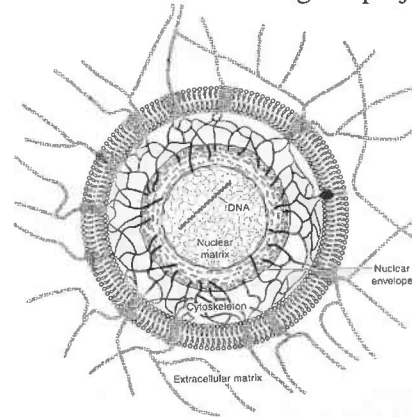
While it was clear that physical forces do play a role - for example, astronauts living in zero gravity suffer bone loss - until recently there was no way to measure and experiment with the tiny forces experienced by individual cells. Only in the past few years, as equipment like atomic force microscopes has become more common, have biologists, physicists and tissue engineers begun to get to grips with how forces shape cells' behavior.

"What's surprising is not that there are tactile differences between one tissue and another," says Discher. After all, doctors rely on such differences every time they palpate your abdomen. "What's surprising is that cells feel that difference."

The details of how they do this are now emerging, most cells other than blood cells, parenchyma, live within the fibrous extracellular matrix or stroma consisting of connective tissue made from collagen.

Each cell is linked to this matrix by proteins in its membrane called integrins, and the cell's internal protein skeleton is constantly tugging on these integrins to create a taut, tuned whole. "There's isometric tension that you don't see," says Ingber. This is another of the areas in which much of kinesiology operates. In practice, this means changes in external tension - such as differences in the tone of muscles, stiffness of the matrix, or the everyday stresses and strains of normal muscle movement - can be transmitted into the cell and ultimately to the nucleus, where they can direct the cell's eventual fate. Even relatively mild stresses make a big difference. Even small differences in forces can influence development.

Illustration shows integrins projecting from cell.



To understand how this signaling system works we need to be aware of the role of these integrins - tiny projections emerging from each cell, that act like mechanical sensors, mini-transmitters and receivers. The "integrins" are protein molecules that traverse the cell membrane and they form a direct physical connection between the extracellular matrix including connective tissue and the cells cytoskeleton, intracellular and nuclear matrices. Signals from the cells are transmitted to the connective tissue and from the connective tissue to the cells. This mechanism brings information instantaneously from the senses, mind (conscious and subconscious), meridians and all other body systems into each cell of your body.

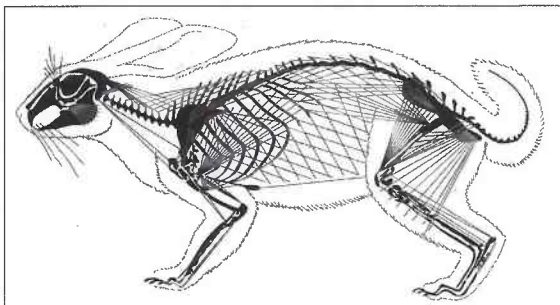
In 1969 Mark Bretscher at the Medical Research Council Laboratory of Molecular Biology discovered that one of the proteins in the membrane of red blood cells extends across the cell surface,

essentially connecting the inside of the cell with the outside. His research on this subject was reported in several scientific journals in 1971.

Dr. Donald Coffey at Johns Hopkins School of Medicine studied the nuclear matrix and its interconnections with both the DNA and with molecules that extend across the nuclear envelope and connect to the cytoskeleton. What this meant was that we could now trace the continuity inward from the extracellular matrix and connective tissues, across the cell surface via the integrins and related molecules first described by Bretscher, throughout the cell cytoplasm via the cytoskeleton, and across the nuclear envelope to the genetic material. In 1991, the same group produced an inspiring report on the way signals propagate through this matrix, which they termed a tissue tensegrity matrix system. Tensegrity is defined as a continuous tensional network (called tendons) supported by a discontinuous set of compressive elements (called struts).

The 1991 report by Pienta and Coffey gave precise language and experimental validation to the transfer of energy and information through the living matrix:

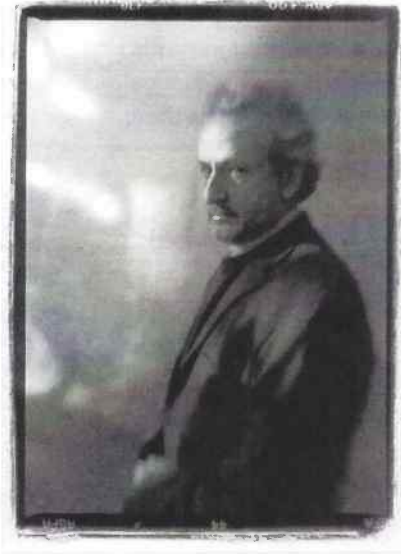
Cells and intracellular elements are capable of vibrating in a dynamic manner with complex harmonics, the frequency of which can now be measured and analyzed in a quantitative manner...a tissue-tensegrity matrix system...is poised to couple the biological oscillations of the cell from the peripheral membrane to the DNA...[and in the other direction]. [Words in brackets added by the author]



The new research on epigenetics is teaching us that the way we think about ourselves and even the words we use and the words used by the people around us can cause changes at the level of our DNA molecules. It is said that the DNA in every cell in your body is listening to every word you say and

hear. From the ideas expressed above, one can see that the vibratory living matrix probably plays a key role in delivering the vibrations of our words and thoughts to every DNA molecule in our bodies.

Donald Ingber

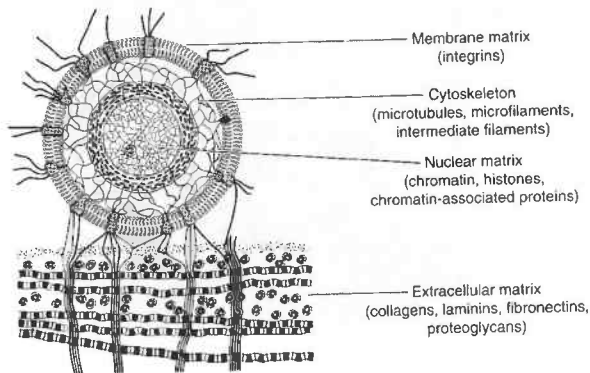


Donald Ingber's work has involved showing how tissue, cellular, and nuclear architecture can be described as tensegrity systems.

Tensegrity also accounts for the fact that inflexibility or shortening in one tissue influences structure and movement in other parts. While a kinesiologist may focus on improving muscle balance, flexibility and/or mobility of a particular part of the body, the effects can and do, spread to other areas. This is, in part, due to the tensional integrity of the system, but it is also due to the fact that the tensional system is a vibratory continuum. This can be demonstrated with a tensegrity model by plucking one of the tendons. This will cause the entire network to vibrate.

Since the living tensegrity network is simultaneously a mechanical and a vibratory continuum, restrictions in one part have both structural and energetic consequences for the entire organism. Structural integrity, vibratory integrity, and energetic or informational integrity go hand in hand. One cannot influence the structural system as we do as kinesiologists without influencing the energetic/system, and vice versa.

We can use the downstream effects of the mechanical signal generated by physical manipulation to modulate signal transduction to and within the cell. Modification of connective tissues stresses and tensions therefore may have important biomechanical, vasomotor and neuromodulatory effects as observed with Chapman (neurolymphatic), Bennett (neurovascular), and Davis-Duree reflexes (N.E.P.). We will now work with Davis-Duree enteric related reflexes used to help change state dependent stress reactions in the gut area related to perception.



Answer these questions before proceeding to following pages.

3 Questions

List 3 situations in your life where you would like to make change. Be sure that these are issues that affect your enteric (gut) energy. Then in a, b and c, list 3 ways your life would be different if you changed this reaction. Make sure that these changes are stated in physical terms.

1.

a.

b.

c.

2.

a.

b.

c.

3.

a.

b.

c.

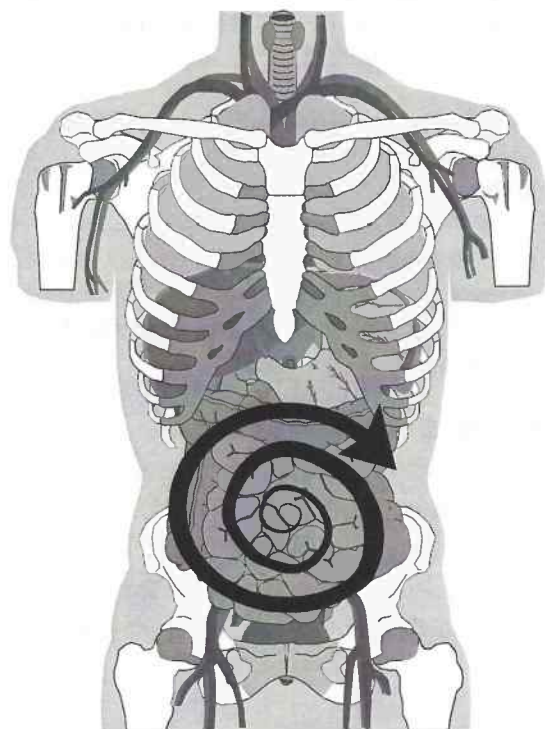
N.E.P. Enteric Release Technique

Have you ever experienced a Gut Feeling? Who hasn't? Without a doubt if you are alive you gut talks to you from time to time. When there is conflict between the brain in the head and the brain in the gut, (enteric nervous system) the gut usually wins. When clients come in with a wide range of symptoms from depressed states, fear, bowel issues, anxiety, and just strange feelings or moods that they attribute to the gut area, start the N.E.P. enteric release technique.

1. Go to the area around the navel and check by a shock tap and test...
2. If you get an indicator change start testing slowly around the navel spiraling out in the direction of the illustration on the next page.
3. When you get an indicator weakness press into the area and hold the area on top of the upper trapezius muscle.
4. Hold the two points and dialogue with the client about the issue until the pulse comes up in the ganglion, the area below your hand softens, or the client tests that you have held the point long enough.
5. Continue this process until there are no more reactive points in the abdominal area on that issue.
6. Go to the area around the navel and check by a shock tap and test.
7. If you get an indicator change start testing slowly around the navel spiraling out in the direction of the illustration on the next page.
8. When you get an indicator weakness press into the area and hold the area on top of the upper trapezius muscle.
9. Hold the two points and dialogue with the client about the issue until the pulse comes up in the ganglion, the area below your hand softens, or the client tests that you have held the point long enough.

10. Continue this process until there are no more reactive points in the abdominal area on that issue

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If you have questions about this paper, Davis-Duree reflexes, or would like information on Neuroenergetic Psychology Series (N.E.P.) or our other programs contact:

Richard Duree
Neuroenergetic Psychology Institute
Office Address:

349 East Main Street Suite 1A
Ashland, Oregon USA 97520
Phone 541-899-7209

Mailing Address:
P.O. Box 1563
Jacksonville, OR USA 97530
E-Mail: neurogenics@usa.net
Website: www.neuroenergetic.com

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Oschman.**

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with Dr. Floyd Davis

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Richard Duree

Is an internationally known kinesiologist (Master Kinesiologist, IASK) educator, author, lecturer and counselor, he served for six years as an executive board member and the Research Director for the International Association of Specialized Kinesiologists (IASK) and is currently serving on the Advisory Board. He is a Trustee Neuroenergetic Psychology Institute and co-creator of the Neuroenergetic Psychology System, N.E.P., Structural Kinesiology, Phased Reflex System and the Advanced Professional Practitioner Programs with Andrew Verity, N.D. During his 35 years in the field of specialized kinesiology Richard has also served as the head of Research and Development for Dr. John Thie, creator of the Touch for Health Program. He acted as an Instructor Trainer for the Touch for Health Foundation with Shanti Duree and co-creator of the One Brain System Gordon Stokes. Richard also worked for many years with Olympic and other world-class professional athletes under the direction of Dr. Leroy Perry of the International Sports Medicine Institute, Los Angeles. At the Renaissance Clinic in Nassau, Bahamas, he researched the effects of muscle balancing on stress and aging under the direction of Dr. Ivan Popov, M.D. He has published numerous papers in kinesiology journals worldwide and contributed to numerous books on the subject including Touch for Health 2nd edition by Dr. John Thie, Staying Young by Dr. Ivan Popov, M.D. and Energy Medicine by Donna Eden and David Feinstein. Along with his partner Shanti he teaches various kinesiological programs at professional schools of natural healing worldwide. When not on the seminar circuit Richard maintains private practices in Santa Barbara California and Ashland Oregon USA.

Notes:

Schedule of Speakers
Friday, July 16

What's the Buzz about Brain Gym®?
Bonnie Hershey, M.Ed.

Energy (Not) Tapping for Trauma
Fred P. Gallo, Ph.D

*Blending Western Medicine with
Touch for Health and Applied Kinesiology*
Warren Jacobs

*Neuro-Linguistic Programming applied to
a Touch for Health Balance*
Brian Esty

The Balance Process
Caren Truske, M.S.Ed.

Advanced Strategies in Balancing the Central Power Current
Mary Jo Bulbrook

The Use of Magnets in the AK Practice
Dr. Sheldon Deal, D.C., N.M.D., DIBAK

What's the Buzz about Brain Gym®?

Bonnie Hershey, M.Ed., Brain Gym® International, Board Chair

Some of you may have yet to experience the Brain Gym® program, even though both Touch for Health and Brain Gym branch from the same kinesiology tree, with George Goodheart's Applied Kinesiology at the base. I find it fascinating and wonderful to note the commonalities and close ties of the two modalities.

Brain Gym founders, Paul Dennison, Ph.D. and Gail Dennison, were both trained in Touch for Health. In 1979, Paul took the Touch for Health courses at the TFH Foundation in Pasadena where he met the founder John Thie. While working with students as a reading teacher in his Valley Remedial Group Learning Centers in California, Paul made the intuitive leap to use muscle testing as a teaching and anchoring tool. Following his Touch for Health certification course, Paul wrote a letter to himself stating his goal of writing a book and starting Edu-Kinesthetics, a new method of kinesiology. Edu-Kinesthetics evolved into Educational Kinesiology when established as a non-profit foundation in 1987 and is currently doing business as Brain Gym® International.

In 1981, Paul Dennison wrote his ground-breaking book *Switching On*, documenting his success in using muscle testing and other simple movements for people with dyslexia. Paul's own learning challenges were the driving force in his exploration of creating ways to help others. As an educator, he drew from what he had learned in Touch for Health, vision training, Jin Shin Jitsu as well as from his training as a marathon runner when creating an educational branch to the kinesiology tree begun by George Goodheart. Gail's input based on her movement, dance, Touch for Health and vision training background has contributed to the on-going growth of the Brain Gym curriculum.

Brain Gym was the first in its field to explore intentional movements and their relationship to developmental physical skills, cognition, and behavior. Each movement is, in the way that it's used, unique to Brain Gym.

Paul intuitively used the supraspinatus, pectoralis major clavicular and latissimus dorsi muscles from Touch for Health prior to making the connection to the body dimensions—side to side, top and bottom, front and back. He soon discovered that these connections are perfect representatives for the three dimensions, later to be known in Brain Gym as the Laterality, Centering and Focus Dimensions.

The Three Dimensions:

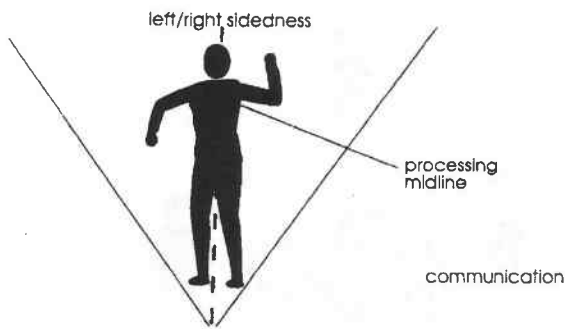
We naturally move in a coordinated fashion within the three dimensions of laterality (side to side), centering (top to bottom) and focus (front to back). There are times when we may be feeling "off", such as when we are spinning our wheels, feeling stuck, overwhelmed or stressed. Looking at the dimensions may provide insight into what could use support allowing one to reclaim balance along with the joy of learning.

We naturally dance between feeling like "we've got it", "we're getting it" and "huh?" (where stressors are evident). When we slow down and notice in which of these states we are currently operating, we can evaluate how the current state is serving us and whether support would be useful in shifting to a more efficient learning/performance state. We can then choose/not choose to do activities (from Brain Gym, TFH or many other modalities), which may move us into feeling more integrated.

We can get a better idea of these learning states by looking the Three Dimensions of the Brain Gym program.

Let's begin with the **Laterality Dimension**.

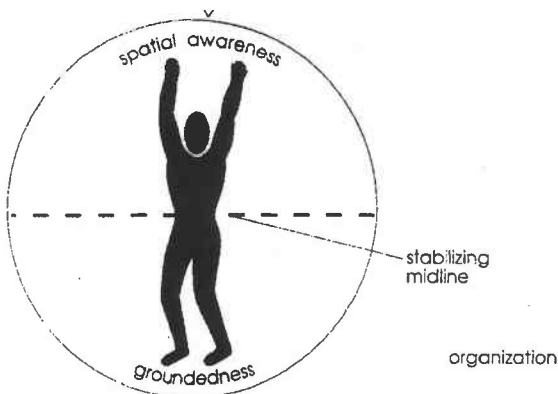
This dimensional midline is right down the center of the body, dividing left and right and has to do with the communication between the right and left hemispheres of the brain as well as the right and left sides of the body – the ability to move and think at the same time.



This is considered the “processing midline” where both eyes, ears, and hands are involved with reading, writing and manipulating objects. There is a flow of information between both hemispheres of the brain, allowing for the creative space of self-expression to develop, the possibility to see the whole picture and the details, and the ability to consider a situation in context.

The supraspinatus muscle represents the Laterality Dimension. In Touch for Health this muscle represents the central meridian associated with the statement, “I am a success”. In Brain Gym-eze we call the range of motion/muscle check “The Robot” and consider “What are my thoughts?”

The **Centering Dimension** has a midline about waist/hip level dividing the top and the bottom of the body.

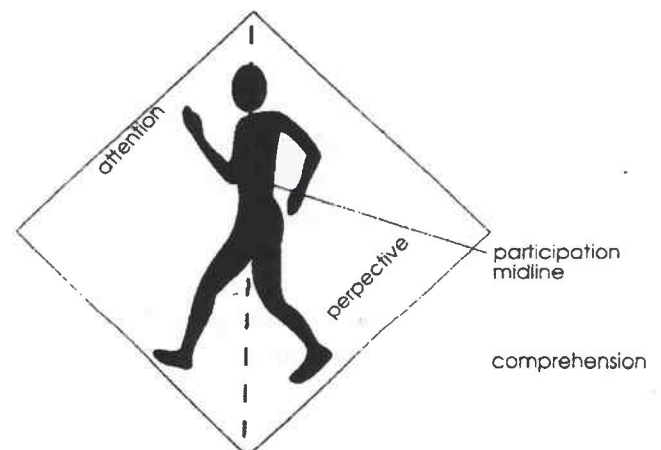


This dimension is about accessing our emotions. The questions of “Am I connected to those around me and the world?” and “Do I belong?” represent the Centering Dimension.

When this dimension is not available the “fight or flight” survival mechanisms may get triggered. Furthermore, the ability to feel grounded and centered in this world may be impeded when this “stabilization” midline is not engaged. This is where we notice our level of connection. Is it safe enough to reach out and gather in new information on a stable base?

In Brain Gym, the pectoralis major clavicular muscles represents the Centering Dimension. The nickname for this range of motion is “The Swimmer”; it has to do the top and bottom of the body noticeable with the up and down motion of the muscle check. In Touch for Health, the pectoralis major clavicular is used when checking the stomach meridian. This meridian has to do with, “I am content and blessed” – or not?

The last of the 3 dimensions is the **Focus Dimension** with its midline going up the side of the body dividing the body’s front and back.



This dimension is thought of as the “participation” midline. The feeling of wanting to move forward and engage in the world or hang back and withdraw describes this dimension, as well as the ability to see new possibilities and take purposeful action. When this dimension is not in balance, the survival mechanism of “freeze” may come into play.

The latissimus dorsi muscle helps demonstrate this dimension; Brain Gym refers to this range of motion/muscle check as “The Penguin”. In Touch for Health, the latissimus dorsi corresponds with the spleen meridian – the “I relax and do my best”

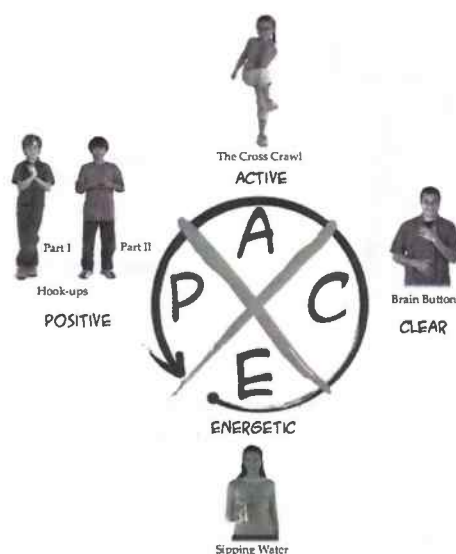
meridian. It has a lot to do with posture. In Brain Gym, we ask the questions: "What am I sensing?", "Where am I in space?" and "How am I comprehending what is happening?"

Both the Centering and Focus Dimensions deal with the survival system, a vital protective mechanism for the brain/body system. The challenge is noticing when this survival response is truly working to benefit and protect us versus when the perceived danger is a pattern no longer necessary for our survival. When all three of these dimensions are balanced and available we are in the "flow" of life. When we pause and notice that something is out of synch, we can choose to pull from our individualized toolboxes of wondrous modalities to assist us in getting back into balance.

In Touch for Health, one tool available is to "switch on" by doing:

- Up/down switching – rubbing above and below the lips while holding the navel and "switching on" the central and governing meridians
- Left/right switching—rubbing the K27's while holding the navel to "switch on" the kidney meridian and assist with eye tracking
- Front/back switching—rubbing the tailbone while holding the navel to "switch on" the governing meridian
- Central meridian sweep—sweeping up and down the central meridian (pubic bone to lower lip) and finishing with 3 sweeps going up the body
- Checking for hydration

In Brain Gym, we do PACE, which is an acronym for **P**ositive, **A**ctive, **C**lear and **E**nergetic. Much like the "switching on" activities above, the PACE activities are preparatory – getting us ready for whatever is next.



The acronym begins with:

- "E" stands for Energetic--Sipping Water. We are chemical and electrical beings and we know that water is a conductor of electricity. When dehydrated, our electrical system is not able to function at it best. Because our brains and bodies are comprised of a large amount of water, sipping water is supportive.
- "C" stands for Clear – Brain Buttons. This element may look familiar as it involves rubbing the K27 points while holding the navel as in the side to side switching mentioned above. The hands placed below the collarbone and on the navel provide a physical reference of our vertical and horizontal planes.
- "A" stands for Active—The Cross Crawl. By alternately touching hand to opposite knee, we are using both sides of the body while crossing the Laterality midline. This gross motor movement requires balance and stability while supporting the walking gait.
- "P" stands for Positive—The Hook-ups. This movement has been adapted from Wayne Cook and what was known as Cook's Hook-ups. To do Part One of this activity, cross your ankles and outstretch your arms at shoulder level. Turn your palms out, thumbs down and cross one hand over the other interlacing your fingers. Draw

your arms under and up to rest comfortably on your chest while touching your tongue to the roof of your mouth. In Part Two uncross your feet and arms touching the thumbs and fingers together while resting the tongue on the roof of your mouth.

When we are in a “fight or flight” response our bodies’ energy goes to our extremities to run or stay and fight off our dragons. In Part One of Hook-ups we are bringing our extremities to our center for grounding and balance. According to author and neurophysiologist, Carla Hannaford, “Touching the tongue to the roof of the mouth, stimulates the tongue ligaments which connect to the vestibular system, thus activating the RAS [Reticular Activating System] for focus and balance, and also helps to release a tongue thrust caused by postural imbalance.” Part Two represents the connection of the left and right hemispheres allowing for ease of neural communication and stability.

**Please note that any of these activities can be adapted as needed and can be done standing, sitting or lying down.*

As with Touch for Health, reading about Brain Gym is entirely different from experiencing it. The proof is in the experience. With your skills and muscle testing knowledge, Brain Gym makes intuitive sense. You know about movement and participation. And as Paul Dennison says, “Movement is the door to learning.” Come experience the excitement of the synthesis of these modalities by taking a Brain Gym class or receiving a balance!

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Resources:

Brain Gym® 101 is the 24-hour entry level course is taught in over 87 countries around the world and translated into more than 40 languages. The foundation office resides in Ventura, California and can be found at www.braingym.org. As with Touch for Health, both modalities are simple, profound and international in scope.

Brain Gym® International is committed to the principle that moving with intention leads to optimal learning. Through our outstanding instructors and movement-based programs, we empower all ages to reclaim the joy of living.

Moving with intention.

