

Touch For Health Kinesiology Association



Presenting

ROOTS, ESSENCE and VISION 38th ANNUAL CONFERENCE

Touch For Health
2013 Annual Conference
Serra Retreat, Malibu, CA — August 1-4, 2013

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

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

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Welcome to all TFHKA Conference Attendees!

August 1, 2013

Thank you for coming to our *Touch for Health 38th Anniversary Conference*! In 2005, I had the privilege to be here at the family reunion in Malibu. I walked down to the beach a few times, which, of course, meant I had the honor of walking back up the mountain! Perhaps, you will join me this year? Don't be lured into chasing down Angelina Jolie or Leonardo DiCaprio however, because we must not miss out on any of our presenters. We have quite a line up!

Hang on to your hats because Adam Lehman and Hugo Tobar are back! Adam is here to show us Dr. Schmidt's *Injury Recall Technique*, demonstrating in the way that only a layman's Lehman can. Hugo, well, make sure you're "switched on" before he takes the stage, because the minute he begins to speak, it's too late. An AK Google search engine, he will enlighten us with his findings.

Paul and Gail Dennison have returned for a trip down memory lane, sharing stories that you don't want to miss about the early days and just as importantly, sharing where they see Educational Kinesiology and Touch for Health heading into the future.

We are thankful to have Dr. Sheldon Deal, gracing our stage again, bringing us the latest and greatest in Applied Kinesiology research, undoubtedly, interspersed with all manner of stories.

☺

In addition to our familiar presenters, we're excited to welcome newcomers from other countries! We have Zsuzsanna Koves, TFH Instructor, IKC and Edu-K faculty, from Hungary; Alfred Manual, from France sharing advancement of TFH around the world; Sylvia Marina, Australia, combining kinesiology with brain wave patterns to transform DNA memories in Theta and Delta.

Brian Haraga from Canada will demonstrate how powerful a TFH balance is by analyzing a drop of blood before and after a balance. Philip Rafferty, Australia, will show us how to test and support the body against mercury and fluoride. These are not to be missed!

Dr. Yoshio Homma is here to teach us a quick balance using aromas. You just may want to sign up for his post conference class, "Café Kinesiology", once you see what you can do with aromas.

Overlaying the 12 meridians on a Star Tetrahedron to balance meridian resonance is the fascinating concept of Brian Esty's presentation! In a spirit of service, he has begun digitalizing past TFH journals on our website (www.touchforhealth.us). He's excited to show what having access to these priceless gems from AK and Specialized Kinesiology geniuses honoring our stage for 38 years, means for us as students/instructors/practitioners. We are forever grateful to Brian!

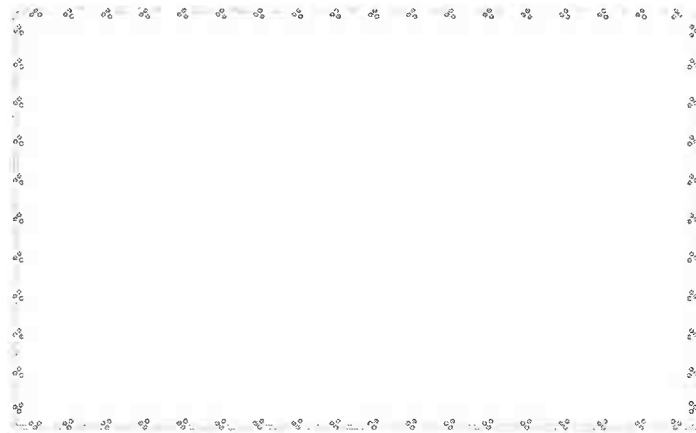
We have many international attendees, newbies and our friendly familiar faces. Please make sure you reach out to those you don't know to make them feel welcome, as well as, reconnecting with friends from the US and across the globe.

Thanks to the Conference Committee and the Thies, Carrie, her words of wisdom, Matthew and Claudia for bringing us to this retreat so we can focus on the roots, essence and vision for the future...passing the torch for Touch for Health. They have done many hours of work behind the scenes during the past year to bring you these treasured moments.

To your health,

Darcy Lewis, President, TFHKA

This Book Belongs to:



Touch For Health Kinesiology is a non-invasive method, using muscle bio-feedback and body awareness that can help you to reduce stress and pain, improve performance at school, work and home, in sports, in relationships and promote health and wellbeing.

	TABLE OF CONTENTS	
THURSDAY	AUGUST 1st	
Opening Ceremony: Carrie & Matthew Thie and TFHKA Pres. Darcy Lewis	<i>Roots, Essence and Vision of TFH according to Carrie Thie</i> <i>Reflections and Greetings from Serra Retreat</i>	8 11
Sylvia Marina	<i>Transforming DNA Memories in Theta & Delta</i>	12
John Maguire	<i>Guide to Leading Successful Public Demonstrations</i>	19
FRIDAY	AUGUST 2nd	
Hugo Tobar	<i>Function of Energetic Structures during Conception & Pregnancy</i>	26
Brian Haraga	<i>See The Changes At A Cellular Level During A Balance</i>	29
Zsuzsanna Koves	<i>The Kinesiology = My Life</i>	33
Alfred Manual	<i>TFH and ONTO-Kinesiology</i>	35
Phillip Rafferty	<i>How to Test for and Support the Body Against Mercury and Fluoride</i>	38
SATURDAY	AUGUST 3rd	
Message from B. Dewe (by S, Marina)	<i>Special Message From Bruce Dewe</i>	
Sheldon Deal	<i>Body Priorities as Demonstrated by Dental Splints</i>	46
Paul Dennison	<i>Movement-Based Learning for Life</i>	50
Brian Esty	<i>A 4 Dimensional Energy Balancing Model Based on Sacred Geometry</i>	53
Adam Lehman	<i>Injury Recall Technique: A Comprehensive Approach to Balancing the History of Pain & Injury</i>	58
Dr. Yoshio Homma	<i>Aroma-Kinesiology: Balance Energy in Seconds</i>	67
BANQUET	<i>Saturday Night Live</i>	
SUNDAY	AUGUST 4th	
TFHKA Annual Meeting		
Memorial Celebration & Closing		



Roots, Essence and Vision of TFH

According to Carrie Thie

Welcome to this 38th Touch for Health conference in Malibu! I am delighted to be able to visit with so many friends from around the country and around the world. Thanks for coming to my neighborhood, as I really am not traveling too much anymore as part of my self care. I just turned 80 a few months back!

Hopefully, most of you know the roots of TFH in terms of the work of George Goodheart (Applied Kinesiology) and the Energy model from Chinese Medicine. But maybe some of you are less familiar with the roots for John and I personally, which perhaps still contribute to the essence of Touch for Health, as we share it here today.

Actually, John and I both had healing traditions in our families and met with many visionaries along our own paths of development that contributed important ideas that have been embodied in the writings and the culture of Touch for Health. My grandfather was a Methodist minister. My Grandmother was a midwife and was considered to have a special gift of “presence” and often attended people in time of need, particularly sitting with people through the dying process. My mother was a Block Mother in World War II and hosted the Red Cross trainings in our home. So I grew up with the model of the helper role and always had the intention of following this type of social helper role for myself.

When John and I met, we found we had a common seriousness about wanting to dedicate our lives to making the world a better place in whatever way we could. I was studying psychology and child development. John was actually studying Law, but later decided to become a chiropractor. John’s father, John C Thie, was a naturopath and chiropractor and developed a nutritional program that he called A New Approach to Therapy.

The Holistic tradition of chiropractic was a major influence on our growing vision for the work we wanted to do together. When John began to use Dr. George Goodheart’s Applied Kinesiology, we quickly recognized that this was something different and as he adopted it in his chiropractic practice he saw that this was amazing work.

But it was through our study with Virginia Satir and Thomas Gordon that we realized that basic skills of communication, self-care and balancing needed to be shared at the grassroots level within families. We need healthy families as the basis of a healthy society. Just as we need to brush our teeth everyday to maintain health, we learned that we need a certain number of hugs per day and opportunities to develop a vision of our own health and a role in maintaining and developing Wellness.

We became instructors of the Effective Communication workshops that Tom Gordon developed for lay people based on the “person centered therapy” ideas of Carl Rogers. We loved the model of passing on fundamental information through an “each one teach one approach”. We combined these concepts with

the muscle balancing principles of Goodheart's Applied Kinesiology, developing a program called Health from Within, which was meant to be a basic, safe program for anyone, regardless of previous training or education. As the training program developed and we put the Touch for Health book together, the "bodywork" of muscle testing and the energy balancing were emphasized. The communication skills informed the process of teaching, but were not formally presented to students until they reached the Instructor Training. Yet to me the essence of TFH has at least as much to do with that "Rogerian" person centered (rather than disease centered) approach as it does with posture and energy balancing.

And really, the part that I have worked on the most has been the focus on the person living their own unique life. Balancing people to achieve their life goals seems to be a better way of improving health in general, rather than focusing on treatment of disease. Rogers' field was more psychological wellbeing, yet he recognized that even with physical illness, treating of symptoms or conditions is problematic without considering the holistic context and perception of life.

We have so many great tools and processes at our disposal through AK, TFH and the vast tree of Energy Kinesiology and yet, we can achieve profound benefit from the simplest ESR balancing in an attitude of support and respect. Rather than assume that we can analyze and fix what's wrong with other people, we take on an expert supporting role in helping people develop WHO they are and what they want to BE.

For me this process becomes a form of healing prayer and spiritual development as I integrate my TFH with study and participation in our local church and various spiritual programs. One of the adventures that John and I began together was to help organize a Prayer and Healing ministry at the Malibu United Methodist Church (MUMC) which incorporates some sharing of concerns and gratitudes, some inspirational readings and TFH balancing and surrogate balancing as a healing modality in the context of the healing tradition of the church. We integrate some muscle testing and some ESR/"laying on of hands" with our appreciations, worries, aspirations for ourselves and hopes for others, whether present or far away. Simple yet profound elements of spirituality, of self-awareness, of "intunement" with God and harmony with humanity, are all grounded and physically embodied through a little cross crawl, some ear stretching and zipping up our Central Meridians. And this too is part of the essence of Touch for Health. (Join us pretty much any Tuesday evening at the MUMC!)

We had a pregnant idea in the 70's. We saw that it was needed and we shared that idea. We got busy with that idea and cared for it. And it was born a strong and beautiful babe. Now that TFH babe is 40, and ready to begin a new phase. Where to, you say? Wow! Where not? Returning vets care, after school and vacation programs for kids, correctional officers and prisoners, firemen, teachers, actors, musicians, truck drivers, etc. Wherever you go every day and wherever your imagination takes you, there is a need for simple effective tools to relieve stress, center our hearts and minds and get our energy flowing in a positive direction.