Brain Gym® is the registered trademark of Brain Gym® International, Ventura, CA, www.braingym.org

Notes:

Energy (Not) Tapping for Trauma

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I am no stranger to trauma and I am also sure that you are well acquainted with it. For me, trauma began at a young age. When I was eleven my mother was diagnosed with breast cancer, and she died of lymphoma at forty-three. I was nearly thirteen. As the cancer spread throughout her body, I watched helplessly as the mother that I loved and knew to be passionate and vibrant, wither away. She suffered immensely and I suffered with her. You see, in those days, cancer patients mostly remained at home with insufficient pain medication to the end, which meant intense pain. I saw and heard her suffering. My father confided in me that she was going to die a year before she did and he told me to keep it a secret. I recall the strong electrical charge—the seeming bolt of lightening—surge through my body when he told me she was going to die. I remember feeling weak and falling to my knees, like the life had been drained out of me.

Although she wasn't supposed to know, I'm sure that she did. But she kept the secret too; we didn't talk about it. As a child, I frequently cried myself to sleep and prayed that she would be cured or at least wouldn't suffer so much. As a good Catholic boy, I even tried to relieve her pain by placing a holy scapular at various locations of her pain. She told me that it helped, but the pain traveled throughout her body. There was no keeping up with it! I felt dejected, helpless and hopeless, and I was convinced that my effort was not helping, even though in some ways it probably was. I believe that she found some solace in my attempts and even some pain relief. Of course, my three brothers and my sister were tormented by her death and dying also. I'm sure our father's heartbreak was the greatest of all, although I couldn't understand that at the time.

For me, my mother's illness and death were both agonizing and numbing. And these traumas interfered with my relationships for a long time. I had complex grief and I tried to cope by not thinking about it and sometimes by emotional reliving, but ultimately none of this helped. Really I don't think it occurred to me that my grief could be eliminated by anything other than the passage of time. Yet the

time-passing notion was really a myth in my case. Time was not healing these wounds and I had to wait three decades for relief through other means. Amazingly, each resolution took only but a few minutes and in some ways it was instantaneous. Here I intend to discuss how trauma sufferers can be helped quickly and thoroughly by eliminating energetic disruptions or blocks via energy psychology. But first I'd like to touch on another personal traumatic event that taught me something extremely important about how trauma is maintained and how it can be dissolved.

TRAUMA AND PANIC

I was twenty-one and I had just graduated from Duquesne University in Pittsburgh, Pennsylvania, where I majored in the three P's: philosophy, psychology and parties. The day after graduation, I had an automobile accident that nearly claimed my life. It was early June 1968, and I was driving my red Volkswagen Bug to the university student union to meet some friends, when a car much larger than mine—I believe it was a Chevy—ripped off my driver's door, shattered the windshield, and sent my car spinning. Immediately I flew through the air, in what seemed to be slow motion, into some wooden steps that my body broke. I then bounced over a banister, slid along the side walk, and rolled over onto my face before coming to an abrupt halt. Immediately I tried to get up, and at that moment I could feel that I was bleeding internally. I lay down again, rolled over and looked up at the sky, terrified that I was going to die. I shouted, "No! I'm not going to die! I'm not ready." I believe that affirmation and determination was a key to my survival, although it also left me with a problem that I'll go into shortly.

I had many injuries, including a ruptured spleen. I underwent surgery, received six pints of blood (that's 2.84 liters), and my life hung in the balance for several days. I was in the Intensive Care Unit for the first four days and in the hospital for ten days altogether. I was given plenty of morphine for pain, which I took advantage of to my disadvantage. I asked for morphine when I was in pain, but also

when I was too hot, too bored, or when I simply wanted to “party.” When I realized what I was doing—that I had become dependent on morphine—I told the nursing staff about this and from then on refused the drug, even though I craved it for several years.

After leaving the hospital, I recovered at home over the next couple of months. During that time, I also had thyroid surgery. Even though my physical condition improved quickly after the surgeries, I continued to experience psychological trauma for many years: fear when I was driving, anxiety, flashbacks and frequent episodes of panic with the feeling that I was going to die. I resolved that trauma over a period of time by learning to relax my hold on the steering wheel while driving and by riding out a severe panic attack one evening about ten years after the accident. Back then I had many panic attacks and I became especially terrified about a two-hour attack that began while I was sitting in my living room one evening. I tried just about everything I could think of to abort this episode. I paced while wrenching my hands, jumped up and down, prayed, breathed into a paper bag, went to the bathroom several times, soaked my head in cold water, took a warm shower, took a cold shower, drank some lemonade, gulped down a shot of whiskey, and finally ran full speed up and down the street along my house. Then I became really disgusted and laid face down on my bed and tried to intensify it. I closed my eyes and tried to go into the panic—into the abyss so to speak. With defiance, I called to the panic, “Come on... get me!”

The curious result was the exact opposite; the panic instantly vanished. I had come face-to-face with my fear, stared it straight in the eye, didn’t waver, and the panic fled. I thought I might have scared it away. About a week later, another panic attack started and again I intently and mindfully focused on the sensations. And again, it disappeared. I searched for any inkling of it in my body, but it was gone. I was pretty sure that I scared that one away too. The satisfaction I felt about this serendipitous discovery! From then on, I no longer lived in dread of panic. Even if a twinge of anxiety occurred, I faced it, observed it, and it would invariably vanish. I also realized that I could not use this approach to outwit panic, since the panic would surely know. I had to truly want to immerse myself in it, no matter what. I had to be for real. With this, my confidence

grew and I came to understand the sources of my panic. Partly it was about a blind spot in my consciousness—something that I concluded while I was flying out of my car in June 1968. I had forgotten this. As I hit the sidewalk, I had the rather detached thought, “Am I going to die now or after I stop sliding?” It was not a matter of IF I was going to die; dying was imminent. It was just a matter of how soon. When I stopped sliding along the sidewalk, my demise was inevitable at any moment. The panic always carried with it the sense that I was going to die *now* and I had to fight to stay alive. While it was certainly a good idea to not die at the time of the accident, somehow I took it out of context. In a sense the accident and dying were ever present, or nearly so. Traumatic stress is created the moment we say “NO” to the traumatic experience and the flow of life energy is blocked. It’s like the proverbial “Don’t think of an elephant!” which perpetuates the thought of an elephant. What we resist persists. The ancient Chinese called it *stagnant chi* and in energy psychology we use terms such as *perturbation*, *energy disruption*, *energy block*, and *duality*. Eventually I understood that panic—that strong electrical charge—was also connected to my mother’s death. Could misguided loyalty to my mother have been involved? To some, resolution of a trauma can be a long drawn out process or it is never resolved. But when an effective method is applied, very little time is needed. Actually the transformation occurs outside of time. We shall discuss more about this and effective methods, but first some additional reflections on trauma.

WHAT IS TRAUMA?

Trauma is so prevalent that we might be tempted to revise Buddha’s dictum about life being suffering and say that life is suffering because of trauma. Trauma, however, is not only about awful events, but about the attachment in the aftermath of the events. It is a negative attachment at many levels that accounts for trauma.

While there is a conscious attachment to the memory and its meaning, trauma is also an *unconscious attachment* so that what fuels trauma is not so much what we remember as what we have misplaced in consciousness. (In part, this is what dissociation is about: disconnected from the images, information, etc. of the event/experience.) In this view, trauma is about being blind to relevant information and not

coming to terms with it. Another way of understanding “coming to terms with” is to thoroughly process the event—recover the lost information and understand it from a wider perspective, a higher level of consciousness. Given this understanding, one approach involves an archeological expedition to uncover the lost data so that the unfinished business can be finished and trauma’s “post-hypnotic suggestions” can be banished. Even though this understanding is accurate, many people become traumatized during the attempt to review and uncover the missing material. So trauma can build on trauma. This emotional upset has been described as abreaction in some circles, which is distinct from the original term. However, I have come to learn that abreaction is not at all necessary if we address the fundamental cause of trauma. Also while reprocessing can often lead us to the fundamental cause, going directly to the cause is more efficient. Nonetheless, there is value in many methods and we ought to remain respectful.

Surely, memory is involved with trauma, although it is *non-declarative* or *implicit memory* rather than *declarative* or *explicit memory* that matters most. There are many aspects to consider when we examine trauma. Let’s take a brief excursion.

Trauma has many highly visible features. We can paint its landscape with a fine brush or a broad one. With a fine brush, we can talk about Posttraumatic Stress Disorder (PTSD), dissociative disorders and many other diagnoses described in ICD-10 and DSM IV. PTSD is trauma in its most obvious form. There’s the traumatic event, the fear, and the helplessness. The event, itself, is bad enough; although the aftermath, what we rightly call posttraumatic stress, is what torments. That torment includes any number of symptoms such as intrusive recollections, distressing dreams, flashbacks, avoidance, emotional numbing, splitting, and much more.

These are the conditions and the symptoms of obvious trauma and it can be *singular* or *multiple*. However, when we use a broad brush, there are less obvious traumas or upsets that can have a major impact. Most psychological, societal and even physical problems are rooted in trauma. Also the individual’s resources and perception are essential to

the impact of the event. Some obvious traumatic events are tolerated well by some people and other seemingly inconsequential events are highly damaging to others.

TREATMENT THEORIES

There are many theories about trauma, each looking at a different slice. To the *cognitive therapist*, trauma is attachment to distressing memories and thoughts. The goal is to reframe one’s thoughts in a more rational direction or more directly to become aware of one’s ability to dismiss distressing thoughts. Consistent with this is the knowledge that you are the thinker. Also using your ability to disregard traumatic memories each time they infringe on your serenity is valuable toward maintaining health and ultimately resolving trauma.

To the *behaviorist*, trauma is conditioning attachment and extinction is the goal. Treatments have involved exposure, either flooding or gradual exposure. Frequently, this process itself can be traumatizing if the therapist or client is uncomfortable with strong emotion. While tuning in the trauma is a necessary aspect of any successful treatment, it is not necessary to wallow in distress in order to heal. As a matter of fact, reeling in distress creates insecurity, is not therapeutic, and inadvertently reinforces the trauma.

This brings us to the *systemic* aspects of trauma and treatment. Trauma is often intertwined with relationships that cause, perpetuate or enable the person to remain a trauma victim. The solution becomes one of shifting the relationship in a healthy direction, away from an unhealthy attachment or entanglement. Of course, the therapist’s interaction with the client is imperative in this regard also. The truly helpful therapist maintains a steady eye on the person’s inner power and health, which is innate to all of us. When the therapist’s view is from this higher perspective, it brings out the health in the client. This promotes health for the therapist as well.

The *neuroscientist* sees trauma as attachment involving sympathetic nervous system activation, including hypervigilance of the amygdala in the limbic system. And there is also the disabling of the hippocampus, the brain structure implicated in our knowing that an event is past. At the same time a configuration of neurons firing is integral to trauma.

As Hebb articulated, neurons that fire together, wire together (another form of attachment). Thus, trauma becomes ever present, not completed in time. The goal is to calm the amygdala, disconnect the neuronal connections, and allow the hippocampus to record the event as over and done with.

The **neurochemical** understanding of trauma involves elevated levels of epinephrine and norepinephrine. During a traumatic event there is an activation of these neurochemicals in the service of survival. After the traumatic event has passed, another neurochemical, cortisol, is released to abort the alarm. In the case of PTSD, insufficient or no cortisol is released and the alarm continues to sound. This is consistent with sympathetic activation as well. Of course, the goal is chemical balance.

To the **body worker**, trauma may be attached to the muscles, and the goal becomes one of awareness and release through massage and movement.

The **shaman** says that the soul or part of the soul leaves the body during a traumatic event and *soul retrieval* is needed. The shaman travels to under or upper worlds to escort the soul back to the body.

Trauma and upset also result in **ego** attachments that interfere with your spiritual connection and true self.

And consistent with all of this, trauma it is an **energetic** attachment—an energetic block or imbalance, a disturbed and perturbed vibration of energy, a resonating energy field that goes on and on within the traumatized person and resonated outward to others. While these structures are fueled by our *core energy*, they are not who we truly are.

ENERGY PSYCHOLOGY

Psyche is Latin for soul. The ancient Greeks believed that the soul or psyche was the source of behavior. Also in psychoanalysis, psyche refers to forces in an individual that influence thought, behavior, and personality. And those forces are energetic. So originally psychology was the study of the soul or the spiritual aspect of the person, which also involves energy. And since energy cannot be destroyed, this also applies to each of us as spiritual energy beings. Energy psychology is consistent with the original definition of psychology.

When you have a trauma or any psychological problem, its genesis is in upset and frequently a decision turned against you. The emotional upset is a function of many factors, including the individual's developmental background, genetics, activation of neurochemicals, brain structures such as the amygdala, etc. And there is a freezing that takes place, consistent with blocking hippocampus processing and being inundated with a strong energetic charge. The decision made at the time of trauma many take the form of *I am helpless; I'm powerless; I am worthless; I am a total loser; I'm going to die any second; I deserve to suffer*; or any of a multitude of conclusions. These are often referred to as core beliefs, and since a person acts from these perspectives, we can say they are negative or controlling identities. They might also be referred to as sub-selves, alters, ego states, or even mental demons.

When I first encountered energetic approaches, I was skeptical. The idea of treating a psychological problem by tapping on the body, for instance, was foreign to me. Of course, I knew about Reichian therapy and Rolfing, since one of my graduate professors used to undergo Rolfing sessions regularly and return to class after the weekend black and blue, rather beaten up. At the time that seemed odd to me. Also, I heard about a group therapy approach in the early 1970's, which involved tickling group members who were not being honest. That seemed hilariously odd to me too. Also I knew about acupuncture, but I thought that was only relevant to physical problems.

Nonetheless, I decided to give it a try. I used to have fear of heights and I eliminated this problem within a few minutes. The same applied to trauma. All I had to do was physically tap on specific acupoints while recalling the memory or being in a situation that caused emotional distress. Of course, at first I thought this was simply distraction. However, when the fear of heights did not return and when the memories forever ceased to be distressing, the distraction theory was immediately disqualified. A better explanation was needed, and we've touched on that somewhat already.

The essential features of many energy psychology approaches involves attuning the problem—that is thinking about it—and then stimulating the body in

specific ways, such as by tapping on acupoints, holding chakras, etc. In time I discovered that this was merely a technique and that any approach that conformed to these simple laws of energy could accomplish the same thing (and often more profoundly). Although I overcame panic by staying present, observing the panic and trying to intensify it, for some odd reason most of my clients were unable or reluctant to do that. But tapping or touching specific bodily locations, or visualizing in specific ways, makes it easier; and clients usually report that they feel calm and relaxed. Yet the results are not limited to relaxation; there is also a shift in understanding and consciousness. After treating trauma in this way, people often shift out of ego attachment and became more philosophical and spiritual about what happened to them. "It doesn't bother me any more. Oh, it's just something that happened. I don't know why it bothered me for so long. I feel more relaxed now, more at peace. The anger and resentment are gone." These are the comments we hear regularly from people who were previously tormented by trauma.

ENERGY PSYCHOLOGY TREATMENT FOR TRAUMA

Since 1992, I have been helping people to eliminate trauma and other psychological problems with energy psychology. Let me tell you briefly about one person that I treated in this way. Amanda, a 19-year-old female university student, was referred to me because of PTSD after an automobile accident in 1999. The driver in the other car crossed over the medial strip and struck her vehicle head-on, killing both of his passengers and himself. Amanda was pinned under the dashboard for several hours while a rescue team struggled to cut her out of the crushed car. She had multiple injuries and was in the hospital and then a rehabilitation center for several months. I saw her a year after the accident. She was having frequent nightmares, flashbacks, panic, anxiety, guilt feelings and she was also abusing alcohol.

Initially, we focused on her memory of being pinned under the dashboard. After she thought about it and rated the distress as a 9 on a 0-10 scale, I asked her to dismiss the memory from mind while following the Midline Energy Treatment (MET), a technique that I developed in the mid-90s. MET involves physically tapping on four points on the head and

chest (related to acupoints and chakras): third eye point, under nose, under bottom lip, and on the upper chest. After about five rounds of tapping, she was able to vividly recall the event without distress. Several times throughout the treatment she laughed and asked me, "How does that work?" Follow-up sessions at one week, two weeks and two months revealed that after the initial session, distress about the event, nightmares and flashbacks no longer occurred.

During the course of treatment, other aspects of the trauma were treated, including feelings of guilt about the people who died. That distress was also resolved in one session by using MET and a couple related treatments.

Later in therapy, she reported that a relative molested her from age five to twelve. Using a more specifically focused treatment that involves manual muscle testing (Energy Diagnostic and Treatment Methods (EDxTM)), we were able to determine which meridians were involved in order to efficiently eliminate this abuse trauma. After we treated upset connected to various memories, she reported a lingering feeling of worthlessness, including a "dirty and disgusting" feeling in the lower abdomen. Apparently she concluded that she was worthless, dirty, and disgusting when she was molested. We were able to eliminate this sensation and her belief about not being worthwhile as well. A follow-up, several years later revealed ongoing relief on all counts. The trauma and core belief are gone.

LAYERING

Since I have been working with energy psychology for over eighteen years, I have naturally been on a learning curve. My initial love of tapping has matured and taken me in other directions. Early on I learned that simply holding treatment points or imagining tapping or watching someone else tap worked just as well. Since I found that many people are reluctant or forgetful of tapping to relieve a trauma or other forms of emotion distress, I developed a technique that I refer to as "layering." It helps to relieve emotional distress and it also thoroughly trains the person to use the technique or preferred facets of it for self-help. The steps are as follows:

1. Tune in and rate the problem
2. Client physically taps on the four treatment points
3. Client hold the treatment points during diaphragmatic breathing
4. Client watches the therapist tap the points on himself
5. Client imagines tapping the treatment points
6. Client imagines holding the treatment points.
7. Other layers may be considered, such as tapping the points on a photo or doll, imagining the therapist tapping the points, and verbally saying the points.

SELF-HELP AND HELPING OTHERS

It's worth noting that while I appreciate the self-help sentiment, self-help is not always possible. When it comes to the really deep issues, there is no substitute for the guidance of a compassionate, capable therapist. It's really difficult to be in the problem state and the helper role at the same time. You would need to switch back and forth between these roles and this can interfere with thoroughly treating the problem. Additionally, if you are experiencing counter intentions (psychological reversal) at the time, which is generally the rule with deeper issues, you will not be inclined to treat yourself. After all, why would you want to treat yourself if you are in a self-sabotaging mode about the problem? Of course, this also applies to the therapist. Therapists who are operating from counter intentions can be of no help to their clients. So the health of the therapist is imperative. As the old saying goes, "You can only teach what you know."

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Blending Western Medicine with Touch for Health and Applied Kinesiology

By Warren Jacobs

This approach to health care sees the therapeutic relationship between doctor and patient as a partnership with shared responsibilities for the outcome. Often the clue for the direction of treatment lies within the patient rather than with the doctor. This method is used to facilitate the exposure of what is perhaps already known by the patient on some level, but which has been therefore denied to consciousness. This is in contrast to the traditional western approach where the patient has the pain, the fear, the illness, and the QUESTION while the doctor has the ANSWER. This alternate method suggests that often the patient has the QUESTION, etc. and the ANSWER! The doctor functions more as a facilitator, teacher, partner and friend. He has the method by which the patient can gain access to that which is already inside himself but resides on some level where it remains hidden and as yet unusable.

Initially, a determination can often be made with Kinesiology to establish where the complaint has its roots. Is the root of the problem in nutrition, structure or emotion? From this beginning, one can explore in increasing depth from the general to the specific, depending on the willingness of the patient and the art and skills of the facilitator. This method is rapid, painless, cost-effective and safe.

WHY ARE YOU HERE IN FRONT ?
WHAT WOULD YOU LIKE TO HAPPEN IN
OUR TIME TOGETHER ?

With these questions, the patient is obliged to take responsibility for the goal.

With this method – a shared responsibility in the therapeutic process allows for the best outcome.
DETERMINE THE GOAL
IS THE GOAL the best goal and positive, clear, energizing and motivating?

I am now ready for this goal / or not.

I am open to discovering my blocks for this goal with a balance. Choose the balance.

Proceed with the balance. WARREN BALANCE, DIAMOND BALANCE, CHAKRA BALANCE, SOUND BALANCE, INTIMACY BALANCE, LIFE QUESTIONS , ADDICTIONS BALANCE, etc. (which ever is chosen)

THIS TAKES THE PATIENT FROM NO-CHOICE
TO CHOICE

On completion of the chosen balance, restate the goal with I am now ready to

Test on both sides of the brain. DOES IT HOLD ?
HOW DO YOU FEEL ?

Hug.

Notes:

Neuro-Linguistic Programming Applied to a Touch for Health Balance

By Brian Esty

Neuro Linguistic Programming (NLP) is a collection of therapeutic tools found to be very effective at changing patterns of behavior. These tools are based primarily in verbal communication and are directed at resolving conflicts between the conscious and non-conscious aspects of awareness. This is accomplished by observing cues that identify non-conscious thought processes, and communicating using these cues to create solutions that are more congruent with our conscious intent.

This is very close to what we do in a Touch for Health (TFH) balance. We communicate with the non-conscious, energetic aspects of self using muscle testing, and identify solutions which enable energy to move more congruently with our goals. NLP offers us as TFH practitioners additional tools we can utilize to achieve these ends, enhancing the power of our balances to facilitate change in our lives.

Over the years NLP has acquired some ethical issues as the techniques have been applied to manipulate people into choices they may not have otherwise made. Unfortunately, muscle testing also suffers some of the same problems. The distinction, as we well know, is to always work from permission, with respect and in the context of conscious choice for a specific outcome.

BACKGROUND ON NLP

NLP originated from research done by Richard Bandler and John Grinder, studying three very effective psychotherapists in the 1970's: Fritz Perls, Milton Erickson and Virginia Satir. Fritz Perls is recognized with his wife as the innovators of "Gestalt Therapy". The core of the Gestalt Therapy process is enhanced awareness of non-conscious aspects of sensation, perception, bodily feelings, emotion and behavior - in the present moment. His work opened possibilities for using physical responses for emotional and cognitive issues.

Virginia Satir is the innovator of Family Therapy. She began treating families in 1951. She believed that a healthy family life involved an open and reciprocal sharing of affection, feelings, and love.

This translates to the idea that we are not either well nor clinically diagnosable; rather we constantly move back and forth on the spectrum between wellbeing and dysfunction and that we could all feel / function better. These were considered radical ideas at the time, outside the mainstream of scientific consensus. John and Carrie Thie, as well as Joseph Heller (Hellerwork) and the innovators of NLP - Richard Bandler and John Grinder and many of the "fathers of the human potential movement" studied with Satir.

Milton Erickson is generally regarded as the father of Therapeutic Metaphor. This is metaphor which intentionally engages the non-conscious mind. Erickson is widely recognized for his approach to the non-conscious mind as creative and solution generating. His work with metaphor opened the way for story telling to be used both in trance induction and conscious therapy. The use of metaphor is a powerful component of Touch for Health and studying Erickson and his students is a great way to gain proficiency with this rich therapeutic modality.

Matthew and Carrie Thie both have said that one of the core differences between TFH and the wellspring for most of its techniques - Applied Kinesiology (AK), is the influence of Satir on John and Carrie Thie. Applied Kinesiology is essentially a model for diagnosing and treating dysfunction or disease, IE: for fixing problems. TFH originates from a frame where diagnosis is a hindrance, that healing is a consequence of positive intent, that we are on a journey to realizing our full potential and that miracles can happen.

The NLP tools I would like to discuss are:

- Using Eye Movements to assess thought patterns.
- Anchoring a balance.
- Re-Framing during a balance as a way to shift energy
- Future Pacing to strengthen a balance

You may have run across some or all of these tools in other trainings. Here I intend to present them specifically for the TFH model.

EYE MOVEMENTS:

Before getting into the specifics of eye movements it is worth taking a moment to go over left / right brain dynamics. Our brains are divided into left and right hemispheres. Our left brain runs the right side of our bodies and right brain runs the left side of our bodies. Over time the two brain halves have taken on specific functions. Normally the left brain controls more linear functions and the right global.

Occasionally someone will have the functions reversed, but at least 90% of the time this is the case. The linear functions are more logical, thoughtful, reasoned out, and the global are more emotional, feeling, relational.

How this applies to TFH is that if you are doing emotional work with your client it is more effective to be to their left - if they are laying down to stand to their left side. When the eyes are focused in the left visual field, the right brain is dominant in processing what is happening. The client then has more immediate access to their emotional experience, and less tendency to filter their experience logically. Another, less savory example of this is when buying a car the salesperson will often seat clients with the male to their left so that the male client is less logical and can be more easily pulled emotionally into the purchase.

One of the most useful pieces of information to come to us through NLP is the awareness that our unconscious eye movements reveal how we format our thoughts. Our inner dialog has a preference for organizing how to understand its environment through either visual, kinesthetic or auditory (sometimes taste and smell) cues. Observing your clients eye movements will tell you a lot about how they are thinking. When you are helping a client frame a goal for a session, this can be very helpful. It allows the clients brain to skip a normal step in internally translating conversation into how it normally processes information. You can use this information to frame how you converse with them. By framing your words in your clients processing mode, you speak more directly to their inner thoughts. By doing this, you are intentionally speaking in the language of your client's brain.

These are the basic eye directions and processing modes:

Visual processing = eyes up

Auditory processing = eyes to the sides

Kinesthetic processing = eyes down

Examples:

If you notice that their eyes went up and that they are processing visually, you could use terms like focusing / seeing / visualize. Instead of saying "What do you think about that?", you could say "How do you see that?", "How do you visualize that?", "Do you have any insight into that?" or words like "view".