How can we do it? Like we did before! It used to be that when someone was inspired to share in the community, so they told everybody, they found venues and they showed people how to get a balance. With that naivety and simplicity that comes with newness they shared their experience and invited others to feel it too. One nurse thought she would like to share it with nurses, though we thought the "medical people" would not accept it. She said why not try, and so we have provided CEU's for nurses for 40 years!

Enthusiasm is still infectious. “Each one teach one” is still viable. We have always had a rather loose and informal network, but you have TFH friends in every corner of the earth!

If TFH can be shared in Mongolia and remote areas of Indonesia, in Saudi Arabia and Siberia, in France (*and Belgium too!*), then we can share it anywhere!

And though you’ll be shocked that I don’t even use a computer very much (my granddaughter handles my emails for me), I know that we have some great opportunities to strengthen our communication and mutual support through all that “social media internet stuff”. Active listening may be a bit more possible over Skype (video conferencing) and we CAN touch at a distance, but there is also no replacement for physical presence.

So many of us have these cell phones cemented to our heads at the dinner table. We are always connected, but not connecting to those around us. The family needs a support to get in touch with each other. Appropriate, healthy, touching has always been a great need that TFH has been a wonderful way to fulfill. With the accelerating pace of technology and seemingly ever more mechanized view of life, we need this hands on ritual of reconnecting with the reverence for life, with presence of a human being, with emotions and a physical body, connecting on a personal level. At that is the essence of Touch for Health! Enjoy the retreat, get plenty of hugs and balances and go forward from here recharged and re-inspired to share of yourself and this work, again and again!

Carrie Thie

Reflections and Greetings from Serra Retreat

Greetings TFHKA members, board members, speakers and participants from around the world, at this hilltop retreat celebrating 40 years of Touch for Health (1973-2013). We hope everyone will have a chance to have some quiet reflection at this time, some fellowship with like minded friends, as well as some interesting new ideas, techniques and energy from this diverse gathering.

What are your roots in this work of muscle/energy balancing, and in your journey of life? What is the essence of TFH and Kinesiology for you personally, as you have experienced it, and as you would like to develop it in your activities? How does this relate to your dream of the life you want to live, spiritually and professionally? And what is your vision for yourself, for our associations/schools, and the worldwide Kinesiology community?

John Thie passed the torch of leadership to the International TFH Faculty in 1990, many of whom have now been serving for 30+ years. After 40 years of sharing TFH in different ways, it is time again to look at passing this treasure to a new generation of leaders. Each of us can look at how we like to share this work, at home, in the clinic, in the workshop or classroom, or even on “Skype” or “youTube”. We can work to create group structures for mutual support and synergy in our activities, and connections to other groups etc. Maybe at this time in particular a lot of us are looking at the legacy of our years and decades of effort, and considering how we can mentor and develop and multiply the leaders, practitioners and teachers who will take this work forward.

Some of our speakers will be sharing their nuggets of wisdom from their journey in the growth of TFH and Energy Kinesiology. Others will give us some of the classic, tried and true tips for successful public presentations, or new innovations, quick tips and tricks. And as always we will have a rich cross-section of concepts, approaches and techniques from around the world that can be put into immediate practice, or lead us down new paths of learning, investigation and development. Hopefully everyone will take advantage of the opportunity of at least one of the pre or post conference workshop.

At this 40 year milestone, we have asked all of the speakers, and ask all of the participants, to reflect on our common experiences, the ideas that unite us, and energize our mutual vision for the future of this work, of our communities, and of this beautiful planet we share with all of creation.

There have actually been many TFH/Kinesiology gatherings in this special space, and the consistent feedback we have received, and part of the essence our conference this time is the old wisdom, “Less is more.” We have intentionally limited the number of speakers and the hours of programming. We have no special excursions or tourist activities. The food is homey, the sleeping quarters are almost Spartan, and we have taken a “no-frills” approach to decorating this space. This is all to maximize the time and energy that our board members, speakers and participants can dedicate to simply enjoying the time together in this special place, chatting, balancing or just communing. May you enjoy this retreat on the mountaintop, and return to your daily lives with a new energy and new connections to sustain you for 40 years to come!

With Love,

Claudia Thie, 2014 Conference Chair

and Matthew Thie, President, International Kinesiology College



TRANSFORMING DNA MEMORIES

IN THETA & DELTA

For Effective Long Term Change

By Sylvia Marina ND., FMAKA. (New Zealand)

Introduction

From a young age I have had an interest into the connection between physical health and disease. When a child, right before my eyes I witnessed the behavior of my foster mother who could be ill for many days and then when something raised her interest, miraculously she was well, smiling, out of bed and rousing us kids into action, not thinking for a moment it was 'us kids' that had been collecting and chopping the wood, cooking the meals and running the household while she slept.

Had she lived in these times of better access to medical, kinesiology and intuitive medicine, life may have been better for her. Her behavior became a gift to my work.

Discovering kinesiology added an eye-opening dimension to my studies in Health Sciences and my passion for 'Behavioural Science'. Personally experiencing the benefits of Dr John Thie's ***Touch for Health*** system kindled my interest for more. In the 1980's when I began integrating Touch For Health techniques in addition to the physical corrections, addressing the emotional reasons behind physical dysfunctions, my own health and clients became better.