If you notice that their eyes went down and that they are processing kinesthetically, you could use terms like feeling / touched / connect / walked through. You would say: "How do you feel about that?", "How did that touch you?" or words like "understand" or "grounded", "having a grip on things,"

For Auditory processing, where the eyes move to the sides, you can use: "Tune into that", "harmonize with", "resonate with"

Taking the extra step of speaking in the language of your clients internal thought processes will go a long way towards establishing a strong rapport, feelings of safety and being understood that supports them in transformational change.

ANCHORING

In NLP, Anchoring is used to merge two or more distinct experiences. This is done to create new choices for old patterns. Anchoring can be thought of as hooking up new possibilities for choice - at a non-conscious level of experience. The basic technique involves using some stimulus, usually a touch, but a visual or auditory anchor also works very well. The stimulus is coordinated with a specific feeling or thought in a way that, if the stimulus is re-applied, the feeling or thought will re-trigger and be re-experienced. When used in a TFH balance, it can be considered as a powerful tool for fortifying the results of a balance.

A common example is a client who comes in for a Touch for Health balance is asked: "When you leave today what would you like to be different?" the client begins to discuss this in a negative, dark way. Trauma is a good example of something the client may be working on. Your job as a TFH practitioner is to frame their issue in a positive, present tense goal, but before you start this, you can gently touch the clients forearm or knee, perhaps multiple times as you see the feelings and thoughts cross their

minds. The touch should always be the same pressure, timing and location. This creates an anchor that you can access at any time that should retrigger the negative experience you wish to work with. Again, you need to get your pressure, timing and location as close as possible to the original stimulus. For example if you are balancing Heart Meridian, after it clears you can trigger the anchor and re-test SubScapularis to see if the balance holds. Usually you can get two or three, possibly four good tests out of an anchor. Indicator muscle testing the trigger as part of the post assessment creates assurance that the goal is strong in relation to the negative experience. Another aspect of this is that when we are muscle testing, we are generating Anchors on the limbs we are testing. For example, when we test Psoas and find it weak, we have an Anchor where we were touching on the leg associated to that weak muscle test. After we balance and go back to retest Psoas, if we test the leg in the same manner, we retrigger the Anchor. This gives us as practitioners information that we balanced all of the elements that generated the weak test. It is best on the second test to first hold the leg differently to see if the Psoas switched back on, then trigger the Anchor and re-test to see if triggering the Anchor switched the muscle back off. This tells you that your balance addressed the specific stress, and not a more global imbalance.

The client need have no conscious awareness that Anchors are being employed. Skilled therapists usually will Anchor in the clients dominant mode of cognitive processing, for example, if the client processes visually they will use a visual stimulus such as a specific hand movement that they are careful not to repeat unless they are ready to trigger the anchor. In Touch for Health it seems appropriate to stick with tactile stimulus.

RE-FRAMING

Re-framing involves the transformation of meaning. Perhaps the simplest example of this is shifting perception from the "Glass half empty to half full". During a touch for Health balance, as the energy moves more vigorously in association with the goal, perception should begin to shift to better alignment with the goal. It can be very helpful at this point to examine an aspect of the issue in a new light, from a different point of view. Doing so requires that the practitioner adopt a wider view of the landscape of the issue, to step back so to speak and adopt what is

known as a Meta viewpoint. This requires a certain amount of discipline and practice to pull yourself out of assumptions about what is being considered. However, it is essentially very simple and can easily be modeled on the "glass half empty to half full" idea. Keeping your mind open to the possibility of a re-frame creates the opportunity for it to emerge from your imagination. The fundamental practice in Touch for Health of framing goals positively and present tense is a form of basic re-framing.

Example (from Wikipedia)

A university or college student breaks his leg during summer vacation. He is crestfallen, because he can no longer play tennis and golf with his family and friends. A few days later, he realizes that he now has the quiet, alone time to learn how to play the guitar, something he had always wanted to do but had been too busy to attempt. He then discovers he has a great aptitude for music and becomes a decent guitar player by summer's end. One year later, he changes his major to music. After graduation he embarks on a successful music career. Years later, his friends recall how unfortunate his leg fracture was that summer, and he says, "Breaking my leg was the best thing that ever happened to me!" From then on, whenever he is disabled by injury or illness, he recalls the lesson and is far less despondent over his temporary disability than he otherwise would have been, as he takes the opportunity to do something novel.

FUTURE PACING

At the end of a balance, when you are doing the post assessment, you can help to "lock in" the results by adding in a technique known in NLP as Future Pacing. Touch for Health encompasses a version of this in the section on "Using Emotional Stress Release (ESR) for future performance". In that section a future event that has anticipated stress associated with it is "walked through" while holding ESR points. In Future Pacing you imagine your goal or desired change at various points on a future timeline - starting even a few hours, then days, then weeks months and years into the future. It is useful to guide your client through imagining these future events using generalized outline of the event. When doing so it is better to avoid specifics, and very helpful to phrase in the clients dominant mode of processing, IE: visual, auditory or kinesthetic.

You can employ an accurate indicator muscle while

doing this to discover stress on a future time that the client may not even consciously experience. This can then become the focus of another balance, revisiting the goal in the future context, or the stress can be cleared using ESR. Adding these steps to the post assessment strengthens the balance and makes it less likely that future stresses will initiate regression into an unwanted pattern.

Much more information on these NLP techniques can be found online, in the books by Bandler and Grinder and books by practitioners like Anthony Robbins. It is common to run into layers of jargon and convoluted presentations in an attempt to synthesize these complex concepts. As Touch for Health practitioners a good understanding of basic concepts will provide plenty of resources to add to our balances. The book by Anne Linden Mindworks: an introduction to NLP is recommended as a good place to start.

BACKGROUND ON ME

Brian Esty has been in private practice in San Francisco since 1983 blending Hellerwork Structural Integration Bodywork, NLP, Craniosacral Therapy and Specialized Kinesiology. His grasp of sensory-motor dynamics is grounded in his Electrical Engineering education and approximately 2,500 hours training in Manual Therapy modalities. He has been a *Touch for Health* Instructor since 2006 offering classes in *Touch for Health* in San Francisco and other cities in the US. He is currently serving on the board of the *Touch for Health Kinesiology Association*. For the last 12 months he has been training as a Core Specialist in NeuroMotor Reflex Integration under Dr. Svetlana Masgutova, and is nearing clinical certification as a Core Specialist in the International and US *Masgutova NeuroMotor Reflex Integration* camps.

Notes:

The Balance Process- Going Deep, Facilitating Change

By Caren Truske, M.S. Ed

What is meant by “balance”? How do you know when you are balanced? What does balance look like, sound like and feel like? What do you do to become balanced, to stay balanced and to regain balance? How do you facilitate and support “balance” in others?

I fell in love with Educational Kinesiology and the 5 step Balance Process when I took my first Brain Gym® class in 1998. In Edu-K a “Balance” is a “specific five-step process done for the purpose of enhancing one’s ability to move between effort (low gear) and ease (high gear).”

“This process supports us in shifting from effort to ease with regard to a specific personal goal, and this kind of balance creates new movement patterns and new neural pathways in support of that goal.” (Brain Gym® Student Manual)

Balance has been identified in various walks of life and disciplines as;

- ∞ an invisible center between the left and right foot
- ∞ an experience of the tension between standing and falling
- ∞ if we don’t breathe in, we can’t breathe out
- ∞ the more fully we move, the more fully we relax
- ∞ for every action there is an equal and opposite reaction
- ∞ the big picture context balanced with details and distinctions
- ∞ holding on & letting go, thinking & doing, laughing & crying...all diverse actions tempered by balance (Brain Gym® Student Manual)

In Touch For Health, balancing is often thought of as “reprogramming the body’s biocomputer, assessing its performance and upgrading the programming.” The TFH balance is more than just a structural assessment of the body’s musculature, it also assesses the mind, mental and emotional states, and energy systems “balancing for the future by programming a goal into the biocomputer.” “Different goals will show different patterns of weakness.” (TFH Book 1)

Currently, scientific evidence explains and validates what many have intuitively known for centuries. Our bodies create electric fields. Just as an antenna, we act as receivers of the vibratory fields

around and within us analogous to the way televisions and radios pick up electromagnetic vibrations from the air. As Carla Hannaford states in her new book, *Playing in the Unified Field*, “The vast sea of vibrations which we are all a part of is responsive to and affected by mind and mind’s intentions.” We are transmitters as well as receivers, influencing the information field and one another with our intentions, levels of integration, coherence, state of balance, and attitudes. The effectiveness of the teacher, coach, practitioner, facilitator or presenter is directly influenced by their own internal coherence. Therefore, it is imperative that we as practitioners and facilitators “do our own work” balancing, integrating, establishing and maintaining coherence; efficiency in action, within ourselves.

I have found that the power, depth and opportunity to facilitate and support change and personal transformation is significantly influenced by the “Balance Process,” Edu-K’s template or framework for transforming effort to ease, enhancing performance, creating integration, health, wellness, and coherence .

Step 1 - find your **PACE** - Connect practitioner/facilitator with client. In Edu-K, **PACE** is a 4 step series of movements. First, hydrate by sipping water so you have **Energy**. Second, rub your Brain Buttons (K27) to get **Clear**. Third, Cross-Crawl to become **Active**. And fourth, Hook-up to be **Positive**. Regardless of the type of kinesiology that you practice or the modalities that you work in and with, it is important and extremely beneficial to become present, centered, and coherent in the moment. Some traditions and bodies of work meditate or perform an invocation, invoking and recognizing the presence of a Higher Power. Just like a gardener who prepares the soil to receive the seed, I merely suggest and invite you to take and make time to connect, center, become coherent and fully present with your client. Both you and your client will notice a difference.

Step 2 - set a goal, identify and focus intention. The power of intention has received a lot of press this past decade and rightly so. It has been said that, “energy follows intention,” “what you

5 Step Balance Process:

1) Find Your Pace-Connect

(prepare yourself, connect client with practitioner/facilitator)

2) Set a Goal - Identify & Focus Intention

3) Perform Pre-Activities

(muscle check, role-play, move... notice posture, breathing, flexibility, energy, pain...access prior knowledge, elevate awareness, notice current patterns, beliefs, etc. and honor what is currently in place and available)

4) Choose from your learning menus(s)

(learning menus vary with each practitioner/facilitator's talents, gifts and treasures; BG, OBO, VisionCircle movements, TFH, etc.)

5) Perform Post Activities

(usually the same as pre-activities recognizing, noticing, and acknowledging changes both large and small)

Anchor & Celebrate

Is the "Balance" complete or is there a need for more? What is needed? How much? How Long? How often?

focus on you get more of," "you reap what you sow." There are a number of phrases and sayings and yet, the themes are similar. By identifying as specifically as possible what is desired (a specific feeling, state, outcome, goal, etc.) both practitioner/facilitator and client focus and direct energy. If you are working with goals, SMART goals provides a nice framework to use for goal

setting. The SMART goal format can be easily found through a web search for SMART goals.

Language is a key in setting goals and identifying an intention for the session. All goals and intentions should be; positive, first person, present tense, active, clear and energetic. It is often helpful to ask the client, after they have stated or written their goal, a series of questions such as; "Is it positive?", "Is it active-something doable and achievable?", "What would make it more active?," "Is it clear?," "What would make it more clear?," "Do you feel energetic or overwhelmed when thinking about your goal?," "Does anything need to be added or taken away from the goal as you have written/stated it?" Such questions help create clear, specific, powerful goals.

This step is indeed important. It can greatly affect the quality, depth, and effect of the "Balance." I encourage everyone to invest time into identifying and naming a goal, calling it forth and then opening like a radio receiver, to the energy of the desired outcome, behavior, feeling or state.

Step 3 - Perform pre-activities. Pre and post activities give a before and after picture comparing where the client is at the end of the "Balance" to where he or she started. They can be as simple as; "On a scale of 1-10, where are you now?," "Draw a picture of you in this moment," to muscle checking and noticing posture and movement in various dimensions or planes. Walking, noticing breathing, muscle tension, and flexibility strictly from an observational perspective without any judgment or inferences by either client or facilitator also provides valuable information and serves as a reference point. Pre-activities give feedback and information about where the client is in that moment by identifying "low-gear," unlocked muscle responses. They also identify the resources the client possesses that are accessible and available for the particular goal.

Role-playing and progressive challenges specifically related to the goal tend to perturbate the client's system drawing attention to old worn out patterns, behaviors and responses that may currently limit and inhibit optimal health, wellness and performance. In order to make shifts and changes in our lives we must step into a new space, leave our current homeostasis and create a new "home." The "Balance Process" gently guides and supports clients through this process of change. Taking the time to teach and develop the client's noticing skills and awareness, free of judgment and criticism, allows

the client to be more fully present and to recognize patterns and habits thus empowering him or her to take personal responsibility for change, growth, transformation, health, wellness, peak performance and optimal living.

Step 4 - is the Learning Menu. As each practitioner/facilitator develops his/her skills adding tools and modalities to their respective toolboxes, the "Learning Menu" expands. Remember, as a facilitator you are just that, facilitating the "Balance." Often the client will give you information and clues regarding what they need that they may be unaware of and which you may pick up on easily. You don't have to "know," understand nor have "the answers." Your job is to facilitate, guide, direct, draw out and support your client. See them perfect, whole and complete. Hold space knowing and trusting in the expression of health, wellness and optimal performance for both you and your client. Open and allow the energy initiated by the goal statement to flow.

By involving your client in selecting and identifying their "Learning Menu" from your list of possibilities, they are balancing for their goal and learning to trust their own "knowing." Be creative and have fun. Stay open and flexible. Utilize your noticing skills as well as your client's awareness and feedback to determine suggestions, possibilities and even combinations of modalities to "Balance" and move the client into or perhaps towards a new space or way of being.

Step 5 - Perform post-activities. Generally, the post activities return to a check of all "low-gear" or unlocked muscle responses occurring in the pre-activities along with any role play or movement that was previously challenging. If a movement is done and the immediate response isn't as desired, remind the client to relax and breathe. They may need some time for their system to integrate. Cross-Crawl may be just the integrative movement that supports and guides their system into finding that new level of integration.

It is all feedback. Ask the client, "What is different?" This simple, open ended question helps the client to identify and articulate changes and recognize new possibilities. If more integration time is needed or the "Balance" has shown progress towards the goal yet the goal hasn't been fully

actualized, homeplay, cross-crawl, water, rest, a walk, nutritional support or something else including additional sessions may be needed. Ask what else is needed, how often and for how long. Remember, this is their process. You are merely facilitating and guiding them in becoming more aware, more integrated, more coherent, and more balanced.

In ending the session, always anchor and celebrate any and all shifts and changes big and small. You may wish to create your own ending ritual, drawing the session to a close. Each "Balance" is unique and different and yet the 5 step process remains the same. "Balances" range in time from seconds to hours. They can be performed anywhere and at any time. I have found that by following this simple yet profound 5-step process, deep and life-long changes occur.

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Presenter:

Caren Truske, M.S. Ed., is a professional member of the Educational Kinesiology Foundation and Touch For Health Kinesiology Association. A certified Brain Gym®, Optimal Brain Organization, and Vision Circles Instructor, Touch For Health and NLP Practitioner, and Brain-Based Learning Specialist, Caren combines 10 years of NCAA Division I intercollegiate coaching with 17 years as a public school teacher. Currently, Caren resides in Columbus, Ohio where she teaches high school science and runs a private Kinesiology and Coaching practice working with individuals of all ages, athletes, athletic teams, groups, businesses and families. ctsynergy@aol.com

Notes:

Advanced Strategies in Balancing the Central Power Current

Blending Touch for Health with
Energy Medicine, Healing Touch and Energy Psychology since 1976

By Mary Jo Bulbrook

Description

When the practitioner is having trouble with interventions holding often times this can be a clue to explore problems in the Hara Alignment or Central Power Current of the body that serves to support the meridian system feeding all the body systems and organs. Muscle testing can support identifying if the system aspects are in alignment or not. Often times repetitive problems can result from trauma stored at this dimension and be the culprit for impacting one's life. Learn to diagnosis this problem, identify the language to describe the implications to the client and ways to correct and balance the Hara line. Frequently the client can be empowered to make the corrections easily once instructed in identifying the symptoms causing the imbalance and ways to change them.

Transform Your Life

The future is in your hands to be healthy and return to health. Through energetic self care you will be empowered to identify and heal from current and past issues that serve to undermine the integrity of who you are and your soul's integrity. Calling in spiritual resources to help you identify and release the energetic blocks that limit joy and spontaneity will be included. Through the Energy Medicine process of meditation, use of drawings, choosing cards and reflection, the release of pent up energy and emotions are sourced and released. This information is intended for client self care but it will complement any energy practice to be used for empowering further your clients with additional tools. The basis for this work is grounded in Touch For Health and Virginia Satir Process for Becoming More Fully Human. John and Carrie Thie and the presenter were colleagues of Satir and often worked together in launching new ways of helping people heal and change. Energy Sculpting used by Satir will also be incorporated.

Objectives: Participants will be able to:

1. Focus on a personal healing need.

2. Describe how he / she has been impacted with this issue.
3. Assess the impact of this on the energy system including the chakras, meridians, energy field and hara line.
4. Intervene with simple energetic resources to restore energy flow.

About the presenter

Mary Jo Bulbrook, RN, EdD, CEMP/S/I, CHTP
Dr. Bulbrook is a medical / spiritual intuitive and Certified Energy Medicine Specialist with 35 years teaching, practicing and researching the impact of energy on health and healing worldwide through her role as a university professor in nursing and in private practice incorporating TFH, Healing Touch, Energy Psychology and Energy Medicine with psychotherapy and cultural teaching.

Currently Dr. Bulbrook is chairperson of the Humanitarian Committee of the Association of Comprehensive Energy Psychology, and Director of Complementary Therapies with Akamai University Master and Doctoral Programs. She is a co-funder of Healing Touch International helping and works with indigenous Healers in New Zealand, Australia, and South Africa promoting world peace and humanitarian service.

She taught TFH starting in the 1980's and is a friend and associate of John and Carrie Thie in the Virginia Satir international teaching network.

7 Step Self Care “Powering Up” Meditation*



Purpose

This meditation done over time builds the internal light of your soul helping you to become clear in your life's purpose and grounded to achieve your intentions.

Technique

This seven-step meditation can be done anytime that you need a boost to get focused and set clear intentions for your life. It is best done in a quiet setting without distractions as you start your day but also can be done anytime during the day.

1. Bring your hands above your head as far as you can reach placing the palms of the hands in a prayer like fashion with the palms touching.

In your mind or out loud say:

“Fill me with light, to become clear in my life’s purpose and intentions and able to manifest them.”

2. Slowly bring your hands down still folded to the heart area, then separate the hands at this level and extend out as far as you can reach at heart level with palms pointed down. Continue to say:

“Fill me with light, to become clear in my life’s purpose and intentions and able to manifest them.”

3. Still holding the arms out, now place the palms up and say:

“I surrender to DivineWill.”

4. Next bring the hand to the center of the body and place one hand with the fingers pointing up and the other hand with the fingers pointing down and say:

“Align my core with Source and grounded it.”

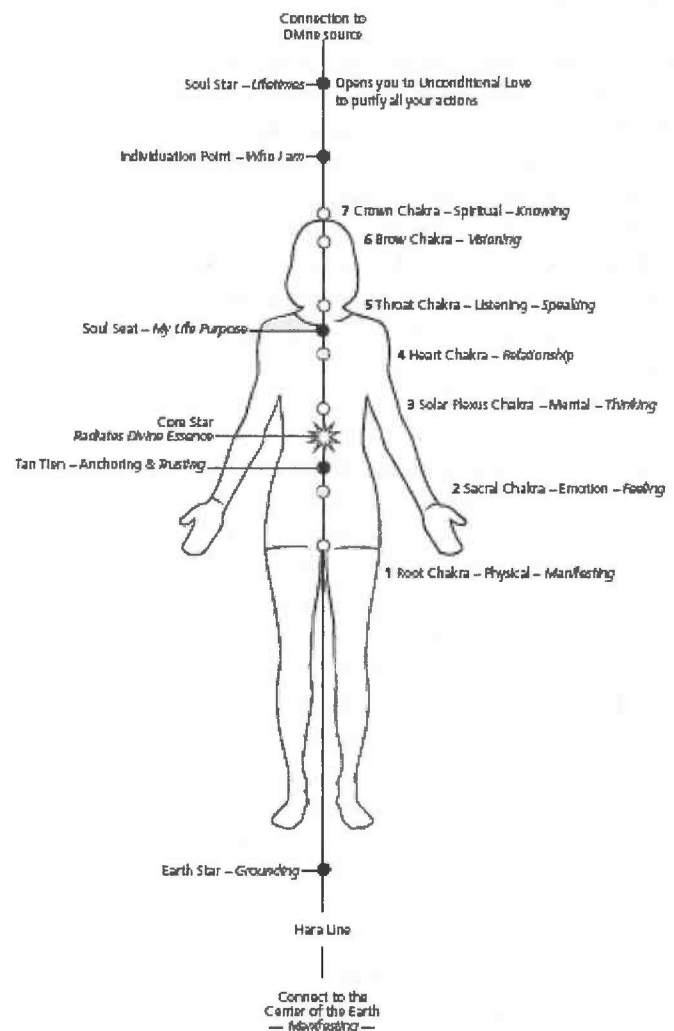
5. Bring the hands together folded with palms touching at the heart and say:

“Thank you for hearing and answering my request.”

6. Extend the hands out with palms facing up and say:

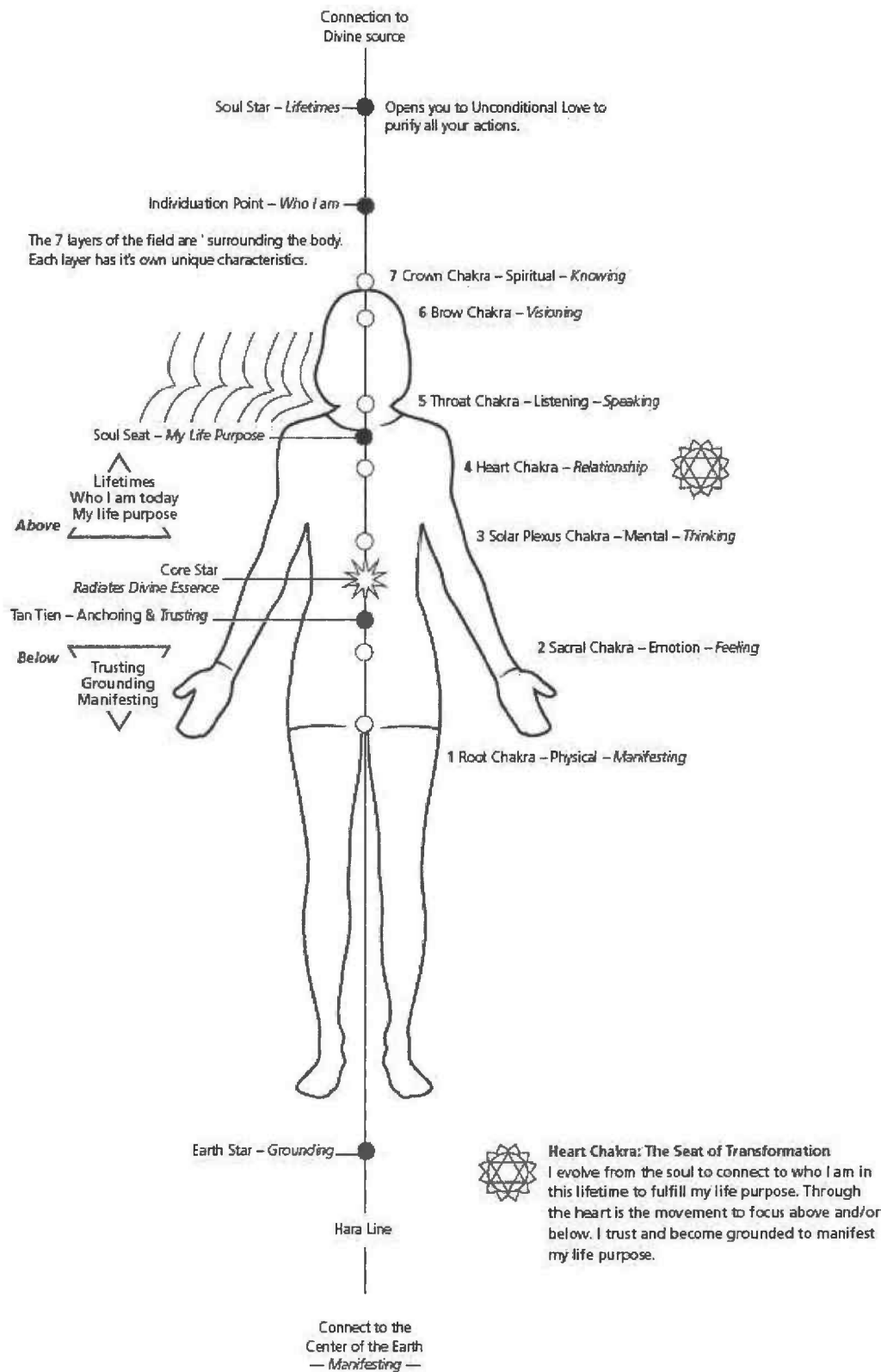
“I share and join my light and love with others.”