1991-97 was dedicated to working with cancer patients both in my clinic practice and with a medical team presenting health retreats for cancer patients. Every client I worked with, every course I taught, no correction was permanent until the underlying emotion was resolved. To access the emotions, basic Touch For Health techniques were engaged.

Discovering Touch For Health was a significant turning point in my career.

Helping People Through Times Of Change

Have you ever felt your emotions were so big you felt totally overwhelmed? It happens.

Perhaps it is because of the memory of overwhelm and over-wrought that many people avoid being fully involved in life, or totally engaged in relationships, because they do not know how to manage emotions. When this happens, people miss out on knowing what it is to belong (without feeling stifled), or fully alive (without feeling guilty), happy, abundant, and connected with self and others.

Feelings of guilt, worthlessness, unequal and sorrowful, have their roots deeply hidden in the ancestral cellular memory! This reality means your life (your client) is controlled by memories that have been carried by perhaps eight or sixteen or more ancestral generations! To clear or change the energy of a misunderstanding, idea, behavior, secret, addiction, we use specific skills to access the hidden pattern and pathway.

Using the skill of kinesiology, an understanding of brainwave patterns and specific meditation

techniques we gently, powerfully and effectively, delve into lifestyle patterns to the time and incident when the perception of supposed truth, was anchored into our awareness and became the foundation of a belief, a way of life, a crippling or limiting disease or dysfunction.

Brain Function

Just as your heart beats many times a minute, your brain emits a certain number of vibrations, known as brainwave cycles or brain-rhythm patterns per second. Your brain is made up of billions of brain cells called neurons, which uses electricity to communicate with each other.

The combination of millions of neurons sending intermingling signals produces an enormous amount of electrical activity in the brain, which can be detected using sensitive medical equipment (such as an EEG), measuring electricity levels over areas of the scalp. The combination of electrical activity of the brain is commonly called a brainwave pattern, because of its cyclic, 'wave-like' nature. The electroencephalogram (EEG) is a medical test, also known as a brain wave test, used to measure the electrical activity of the brain, via electrodes applied to your scalp

The four most often acknowledged brain-rhythm patterns, also called brainwave patterns are: Beta, Alpha, Theta and Delta. Our mind regulates its activities by means of electric waves that are registered in the brain, emitting tiny electrochemical impulses of varied frequencies, which can be registered by an electroencephalogram.

The Beta brain-rhythm pattern is the level in which you live, eat and work most of the time. In Beta, the mind focuses on things on the physical dimension, the physical senses of time, space, intellect, belief, reason.

High Beta 21 to 33 brainwave cycles per second

High Beta brain wave patterns where life is controlled by time limit, targets and project close-off dates. High beta is often the trigger for depression and time pressured executive stress .

Beta 14 to 21 brainwave cycles per second

Predominately left hemisphere of the brain activity, Beta brain-rhythm patterns is logic, power and control! Beta brain-rhythm pattern is where people will experience self-doubt, emotional outbursts, negative thinking, day to day stress and tension,.

Alpha 7 to 14 brainwave cycles per second

The Alpha brain pattern is predominately right hemisphere. It is the source of inspiration, intuition and creativity. The right hemisphere of the brain is less concerned with the worries and frustrations of the physical world. The Alpha brain-rhythm pattern embraces creative energy and new learning, especially where, ideally the sounds and stimulation of nature or quiet background classical music attunes the Alpha rhythm.

When we specifically access the brain rhythm of alpha, we put ourselves in the ideal condition to learn new information, perform elaborate tasks, learn languages, analyse complex situations.

Deep Alpha 6 to 8 brainwave cycles per second

Meditation, relaxation exercises and activities that enable the sense of calm, also enable this deep alpha state.

According to neuroscientists, analysing electroencephalograms of people submitted to tests in order to research the effect of decreasing the brain rhythm, the attentive relaxation or the deep relaxation, produce significant increases in the levels of beta-endorphin, nor-epinephrine and dopamine, linked to feelings of enlarged mental clarity and formation of remembering.

It is an ideal state for generating thought and creativity; these are the appropriate functions of the right hemisphere. As it is easy for the hemisphere to create images, to visualise, to link or combine, to deal with drawings, diagrams and emotions, as well as, the use of good-humour and pleasure, learning is better absorbed if these elements are added to study methods.

Theta 4 to 7 brainwave cycles per second

When the two sides of the brain learn to function as one, then our experience of reality is different. In Theta the two sides of the brain work together as one!

Most people relate to the Theta brain pattern as the sleep level. People with both hemispheres (right and left) of the brain working together automatically disconnect from the stress and busy-ness of modern day physical thinking.

In Theta meditation, you can access "beyond everyday thinking" to envision the future and discover extraordinary inspiration and empowerment. Through learning how to use and implement the Theta brain-rhythm pattern you connect to your purpose, learn how to turn dreams into reality, achieve goals and become the person you have the capacity and potential to be.

The more tension between the logic and creative sides of the brain, the more we have feelings of anxiety and fear. Such thought patterns produce behavioral abnormality – what we desire is peace and harmony. Every time you access the Theta and Delta brain wave energy, the two sides (left and right hemispheres) of the brain work together in harmony thus reducing and finally eliminating fear and anxiety. It is then that the inner-peace you read, hear-about, and desire to embrace, becomes your natural *modus operandi*.

Delta .05 to 4 brainwave cycles per second

The slowest brain-rhythm pattern is the Delta level. This is the brain-pattern of the deep unconscious. It's the brain pattern for physical rest, healing and regeneration.