7. End with hands gently resting on your knees and allow the light to continue fill you while noticing what you experience.



Experience

Please record or journal your experience each time you do the meditation to identify the changes in you over time as you build your core internal light, set your intentions and watch as the intentions manifest in your life.



*"Powering Up" Meditation was channeled to Dr. Bulbrook while teaching Transform Your Life in Byron Bay, NSW, Australia, March, 2010.

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Notes:

The Use of Magnets in the AK Practice

By Sheldon C. Deal, D.C., N.M.D., DIBAK

Abstract

Understanding the difference between the north and south poles of a unipolar magnet can provide a good shortcut for several procedures in an AK practice.

Background

When you approach a black and white television set with the north pole of a magnet, the screen of the television picture will rotate counterclockwise. When you approach the screen of the television set with the south pole of the magnet, the television picture will rotate clockwise. This establishes the different magnetic energy fields surrounding the north and south poles of a magnet. This explains why opposite poles of a magnet attract each other when they face each other, because they are turning the same direction. It also explains why like poles of the two different magnets repel each other when they face each other, because they are turning in opposite directions.

Application

When the North Pole is placed on the belly of a normal testable, non-hypertonic muscle, it will unlock the muscle, thus verifying that the muscle is a good indicator and not a muscle that is locked or hypertonic. This takes the place of autogenic inhibition via pinching the spindle cells together; a procedure which some patients complain hurts them or bruises them.

When the South Pole is placed on the belly of the same muscle, it will unlock the antagonist muscle. There is a neurological circuit between the right and left side of the body for each muscle. When this same procedure is done on the other side of the body, these four muscle tests confirm that this is a normal, non-aberrant functioning circuit which makes an excellent test muscle indicator. The thoroughness of this procedure is not normally done in applied kinesiology but it can detect many aberrant muscle patterns that go undetected.

I keep a magnet in each treatment room for this and other purposes in preference to pinching the

spindle cells together in an effort to qualify the test muscle.

The South Pole can be used as an amplifier to test if a substance underneath it is wanted by the body by making a weak muscle strong. It is especially useful when testing for allergies. As an amplifier it picks up hidden allergies that you would otherwise have missed. The South Pole will also make a strong muscle go weak when placed above a substance that the body does not want.

Any acupuncture point that needs to be treated will T.L. (therapy localize). The South Pole will exaggerate an overactive point and, thus, weaken your test muscle, or it will neutralize an under point and you will miss the fact that it is under if you do not test both ways with your magnet. The North Pole will exaggerate an under active point and, thus, weaken your test muscle, or it will neutralize an over point that you would otherwise miss if you do not test both ways.

A good therapy for an under active point is to put the south pole of the magnet over the point and shine a laser through the hole in the magnet to tonify the point. You can also put the North Pole over a point that is overactive and, by shining a laser through the hole in the magnet, you can sedate the point.

The North Pole helps kill pain and the South Pole speeds up circulation and promotes healing. I often tape the magnets over the area to be treated and send the patient home with them. The North Pole on the eyelid for 20 minutes per day will shrink a small cataract.

The North Pole over the sternum and the South Pole over the upper dorsal spine simultaneously will torque the body counterclockwise and will lower blood pressure; and if you reverse the poles, you can raise the blood pressure, if needed. Sometimes we send the patient home with the magnets with instructions to do this five minutes per day with dramatic changes in blood pressure.

When testing substances on the body, as does Michael Lebowitz, you can avoid losing your indicator muscle since it is almost impossible to remove the substances from the taste buds on the tongue. This also avoids reactions to bad tasting

substances and reactions to substances that may otherwise be toxic to the body.

When wearing a magnetic bracelet on the wrist, the red blood corpuscles (RBC's) are caused to spin as they pass by the magnet via the radial artery; this breaks up clumping and cleans the debris that has accumulated on the surface of the RBC's. This has a tremendous cleansing effect on the body.

Conclusion

Magnetic therapy has multiple uses in the AK practice. It is a safe nontoxic noninvasive procedure that provides another piece of the jigsaw puzzle in our approach of treating the patient via natural methods. Mainly because the North Pole sedates and the South Pole tonifies.

References

Deal, S.C., Advanced Kinesiology, New Life Publishing Company, 2000, Tucson, AZ

Lebowitz, M., "Biomagnetic Testing." ICAK Summer Collected Papers, 1991, Page 97

Walther, D.S., Applied Kinesiology, Synopsis 2nd Edition, 2000, Pueblo, CO., Page 235

Notes:

Schedule of Speakers Saturday, July 17

The Neurology and Physiology of Precision Muscle Monitoring
Adam Lehman, En.K.

Applications Using the Equilibrium of Health Square
John Holodnak

Create High Energy Marketing and PR Pieces
Jerry Teplitz

Sacred Geometry of the Human Body
Rev. Alicja Aratyn, M.Eng.

The Five Elements to Success in Sharing Touch for Health
Arlene Green

The 4 Archetypes in the 5 Elements
Johanna Keller de Wild

The Physiology and Neurology of Precision Muscle Monitoring

By Adam H. Lehman, En.K.

Introduction – The Big Picture of Muscle Monitoring

There are 3 basic models we find in the plethora of Energy Kinesiology modalities:

1.The Energy Readout Model

2.The General Communication Model (Indicator Muscle)

3.The Protocol Model

The Energy Readout model is where it all began. Beginning with Applied Kinesiology and evolving into Touch for Health for the lay person community that spawned Energy Kinesiology, the Energy Readout Model says that, for each meridian and its related organ/gland, there is at least one muscle that can be used to assess the energy flow for that meridian. That muscle, therefore, acts as an “energy readout” for that meridian. When we use this method, the information is limited to the specific relationship involved.

In the General Communication Model, we learned that any muscle in the body can act as an **indicator muscle**. This indicator muscle provides a means of communication more generally, accessing information in a neurological/electromagnetic manner, and has the ability to explore information outside of the muscle’s specific meridian correlation. This more generalized approach offers a flexible, and even improvisational, method of communication with the person being monitored.

The Protocol Model uses an indicator muscle, but follows a specific path of action, usually based on understood principles of neurology and electromagnetic flow in the body. It is, therefore, less improvisational, and utilized in more specialized forms of Energy Kinesiology that target specific body function, such as brain integration, or sequential developmental processes such as early reflex development and neurological hierarchy.

Each model has its advantages and disadvantages. For the purposes of this discussion, I will focus more on the first 2 models, as they are much more common in the world of Energy Kinesiology. As well, the protocol model simply utilized principles from the other 2 models.

As the world of Energy Kinesiology developed, the use of the Indicator Muscle model became much more prevalent. The ability to “ask questions” of the body and get a response by using a single muscle seemed much easier than going through many muscles to assess energy flow. However, the importance of the Energy Readout model is not to be overlooked.

When you consider the premise that each meridian, and therefore its related organ or gland is directly represented by a particular muscle(s), then you can say that the muscle is a **direct neurological representation of the energy flow in that meridian**. So when a meridian is out of balance, that shows in its related muscle, as originally researched and developed by George Goodheart, D.C.

Now consider the role of an indicator muscle with one of its first uses – checking the alarm points of Chinese acupressure. By going through these points and using a single indicator muscle, the body has a way of indicating what meridian(s) one might find stress in without monitoring a lot of different muscles. This is a great “shortcut” to finding where stress exists, but consider that it is just that – a shortcut that acts as an alarm.

To use an analogy...when a fire begins in a house, what happens? An alarm goes off in the fire station. And then what happens? Do the firemen simply get the hoses out and begin spraying water around? Of course not! They have to go to the house where the fire is.

The Indicator Muscle model often forgets this part. We get the information about the alarm, and then we simply start to balance, ignoring the “house” – in other words, the muscle that is the direct

neurological representation of the energy flow of the meridian – where the fire is.

In Applied Physiology (AP), these two models are integrated in a way that is not seen in other kinesiological modalities. Once it is known where the fire is (the alarm point), we then go to the muscle of that meridian (the house on fire) and monitor it to assess the actual stress found there. AP goes even further still by finding where in the range of motion a muscle's imbalance is showing, and adds that to the circuit. In this way, AP doesn't just go to the block the house is on, but rather to the specific house itself. Then we begin to balance! Now we're putting out the fire directly, having alerted and activated the body's neurology where the actual problem is. Why is this important?

Dr. Paul Nogier, a French neurologist considered to be the father of modern Auricular Therapy, did research on the results he achieved (or not) based on activation of a person's problem. He found that if he treated his patients based on what he was told about their problem, he got pretty good results – maybe up to 50% of the time. However, when he treated his patients with their problem *activated*, in other words, aggravating a pain or whatever it took to activate the neurology of the problem itself, his results jumped up to 95%. Pretty significant.

Considering that the muscle related to the meridian is the neurological representation of the imbalance found via the alarm point, then activating that muscle alerts the body as to where to direct the healing modality applied when the balancing is done.

Unfortunately, the prevalence of the Indicator Muscle Model has seemingly led to a deterioration of the use of the Energy Readout Model. In fact, the use of *precision* muscle monitoring as the tool of the Energy Readout Model is often neglected or considered a burden, despite it being the foundation of what Energy Kinesiology is about.

It is the author's opinion that integrating the two models will help achieve better results by activating more neurology around the actual imbalance(s) found using the indicator muscle.

With this in mind, the purpose of this paper is to provide further information about the importance of *precision* muscle monitoring, and *why* it's important. Please keep in mind that this is a complex topic, so what follows is a condensed overview to assist in understanding the core principles of muscle function.

The reader is encouraged to explore further if deeper understanding is desired. The bibliography provides some key places for continued study.

The Why We Do The Things We Do

Goodheart's original premise of each muscle in the body being related to a specific meridian (and therefore, also to that meridian's organ or gland) provides the basis for why it's important to monitor that muscle precisely. So let's delve deeper into that.

Every muscle in the body has a defined action and range of motion. Because the body has the capability of very complex movements, it is often beyond a single muscle's ability to carry out these movements. A muscle often needs assistance.

As well, muscles need opposition in order to carry out refined movement. With no opposition, our actions would be very abrupt and extreme, causing awkward and jerky movement. In most cases, the opposition comes from a group of muscles, not just a single muscle, again due to the complexity of movement in the body.

Due to the nature of these relationships, we have specific names to define the muscle we are focusing our attention on, and the other muscles in its sphere of action.

The muscle whose movement we are focusing on is called the **agonist**, or prime mover. This muscle is our point of focus when monitoring.

Any muscle that assists the agonist in its movement is called a **synergist**.

Any muscle that opposes the agonist in its movement is called an **antagonist**.

Keep in mind that while a synergist is helping an agonist do a particular movement, it is outside of its

own prime range of motion, so it doesn't have all its strength to apply to that movement. It simply assists by adding some peripheral strength.

As well, as mentioned above, the antagonists don't directly oppose a particular muscle's primary movement action. There is usually more than one antagonist, whose combined actions oppose the agonist's movement. The best example of an exception to note here is the biceps and triceps, which do directly oppose each other.

Muscles create movement by attaching to 2 different bones with at least one joint in between. Between these two attachment areas are tendons – fibrous and largely inflexible tissues that attach to the respective bones on either side – and the belly of the muscle made up of fibers that have the ability to contract and extend. When the fibers contract, they pull on the tendons, which pull on the bones and bring them closer to each other, creating movement. As these fibers are bundled together and all go in the same direction, then the movement is defined by that very direction. This movement, therefore, defines the muscle's action, and becomes the basis for figuring out what position to put the muscle in, and how to monitor it.

The Art of Kinesiology

Muscle monitoring originally developed as a means of assessing neurological function to determine where injury occurred. Knowing that the spinal segments each provide neurological enervation pathways to the muscles in a certain area of the body, then determining which muscles in that area are able to "hold" or not against pressure has the ability to identify at what spinal segment an injury occurred. In order to precisely determine this, it is important to isolate, as much as possible, a particular muscle's (the agonist) action and range of motion. As noted above, we use the muscle's anatomy to help figure this out.

Unfortunately, it can get a little more complicated. Some muscles have more than one attachment at each or both end, giving those muscles the ability to have more than one, or a more complex, action. As well, some synergists kick in close to the edges of another muscles prime movement and take over as

the prime mover, potentially confusing where the range of motion begins and/or ends.

So the trick of monitoring a muscle precisely is knowing how to position it such that its action is as isolated as possible from its synergists, and how to monitor it in such a way (direction) that the specific action of the muscle is challenged.

And why is this important? Well, if the premise that we kinesiologists go by is that each muscle is related to a specific meridian, and we're monitoring that muscle in order to get the energy readout of its related meridian, then it's important to monitor that muscle in such a way as to negate the synergists as much as possible. This is because we don't want information bleeding in from the synergist(s), whose related meridian(s) is likely different than the one we're trying to get information about!

This is also why the quality of the muscle monitoring itself is also so important. If the pressure used is either abrupt or strong enough that it causes recruitment from the synergists, then the premise of the Energy Readout Model is defeated. This is why we learn to apply gradual pressure, only to the point of *feeling* the agonist muscle respond, so that we get the information we're looking for accurately.

The combination of isolating a muscle and gently monitoring it within its range of motion is the *art* of Energy Kinesiology.

The 7 States of Muscle Stress

In Touch for Health, as in the original Applied Kinesiology model, we deal with essentially two states of a muscle monitored in contraction – locked and unlocked. Richard Utt, the originator of Applied Physiology, identified *seven* states of muscle stress. Five of these states have been adopted in one form or another by other kinesiology modalities, and serve our purposes for this discussion as well. Let's look at the neurology of these states.

It has been shown that a properly functioning muscle in contraction has a frequency between 39 and 59 millivolts (mv). This range, therefore, indicates a muscle that is in homeostasis, or as we might say, in balance. However, when the frequency moves out of this range, one of two things happen – either the

muscle becomes more rigid, or it weakens. This causes “erratic” behavior in the muscle. How does this erratic behavior express itself?

If the frequency drops to between 39mv and 0, then the muscle weakens, which shows as an unlocking muscle when monitoring it. Because a muscle in contraction is referred to as a facilitating muscle (think of a contracting muscle as “facilitating” movement), this under energy response is called “*underfacilitated*.” (Please refer to the chart at the end of this section, on page 6, for a visual representation of the following discussion)

When the frequency of a contracted/facilitating muscle is over 59mv, then the muscle becomes more rigid. In Energy Kinesiology, this shows up as a muscle that will not respond to spindle cell manipulation. In other words, when contracted, if we pinch the belly of the muscle to send a signal that the muscle is too contracted and to unlock it (more on this later), that signal does not get responded to with the proper unlocking response. This locked muscle that won’t unlock when we send the message to do so is called “*overfacilitated*.”

We now have identified 3 states of a muscle:

1. **Homeostasis** (a muscle working properly, between 39-59mv),
2. **Underfacilitated** (an unlocking muscle that won’t lock when we tell it to, 0-39mv), and
3. **Overfacilitated** (a muscle that is locked, but won’t unlock when we tell it to, over 59mv).

What is often overlooked is that a muscle’s neurology goes beyond simply telling a muscle to contract (or not) to initiate movement. When in the role of an antagonist, a muscle must also work to resist the movement of its opposing muscles. In this way, a muscle acts as an inhibitor of movement. This is a crucial function. The neurology is more complicated than for facilitation, with signals coming from a number of different areas, ranging from spinal reflexes to deep brain centers, as well as the cerebellum and cortical motor areas. As a result, when we monitor a muscle only in contraction, we are neglecting responses from these other neurological areas that are an important part of a

muscle’s overall function and circuitry. Returning to our fire analogy, it would be like the firemen coming to the house and only checking the living room, spraying water around to put out fire, and then leaving without checking the kitchen and bedrooms. In Applied Physiology, based on the original research of Richard Utt, we monitor muscles in both contraction and extension, to make sure we are checking more thoroughly the neurology of the muscle in question – both its agonist and antagonist functions. Monitoring in contraction is *facilitation monitoring*, challenging a muscles ability to hold its contracted state, and functioning in balance with its antagonist inhibitors. Monitoring in extension is *inhibition monitoring*. This is looking at a muscle’s ability to play nice with its opposing contracting muscles.

While the muscle whose range of motion you’re working with is not doing the “work” of holding (contracting to maintain its position, which is being accomplished by the opposing muscles), its function to maintain a balance through its role as an inhibitor is still part of the muscle circuit. By working with this muscle within its range of motion, and not necessarily within the range of motion of the facilitating (contracting) muscles, we are set up to understand the question we are asking. To further ensure that the information we are obtaining is relevant to the inhibition function of the muscle we are monitoring in extension, we use the spindle cells of that muscle (not the contracting muscles) to send the messages to unlock and lock again. What’s important to note about the spindle cell message we send in this circumstance is that we reverse the direction of the spindle manipulation. In other words, to send the unlock message for inhibition monitoring, we *spread* the spindle cells, and then we pinch to send the lock message. This is directly opposite to what is done when monitoring the muscle in contraction/ facilitation monitoring.

Using the above model of electrical current in a muscle, and applying it to inhibition monitoring (monitoring in extension), we can state that a muscle between -39mv and -59mv is functioning normally...in homeostasis. Notice these are negative numbers, as opposed to the positive voltages generated in contraction.

However, if a muscle is between 0 and -39mv, and therefore unlocking when monitored in the opposite direction of its normal facilitation action, but still within its true range of motion, we say that it is **overinhibited**. This monitoring of a muscle in the opposite direction of its facilitation action is checking its role as an inhibitor.

When a muscle is between -59mv and -100mv, thereby monitoring as locked when monitored in the opposite direction of its normal facilitation action, but still within its true range of motion, and will not unlock when its spindle cells are manipulated, then we say the muscle is **underinhibited**.

We've now identified 2 more states of muscle stress, giving us a total of 5 (again, please see the chart below):

4. **Overinhibited** (an unlocking muscle that won't lock when we tell it to, between 0 and -39mv)

5. **Underinhibited** (a locking muscle that won't unlock when we tell it to, between -59 and -100mv)

We still have homeostasis, which represents a muscle in balance, between -39mv and -59mv when monitored in extension.

You may notice an interesting difference in the names of the muscle states between contraction and extension. The contracted state between 0 and 39mv is called *underfacilitated*, while the extended state between 0 and -39mv is called *overinhibited*. Each is represented by an unlock when monitored, and won't lock when the appropriate spindle message is sent. It is usually easier to think of the under-energy as a result of its relationship to active function – a contracting muscle trying to stay contracted (and, in this case, failing). Keep in mind that opposing muscles are meant to be working in balance to each other. And because they are in opposition to each other, then consider that if one is *under* functioning, it may be because the opposition is *over* functioning. In this case, the inhibitor is winning the battle between the two, and not being in balance with each

other, an underfacilitated muscle (or muscle group) is being opposed by an overinhibited antagonist.

Conversely, when a contracted muscle is *overfacilitated* (greater than 59mv), then its inhibiting antagonist is not doing enough to keep it in balance. Therefore, it is *underinhibiting* (greater than -59mv). Regardless of which direction you're monitoring a muscle in, this is represented by a muscle monitor that is locked and won't unlock with spindle messaging.

I often refer to monitoring in extension as being in "opposite land." You monitor the muscle in the opposite direction, you apply spindle messaging in the opposite way than in contraction (spreading to send the message to unlock, pinching to send the message to lock), and the names of the stress states are opposite as well.

This is summed up in this manner:

Overfacilitated (OF) and underinhibited (UI) speak to muscles in either contraction or extension (respectively) that are locked and won't unlock with spindle messaging.

Underfacilitated (UF) and overinhibited (OI) speak to muscles in either contraction or extension (respectively) that are unlocked and won't lock with spindle messaging.

There are 2 other states, which are extreme states of underfacilitation/overinhibition (unlocking muscles that won't lock) and overfacilitation/underinhibition (locking muscles that won't unlock). The former is represented by muscles that are at 0mv, and therefore don't function at all. This state is called **flaccid paralysis**, and results in people that need to be carried around and are otherwise unable to generate muscle function on their own. On the other side of the spectrum are muscles that are beyond the 100mv or -100mv extremes. This is called **spastic paralysis**, often seen in scenarios such as cerebral palsy, and shows itself as limbs that are bent and can't be straightened because some muscles are extremely contracted and can't be straightened.

AGONIST		ANTAGONIST	
Spastic Paralysis	+101 mV or greater	Spastic Paralysis	-101 mV or greater
Overfacilitated	+60 mV to +100 mV	Underinhibited	-60 mV to +100 mV
Homeo-sta-stress	+39 mV to +59 mV	Homeo-sta-stress	-39 mV to +59 mV
Underfacilitated	+1 mV to +38 mV	Over Inhibited	-1 mV to +38 mV
No Facilitation	0 mV	No inhibition	0 mV

Muscle Proprioception – The Spindle Cells

Muscle spindle cells are specialized cells that are wrapped around groups of intrafusal (inner) fibers deep in the belly of every muscle. As proprioceptors, their function is to alert the brain to the state of the extrafusal (outer) muscle fibers that surround them – how contracted or extended they are – as well as to the speed that the fibers are changing. In this way, they provide important protective information – if a muscle is extending too quickly such that the fibers might tear or the joint become hyperextended, then this message gets quickly relayed neurologically and the fibers are told to contract again to stop the hyperextension. As well, the information of how contracted or extended the muscle is, even when not moving, is used to determine how much opposition is necessary from the antagonists to maintain a static position. In other words, there is an enormous amount of information being relayed from the spindle cells that is critical to posture and movement on an on-going basis – millions of neurological messages every second.

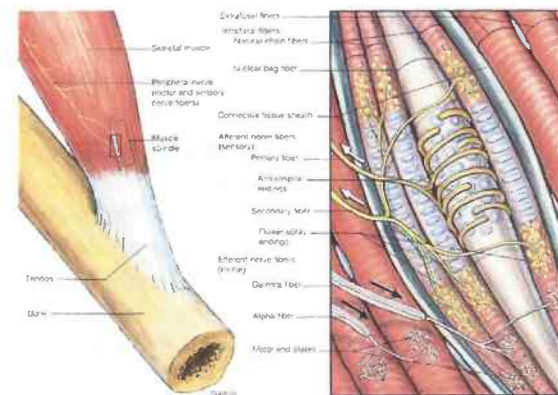
Muscles have several groups of fibers that combine to create movement and resistance. The outer fibers, known as *extrafusal* fibers, are the main workers – they are stimulated by alpha motor neurons, whose messages originate in the motor cortex and are further processed in the spinal cord before exiting to the muscle itself. The fibers are bundled into groups of various sizes, anywhere from 3 to several hundred, referred to as *motor units*. In this way, they are able to receive messages for a variety of levels of contraction and therefore, movement. If only a small amount of movement is needed, a small bundle of only 6 fibers might be stimulated. If more than that is necessary, maybe that bundle of 6 is supplemented with another bundle of 14. If a big movement is necessary, maybe a bundle of 20 is stimulated. And if the whole muscle must contract, then they all get stimulated. With larger muscles, these numbers would of course be greater.

Anatomy of a Spindle

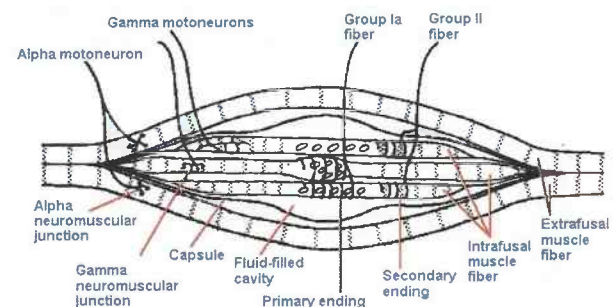
Within the outer layer of *extrafusal* fibers that are getting the alpha messages are other bundles of fibers, the *intrafusal* fibers, that have the spindle cells wrapped around them, and whose ends attach to the extrafusal fibers. In this way, as the extrafusal

fibers extend or contract, they stretch or squeeze the outer portions of the intrafusal fibers.

Intrafusal bundles are smaller than extrafusal bundles, containing anywhere from 3 to 12 fibers per bundle. The intrafusal fibers are different from extrafusal fibers in that they have contractile regions at the ends and a non-contractile center receptor area (exactly the opposite of an extrafusal fiber, which contracts in the middle, but not at the ends where they eventually attach to bones as tendons). So when the extrafusal fibers extend and stretch the ends of the intrafusal fibers, this eventually stretches the central sensory region and stimulates it to send its message through the spindle cell neurology.



There are 2 types of intrafusal fibers – nuclear bag and nuclear chain. The nuclear bag fibers are both longer, and wider in diameter in the central sensory portion due to a larger amount of cell nuclei gathered there. There are anywhere from 1 to 3 nuclear bags in each spindle.



Nuclear chain fibers are half the length of a bag, and have nuclei lined up in a row (like a chain). There may be anywhere from 3 to 9 of these in each spindle.