Delta is the brainwave pattern for life transformation, for deep cellular healing, accessing destructive behavior patterns, changing negatives to positives, accessing the core beliefs and issues concerning addiction, compulsions and habits. In Delta you can restore your immune system memory, access your knowledge bank, connect to your wisdom, access your talents, abilities, intelligences and identify your reasons for busy-ness, inabilities and stuck-ness. In Delta energy you can heal the past, empower the present and change your future.

Kinesiology

Kinesiology is the tool we use to identify the priority issue for the session. Experienced Kinesiologists

have learned, the obvious problem is very rarely the true reality. Charting the behavior we use an initial simple 'six step' protocol to facilitate a first-time clearing.

- a.) determine aspect of life and appropriate priority to work with
- b.) establish percentage of willingness to release the negative aspect
- c.) establish percentage of determination to implement new behavior – this test is about faith in the future!
- d.) identify the maternal or paternal genetic or soul memory, time frame or link.
- e.) specifically guide a Transforming DNA Memories in Theta and Delta session
- f.) retest your pre-tests, pre-activities, goal, emotion percentage, support, homework and follow-up session.

Using Transforming DNA Memories in Theta and Delta techniques you take all previous learning to a new level.

BRAIN PATTERN CHART			
© Sylvia Marina			
BRAIN PATTERN	FREQUENCY RANGE	ACTIVITY	STATE
High Beta	21Hz - 33Hz	Highly Alert	Controlled By Time & Deadlines
Beta	14Hz - 21Hz	Alert And Focused	Logic, Wants Power And Control
Alpha	7Hz - 14Hz	Relaxed But Alert	Creative Energy New Learning
Theta	4Hz - 7Hz	Deep Relaxation First Stage Of Sleep Meditative State For Changing Behaviours	Connected To Knowledge And Purpose Learning New Concepts Recall Creative Energy To Manifest What Our Heart Yearns For... Love, Intimacy, Belonging, Creative Expression Community And Meaningful Contribution
Delta	0.5Hz - 4Hz	Ideal Meditation State For Healing & Transformation Deep Sleep	Life Transformation Healing Access To Knowledge Bank Effective Hypnosis Connecting To Wisdom

Keys to Clearing	
Abandoned	<i>Betrayed, Deserted, Forgotten, Forsaken, Left behind, Lost</i>
Burdened	<i>Heavy, Hindered, Oppressed, Overloaded, Overweight, Overwhelmed, Troubled</i>
Conciliatory	<i>Self Diminishing, Attempting to be the answer when not part of the problem, Compensating, Intercede, Repair</i>
Creating dreams	<i>Allowing, Letting go of control, Proactive</i>
Dyslexia	<i>Mental confusion, Visual reversal, Misunderstanding</i>
Excessive	<i>Over-indulgence, Outpouring, Overflow, Surplus, Overdose, Something extra, Fringe benefit, Reckless, Embarrassment, Overcrowding</i>
Fear of loss	<i>Lack, Expectation of deprivation, Fear of not being enough, Fear of not having enough, Being laughed at (loss of face)</i>
Hurt	<i>Wounded, Wronged, Harmed, Injured, Misunderstood, Sensitive, Not accepting responsibility for one's own emotions</i>
Inadequate	<i>Insufficient, Scant, Unsuitable, Below standard, Wanting, Not equal, Not worthy</i>
Lack of courage	<i>Frightened, Not bold, Scared, Feeling alone</i>
Learning new concepts	<i>Optimistic, Brave, Expectant, Excited, Welcoming challenges</i>
Manipulation	<i>Argue, Impose on, Twist around ones little finger</i>
Narrow thinking	<i>Not seeing possibilities, Manipulative, Limitation</i>
Perfection	<i>Excellence, Idealism, Maturity, Immaculateness, Pure</i>
Pleasure in pain	<i>Positive: Growing through the experience (eg childbirth, or overcoming disease or limitations) Negative: Self-centered, Sadistic, Masochistic, Feeling sorry for one's self or predicament</i>
Pride	<i>Positive: Aware of and honouring own attributes Negative: Arrogance, Self importance, Haughty</i>
Self Punishing	<i>Giving yourself a hard time, Self-criticism</i>
Selfishness	<i>Lacking consideration of others</i>
Stubbornness	<i>Obstinate, Unyielding</i>
Superiority	<i>Unapproachable, Eminence, Self-importance</i>
Trusting	<i>Confidence in, Relying on, Having faith in</i>
Vanity	<i>Conceit, Self-importance, Self-love, Self-respect</i>
Wanting Love	<i>Needing to belong, Feeling unloved, Learning to be included, Learning to love again – particularly oneself, Willing to trust love again</i>
** 'Keys to Clearing' A4 laminate chart and meditation CD's www.sylviamarina.com/shop	

Effective Meditation

Long Term Permanent Change

It is in specific brain energy that decisions are decided imprints from childhood messages are catalogued and stored in our cellular memory. Whilst in our genetic memory, concerns are stored, patterns of responsibility or irresponsibility, positive and negative patterns of behavior, secrets and secrets to unresolved issues, contributing factors to anger, contracts and compulsive behaviors.

On certain levels you may have dealt with some aspects of the concerns we just mentioned, but know there is more clearing to be honoured.

In the specific brain pattern energy of Delta we have our deepest connections, effective healing and permanent change.