The Neurology of a Spindle

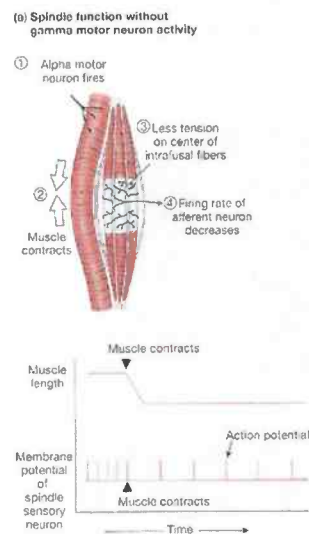
The neurons that are connected to the spindle cells are not alpha motor neurons, but rather gamma motor neurons.

There are 2 types of gamma neurons – Ia and II.

Type Ia nerve fibers, also known as the primary ending or *annulospiral* ending, wraps a single sensory fiber around the central (sensory) portion of the spindle. These endings transmit messages as fast

as any sensory nerve in the body, giving a hint at the importance of the messages they send.

Type II nerve fibers are also known as secondary endings or *flower spray* endings. One or 2 of them are found to one side of the type Ia fiber, and encircling the intrafusal fibers.



The primary endings connect to both types of intrafusal fibers, but the secondary endings only attach to the nuclear chain fibers. This offers some clues about their respective functions.

One of these functions is the static response, and therefore isn't dependent on the speed of contraction or extension signals. Instead, it relays messages that have to do with the overall length of the muscle.

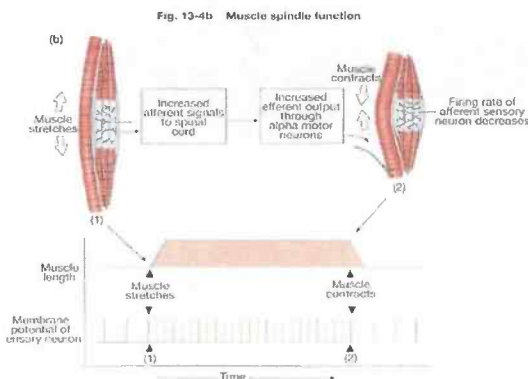


Fig. 13-4b Muscle spindle function

These messages are sent continuously so the body knows how contracted a muscle is at any time the spindle is stretched. Because these signals are sent by both primary and secondary endings, and because the nuclear chain fibers are the ones that both these nerves innervate, it is thought to be the nuclear chain fibers that are most involved with the static response.

The dynamic response does both speed and state messages. However, it is only the primary endings that send these messages. Therefore, it is thought that the nuclear bag fibers are most involved in this dynamic response mechanism. When the length of the spindle changes suddenly, then the primary ending is powerfully stimulated (remember that these are also some of the fastest messages in the sensory system).

It doesn't matter how big the change is – it might be miniscule – but if it is fast, then the nuclear bag fibers will stimulate a message through the primary ending. This message is only sent as long as the stimulation is occurring,

contrary to the ongoing message of the static response. There is a brief lag time as the central receptor area adjusts to its new length and the static response receptors reflect that change.

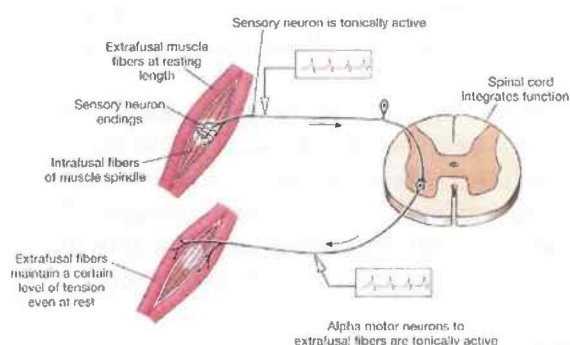
The Physiology of the Spindle Responses

If we put the above discussion into actual practice, we find 2 key functional effects: the static reflex and the dynamic reflex.

In each of these, the messages sent by the 2 responses go to the spinal cord, where interneurons send the messages to the brain (specifically the cerebellum, basal ganglia and cerebral cortex), and also respond to the messages themselves for quicker response. In each case, the response from the

interneurons is to do the opposite action of the originating message. In other words, if the dynamic response is stimulated by muscle extension, then the interneuron's response is to powerfully oppose that response by quickly contracting the fibers. If a long term stretch is gradually applied such that the static response is invoked, then a slower contraction message is returned from the interneurons. Conversely, in either of these examples, if the originating message was one of too much contraction, then a "negative" response of inhibition (relaxing of the fibers) is returned from the interneurons.

Fig. 13-4a Muscle spindle function



Much is still not known about how this mechanism fully works, and all the functions it may be involved with. However, it can be postulated that this complex feedback system is involved in posture (including antigravity responses that allow us to maintain standing positions through on-going muscle contraction), the constant balance that must be maintained between agonists, antagonists, and synergists for any given movement, and the ability to make refined and smooth movements by all these mechanisms working together properly.

Putting It To Work

Given what we now know, it becomes easier to postulate what we are doing when we use muscle monitoring.

When we apply pressure to a muscle to gauge its response, we do so with gradual force to see how the muscle responds. This would be invoking the static stretch response and making sure it is functioning properly. It has nothing to do with the strength of the muscle, which is based on the extrafusal fiber's

abilities. By applying our monitoring strength gradually, up to about 2 pounds of pressure, within a specific muscle's range of motion, we are isolating that muscle's action and making sure the static reflex/ response mechanism is functioning properly.

In order to further ensure that the response we are getting is accurate and complete, we then challenge the dynamic response by pinching and spreading the spindle cells *quickly* to see if the muscle responds or not.

If a muscle is not functioning properly due to its inability to hold against gradual pressure and/or determining that the dynamic spindle mechanism is malfunctioning, then we've learned something that is dependent on what model of Kinesiology we're working with:

In the energy readout model, we know there is stress in the muscle, and therefore, the flow of energy in its related meridian is not balanced (and based on whether the imbalance is OF/UI or UF/OI, we can tell certain things about the nature of the stress).

In the indicator muscle model, we can no longer rely on the indicator muscle to tell us what we want to know until we do something to bring it back into balance. This is an important concept that is often overlooked in models that use pause lock to hold stress in the neurology. In Applied Physiology we refer to this as *powers of stress*, and a procedure is applied to bring the muscle back into balance before continuing to look for the next piece of information.

Wrapping It Up

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

1. A muscle that unlocks when told to, and locks again when told to (homeostasis); This can be checked with a muscle that is either locked *or* unlocked to begin with.

2. A locked muscle that does not unlock when told to (overfacilitated or underinhibited, depending on the direction of monitoring);

3. An unlocked muscle that doesn't lock when told to (underfacilitated or overinhibited, depending on the direction of monitoring).

When we begin monitoring a muscle by putting it into a contracted position and applying pressure to attempt to extend it (facilitation monitoring), this forces the muscle to contract more in order to maintain its position. Doing this *gradually* is critical – in this way, only the static gamma response is stimulated, and no “danger” message is sent to cause the muscle to unlock. If it holds, then we know it's not underfacilitated. But it doesn't mean the muscle is in balance!

Because the muscle is in a contracted state, then we must send a dynamic “danger” message to see if it will unlock. To do this we must “trick” the muscle to think it is being quickly over-contracted. By going into the belly of the muscle and giving it a *quick* pinch, this stimulates the gamma-Ia enervated nuclear bag spindle cells to fire, and through a spinal reflex as well as messages to the brain, the muscle's fibers are told to relax. Now, when the muscle is re-monitored, it should no longer be able to hold against the gradual pressure that was initially applied. However, if it still holds against that pressure, then something is wrong with the system, and we would know that the muscle is overfacilitated (OF).

Conversely, if we are monitoring a muscle in an extended state by trying to push the muscle towards contraction (inhibition monitoring), and it holds, then we have to send a different “danger” message. With a muscle in contraction, this meant pinching it further into contraction. With an extended muscle, to send the same danger message to get the muscle to unlock, we must force the fibers further into quick *extension*. Therefore, to send the unlock message for a muscle in extension, we *spread* the spindles. If it still holds against that pressure, then something is wrong with the system, and we would know that the muscle is underinhibited (UI) – the muscle in question, in extension, is not inhibiting enough to counter the contraction of its antagonists, hence, it is staying locked.

When the muscle is unlocked, we have to send the opposite message – after all, if a contracted muscle is already unlocked, sending the unlock message isn't going to tell us much! So for an unlocking muscle in contraction, we *spread* the spindle cells to send the message that it is too stretched and to activate the fibers to hold contraction. For an unlocking muscle in extension, we pinch the spindle cells to see if we can get the muscles to lock again.

In either case, if an unlocked muscle does not respond by locking again, then we have an imbalance. For a muscle in contraction that won't lock, this is underfacilitation (UF). For a muscle in extension, it is overinhibition (OI) – the muscle in question, in extension, is overriding the antagonist's ability to lock again, and is therefore, overinhibiting.

Remember that in each case, we are working with a muscle *circuit*. So even though we think we are sending messages about the muscle whose spindles we are pinching and spreading, these messages also affect the associated antagonists, and they must all work together to accomplish the desired result.

Conclusion

As a result of the above discussions, we see that the neurology of a muscle provides us with a lot of information that affects how we, as Energy Kinesiologists, do what we do. We've seen that the position we place a muscle in, and the pressure we use, are important to the accuracy of the information we obtain through the use of muscle monitoring. When we move outside of the boundaries of the actual neurology of the body, we can no longer be sure of what information we're getting. If Energy Kinesiology is to become well regarded in the mainstream of the healing arts, then awareness and consistent application of these principles is important.

We have also seen how muscle spindle cells actually work, an important part of muscle neurology that we often use. Now that we know how they function, it becomes important again to use them properly, in a neurological manner. If the spindle cells are not pinched or spread in the direction of the fibers, or if enough pressure to actually push into the belly of the muscle and activate the spindles is not used, then the message is not being sent. If these guidelines are not

being followed, but muscle changes are being observed, then it is not the neurology that is causing that. Neither is it intent, as many often offer as a reason. Rather, it is more likely the expectation of the practitioner, instead of the actual neurology of the client, that is influencing the outcome, and thereby doing the client a dis-service. Again, if Energy Kinesiology is to become well respected, then the tools we profess to use must be used properly so that the results can be explained. Otherwise, one must wonder why we even use these mechanisms if we use them improperly while claiming they are the basis of what we do.

Notes:

Energy Kinesiology is the use of muscle monitoring as the voice of the subconscious. As such, it provides us with an incredibly useful tool to assist others in their healing process by identifying blockages to healing and letting the body indicate what will work best for unblocking those blockages. By learning how this tool works, and the neurology behind it, we can benefit – and more importantly, *our clients can benefit!* – by honoring the principles of the neurology as a means of getting more accurate information and understanding what that information means.

Adam Lehman, En.K., has been in love with Energy Kinesiology and related healing arts for more than 2 decades. He is Director of the Institute of BioEnergetic Arts & Sciences in Sonoma, California, where he maintains his practice and teaches workshops. As well, Adam travels around the U.S. and internationally giving talks and teaching seminars. He is the Advanced Instructor and Instructor Trainer for Applied Physiology in the US and abroad.

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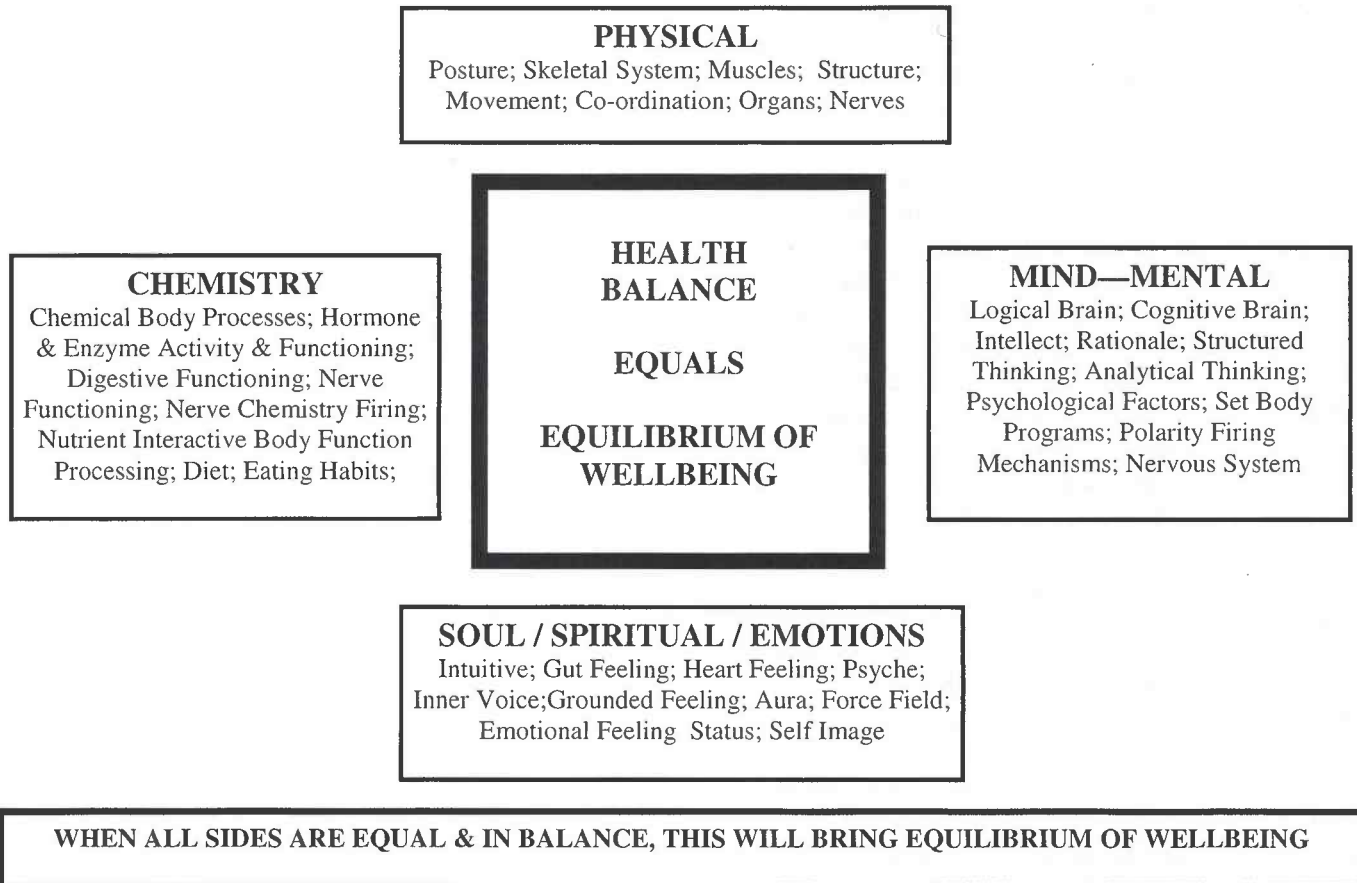
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Internet through Google

Applications Using the Equilibrium of Health Square

By John Holodnak

THE EQUILIBRIUM OF HEALTH SQUARE



The Development of the Square

For many years the “Triad of Health”, has been seen and used (eg - Touch for Health manual and other health related literature). The “Triad of Health” and the equilateral triangle has represented Mind – Body – Soul or Physical – Chemical – Emotional, etc. Over years of working with these triangles I have felt there was a missing element. What I have realised is there are actually four components to our makeup, not three. Each of the four can be separate entities but have influences over each other.

What I realised also there was an association to the numerology number of 4 (square). The numerology

number of 4 relates to the practical world of living, present time living, reality, doing, creating, planning, actioning, movement, momentum, manifesting

- 4 = relates to the practical world we live in
- 4 = relates to our practical experiences that need to be experienced
- 4 = 4 sides of the square related to our health balance, **the equilibrium of health & wellbeing**

We are part of the elements of air, earth, water and fire. There are 4 functions that relate to sensation,

feeling, logical thought and intuition. There are 4 components of us, physical, chemical, mental and emotional – spiritual.

Physical

The physical side is about our physical structure (bones, muscles, tendons, ligaments, cells, organs, nerves, etc). These are the hardware components of ourselves, which also involves the movement of the body as this is mechanical (walking, running, twisting, bending, extending, etc).

The associated observed patterns can be seen with movement, coordination and balance.

Some associated kinesiology applications are covered by Touch for Health (TFH); Neural Organisation Technique (NOT); Edu-K.

Chemical

The chemistry side covers chemical processing and regulating our bodies. One process relates to converting food fuel into useable fuel (nutrients – sugars, fats, carbs, starches, vitamins, minerals, trace elements, proteins, amino acids, etc) for different functions and processes the body requires to operate and regulate efficiently. Also, breaking food down through the digestive system to enter the blood system (nutrient carrier), to be transported to body organs, glands and cells so specific set programmed roles and functions can be fulfilled. The set programmed roles for elimination systems are covered under this as well. Regulation of body functions are assisted by hormones, co-enzymes, enzymes, nervous system and the firing mechanisms which require nutrients to assist with efficiency for the physical, mental and emotional systems. Even within the cell's DNA replication process there is a chemical reaction for energy production (ATP). Using an example, the sex hormones influence approximately 80% of all bodily functions and processes, the way we think, feel and respond to different stimuli, physically, chemically and emotionally.

The associated observed patterns are seen through skin, nails, iris, sclera distortions and discolourations and changes in blood chemistry, allergy issues, etc.

Some associated kinesiology applications are covered under TFH; ICPKP; BKP; Applied

Biokinetics where chemistry sides of the body are addressed.

Mind - Mental

The mind-mental side is where logistical set programmed functions occur which are pertinent to various bodily functions (ie. heart beat and rhythm; breathing rate and rhythm). The firing mechanisms are polarity based with varying positive and negative potentials relating to different current and voltage rates, as well as various electromagnetic intensities around cells in the body. This relates to the electricity potential, which is part of nerve firing, impulses and stimuli that activate various bodily functions (ie, nerve impulses down the spinal column; and nerves to activate muscles for body movement) and we need a certain amount of electrical potential for activities to occur in both conscious and subconscious programs. Learnt programs go initially into the conscious mind then further log into the subconscious mind to become automatic programs (learning to walk, riding a bike, driving a car, habits, etc) which associate to robotic types of programmed patterns. Similar to a computer, these are set written programs.

The associated observed patterns are seen through structure function facial traits; types of body movements and actions; behavioural patterns, etc.

Some associated kinesiology applications are covered under Applied Physiology (AP); LEAP; Edu-K; NOT; etc.

Each of these three sides/aspects of ourselves have the same characteristics for us all, no matter who or what we are (male, female, animal, mammal, etc). What makes us individual and creates personal identity with the way these functions operate and activate is related to the fourth side - the soul, spiritual and emotional side.

Soul – Spiritual - Emotional

The soul, spiritual, emotional side relates to our individualism and has no physical substance or hardware. It has associations to our five input senses (vision, hearing, taste, smell, touch). It is all mainly software that is stored holographically or energetically in the body cells, chromosomes, DNA, chakras and auric levels. The storage of this individualism is held by a certain combination potential charge (+ve and/or -ve,

electromagnetically) which can be held consciously, subconsciously, cellular level, DNA level, chakra and/or auric level (computer software is modeled the same). Everything that we do and experience connects with an associated feeling emotion. Depending on how we respond will be determined on the interpretation of the input 5 senses along with the associated feeling emotion. Interpretation can be past fear based or present time open minded based without conditions or something inbetween. Our past conditioning is related to interpretation experiences which are actual feeling based experience interpretations which are stored in the body. With every action, process, movement, etc that is done, there is an associated feeling emotion which can be either positive or negative (willingness or resistance). Our inner voice (self talk) can be strongly influenced by all of the above and influences our self image and whether we move backwards, forwards, stay stuck, be inspired, determined, resentful, fearful or phobic. This makes driving your car very individual, as some drive slow, cautiously, fast or something in the middle, depending on the interpretation of what is in front of them and/or around them. When individuals have a sense of something is not quite right (intuitiveness, psyche, gut feeling, etc), it is the change of electromagnetic charge or reactive or distorted energy that influences or reacts, which in turn makes individuals respond accordingly (welcoming or feeling threatened). This is related to living or surviving in the past, present or future according to the memory software programming.

The soul, spiritual, emotional side of us creates an imprint on every factor of the other 3 sides and can have impacts on our conscious and subconscious programs. They become all intertwined. Using an example of walking, we can have enthusiasm so we walk upright with zest or there can be an unwillingness, which can bring a poor posture and a shovel of the feet. Poor eating habits can affect our posture, it will affect our mind – mental facilities by putting it into scramble and also put a dampening on the energy mass. Again, with every action, process or movement that is done, there is an associated feeling emotion which can be either positive or negative (willingness or resistance).

The associated observed patterns are seen through behavioural response patterns; emotional posture

patterns; auras; individual iris and sclera patterns; etc.

Some associated kinesiology applications are covered under Three In One Concepts; Counselling Kinesiology; Neuro-Training; TFH Metaphors; Spiritual Kinesiology; etc.

Application Balancing Protocol

Essential Pretests before starting:

- Body Hydration
- Switching on for Brain & Body Integration
- Brain (CV) & Spine (GV) Meridian Energiser
- Thymus Gland Energiser Tap
- Walking Gait – Brain Integration & Coordination
- Calf Muscle & Achilles Tendon Release
- Cross Crawl Integration

Application - Demonstration 1 Procedure

Using the “Equilibrium of Health Square”

Test for:

- Priority side affected that is under challenge
- Component of the affected side (chemical → hormonal → adrenal)
- Any Reactive sides of the Health Square? If yes, which sides and what components of the affected sides
- Priority emotion using appropriate Emotional Charts
- % negative stress; % happiness; % willingness to change / improve
- Time factors - (past, present, future)
- Kinesiology Balance required
- Important to clear unwanted baggage;
- Willingness to regain balance (work rest & play); regain happiness; % willingness to respect and to honour self and others (as appropriate).

Application – Demonstration 2 Procedure

Nutrition in Relation to the Health Square

When nutrition comes up as a correction then this can be further opened up.

Nutrition for the Physical

Doing Alone - general movement; walking; running; swimming; sport; playing; sleeping; sitting; etc
Doing with Others – sport; walking; activity play; etc.

Nutrition for the Chemical

Food - general balanced eating; constitutional body type eating; blood sugar type eating; blood type eating; specific directional eating for assisting particular body areas; eating timing; protein; vegetables; carbohydrates; sugars; fruit; fats; legumes; water; liquids; stimulants; sedators; Supplements – vitamins; macro, micro, trace minerals; amino acids; fats; herbs; homeopathics; essences; Fresh air; breathing;

Nutrition for the Mind – Mental

Alone – reading; meditation; sleeping; general or specific exercise; crosscrawl exercises (Brain Gym type); computer games; work; positive personal challenges; writing; etc
Group participation – social; sport; chess; draughts; board/ card games; work; team participating challenges; etc.

Nutrition for the Soul / Spiritual / Emotional

Alone – meditation; reading; prayer; affirmations; quietness; writing; talking aloud to the wall (this is talking to the other sides of you); crying; laughing; smiling; singing; music; watching a TV show / program; open space; country air; sitting by the water, ocean, etc; being with pets / animals; etc.
Group – family gatherings; friends & socialness; parties; playing with your children; laughing; smiling; choir singing; movies; shows; etc.

Application – Demonstration 3 Procedure

When working within a balance, there are times when the strengthening technique or correction may relate to nutrition / supplements / herbs / homeopathics / etc. For the purpose of this demonstration application example, herbs will be used and tested with accordingly. Referral to the below Herbal Classification will be used for the application demonstration.

Test for:

- Physical; chemical; mental; emotional/spiritual. (As in Herbal Classification below.)
- Within each classification – (as under physical → structural or pain & inflammation)
- Which herb(s).

- Appropriate way to be taken: -
Liquid, dried; fresh; powdered; tablet form; tea; poultice; succus; food (spices, garnishes, etc); body care (skin care, perfumes, body lotions, soaps, etc); fragrances (personal, home, etc); gardening (growing them around own home environment).
- Dosage: - large doses (tablespoon, teaspoon); small doses (mls, drops); homeopathic doses; homeobotanical doses; blended doses/ combinations.

HERBAL CLASSIFICATION ACCORDING TO THE HEALTH SQUARE

Physical Factors

Structural

Oats, Comfrey, Horsetail, Fenugreek

Pain and Inflammation

Willow Bark, Prickly Ash, Horsetail, Oats, Comfrey, Hawthorn, Gota kola, Cats Claw, Celery, Astragalus

Chemistry Factors

Sex Hormones

Sex hormonal imbalances (females & males), libido)

Chastetree, Paeony, Don Quai, Blue Cohosh, False Unicorn, True Unicorn, Golden Seal, Crampbark, Raspberry, Calendula, Sarsparilla

Female Menopause

Don Quai, Wild Yam, Sarsparilla, Shaktavari, Muira Puina, Horny Goat Weed,

Male Menopause

Sarsparilla, Damiana, Muira Puina, Horny Goat Weed

Thyroid Hormones

Bladderwack, Coleus, Yellow Kelp, Bugleweed

Adrenal Hormones (adrenalin, cortisol)

Licorice, Withania, Polygonum, Siberian Ginseng, Korean Ginseng, Rosehips, Rehmannia

Glucose Hormones

Jambul, Goat's Rue, Licorice, Cinnamon, Stevia

Digestion

Marshmallow, Slippery Elm, Meadowsweet, Lemon Balm, Barberry, Gentian, Cinnamon, Pomegranate, Pau D'arco, Peppermint, Aloe, Paw Paw, Liver

St Mary's Thistle, Andrographis, Dandelion Root, Schisandra, Bupleurum, Globe Artichoke, Turmeric,

Lung

Mullein, Elder Flowers, Eyebright, Albizia, Horseradish, Garlic Succus, Hyssop, Euphobia, Tylophora

Excess Acidity

Meadowsweet, Barberry, Clivers, Calendula,

Immune

Echinacea, Andrographis, Olive leaf, Qing Hao, Astragalus, Chinese Wormwood, Black Walnut, Cat's Claw, Clivers, Calendula, Bloodroot, Nettles Leaf, Albizia, Goji, Bupleurum

Skin

Red Clover, Burdock, Yellow Dock, Nettles, Bloodroot, Heartsease, Sarsaparilla, Chapperal, Ribwort, Queen's Delight

Mind – Mental Factors

Calming

Lemon Balm, Chamomile, Crampbark, Passionflower, Hawthorn, Cinnamon, Oats, Lavendar, Skullcap, Ginger, St John's Wort, Limeflowers, Motherwort

Stimulation

Oats, Bacopa, Siberian Ginseng, Bladderwack, Kelp, Kola nut, Withania

Sleep Enhancement

Passionflower, Zizyphus, Hops, Lemon Balm, Hawthorn, Motherwort, Kava, Valerian, Lesser Periwinkle

Emotional, Spiritual

Balance, Feeling Centred & Harmonising

Hawthorn, Motherwort, Lemon Balm, Rhodiola, Oats, St John's Wort, Hops, Kava, Licorice

John Holodnak

WELLNESS CONSULTANT & COACH

**Naturopath - Kinesiologist – Remedial Therapist
– Acupuncturist – Life Enhancement Coach**

QUALIFICATIONS

Bach Health Science - Dipl App Science
(Naturopathy) - Grad Dipl Herbal Medicine
Adv Dipl Complementary Medicine (Clinical Kinesiology)
Dipl Remedial Therapies
Grad. Dipl Acupuncture
Certificate IV Workplace Training & Assessment
Senior ICPKP Kinesiology Faculty Trainer; Touch for Health Instructor & Proficiency Assessor

AFFILIATIONS

Australian Kinesiology Assn – Reg Adv Kines Practitioner (RAKP)
Australian Institute of Kinesiologists - Associate Fellow Member
Australian Traditional Medicine Society (ATMS Reg. No. 1841)
International Iridology Professional Association (IIPA)

KINESIOLOGY AREAS OF TRAINING

Touch for Health – Three in One Concepts – Hyperton-X – Neural Organisation Technique (NOT)
Applied Physiology – Educating Alternatives – Professional Kinesiology Practice (PKP)

Mandurah Natural Therapies Centre

220 Lakes Road,

Mandurah, WA 6210, Western Australia

Tel – +61 8 9535 9195 Fax – +61 8 9535 9109

Email – office@mntc.com.au

Website – www.mntc.com.au

Notes:

Create High Energy Marketing and PR Pieces

By Jerry Teplitz

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Have you ever wondered why some marketing and public relations pieces are more effective than others? Why do some ads get thrown in the trash, while others convince customers to buy? Or why do Internet surfers skip some web pages, but stop to read others? One explanation is the energy these materials create. If energy created by the piece is positive, it wins more attention and more business. But if the energy is negative, the piece ultimately fails and people click somewhere else, or throw it in the trash.

Although this “energy stuff” may seem like nonsense, it actually works. It stems from over twenty years of studies and applications in behavioral kinesiology, or muscle checking. And you can use it to create more effective marketing pieces for your business.

What kind of results can you expect?

Jack Canfield, co-author of the *Chicken Soup for the Soul* book series, has publicly said he will not release a Chicken Soup book until it's been through this Kinesiology process. They have now sold over 90 million copies of their books.

What is Kinesiology?

Your brain constantly sends electronic messages through your nervous system, creating an energy field around your entire body. When one of those electronic impulses is interrupted by another energy field, it can be measured by a physical, muscular reaction. Behavioral Kinesiology is the measurement tool that taps into your body's natural energy fields and determines how everything around you affects you.

Essentially, your thoughts elicit a physical reaction. And positive thoughts send physically different energy signals than negative thoughts. So when you see something, maybe an advertisement for a product or a company web site, your brain sends either a positive or negative response to the visual signal. When you look at a marketing piece, you are subconsciously intercepting the energy of this piece as positive or negative.

Every advertisement you see has an energy attached to it that can either encourage you to read the copy or throw the piece in the garbage. Therefore, all the marketing and public relations pieces you create in your business will have an actual physical effect on the people who see them. This includes everything from web copy, to visual graphics, to text, to colors. So when you create marketing pieces with a positive energy, they elicit a positive response and make people feel good about your company.

How Does Kinesiology Work?

To perform the kinesiology test, you will need a partner for all the exercises. So have your partner face you with one arm at their side and the other arm extended at a ninety-degree angle from the body as if a bird were extending its wings. The thumb on the extended arm should point toward the floor. Now place one of your hands just above the wrist on your partner's extended arm, and your other hand on their opposite shoulder. To test their natural resistance, ask your partner to resist against your pressure on their extended arm, and then gently try to push down on their arm. Don't attempt to force it down; all you have to do is push firmly for a few seconds then release.

To demonstrate the physical effects of mental thoughts, ask your partner to think of a positive experience while keeping their arm extended. Allow them to focus on their positive thought for a few seconds, and then push on their arm as you did before. Their arm should remain firm and strong. Now allow them to focus on a negative thought, then push on their arm again. Most likely, their arm moved down much easier, despite their efforts to keep it extended.

By doing this exercise, you've experienced the way thoughts affect your energy system. And you can use this same technique to check your web sites and other promotional materials. Ask your partner to look at an advertisement in a magazine, or a page on a web site, and push down on their arm. If their arm moves down, that means the promotional piece has a negative effect. But if their arm stays

strong, then the piece is having a positive effect. You can use this technique to test the way your company's marketing pieces affect the people who see them.

How Can You Create High Energy Marketing Pieces?

Start testing your company's marketing and public relations pieces by choosing a single piece and gauging your partner's reaction to it using the muscle testing exercise from the previous section. If your partner's arm stays strong, then the piece has a positive energy and is more likely to be an effective marketing tool for your organization. But if your partner's arm falls, then the piece has a negative energy and is more likely to be ineffective. But this doesn't mean that you should trash the whole piece. The negative energy may be originating in a single element of the piece, such as a graphic, a line of text, or a logo. In this case, you need to test the different elements of the piece further.

Using the same kinesiology techniques, cover everything but a single graphic on your negative marketing piece, and test your partner's reaction to the graphic elements. Did their arm weaken, or did it remain strong? If it remained strong you'll need to leave another element uncovered and check again.

By using the process of elimination, you can check all the parts of your promotional pieces and web pages your company uses in its pr campaigns and identify the ones that may be most effective, and the ones that may have a negative effect on potential clients.

See the Benefits in Your Business

This approach will allow you to begin working at the concept design phase. When you identify and eliminate the negative elements, your pieces and websites will get a more positive response from the people who see them. Instead of passing your ad in a magazine, your product on the shelf, or your page on the web, the public will be more likely to stop and notice.

About the Author: Dr. Teplitz is an author, attorney and has a Ph.D. in Wholistic Health Sciences. He is author of *Managing Your Stress, Switched-On Living* and *Brain Gym For Business*. He speaks and consults on management, leadership, sales and

personal development issues. Contact him at 800 77-RELAX (777-3529), Email Info@Teplitz.com or go to www.Teplitz.com.

Notes:

Sacred Geometry of the Human Body

By Rev. Alicja Aratyn, M. Eng.

“There are only two ways to live your life.
One is as though nothing is a miracle.
The other is as if everything is.”

Albert Einstein

Sacred Geometry is an enormous body of knowledge which can assist Touch For Health practitioners with helping their clients. We first introduce the basics of Sacred Geometry as a way of enhancing the subtle energy bodies. We then go on to explain four concepts that will be combined to create a new complimentary treatment option.

Sacred Geometry teaches us how, by using vibration of shape, we can create what is needed for health, abundance, tangible objects or intangible ideas, and much more. Sacred Geometry shows us also how certain energy patterns are hidden in shapes and in our body.

For centuries these sacred shapes have been used in many spiritual traditions for such things as the initiation of adepts into Sacred Wisdom, for attuning those on the Path to Spiritual Development to higher vibrations, and in many healing modalities to manifest and maintain health. The main purpose of using shapes and patterns is to benefit from their energetic values which can help to create the highest standard of balance through the manifestation of the frequency of Gold and other vibrations of a high spiritual quality.

The first concept, however well known, needs to be restated: we are alive because our Life Force (Light) flows throughout our bodies via the meridian system. We charge our “batteries” during the night, when we sleep, and slowly lose the energy during the day. As a result of this loss, our physical body as well as subtle energy bodies (that is the mental, emotional, spiritual bodies around our physical body) shrink, as per Dr. Thie description. This same process, however at much faster rate, take place when people are sick or their energetic system is compromised by outside influences. By measuring these three fields we can get an idea of how rapidly

and/or severely the illness is developing and/or measure the reaction of the client to other energies.

The question remains: how to measure the previous size of these fields if the client only comes to us when they are already unwell?

The second concept, which originates with Albert Einstein, is called a “time line”. A time line is a way of tracing the vibrational echoes of a person’s energetic state. This is useful for practitioners to be able to detect and measure the nature of past states of a clients’ bio-field – that is, before they became unwell. The vibrations generated by certain shapes in Sacred Geometry and Radiesthesia are used to make these measurements which are, in turn, used as a reference point during sessions.

The third concept will help us understand how to address a health or life problem which negatively influences our client. Here we have two main approaches:

- 2) Through standard Touch For Health procedure of touching and stimulating acupressure points and releasing the stress which in effect will allow proper energy flow and expansion of energy field.
- 3) The other method is non-touching application of energy to the effected points. We know that each acupressure point creates small or large vortex. This vortex is able to attract and absorb the energy from the surrounding environment. If a meridian is balanced, the vortex is “silent” which means it is almost inactive or “closed”. However, if a meridian is depleted of energy, the vortex becomes more active, spins faster, and enlarges itself in order to attract more energy from an external source. Therefore, if we place an object vibrating strongly at a frequency compatible with a given acupressure point’s energy then this energy will be absorbed by that acupressure point and will spread throughout the meridian to

balance it.

The final concept relates to the tools we use to create this external energy source. To this end we use radiesthetic tools commonly called pendulums. Radiesthesia is the European term of vast field of expertise which encompasses what is known in North America as Dowsing as well as Sacred Geometry. The word Radiesthesia is derived from two words: the Latin word "Radius" which means "Ray" and Greek word "Aesthesia", which means "Sensitivity". Together they refer people's sensitivity to vibrations (or rays) radiated by the human body or objects in our environment. In order to detect or create those vibrations we may use pendulums. Those which will interest us are based on Sacred Geometry principles and are called in Europe "healing" or "therapeutic" pendulums. They are able to either supply with energy or clear (remove) excess of energy from acupressure point.

Let's now combine all four concepts together to outline balancing procedure. We will practice this method during our session on the Conference.

- 4) When client come to us with a problem the Practitioner must first assess his health using kinesiology (mostly the neurolymphatic and neurovascular points).
- 5) The Practitioner travels along client's "time line" to check his balance before the problem appeared.
- 6) The Practitioner then returns to the present with new information regarding their client's problem.
- 7) Using therapeutic pendulums the Practitioner creates the desired vibrations and passes them to the acupressure point through which problems or unbalance may be addressed.
- 8) By using Touch For Health and Kinesiology procedures the Practitioner checks if balance of client's energetic system has been restored.

Each step of the 5 steps technique will be presented and described in detail during session.

(For those who will not attend the Conference: please refer to Home Page of our website www.intuitivedowsing.com . Details regarding

treatment procedure are posted there under "Touch For Health Non-Touching Treatment". Thank you!) During the session participants will also practice the application of other Sacred Geometry Shapes such as DNA Spiral, used by many practitioners using number of alternative medicine modalities to balance client's energetic system. Many Kirlian photographs will be shown to demonstrate changes in the client's bio-field. Attendees will have a unique chance to experiment with different Sacred Geometry shapes to experience how they work and how they influence the physical body as well as how they can change attitudes toward life's challenges.

About Rev. ALICJA ARATYN, M. Eng.

Alicja Aratyn will change your life forever as she has for thousands of others around the world.

Over last 17 years she teaches, leads and inspires as well as heals and consults to help people bring their lives to the next level of awareness. As a natural born healer she shares her gift generously.

Alicja Aratyn, born in Poland, is an Environmental Engineer by profession. Her early interest in Metaphysical knowledge and Mysticism led her to further involvement in the student movement in Europe in the 70's and 80's.

In 1991 she moved to Canada with her son, Tom. Many personal challenges and the sickness of her son made Alicja put her theoretical knowledge into practice. First-hand personal, positive experience convinced her to stay with Alternative methods and Esotericism as a full time business. Therefore since 1993 Alicja has dedicated her professional life to sharing her expertise and knowledge to improve the quality of life of many people. She founded the "Alicja Centre of Well-Being", which now is based in Mississauga, Ontario, and offers many different treatments, personal counseling and channeling sessions as well as a variety of seminars and workshops.

Alicja Centre of Well-Being offers the world's largest variety of Dowsing Tools, as well as protective jewelry from around the world, Atlantis products, pyramids and pyramid-based instruments, neutralizers for geopathic stress and EMF, and different Feng Shui remedies.

If you have problems with choosing the proper tool for your specific kind of dowsing work and ability, ask Alicja and you will be amazed.

Alicja is Vice President of Canadian Society of Dowsing, Register Teacher with Canadian Reiki Association, teacher and lecturer at American Society of Dowzers. She also lectures on many Conferences and for many organizations. She is a member of prestigious Toronto Press Club.

Alicja teaches her own system, "Science of Dowsing", based on old European School of Dowsing and ancient Egyptian knowledge about shapes, called today Sacred Geometry. She travels extensively throughout the world to lecture, teach, lead and motivate people to enhance their personal vibration. In her Seminars Alicja uses the newest Accelerated Learning Techniques which allow people to increase retention of knowledge. Her classes are always well attended due to unique composition of vast knowledge, wisdom and incredible sense of humor. Alicja Centre of Well-Being also offers the largest on the net variety of Metaphysical tools.

Notes:

To learn about Alicja's private sessions and seminars, visit: www.intuitivedowsing.com
www.vibrationaljewellery.com
e-mail: alicja@intuitivedowsing.com or call:
(905) 848-1233.

The Five Elements to Success in Sharing Touch for Health

By Arlene Green

Almost every TFH student that I have known has been amazed and excited about TFH. They leave class enthusiastic and ready to share it with the world around them. Then along the way, something happens and some students fail to maintain that passion and follow through. If TFH is to grow to become a household word, we need to create the conditions to translate that enthusiasm from the classroom out into the world.

To share some of my thoughts and insights on the subject of how to be successful in sharing TFH, I will draw on the wisdom of the Five Elements energy flow and some of my own experience over the past 30 years of being both a student and teacher of TFH. The Five Elements Model is at the core of the Chinese system of Acupuncture and Traditional Chinese Medicine, and also a part of the Touch for Health system. This model was implicit in the Chinese view of the world and the inter-dynamics of man's relationship with his environment. Dr. Thie integrated these concepts into the Five Elements balancing model in TFH and later introduced some of the 'metaphors' of the Five Elements into his work. Inherent in the Five Elements is an association with various qualities and aspects such as a season, emotions, etc. The following ideas draw upon the spirit of this model and offer some creative applications in the context of teaching TFH. I encourage you to use it as a means of exploring your ability to be an effective teacher or sharer of TFH. Let's start with Wood.

WOOD - The season of wood is springtime and it begets the season of renewal and wonder in the early beginning of new growth. A seed is planted and begins to bloom. It's like springtime when first taking TFH. A new awakening and awareness is born of these truly amazing skills available to us at our fingertips. As we learn and gather new knowledge it feels like a seed taking root and starting its growth. It needs to be nurtured with the knowledge and practice of these skills until it begins to bloom.

TFH is a specialized system of healing that is unique to many of the energy healing modalities

in that it tends to be more systematic than most. The disadvantage is people have to have a base of knowledge to perform TFH, as it is not just an intuitive sensing of the energy or tapping a short sequence of points to balance the energy. The huge advantage of this in depth process is that it provides more detailed information and personalizes the process for each individual's needs. An added bonus is that goal setting can address a wide variety of issues for people on all levels and in all time frames. Goal setting is also extremely specific in energetic assessment and clearing, and results tend to be longer lasting. Once students master the basic 14 muscle balance process, they can apply it in an unlimited amount of situations. The key is that the student needs to gain that knowledge first and have confidence in using it. As a teacher, I have seen that the students who take more classes and closer together in the early stages of learning tend to be the ones who gain the greatest confidence and use it in the long run.

In addition to the need for knowledge, once one is awakened to the amazing potential for TFH in healing and performance enhancement, students usually have some vision of being able to use this for the benefit of others. Making a commitment to go home and use it after class is critical to gaining confidence.

What knowledge do you still feel you need in order to do or share TFH with others? How do we take that knowledge and our vision and bring it into fruition and share it most effectively with others?

FIRE - Once you have taken a TFH class, gained a level of confidence in using it, and want to share your JOY and enthusiasm for the work, one of the most important elements is keeping the FIRE burning. Immersing yourself in both the skill and experiencing the wonders of the work on a regular basis can keep that fire burning. Some people find that taking classes not only helps build confidence, but also keeps their enthusiasm alive. Another important way to feed that joy is when you balance someone and it makes a positive difference in their life. That supports your desire to help others and it also will encourage you to want to do it again.

So what is your fire about? Once you find it, own it, be it, live it, express it, and share it.

What special groups do you want to have an impact on?

Another aspect of that joy and enthusiasm is maintaining that sense of heartfelt Gratitude for having access to such a wonderful gift of knowledge. I was so appreciative of knowing how to help my baby as a new mom, that I imagined that every mother would want to know about TFH as a way to help their children. How do we share this information and enthusiasm for TFH to families as Dr. Thie envisioned when he created it back in the 1970s?

Loving the work, believing in the work, and holding that space of LOVE for your students or clients as you offer the work, is paramount to being effective and successful.

Bringing not just the knowledge of the process, but also the loving intention of helping others into the work can be as healing as the work itself. When speaking, keeping an authentic heartfelt connection with the audience or person you are talking to is essential.

What is your intention, your 'burning' desire, your PASSION, for sharing TFH?

EARTH – Getting down to earth with our intentions and enthusiasm means first getting our feet on the ground. Having enthusiasm about the work is a start but then you need to transform or manifest that *desire* into GOALS and an ACTION PLAN as to how you will get out and be successful in sharing your knowledge. Create specific, powerful goals that will allow your enthusiasm to continue. Write your goals and your action plan down on paper, including time deadlines for them.

Napoleon Hill in his famous Think and Grow Rich book said: "Desire is only a thought, an impulse. It is abstract and of no value, until it has been transformed into its physical counterpart." Let's look at some specifics.

On an individual basis, *how do you approach friends, colleagues, acquaintances and even skeptical family members?* Sharing benefits about the work, rather than just its features, is usually the best way to start. People want to know what the work will offer them personally. Will it help their sore shoulder or tight neck muscles? Can it relieve their stress? The aspect of goal balancing greatly expands the application of the work to a

multitude of areas and people will want to know what they can gain from it.

Know your audience- what are their special needs and what aspects of the balancing work would apply best for them? Speak to those special needs. Be sincere and caring (EMPATHY) and give examples of how those techniques have been applied in other situations to help people. You can teach a lot through personal examples or testimonials.

If you are a teacher, when looking at giving a lecture, teaching a class, or wanting to be using this in a practice are you trying to reach everyone or targeting a special group of people? Have a marketing plan. If teaching or giving a presentation, decide on the date well in advance. Set up the location and when possible do a physical check of the facility or ask lots of questions beforehand to make sure it is a comfortable space that will meet your needs. Is the location easy to find and in a safe location? If giving a talk at someone's house be sure to ask things like do they have pets? Some people are allergic or uncomfortable with animals so best to check that out in advance. What kind of chairs? How big is the space? Are there any distracting noises nearby? Can the room temperature be adjusted? You want your participants to be comfortable when they are there so it is your responsibility to make sure the site meets your, and your participants' needs.

If speaking to a specific audience, then tailor your talk for their needs and interests. If not, what kinds of general points would most people be interested in? Do several demos when giving a talk. Involve the group in audience participation by teaching some switching on skills, auriculars and other simple techniques. Do before and after assessments so they can notice a difference.

If giving a class, what kind of communication will you have with your students before the class? Calling each one, emailing a list of what to bring, class times, lunch plan, directions, etc. in advance will help your students see that you are organized and meet their need for feeling comfortable about what to expect. What kind of outline works best for you when teaching? Having an outline of each technique, when and for how many minutes? Or a breakdown of the techniques for each morning/afternoon and then go with the flow? Do you work best from a rough outline, note cards, reading or winging it? These are the kinds of

specific details that are involved in creating an action plan for success.

Remember if you love what you're doing, doing it will not seem like work but merely a means to an end. Draw your sustenance from your mother – Fire- your passion and desire to share this with others will help keep you on track even if the details of planning may not be the kind of thing that you get excited about.

METAL - Now that you have the knowledge, enthusiasm, goals and action plan to share TFH, next you will execute the plan by calling on your **STRENGTHS**. *What are the skills and attitudes that you have that can help you to be successful?* Start where you feel comfortable. Maybe you feel insecure about explaining the theoretical, but you have a lot of enthusiasm for the results and being able to help people. Begin there. Sheldon Deal once said, "If you catch on fire, people will come from miles to see you burn." Your enthusiasm will be contagious, and sincerity can open doors, where just knowledge may not. So use your strengths when conveying your desire to teach or practice. I often tell students that one's presence is far more effective than at times technical excellence.

Even what may seem like a quality that is a negative can be turned into a positive or strength (how yin/yang). For instance, my parents said that I could be stubborn when I wanted something. I've learned to turn that quality into perseverance, which I attribute as being one of the most important qualities that has helped to sustain me in this little known field over the years. Just because TFH was (is) something new and different than the norm, has never discouraged me from sharing it with others. Nor have I ever worried about what others may think. My determinism coupled with my love for the work, helps keep me focused on my end goal. Once I decide to do something, be it teaching, organizing a class or a conference, etc. I follow through until it is complete.

Other qualities that might be important for successful accomplishment of one's goals could be organizational skills, communication skills, self-confidence, and commitment as well as follow through.

What are the skills that you are lacking? Would taking a class to learn them, practice at toastmasters, partnering with someone who has expertise in them, or just paying someone to perform

them, help assist you in being more successful with your plans?

What are the attitudes that you wish to have more of? Do you know which ones would help you to achieve your goals? Do you take time to reflect on them, or balance for them? Do you take time to give thanks (gratitude) for the knowledge and skills that you do have? Do you acknowledge yourself for your strengths of character and skills that you do have?

One of the qualities that we all have that can be used to help us accomplish our goals is the god given gift of imagination. When we can take our passion combined with our goals and action plan and imagine them happening, they are more likely to manifest. That skill of imagination coupled with techniques like ESR or goal balancing can be used to increase our chances of being successful.

WATER - Sailing downstream or going with the flow - Once you have your vision – enthusiasm-game plan and have drawn on your strengths and resources – then it is time to put your boat into the water and let it sail. Sometimes you find it goes downstream easily and other times it may run into obstructions and you may have to re-navigate to get it back on track.

What are your challenges to getting out and successfully promoting or teaching TFH?

On a one-on-one level, we may get excited about sharing our knowledge and skills with others but they may not hold that same openness and enthusiasm. I remember one of my students, who was the director of the Red Cross, really wanted her supervisor to be open to this work but she was highly skeptical of it instead. It wasn't until a hurricane hit and they found themselves in a shelter together for few days, that when a severe backache got the better of the supervisor, she grudgingly agreed to let my student balance her. Much to her amazement the balancing work relieved her pain and she had a very different opinion of the work after that. My student wisely waited until a strategically opportune time to offer her skills to her coworker. Nothing is more convincing than first hand experience, especially when people are skeptical.

With teaching, one of the biggest roadblocks to 'being out there' may be FEAR. Most people find public speaking creates ANXIETY for them. They say the number one fear is not death but public speaking. Why is that? I would guess that

most people fear that others will judge them. But if you come from your passion and speak your heart and have some plan about what you would like to say, knowing that what you will tell them can be of great benefit to people, that may be the inspiration to help you forge ahead and try it out. Also remember that you probably know more than they know. Focus your attention when speaking on them, not yourself, and how excited they will be once they have learned about the potential for this work. A balance can be most helpful too. But if you just know that your strength is best at one on one then start there. Some teachers like to start with small groups of people they already know. I started by co-teaching with a friend and that way I did not feel that I had all the responsibility to steer the ship by myself, but that someone else was there to back me up. After the first time co-teaching then it was easier for me to take the steering wheel and be on my own. So know what works best for you and go for it.