Sylvia Marina ND., FMAKA. LMRIPAK.

Many aspire to wisdom, the pure spirit of Sylvia's work connects you to your wisdom.

An elite specialist in Human Behaviour, Sylvia Marina's interest lies in the effect of inherited ancestral emotions and the influence on life choices, relationships, health and wellness.

An experienced teacher and author Sylvia's natural abilities are supported by her background in health and behavioural sciences and twenty nine year career, as a professional kinesiology practitioner, teacher, and emotional-mastery educator.

Born in New Zealand of Maori parentage, Sylvia resides in Perth, Western Australia and travels the world teaching people the gentle process of caring for your own soul and the body that it's cradled in.

Married to David, Sylvia has two adult daughters and three dearly treasured grandchildren.

AKA accredited course, Transforming DNA Memories in Theta & Delta.

She is a frequent speaker at international and national conferences, seminars and workshops.

Sylvia is an honoured Fellow Member of the Australian Kinesiology Association Inc for her contribution to Kinesiology in Australia.

Honorary Lifetime Member of The Russian Interregional Professional Association of Kinesiology for contributions to the development of Kinesiology in Russia.

Special recognition award from Dr John Thie. 1990 San Diego. USA. for contributions to the growth of Touch For Health.

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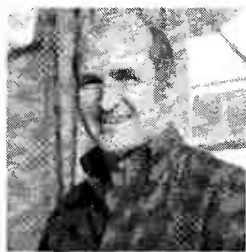
Homepage: www.sylviamarina.com

Suggested Study : Transforming DNA Memories in Theta & Delta:

AKA accredited. Author Elite Specialist in Human Behaviour Sylvia Marina

Return to Love, Harmony & Prosperity: Design and Author, Sylvia Marina

Key Words: Kinesiology. Touch For Health. DNA Memories. Transforming. Meditation. Theta Delta. Relationships. Emotions. Emotional Intelligences, Emotional Mastery. Brainwave. Brain Pattern. Brain Function. Cellular Memory. Overwhelm.



Guide to Leading Successful Public Demonstrations

By John Maguire (USA)

If you want to get more clients and students, and help more people, you'll find that doing public demonstrations is one of the fastest ways to fill your schedule and your classes. I have done several hundred of these over the years and find them fun, effective and usually of no cost, so you don't have to spend any money to market yourself effectively. Here are my tips to holding successful demos.

Choose who you want to speak to

- Realize that there are people all around you who are praying for someone with your skills to help them. You just have to determine who these people are and how to reach them. Do you want to work with people who have particular interests or challenges? For example if you are doing client work these could be: women's issues, athletes, special needs children, people with emotional challenges, business people, elderly, people with a particular condition, such as autism, diabetes, auto immune deficiencies, obsessive compulsive disorders, etc.
- If you are teaching, consider who most wants to have the skills that you teach, such as massage therapists, nurses, teachers, psychologists, doctors, parents, musicians, athletes, energy workers, etc.
- Write a list of who you know who has contact with groups of these people who can invite their friends, clients and colleagues. If you want to work with people who are interested in better health, think of places they go.

Choose a location

An easy place to start is in your own home or a friends house, where you can invite everyone you know and your friends know who has a desire to benefit from what you have to offer.

If you have a contact that has one of the below mentioned facilities, you can hold your demonstration there.

Here are some of the places and groups I have done demonstrations for:

- Massage schools and organizations
- Chiropractor's office
- Gyms and fitness centers
- Health food stores
- Dance schools

- Dojos
- Churches
- Health expos and conventions
- Herb and nutrition groups
- Country clubs
- Runners and triathlete clubs
- Women's groups
- Yoga studios
- Single parent groups
- Book stores
- Employee Assistance programs
- Hospitals
- Sports teams and Olympic training facilities
- Union meetings
- Schools
- Libraries
- Kiwanis and Rotary clubs
- Multiple Sclerosis, Diabetes and other associations for health conditions
- Prisons (you're sure to have a captive audience)

Get yourself balanced and in a positive state

Right before you are going to do your presentation do some balancing activities, such as drink water, do cross crawls, rub your K-27's, hold your stress release points and do a visualization of everyone getting great results and having fun. Put your focus on how you want to benefit the participants and not on yourself and how you are doing. If you are feeling nervous, just know that being excited has the same body sensations as anxiety. Just tell yourself you're excited. I usually start a demonstration by telling the group how excited I am with sharing these with them. The most important thing is to be enthusiastic.

Have people sign in with their name, email address and phone number. It is important that you follow-up with people after your presentation, so make sure you get their contact information. I also have a free drawing form I use where I ask people what specific interest and benefits they are looking for, such as more energy, freedom from pain, helping others, etc. Then I do the drawing near the end of the presentation and give away a book or intro session.

Get in relationship with people

As people come into the room welcome them and get to know each one and how they heard about you. Find out how they would like to personally benefit from the session. Remember that people don't care how much you know until they know how much you care.

If you haven't found out how everyone wants to benefit before you start, you can ask for a show of hands by saying, "Raise your hand if you would like to have more energy. How many of you would like to be free of some pain or tension in your body? Who has someone at home who they would like to help? How many of you work with clients and would like to discover more ways to help them?"

Options to cover in your presentation

I have done demonstrations as short as 5 minutes and as long as four hours, so depending on how long you have, you can divide the following components:

Thank people for coming to find out how they can have better health and live a longer and higher quality life. Acknowledge anyone who helped you put on this event.