Another challenge to getting out and doing the work, either with clients or teaching, is often that students feel like they have to know it all. TFH is a program that teaches 'how to use the book' so it is meant to be used. I remember at a TFH conference where I was speaking about the importance of confidence and how that can be a key element in being successful, I made the comment that it was more important the type of 'presence' that one had when seeing clients than the fact that you may look up points in the book during the balance. The same is true for teaching. Two women came up to me afterwards and thanked me for saying that, as they had chosen not to do the work because their husbands had most of the reflex points memorized and they didn't. I assured them that what will matter more to clients and students is their caring attitude, than the fact that they might look up a few points. That seemed to be the roadblock to them practicing and with this new insight they left with a renewed enthusiasm for doing the work.

Some people find that promoting the work is easy but promoting themselves is not. One has to remember that in some ways it's a package deal. People take classes sometimes more that they've heard great things about an instructor than just the content looks interesting. So look again at what strengths you bring to the work and feel good about promoting yourself in ways that isn't ego based but truth based.

One of the biggest challenges of our time is conveying to people the important value of this work during financially difficult times. People are not spending as freely as they had just a few years ago and class enrollment and clients have dropped for many people. That stumbling block can be turned around to be used as an asset in showing people the positive benefit of preventative health care. One of my students was a mom with seven children. She came and took my one day intro class with one of her children, then signed up for the full TFH 1 – 4 with both her 21 year old daughter and her 16 year old son. Her children both excelled at the work and later they all went on and took the PKP training. Last year I emailed the mom and asked her how much she had saved the past year since completing the training. Her first response was probably about \$2000. A few days later I received an email from her saying she was 'shocked to discover that she had saved \$4380 in medical costs' over the last year since learning TFH and using it within her family. So when reaching lay people emphasize the benefit of savings that will be gained from being able to handle so many different health and well being issues when they can balance themselves and their loved ones. There's no price one can put on the value of being able to help one's loved ones when they are ill or in pain. How can a parent deny the ability of being able to help one's child by having skills at one's fingertips?

For teachers, a good target group, are the health professionals that need continuing education classes. Licensed health professionals can be found many times online or for a nominal fee through the Massage or Nursing boards. Be flexible both with scheduling and with making creative financing plans for students.

Sailing your TFH boat in the rapids of life requires the skill of flexibility and resourcefulness at times to navigate the occasional stumbling blocks (or beaver dams) that sometimes show up.

So now that you have some perspective on some of the key elements involved in manifesting your vision and passion to share TFH, which element and its related aspects do you find to be the most challenging to you? Muscle test for which is the priority aspect. Create a positive goal statement around that issue. Then find a balancing activity (choose or muscle test for priority) that will address the stress around that issue. Remember to do some

pre and post assessments so that you know that there has been a shift. Do this both with the balance as well as after a specified time frame (say two months later) to see how well you have been able to achieve your goals.

Notes:

Arlene Green is one of the three TFH Faculty members in the U.S. She has been teaching TFH since 1981 and has taught more classes/people in the U.S. than anyone else. Her passion is to teach TFH to both lay people and health professionals and to motivate people and instructors to share it as well.

Arlene Green
U.S. Kinesiology Training Institute
7121 New Light Trail
Chapel Hill, NC 27516
www.USKinesiology.com

The 4 Archetypes in the 5 Elements

By Johanna Keller-de-Wild

Why should I be part of the audience?

Maybe you have a 14 year old daughter, who pushes you to your limits. Maybe you have parents, who you still don't understand, even though you're an adult now. You work with clients and sometimes miss the point. Perhaps you're a teacher and have to deal with different types of students. Or you wish to make peace with the annoying neighbour. There are an endless number of questions in life, when it comes to getting on with other people. Here you will see some old attitudes in a new light and new aspects in old patterns.

Let's go!

How do the four Archetypes fit in the five elements? To do this we need to look at the earlier diagram of the five Elements.



Originally the Earth was in the centre and the four other elements were positioned around it: Wood in the East, Metal in the West, Fire in the South and Water in the North.

The orientation of Earth is in the centre – always “The place where I am right now” – from here I can move in any of the four directions. The centre is the most important direction in Chinese cosmology, so the word China is pronounced “Zhong Guo”, where “Zhong” stands for “Middle” and “Guo” stands for “Nation”.

Here lies the mystery of understanding the people we come in contact with. We all carry earth in our

centre and if we are connected with it, we can recognize the four Archetypes around us.

Only through this awareness does it become clear, why we can empathize with others. We can mirror all the Archetypes, recognize and name them. If we do so we can easily discover that we can't handle some of them and would prefer to avoid dealing with them. But can we avoid our partner, our kids, our students or our clients, just because their current Archetype doesn't suit our mood today? Or would we prefer to understand more about their constitution and thus find access to them?

Definition of the term Archetype:

The four Archetypes: Melancholic, Choleric, Sanguinic and Phlegmatic were defined by Socrates. They demonstrate the basic types, which appears in different proportions in each of us.

A rough description of each of Archetypes:

The Melancholic (Ki/BI)



The Melancholic Type is defined by his feelings. He feels a lot and very precisely. He is especially receptive to the painful feelings. He uses this to develop his suffering capabilities. He sees life as being difficult, but still worthwhile.

He finds his energy in his family, this is important to him. He only needs a small circle of people around him.

As his power of suffering is internalised, it becomes the source of his thinking. From the outside we

notice little activity, but on the inside there is a lot happening.

The Choleric (Li/Gb)



A Choleric has a lot of power to start things moving. He can pull people with him, motivated and can expand himself. He has a lot of ideas and projects. His spirit is racing and he never actually slows down.

He loves to be the centre of attraction and everything must be big, loud, harsh or at the very least dramatic. He needs people around him who work for him and do what he tells them to.

He has no problems; well if he had any he would tackle them immediately and change the situation. Eternally and internally he is very active.

The Sanguinic (He/Si)



A sanguinic type doesn't rate loyalty very highly. Today you're my friend, tomorrow not. He does this in such a nice way, that we can't really be upset with him. He would love to dance simultaneously at every wedding.

He gets excited about things quickly and enjoys an active life. He lives for the moment and doesn't contemplate much, he just does it.

Externally he is very active, but internally not, deep contemplation it not his "thing". He doesn't have a good overview, but still master's life with a light heart.

The Phlegmatic (Lu/Li)



The phlegmatic type concerns himself mainly with the subject of letting go. He is not exact and not concrete. He has the tendency to water everything down and through this he can absorb a lot of damage. The phlegmatic type is a specialist in the art of suppression. There is little excitement internally or externally, that's why not much happens.

The Earth (St/Sp)



Here we meet the hard worker. There is always too little time for this person. They would like to push their time into time units. **ACHIEVEMENT IS WORK PER TIME UNIT.** They can't stand being unproductive. You will also find this quality in the Choleric type. You have a goal in life and to reach this goal you will work like a horse. You stick to your goal, like a Phlegmatic. Nothing much can disturb you. You have a good overview, see the sense of your work; basically you are satisfied, as long as you have your goal in sight. Nothing can stop you working towards it, you are also capable of being flexible, as long as it serves your goal, a quality of the Sanguinic type. Your perseverance and

your expanding knowledge are qualities of the Melancholic type.

These short descriptions give an insight into the Archetypes. It quickly becomes clear, that we carry every part of the individual type in us. Depending on the situation or type, one or the other Archetype will come to the surface.

If we recognise these tendencies, then we can achieve, not a compartmentalisation but an insight, which supports our move to the next step. It is not a definition like „Ohhh, you're a Choleric type, now I know how to behave with you for the next twenty years!“ As said at the beginning we want to reach the client and continue with him and not stay stuck at the meeting point. None of us stays at the meeting point with their date, we are all going somewhere.

The presentation will go into the many faces of the Archetypes. There we look at children at school, our own children, the work we “should” choose and ask “Is the path of least resistance always the best?” We will examine the typical clients, who visit our Praxis and get closer to their pattern of suffering or pain. With this we will get closer to ourselves and expand our horizon.

Everyone who works with people has the need to pick them up where they stand.

But where do I pick my clients up?
Where are they standing?
And how do I find the way?

Have you ever had the feeling at the end of a session that you have missed the point?

I have to admit that this is a provocative question, as we are using muscle test techniques to orientate ourselves. We define priorities, look for the optimal balance and give out best. Still! Sometimes it may happen that, even though we intensively test and question, we still don't find the bearing of the client.

How can that happen?

Actually, there are many possibilities to miss the target and this doesn't only happen to the newbie's but also to the experts. We can have a bad day or be misguided by an idea, which is exposed later as being totally meaningless. The client can also emerge to be a tough nut to crack. There are people

who arrive at our office with such a presence that they make us feel very small and insecure. Or the other type, who forget, why they bothered to come. Sometimes we have to deal with people who hardly say a word and only nod their heads or whisper to confirm or repudiate our questions. Or the ones who don't stop talking. They tell you everything, important and unimportant, about work, the family, early childhood experiences, planned car purchases and their sisters' neighbour (or neighbours sister)!! I will demonstrate a little technique how to identify the archetype of a related subject. It is very simple and easy to do.

You will find wonders and miracles in simplicity.

Notes:

Schedule of Speakers
Sunday, July 18

What's What in Energy Psychology: Making the Path by Walking It
Greg Nicosia, Ph.D

Balancing to the Core with the Inner Clarity (IC) Four Bodies Protocol
Debra Greene, Ph.D

What's What in Energy Psychology: Making the Path by Walking It

By Gregory J. Nicosia, Ph.D

What's What in Energy Psychology: Making the path by walking it

Comprehensive Energy Psychology is literally healing at your fingertips guided by the body's innate wisdom accessed by manual muscle testing. Balancing of bioenergy systems enables rapid transformation of negative thoughts, emotions and physiological correlates. Current research, applications and self care are explored.

Description

A review of the current state of affairs in Comprehensive Energy Psychology including what it is, what it does, how it works, current research and EP in our lives.

Energy Psychology is a collection of psychotherapeutic tools that utilize meridian, chakra and biofield interventions to bring about improvement in emotional and mental health and wellbeing. At the professional level, treatment is often guided using manual muscle testing to access the body's innate wisdom to facilitate the determination of system wide and specific sources of energetic interference and a wide variety of treatment choices. Most energy psychology practitioners recognize that the mind-body distinction does not accurately represent the reality encountered in practice. The line between medicine and psychology appears increasingly arbitrary as many energy psychology interventions result in noticeable improvements in physical health and many of the same interventions are used in the treatment of physical problems in the practice of energy medicine. The mind-body distinction is perpetuated by the medical and psychological licensure laws that are well established in our western societies and as such are unlikely to change quickly or easily. None-the-less, the more holistic concept of Energy Health Practices has emerged as a more accurate description of the realities observed in clinical practice and is likely to gain increasing support over time. Hence, many of the following remarks and observations about Energy Psychology

can appropriately be viewed in terms of body-mind-spirit health practices.

Energy Psychology (EP) has a history with deep roots in a variety of fields including: biofield and chakra influences from the Yogas, Pranic Healing, Therapeutic and Healing Touch; meridian influences deriving largely from Oriental Medicine and acupuncture. Energy Psychology arose in the 1970s from the field of Applied Kinesiology as elaborated in the seminal work of John Diamond, a psychiatrist who effected emotional changes via meridian interventions and first noted the "reversal of the body's morality."

Roger Callahan extended this work into the first thought field therapy that utilized a recursive formula that first corrected for "psychological reversal", activated all of the meridians by tapping, employed a bridging technique that engaged whole brain activity and repeated activation of meridians selected through the use of manual muscle testing or applied by emotion specific algorithms. The 1990's saw subsequent evolutions included my work on Thought Energy Synchronization Therapy (TEST), Tapas Acupressure Technique (TAT), Fred Gallo's EDxTM, Larry Nim's BSFF, and what would become the most widely used EP technique, the Emotional Freedom Technique (EFT), popularized by Gary Craig who distilled Callahan's recursive use of what had been called "the algorithm of last resort," tap on everything. EFT has enjoyed popular success and has been the preferred technique to be studied in most research to date due to its ease of learning and fidelity in application, not because it is judged to be superior in efficacy to other EP techniques, of which there are many that tailor the treatment to the client and have expanded the range of application to diverse populations. The new millennium brought about 25 or more iterations of EP techniques all of which combine cognitive interventions with interventions to rebalance the human vibrational matrix to facilitate rapid positive individual change and optimal psychotherapeutic outcomes. And that is what EP is and what it does!

So how does EP work? Good question, which deserves my favorite correct answer: "Well, that depends." In this case how EP works depends on what level of analysis you choose to investigate. Callahan espoused the theory that meridian tapping removed perturbations from thought fields thereby calming the attendant emotions via a cascade of neurochemical events. Although this may prove true in the final analysis, it is beyond our current ability to confirm or deny and landed us in the land of Woo woo explanations. EP treatments combine physical (sometimes not, but let's save this discussion for another day), so, combine physical interventions for regulating electrical signals or energy fields with mental representations involving a feeling, cognition, or behavior that is the target for change. This simultaneous pairing of the physical activity and mental activation is believed to balance aspects of the human vibrational matrix resulting in a therapeutic alteration of the targeted response. This sounds like a great explanation of how EP works, if you're from China and practice Qi Gong! But for the western scientist it conveys little more than $(\text{Woo woo})^2 = (\text{Woo woo} \times \text{Woo woo})$. So, here's the latest and the greatest explanation that can be related to by those of you not of the land of Woo! Recent research indicates that manual stimulation of acupuncture points regulates cortisol and produces opioids, serotonin, and gamma-aminobutyric acid (GABA). These neurochemical changes regulate the autonomic nervous system decreasing heart rate, anxiety and pain, as well as inhibiting the fight or flight response and create a sense of calm. This relaxation response reciprocally inhibits anxiety and creates a rapid desensitization to traumatic stimuli (Lane, 2009). In the most traditional psychological terms, EP can be viewed as an exposure technique that utilizes a dual attention task of stimulating (AP) points on the skin that sends signals to the amygdala that deactivate the stress response. These opposing processes, brief exposure via a traumatic memory or related cues activate the threat response; while, tapping AP points deactivates it overcoming the fear and threat response (Feinstein, 2010). This is the explanation that has recently been accepted by one of the American Psychological Association's flagship journals just a few days after their 3rd refusal to allow EP to be studied by psychologists for continuing education credit. Although I suspect

that some APA representative can make sense of these seemingly incompatible actions, we at ACEP were told only that EP remains too controversial to be certain of its claims and theory and that there was no measurable criteria regarding the amount of research needed to overcome the controversy objection that was determined based solely on their professional judgment. So let's look at the current status of research in EP.

Evidenced based psychology has been the rallying cry of organized psychology over the last decade and the randomized controlled study is regarded as the gold standard of research studies. To date, there are 14 randomized controlled studies of EP. Three studies investigated the treatment of phobias: Wells et al. (2003), Salas et al. (2009), and Baker & Siegel (2005); while, Benor et al. (2009), Sezgin & Ozcan (2010), Schoninger (2004) and Korber et al. (2002) investigated EP treatments for anxiety. EFT treatment for PTSD has recently been investigated in two studies by Church et al. (2009a) & (2009b) as well as Single et al. (2004). EP treatment of depression has also been investigated by Brattberg (2008), Rowe (2005) and Church & Brooks (2010). Finally Elder et al (2007) investigated the use of Tapas Acupressure Technique (TAT) on weight loss maintenance. Although much more of this type of "gold standard" research remains to be done to firmly establish EP techniques in the armamentarium of accepted psychotherapeutic tools, energy psychology has reached the minimum threshold for being designated as an evidence-based treatment, with EFT having met the APA Division 12 criteria as a "probably efficacious treatment" for specific phobias, test anxiety, and PTSD; and TAT for maintaining weight loss. Widespread acceptance of EP as an efficacious treatment will likely require a tenfold increase in the sample size and number of this type of study in order to enable a meta-analysis that sits at the top of the hierarchy of scientific research. According to the stringent criteria of the National Institute of Medicine not even cognitive restructuring, EMDR, or medication are considered to be efficacious treatments of PTSD, despite their widespread use! So we are in good company.

It is however, bad science to depend upon only one type of scientific inquiry, one type of research method, no matter how good it may be in

determining causal relationships, especially in situations where there is insufficient research evidence to support the common every day treatment decisions that are made in practice. Evidenced based medicine has largely turned medicine into drug prescribing. Certainly psychiatry has become almost exclusively the practice of psychopharmacology.

My grandfather was a physician who retired from surgery at age of 81, having delivered thousands of babies in his long career. At 85, while in the process of turning over his practice to a new young doctor, farmer Reeves came walking down the path to the office door. On seeing him, I heard Grandpa tell the young doc what he prescribed for the farmer's condition and the new doctor saw Mr. Reeves for the first time. The next day the farmer returned with the same complaint and the young doctor asked, "Why didn't the prescription work?" My grandfather said, "You gave him the right medicine but you didn't let him tell you about his problem. You didn't listen to him and he doesn't know you care." What patients have to say about their health and treatment is important. We must not replace judgment with simplistic assessment of the quality of evidence. We need to encourage observational studies, basic research into mechanisms of action, narrative studies and case studies that account for patient outcome measures.

And indeed we are doing that with a wide variety of quasi experimental studies including the largest study of 2500 anxiety disordered patients in which EP tapping compared very favorably to CBT and to needles (Andrade & Feinstein, 2004). A number of other studies extend the range of application of EP to agoraphobia (Irgens et al, 2007), cognitive dysfunction (Nicosia & Cellinni, 2006). Several other case studies shed light on the normalization of brain functioning after EP treatments (Lambrou et al., 2003; Swingle et al, 2004; Diepold and Goldstein, 2000; Feinstein, 2004). This review is by no means an exhaustive list of the EP research literature. Such a list can be accessed on the ACEP website www.energypsych.org.

Research is an attempt to demonstrate scientifically what we have come to know through our own experience. The only reason we persist with these somewhat odd looking procedures is as a rabbi's

wife said to me, "I don't know from this clacking and banging, but it sure calms me down faster than xanax." It is our own experience of the positive changes that EP brings about in practice that has convinced us to overcome our initial skepticism and forge a new field. Nowhere is this so clear as it is in disaster relief efforts.

Using TFT, Professor Carl Johnson's compiled and impressive record in Kosovo and other areas of ethnic cleansing in Africa having successfully treated 334 of 337 individuals completely resolving 1013 of 1016 identified traumas. Most recently, Stone et al. (2009) also successfully employed EP in Rwanda making EP a major contributor to the resolution of disaster trauma in at least 14 countries (Feinstein 2008b).

Personally, I have been blessed not only to have experienced thousands of inspiring transformations in traumatized individuals, but also to have experienced tranquility in the course of curing cancer. My journey began when I accompanied a patient with MS to see John of god in Brazil. She wanted to be cured, I wanted to help her and become a better healer. Her MS went into remission; I got non-Hodgkin's lymphoma for Christmas. My good friend appeared at my hospital bedside the next day. He said little but used Bengston's cancer curing technique as he sat there quietly before chemotherapy commenced. Although I am vegetarian for over 30 years, I followed a very strict diet to control the raging Candida that the post chemo steroids engendered. I had Reiki treatments twice a week, sometimes during chemotherapy. I used polarity balancing and strengthening techniques daily. I never feared for my life, a fact that amazes me to this day. I made up a story about the tumor, which was the size of a large egg, so I got it for Christmas and would give it to the Easter bunny. And I did! A few days after Easter the PET scan that was to be used to stage the cancer found none, anywhere. Was it the Bengston work, the Reiki, the diet, the EP? Can't tell. I guess I did a poor job as a researcher. Wait, there's more. Although my doctors were quite amazed that the Easter bunny really did take the egg, they feared that I would not complete the 2nd half of the chemotherapy. No problem I am a man of my word so I proceeded with the next treatment that resulted in massive blood clots in my leg and lung. Three weeks later I was leg with these

unable to walk and diagnosed with post phlebotic leg syndrome, too bad, live with it. Maybe not. New diet, ionic foot baths and some roto rooter assist made 50% improvement. Then drawn to the wizardry of Matrix Energetics, whose field I recognized within a few minutes and I entered a new story into the program of my life, discarded my pressure stockings and awoke to a body that again can dance the night away. I got what I asked for after my life by circumstance became all about healing and I acquired a playful knowingness and curiosity about how to help the healing of those who seek good health. Is this Energy Psychology? I am not sure, but I know the words I spoke almost 20 years ago are true: EP will certainly revolutionize your practice and more importantly transform your life.

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Notes:

Balancing to the Core with the Inner Clarity (IC) Four Bodies Protocol

By Debra Greene, Ph.D

Abstract: At times, persistent energy imbalances re-occur regardless of our efforts to correct them. In this presentation I describe and demonstrate an effective protocol for accessing the deeper layers of such disturbances. The protocol derives from an energy-based modality called Inner Clarity (IC), which recognizes four energy bodies that comprise the human energy constitution. By using the IC protocol, the deeper mechanisms of an imbalance can be accessed with the assistance of muscle-monitoring. Once these deeper mechanisms are laid bare--and brought into conscious awareness--a full and more permanent correction can take place.

Introduction: We've probably all had the experience of encountering certain energy imbalances or patterns that persist; no matter how many times we correct them, they show up again. When this happens it's a big clue that something is going on at a deeper level. The question is: How to get to this deeper level in a safe and efficient manner? The Four Bodies protocol derived from the Inner Clarity (IC) modality offers a safe and effective step-by-step procedure for going behind the scenes to get to the core of energy imbalances.

About Inner Clarity (IC): The human being is an energy being with many layers forming our personalities and spirits. These energy layers are subject to disturbances created by stored emotions, limiting thought patterns or belief systems. When these disturbances remain in the energy system, they can cause ripple effects into other aspects including the physical body. In an Inner Clarity (IC) process, light-touch kinesiology muscle testing is used as a sensitive feedback tool to access information from the bodymind system to find limiting beliefs and clear out destructive patterns. Because muscle testing responds to words, questions are asked and answers given in a way that disassembles defenses, and interrupts old programming or automatic reactions. IC is a powerful opportunity for self-discovery, transformation, and lasting change.

The Four Bodies Model:

Inner Clarity (IC) is an energy-based modality that conceptualizes the human being as an energy being. It utilizes as its foundation the multidimensional model of William Tiller¹ in which energy and consciousness are primary. In Tiller's model the human being exists on an energy continuum in which we occupy multiple levels of experience simultaneously. Upon these levels are formed our energy bodies, the vehicles through which we experience on any particular level. Although Tiller recognizes seven levels, for the purposes of the IC testing protocol the seven levels are synthesized into four, along with their accompanying bodies as described in the book, *Endless Energy: The Essential Guide to Energy Health*.² The four bodies are the vital, emotional, mental, and universal. Below I describe the four bodies in an abbreviated manner, however, please refer to *Endless Energy* for a more thorough description. Let's look at each body individually, along with its testing protocol.

The Vital Body

The energy continuum of the human constitution ranges from the low vibration (slow frequency) of the dense physical plane to the high frequency (fast vibration) of the universal plane. The vital body occupies the lower frequency end of the energy spectrum. The vital body is interwoven into the dense physical body and extends beyond it for several inches. The vital body vitalizes us and acts as our power supply. It is comprised of the chakra system, the meridian system, the Tibetan eight system, prana, and other subsidiary subtle energies.

The physical and vital bodies must be understood together as a seamless whole--as two sides of the same coin--because without the vital body the

¹ William Tiller, *Science and Human Transformation: Subtle Energies, Intentionality and Consciousness* (Walnut Creek, CA: Pavior, 1997); William Tiller, *Psychoenergetic Science: A New Copernican-Scale Revolution* (Walnut Creek, CA: Pavior, 2007).

² Debra Greene, *Endless Energy: The Essential Guide to Energy Health* (Maui, HI: MetaComm, 2009).

physical body would be lifeless and inanimate. It would be a dead corpse instead of a living body. Thus, the physical body is best referred to as a vital/physical body.

The vital body has special properties: One is the Interface Effect and another is the Blueprint Effect.³ We'll look at the Interface Effect first. The vital body acts as an interface between the dense physical body and the other higher frequency bodies—the emotional, mental, and universal. The vital body adds energetic substance to the physical body and reinforces it. As an interface, the vital body is the “go-between” in that it registers energy and information from the higher frequency bodies and translates those signals into physical substance. It is through the vital body that “belief becomes biology” and that our thoughts and feelings impact our physicality. The Interface Effect also means that energy and information from the emotional, mental, and universal bodies can be accessed through the vital/physical body—providing an important and useful avenue of communication for kinesiologists.

According to the Blueprint Effect, the vital body acts as a blueprint for the dense physical body. The vital body is an exact replica of the dense physical body—part for part, organ for organ. As a blueprint, energy imbalances in the vital body predispose the physical body to illness or disease. Or, to put it differently, if something exists on the physical level it originated *first* on the vital body level. Conversely, this also means that if you correct an imbalance in the vital body you can predispose the physical body to healing, the basic premise of the Touch for Health system.

The Emotional Body

The next higher frequency band of the human energy constitution contains the emotional body. The emotional body is responsible for our experiences on the emotional plane. Ecstatic highs, desperate lows, and everything in between can be found on the emotional plane. Because it occupies the frequency band in between the physical and mental bodies, the emotional body is highly influenced by the physical

body as well as by thoughts. The emotional body also exerts powerful influence on its neighboring bodies. As a lower, slower vibration, the energy of the emotional body is relatively dense, carrying a sort of forceful, “raw” energy. The force of the emotional body combined with the fact that many people ignore this body's needs makes the emotional body one of the most active and most misunderstood.

The Mental Body

The mental body is considered a higher frequency body and is responsible for mental capacities and thoughts. It has a dual aspect to it—both concrete and conceptual. The concrete mind is responsible for factual analysis and problem solving whereas the conceptual aspect of the mental body is used for more abstract or philosophical thinking. The mental body also gives us the capacity for self-observation. As a higher-frequency body, the mental body's energy is of a finer, faster frequency and it exerts significant influence over the lower frequency bodies (the emotional and vital/physical bodies). Because of its proximity to the universal body, the mental body also receives energy and information from the universal realm including intuitive insights and “ah-ha” shifts in awareness.

The Universal Body

The universal body, sometimes referred to as the spiritual body, is the highest frequency body on the human energy continuum. The substance of the universal body is consciousness. Consciousness is the “glue” that holds our bodies together. It is the great mediator that allows us to connect-the-dots of our varied life experiences and synthesize them into a coherent whole forming the essence of a unique self. Simultaneously, consciousness also connects us beyond the self to the greater whole.

The consciousness of the universal body manifests in varying forms. These include selective, individual, collective, intuitive and unity consciousness. Selective consciousness involves attention and intention whereas individual consciousness refers to the sum total of an individual's awareness amassed over the span of a lifetime. Collective consciousness is the

³ Debra Greene, *Endless Energy: The Essential Guide to Energy Health* (Maui, HI: MetaComm, 2009).

conglomerate of all our individual consciousnesses combined, and intuitive consciousness refers to our ability to tap into that collective. Unity consciousness is the palpable experiencing of the oneness of all.

The Role of Consciousness in the IC Protocols

Consciousness is the substance of the universal body, a high-frequency energy and, as such, consciousness itself is vibrating at ultra-high frequency. Thus, it carries with it special properties. Consciousness is causal (causing things to manifest), intrinsically healing, unitive in nature, mobile, and limitless. Because of its special qualities, consciousness plays a significant role in the IC protocol: *any deep or lasting change requires the presence of consciousness.*

It is essential that the client make sense of the information derived through muscle testing; they must be able to place the information within the context of their lived experience and to connect the dots. **Therefore, the IC protocols are to be kinesiotically tested out loud along with the conscious participation of the client.** Verbal questions are asked and answers derived in a way that facilitates sense-making. Muscle testing should not be used to replace conscious awareness. Keeping this in mind, let's look at some energetic distortions common to each of the energy bodies and how to test for them.⁴ The protocol below contains suggested parameters from IC, however, the list is not exhaustive and creativity is encouraged.

The IC Four Bodies Protocol:

- 1) Set a goal or clear intention (intention is a high-frequency energy of the universal body and, as such, it conditions the energy field making it conducive to easy facilitation)
- 2) Test out loud to find out which body holds the key to understanding the core blockage or distortion. Ask: "What's getting in the way is best understood on the physical, emotional, mental, universal level?" One of

the bodies will be indicated. If more than one, prioritize.

- 3) First ask the person about the indicated level and only if they do not know the answer, then test further to find the specific parameter, as a last resort. Remember, consciousness is paramount!
- Parameters to check for the Physical level: A body part, distortion in the cells, a physical object, a physical location
 - Parameters to check for the Emotional level: A feeling (mad, sad, scared, glad, hurt), an attachment, a desire, an identification, a glamour
 - Parameters to check for the Mental level: A decision, a conclusion, a repetitive thought-form, a conviction, an illusion, a judgment
 - Parameters to check for the Universal level: Dogma, idealism, a defining belief system, a core value, duping, trancing
 - Additional parameters to check only if necessary:
 - Check Timeframe: What we are looking for is best understood in the past/present/future?
 - Check Context: What we are looking for is best understood in the context of family/love/work/religion/friends/health/money/education/sex/career?
- 4) When the specific parameter is indicated, ask the person how it applies to their goal. Give time to allow them to engage their consciousness, come up with the answer, and put the pieces of the puzzle together.
 - 5) Once the insight is gained, balance as usual according to your expertise and skill-base.

By using the energy-based IC protocol you can help ensure the maximum energetic support for assisting your clients. Going behind the scenes to the energy bodies and accessing the high-powered energy of

⁴ Debra Greene, *Inner Clarity (IC): Energy Essentials*, training manual for the IC program.

consciousness at the universal level helps facilitate lasting change at the core.

Notes:

About the Author: Debra Greene, PhD, is an energy health specialist who has worked with thousands of clients and taught hundreds of workshops. She is author of the acclaimed book, *Endless Energy: The Essential Guide to Energy Health*, and founder of Inner Clarity (IC), a holistic energy balancing method that uses energy kinesiology to access deep level imbalances and energy-based techniques to transform them. Visit her on the internet at www.JoyfulEnergy.com.

Notes:

Additional Papers

The Influence of the 14 Muscle Sequential Balance on Stroke Outcomes and Neuroplasticity
By Norma Harnack

The Influence of the 14 Muscle Sequential Balance on Stroke Outcomes and Neuroplasticity

By Norma Harnack

Abstract

The neurology of stroke and the changes in ability to control physical movements or expressions that occur in stroke patients devastate thousands of people worldwide. Stroke is a major contributor to numerous disabilities from muscle atrophy and musculoskeletal deterioration to depression. This paper discusses the potential role of specific progressive muscle re-education (PMR), such as that used in the basic Touch for Health 14 muscle test and balance (hereafter “TFH14”), in reversing the impact of the stroke sequel, especially on the musculoskeletal system. The possible implications for caretakers, nursing and rehabilitation therapies are discussed in light of a single case study with the hopes of opening a dialogue for a more formal research investigation.

Stroke is the most common serious neurologic disorder in the United States and world-wide, comprising 50% of all hospitalizations for a neurologic disease. In most European countries, stroke is of great importance because of the tremendous expenditures arising from cost-intensive treatment and the large demand for continued nursing care. In Japan and other Asian countries, stroke is the second most frequent cause of death in patients aged 65 years or more. For Chinese stroke patients, disability at admission is the most important predictor of disability at discharge because of a lack of rehabilitation facilities and effective rehab methodology.

Stroke often presents as a disabling illness that not only involves many aspects of a patient's life but also places a substantial burden on family members and others. The aims of rehabilitation are to minimize the impact of the disability resulting from the stroke and to optimize the quality of life for both the patient and his/her personal caregiver. Progressive muscle re-education, as in the TFH14, may enhance rehabilitation and recovery by arming caregivers with a simple repetitive exercise to apply

helping the stroke victim to regain independence without increasing the financial burden.

Progressive muscle re-education, as in the TFH14, increases muscular coordination and endurance and enhances brain plasticity and the neurologic ability of the patient to recover more fully after a stroke, allowing them to regain their independence and resume Activities of Daily Living. The increase in motor coordination and ability may prevent falls and other injuries associated with musculoskeletal weakness and poor coordination. In the TFH14, the non-paretic and the paretic limb are used together to retrain balance between the hemispheres. Thus the TFH14 (PMR) benefits the muscles by soliciting specific responses that impact proprioception and the expression of movement as controlled by the individual. This results in a progressive effect on other neurons encouraging the return of some of the lost function. Research, ingenuity and technology have already developed a “robotic brace” intended to help people exploit their neural plasticity. While this device may affect physical function it will surely have a financial effect. Many of the medical devices aimed at treating patients afflicted with neurological disorders have not fundamentally changed in decades, or require costly, high-risk brain implants. Progressive muscle re-education as in the TFH14, may exploit neural plasticity but without increasing any of the financial burden. The TFH14 may give the brain a more dynamic way of forming neural connections to compensate for neurons whose links were injured or severed to grow new nerve endings.

History of one stroke

Introduction & Overview

On June 6th in 2004 at age 82, my mom Frances P suffered a stroke that left her with right side paralysis and expressive aphasia. After a thirty day hospital stay, which included a very rigorous rehabilitation component of conventional therapy

and utilizing the 14 muscle balance from TFH to re-educate the neural pathways, my mother was able to walk out of the hospital with minimal assistance. After three months of conventional outpatient therapy (three times a week) and the daily application of the TFH14 she continued to show positive results. Conventional therapy was discontinued after three months when insurance coverage was no longer available. The practice of the TFH14 was continuous and she continued mild exercise on her own at the rehab center. After two years of consistent application of mild physical exercise and the 14 muscle balance from TFH her expressive aphasia was minimal and she was able to return to full activities of daily living (ADL) including driving. She continues to exercise by walking her dog, ADL and the application of the TFH14 weekly.

Onset & "Crisis"

On the morning of June 6th my mother called me on my cell phone to ask me to come by her house after leaving our church where I was employed as the parish nurse. Her message said that she thought something was wrong with her face and she was having difficulty closing her beach umbrella. Her speech, on the message, seemed halting, the message itself seemed rather cryptic. It was 12 noon. I arrived at her home at 12:14 and let myself in. Frances was lying in bed fully clothed and expecting me. She said she felt extremely tired (extreme fatigue is often experienced at the onset of a stroke). She proceeded to try and convey her difficulties with the umbrella and that after giving up on closing the umbrella she came into the house. She reported seeing her image in the mirror and it seemed to her that her face was much distorted although she felt no pain or discomfort. She also attempted to describe the events of the morning with several words either mispronounced or backward. I immediately informed her that I thought we should go to the hospital. Her response was an emphatic "NO!" After 25 years of using techniques from TFH to assist her with her health issues, my mother had come to rely on TFH. She was confident that TFH would be able to "fix" whatever was going on. She raised her left arm and held it forward for me to "muscle test" her. Applying very gentle pressure to her forearm, her arm collapsed at her side. I rubbed the appropriate

points but she was unable to position her arm for me to retest it. Again I suggested that we go to the hospital but this time I added "before we have to call an ambulance". Reluctantly she allowed me to take her to the hospital which was located ten minutes from her house.

By 1:14 my mother was admitted to the hospital. During the admitting procedure she progressively lost her ability to move her right side or to speak coherently; she seemed to float in and out of consciousness. At my request a Neurology consult was ordered and it was determined that a total collapse of the left carotid artery was the cause of the stroke. She was not a candidate for the "clot busting" drugs or for surgery on the carotid. Initially it seemed as if our frantic drive to the hospital had all been in vain.

For the next few days our family hovered over her bedside preparing for the worse and hoping for the best. On about the fifth day she seemed to rally. She was able to remain conscious and alert for longer periods and her vital signs had stabilized. She was paralyzed on the right side and her speech was affected but her cognitive abilities seemed intact. There was a definite shift in her personality; her sharp, sometimes acerbic qualities seemed absent. Our priest called her the "new and improved" Frances P. We were yet to learn the unseen ramifications of a stroke. The ischemia (lack of blood) to the brain causes a breakdown in the entire neural network destroying years of input that defines our personality, who we are to everyone else. Some survive it with mild changes in personality while others have profound changes that re-define the personality.

On day seven the physician recommended that Frances be discharged to the in-patient stroke unit of the hospital. The stroke unit included the Physical Therapy (PT) department, Occupational Therapy (OT) department and the Speech Therapy (ST) department as well as the nursing staff and physician. Their multi disciplined team approach was aggressive. Frances was evaluated by each of the therapy departments to decide what her level of function was and what would be the best goals for her. Motor skills were the first priority followed by language, which included writing and word

interpretation as well as mathematical ability. On day nine we started the rehabilitation regimen.

Therapy in the hospital

The entire design of the in- patient stroke unit was to mimic, as closely as possible, an out- patient setting. Because no one went to the PT rehab area in a hospital gown, clothes were brought from home, including shoes so she could dress for her rehab sessions. The first morning on the rehab unit, the nurse bathed and dressed Frances. I arrived just in time to wheel her to the PT area. After being shown where to park the wheelchair, Frances and I waited for her name to be called. From where we sat, we could see the activity of the other patients as they were put through their therapy programs. Patients were in various stages of recovery. Some patients required the maximum amount of help while others required direction but no physical assistance. Frances was able to see that she was not alone in this situation and would not be the only person struggling with the various tasks.

The physical therapy area reminded me of circuit training at the gym. There were balls and various "games" designed to improve cognition and refine fine motor movement. There were tables where the patient could lie down while therapists guided them through various exercises to strengthen and lengthen limbs to prevent contractures. There were steps in varying degrees of physical endurance and a treadmill. There was other equipment, straps and blocks and pillows designed to help with gait training or transferring from a wheelchair to a bed or commode.

When her name was called she raised her left, unaffected hand so they would know who she was. Immediately a small dark haired woman approached us. She introduced herself as the speech therapist and led us off to a small secluded office. Once there she told my mother the goals she had in mind to help my mother regain control over her speech. Then she gave her some repetitious verbal tasks and a worksheet that contained pictures with fill in the blanks next to them. My mother is a lover of words so it was difficult for her to discover that even the simplest of words required so much effort to pronounce. In the area of the written word it did not

appear that she had lost much if any function. She could write what she wanted to say much easier than verbalize the words. She may have viewed that as a small victory in the war against stroke. The therapist congratulated her on not needing much attention in that area and informed her that since writing what she wanted to say was not an issue they would be focusing on getting her to speak sans the aphasia. The worksheet was simple but the task of trying to say what was written on the sheet was draining. Our first visit was about 45 minutes and we left with homework. We returned to the "bullpen" in the PT area and awaited further direction. Soon we were summoned again, this time for some fine motor training for her hand. We sat at a table with a therapist who explained to my mother the task she was expected to perform. She transferred cones from one slot to another, first with the left, unaffected hand, then with the right hand. After several tries at finding the right words my mother explained to the therapist "I can't use my right hand, I had a stroke." The therapist just nodded and told my mother to "just do what you can, use your good hand to help you." By lunchtime my mom was exhausted and hungry.

Lunch was in a common dining area so once again my mother could observe others who shared her affliction. Some people had to be fed, some were struggling to feed themselves and a few who were feeding themselves but required some assistance. Frances, sizing up the scenario, made the decision to feed herself using her left hand, but even that was challenging. I decided to follow the model of the therapist and encouraged her to do what she could on her own. Finding and operating her mouth was a task and after several tries and several misses she said she'd had enough. I could see she was tired but food was also a necessary part of the healing process. Swinging into nurse mode, I coaxed her into a few more bites with me assisting her. I think this humiliated my mother, a very strong, independent woman. I assured her this feeding thing was temporary but eating was important. After all, it took a lot of energy to get words out and move cones about and that was no joke!

After lunch there was a brief rest period then back to PT. This time she was called first and she played catch with the therapist and a huge exercise ball.

This exercise was primarily to stimulate a response in the affected limb to attempt to catch the ball. After twenty minutes of playing catch, another therapist took over and put Frances through some passive range of motion exercises to her affected right side. Finally we were done for the day and returned to her room to rest up for dinner. Frances was exhausted and wanted to rest. As soon as she was in bed she was asleep and had to be awakened for dinner. The intensive attention she had received throughout the day had come to an end. Dinner was served in her room and when dinner was finished patients were on their own for the rest of the evening until time for bed. She worked on her homework from the speech therapist so she would be ready for the next day's round of therapy. For the next three days, I observed these established routines. I also observed that none of the patients in the rehab unit (during the time we were there) had contractures. There was minimal apparent muscle atrophy observed in a few of the patients. This may have been the result of the patient not exerting sufficient effort to stress the muscles enough to retain muscle mass and tone.

The fourth rehab day fell on Saturday. The same routine was followed but less intense and the controlled rehab day ended around lunchtime. Since we had the afternoon "off" and having observed the various tools being used to stimulate recovery, I asked my mother would she be willing to try playing the piano. "What will I do with my arm?" "The same thing you do when they throw you the ball!" Most of the time when the ball came to her there was some movement in the right arm. I asked the nurse if they had a piano somewhere. They didn't have a piano but they did have a keyboard. The nurse brought out the keyboard and plugged it up. My mother looked at it and started to finger the keys with her left hand, and with some effort she got her right hand on the keys. To both of our amazement, she started to play with both hands. It was awkward, her hand kept sliding off but it was a huge step to see what was possible. They also had a computer the patients could access. I encouraged Frances to try typing on the keyboard of the computer. She was a secretary before she retired. Like the music keyboard, it was awkward, her hand would slide off but she was able to get some movement to occur. This took a lot of mental and physical effort and it exhausted her.

Sunday was similar with therapy being provided a half day (as opposed to going up until 5PM). On Sunday after lunch, I suggested to my mother that we could try some TFH. "But I can't raise my right arm" my mother protested. Using the phrase from the therapy team I responded with "just do what you can". We went to the deserted PT area and I assisted Frances onto one of the therapy tables. We started to test the supraspinatus muscle which was weak bilaterally. After using several of the reflexes to correct the deficit, she could lift her right arm about 20° and once again she was exhausted. For someone who has undergone a stroke activating the 14 muscles in a sequence is likely to be VERY exhausting because of the way energy is metabolized (put to use in the body). Rather than exhaust her even further I suggested a "meridian rub" (tracing all the meridians in sequence three times) before returning to the room for the night.

The rehab group continued to work on my mother during the day while I and my family continued to work with Frances until time to go to bed, reinforcing whatever the therapist introduced. Some evenings, and every weekend, I continued to do the TFH14 with my mother. In TFH the non-paretic and the paretic limb are used together to retrain balance between the hemispheres. Thus TFH benefits the muscles by soliciting specific responses that impact proprioception and the expression of movement as controlled by the individual. This results in a progressive effect on other neurons encouraging the return of some of the lost function.

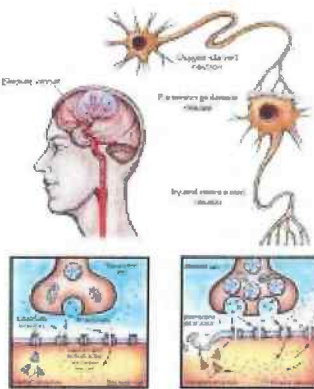
Frances continued to improve regaining use of her arm and hand and was able to walk with a cane or a walker before discharge. Her aphasia also continued to improve although being too tired or stress continued to aggravate lapses of correct speech. Thirty days after admission, Frances walked out of the hospital. Today she continues to live alone, manage her affairs and drive her car. Her aphasia is still there but minimal and only notable when she is under stress (physical or mental). The consistent, persistent redundant intensive routine of testing and correcting the energy to 14 muscle groups continues to benefit Frances; Indicating that TFH benefits the entire physical and mental response of the body by soliciting specific responses that impact the individual on multiple levels.

Relevant Stroke Pathophysiology

The clinical syndrome produced by a stroke is determined by the artery or arteries that are occluded. Blood is supplied to the brain by two major sets of arteries, the anterior and posterior circulations. The anterior circulation consists of the right and left internal carotid arteries (ICA) which bifurcate into the anterior cerebral artery (ACA) and middle cerebral artery (MCA) (Figure 1). The MCA supplies most of the temporal lobe, the anterolateral frontal lobe, and the lateral parietal lobe. Perforating branches supply the posterior limb of the internal capsule, part of the head and body of the caudate nucleus and the globus pallidus. The MCA supplies the largest proportion of the brain and its occlusion is the most common cause of severe stroke. The ACA supplies most of the medial surface of the frontal lobe, the frontal pole, medial parietal and anterior portions of the corpus callosum. Perforating branches supply the anterior limb of the internal capsule, the inferior portions of the head of the caudate and the anterior globus pallidus. The anterior choroidal artery arises at the distal ICA and supplies the medial anterior temporal lobe and the genu of the internal capsule (Figure 2). The posterior circulation consists of the vertebral and basilar arteries and their branches. Following a stroke, the destruction of brain cells leads to loss of motor function.

Frances had a complete collapse of the left internal carotid artery (ICA type stroke). Collateral circulation was noted upon imaging. Her subsequent aphasia, muscle paralysis and generalized weakness resulted from the stroke and its effects on surrounding brain cells in the left hemisphere. Prior to the stroke she was totally independent with

optimum ADL ability. Earlier in the week preceding the stroke she was attempting to teach her great grandsons, ages 11 and 13, how to play tennis.



Media file 1: When the brain suffers an injury, such as a stroke, neurons

release glutamate onto nearby neurons, which become excited and overloaded with calcium, after which they die (left). Normal neurotransmission (above) is altered during injury, causing excess calcium to activate enzymes, eventually leading to destruction of the cell. Since this process occurs via glutamate receptors, including N-Methyl-D-aspartate (NMDA) receptors, scientists believe that damage can be stopped through the use of agents that block these receptors.

Neural Pathophysiology - Aphasia

Aphasia is an acquired disorder of language due to brain damage and develops abruptly in patients with a stroke or head injury. Aphasia, most often, occurs secondarily to brain injury or degeneration and involves the left cerebral hemisphere to a greater extent than the right. Most aphasias and related disorders are due to stroke, head injury, cerebral tumors, or degenerative diseases. The neuroanatomic substrate of language comprehension and production is complex, including auditory input and language decoding in the superior temporal lobe, analysis in the parietal lobe, and expression in the frontal lobe, descending via the corticobulbar tracts to the internal capsule and brainstem, with modulatory effects of the basal ganglia and the cerebellum.

Neuroplasticity (also called brain plasticity or brain malleability) is the brain's ability to reorganize itself by forming continuous neural connections throughout life allowing the neurons (nerve cells) in the brain to compensate. Brain reorganization takes place by mechanisms such as "axonal sprouting" in which undamaged axons grow new nerve endings to reconnect neurons whose links were injured or severed. In brain trauma or injury and disease neuroplasticity allows us to adjust activities in response to new situations or to changes in the environment. Undamaged axons can also sprout nerve endings and connect with other undamaged nerve cells, forming new neural pathways to accomplish a needed function. For example, if one hemisphere of the brain is damaged, the intact hemisphere may take over some of its functions. The brain compensates for damage in effect by reorganizing and forming new connections between intact neurons. For neurons to form beneficial connections, they must be stimulated through activity that is persistent, insistent and consistent as

in the 14 muscle balance. Neuroplasticity sometimes may also contribute to impairment. For instance, people who are deaf may suffer from a continual ringing in their ears (tinnitus) the result of the rewiring of brain cells starved for sound. Although the benefits of progressive muscle re-education such as that used in the TFH14 from TFH are not well documented in the literature, this form of neuromuscular re-education has been observed and documented. (Gowitzke-Milner, 1980).

Stroke most often occurs in the elderly creating a pseudo bias that it is highly influenced by age, which in turn creates another pseudo bias that recovery outcomes after stroke are also highly influenced by age. Risk factor profiles for stroke and mechanisms of ischemic injury differ between young and elderly patients citing changes in the brain, as a result of the aging process. Age is merely the chronological account of our existence. Health is influenced by our genetic makeup, our behavior and the general condition of our bodies -minimally by age. It is evident in the number of cognizant, active, productive people who are octogenarians that our general condition is influenced most by how well we care for ourselves in total. Elderly patients with ischemic stroke often receive less aggressive therapy because of age bias. Prior to a stroke the person does not "think" about moving their limbs even though thought is going on. Science tends to minimize our movements, such as walking, as a reflex or subconscious ability. However when that "subconscious" ability is compromised as in brain injury or stroke we must rely on a very conscious effort to restore it.

Providing a better understanding of the underlying causes of stroke and how health behaviors influence stroke across the ages may have important practical implications not only for recovery and rehabilitation, but also for prevention strategies and future health-care policies. In this presentation there is no attempt to disregard the effects of aging in terms of susceptibility, patient outcomes and response to treatment, it is an attempt to overcome those biases that impact effective treatment and improved outcomes regardless of the age of the individual.

The effects of a stroke can be costly on multiple levels and recovery can take years. Providing tools

that focus on the management of rehabilitation after acute stroke and are cost effective will improve outcomes in this vulnerable group. By educating more nurses, therapists and caregivers with simple methods such as in the 14 muscle balance from TFH that encourage and enhance recovery and rehabilitation are standards of care that can truly be called "health reform".

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Section of Neurology, Zhongshan City Hospital of TCM, Guangdong, China. Lantiandn@vip.163.com

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Complementary and Integrative Approaches to Dementia

Víctor S. Sierpina, MD; Michelle Sierpina, MS;
Jose A. Loera, MD; Loretta Grumbles MD

Aphasia

Author: Howard S Kirshner, MD, Professor of Neurology, Psychiatry and Hearing and Speech Sciences, Vice Chairman, Department of Neurology, Vanderbilt University School of Medicine; Director, Vanderbilt Stroke Center; Program Director, Stroke Service, Vanderbilt Stallworth Rehabilitation Hospital; Consulting Staff, Department of Neurology, Nashville Veterans Affairs Medical Center

Coauthor(s): Daniel H Jacobs, MD, Associate Professor of Neurology, University of Central Florida College of Medicine

Motor Recovery In Stroke

Author: Auri Bruno-Petrina, MD, PhD, Clinical Trainee, Pemberton Marine Medical Clinic, N Vancouver

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