Give an overview of what you are going to cover and how long your session is going to be. If you are going to take a break, let them know when it will be. Have water or healthy beverages and tell people where the restrooms are.

Give your background and how you got into this field. Be authentic and let people know your story, especially if you have used kinesiology to overcome challenges. You want people to get to know you, like you and trust you. Also establish your credibility with your training and experience. Even if you are relatively new as a teacher or clinician, tell them the great results that come from this work, even for people who are just starting.

Tell how people have benefited from your work or your classes. This further establishes your credibility. If you have clients or students who are in attendance, they can share their experience. You can ask them ahead of time if they would be willing to give a testimonial and then let them know about how long they have. Thirty seconds to a minute is usually good. Some people like to tell their life story, so ask them ahead of time to give the potent points of their story and not go too long. These shares can be at anytime during the presentation when it feels appropriate. You can also read written testimonials from people.

Get everyone noticing a beneficial result. As quickly as you can fit it in, have everyone do some procedure to get a result where they notice a benefit. Before I was about to present to 1,000 people at a Tony Robbins event, I asked Dr. John Thie what would be the best to have them do. He recommended the ear unrolling technique where you have people turn their head from left to right to notice any stiffness in their neck. Then have them take the rolled over part of the ear and unroll it, pulling it away from the opening of the ear. Start at the top and work your way back and down. Have them turn the head back and forth to notice the difference. Most people have a noticeable improvement. The other benefit is it improves people's ability to listen and it gives them energy, as the ears act as antennae for the acupuncture meridians.

Demonstrate on as many individuals as you can. I have noticed that around 80% of the people I work on at a demonstration sign up for my classes and client sessions, while only about 20% who just observe enroll. Therefore I spend about 5 - 7 minutes with each individual and get as many as possible to come up and experience the work. You can demonstrate one technique per person, covering as many

techniques as you can that you teach in your class. For example, ask for someone who is experiencing stress to demonstrate the Emotional Stress Release technique. Show the spindle cell and feathering technique on someone with a muscle spasm or cramp.

If you are doing the demo to get new clients, show some of what you do in your sessions and how people benefit. Remember that people are looking for what is in it for them. Address individuals needs and wants from what you learned earlier when you found out why they came.

If you have the time to stay after, let people know who didn't get a chance to come up and get worked on to stick around and you'll do your best to get to them. Some may want to ask personal questions or get advice.

Answer questions. Again direct your answers to helping people discover if your work or class will give them the benefits they want. There are three areas you want to address - **Benefits - Advantages - Features.** The benefits are how their life will be better, such as freedom from pain, greater energy, better performance in school or sports, etc. The advantages are how this is better than other approaches, such as faster, longer lasting results, non-invasive and drug free. The features are things like muscle testing, the content like specific techniques you teach or do and how long the class or session is.

Give them an opportunity to enroll or schedule a session. This can be at a break and again at the end. Have a form they can fill out to enroll in your class or schedule a session. If you are taking a break, tell them you can answer questions on the break and let them know what you are going to show after the break that will make them want to stick around.

I recommend you have a special discount if they enroll in your class or schedule a session before they leave. If nothing else, tell them they can pick up the course manual once they enroll so they can start reading the material to prepare for the class. Acknowledge people who have enrolled to the group. Once someone takes action it can create an impetus for others to join in the fun. People don't want to be left out.

Review what you covered. Briefly go over what you presented so they will again see how much they will learn in your class or experience in a session. Have them consider how they will benefit and ask people to share what they got out of the presentation.

Thank them for coming. Show gratitude and appreciation for their willingness to discover new ways of improving the quality of their health and their lives.

Follow-up. Send an email or phone them the next day to thank them for attending your demonstration. If they didn't sign-up for your class or session, ask them if they have any questions. Many times people just needed to check their schedules or talk about it to their spouse and they are now ready to take action.

I recommend you schedule regular demonstrations and make them the core of your marketing of your classes and services. If you have them on the same night each week or month, then you can have your students and clients know that they can invite their friends and colleagues. You can reach and help so many more people by scheduling these presentations to make yourself highly visible and accessible to others.

John Maguire - is the founder and director of the Kinesiology Institute. He completed the Applied Kinesiology 100 hour course with George Goodheart and Wally Schmidt in 1982, then went on to become a Touch for Health Instructor. In 1987 he moved from Akron, OH to Pasadena to join the Touch For Health Foundation faculty. Known for his ability to make complex material practical and easy to understand, John has trained tens of thousands of people from 81 different countries. For the past twenty years he has taught at Anthony Robbins' Life Mastery University, where his students are continually amazed by the profound and rapid results they receive.

For more information contact John at John@KinesiologyInstitute.com or visit www.KinesiologyInstitute.com where you can sign-up for a free membership to be posted on training events, including free teleseminars and webinars.

	TABLE OF CONTENTS	
FRIDAY	AUGUST 2nd	
Hugo Tobar	<i>Function of Energetic Structures during Conception & Pregnancy</i>	26
Brian Haraga	<i>See The Changes At A Cellular Level During A Balance</i>	29
Zsuzsanna Koves	<i>The Kinesiology = My Life</i>	33
Alfred Manual	<i>TFH and ONTO-Kinesiologie</i>	35
Phillip Rafferty	<i>How to Test for and Support the Body Against Mercury and Fluoride</i>	38



Analysis of the Function of Energetic Structures During Conception and Pregnancy

By Hugo Tobar (Australia)

Introduction

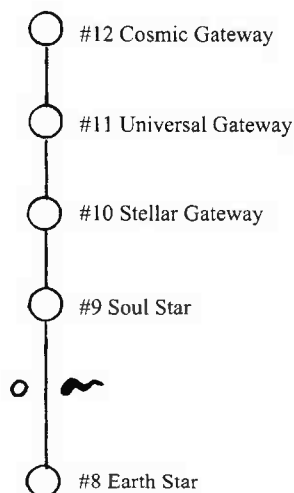
This paper will provide an updated analysis of the function of energetic structures during conception and pregnancy. There are four phases to consider, they are the phases of preconception, conception, pregnancy and the postnatal phase.

In each phase the relationship between the physical structures and the energetic structures will be examined and possible kinesiology balancing ideas will be presented.

The Preconception Phase

This phase has two major components which are the relevant structures of the parents and the preconception energetic structure of the incoming being.

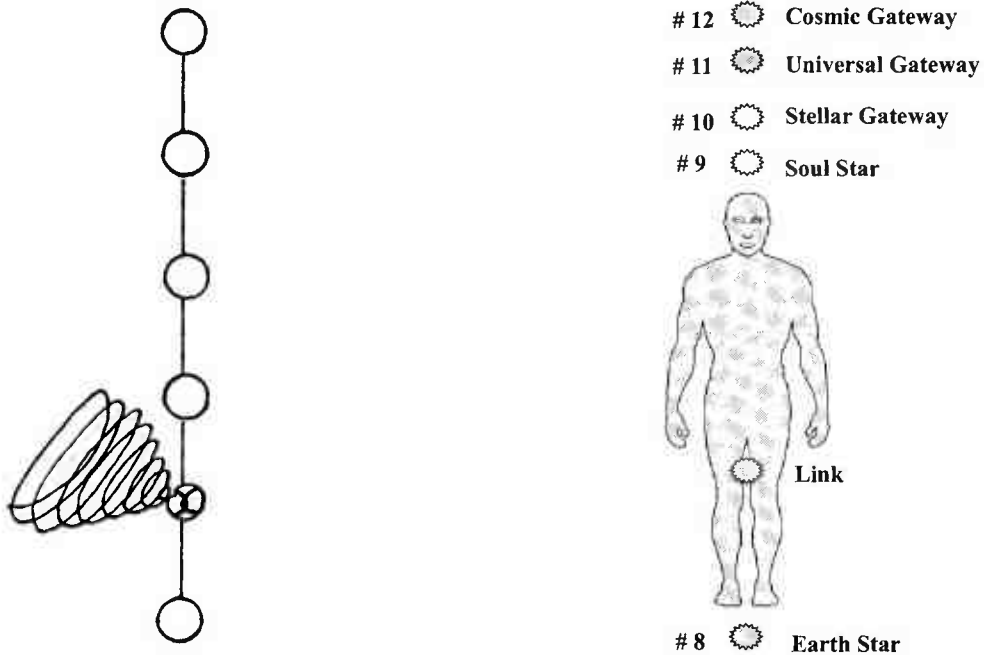
The parents should have healthy reproductive systems, which means the balancing of the reproductive systems and associated hormones. Also psychospiritual balancing is very important. One important chakra is the link chakra. The link chakra is a vehicle that allows an incoming being to enter the world. If it is blocked it can be like there is a being waiting to come in but can't get in. Other important chakras to balance in the parents would be the sacral, brow and crown chakras for their connections to the reproductive hormone producing glands. The pericardium meridian is also connected to the reproductive system and should be considered as well.



The preconception energetic structure of the incoming being contains all of the spiritual and 'karmic' blueprints that define the patterns of the life path. These are the major life's lessons and the greatest challenge that we have to overcome in our life. These issues are very hard to even identify, and drive our unconscious decisions in our life. The main chakras to balance here would be the soul star and stellar gateway chakras.

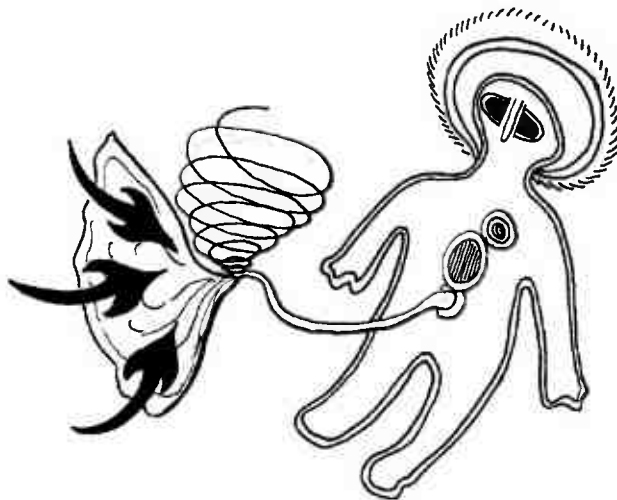
The Conception Phase

The major components of this phase are the Link Chakra of the parents, Ida nadi (yin essence) from the ova of the mother, Pingala nadi (yang essence) from the sperm of the father, the formation of the first cell and the placental chakra. These would make up the main structures to be balanced in this phase.



The Pregnancy Phase

The major components of this phase are the mother's womb, the developing meridian and chakra systems, the placental chakra and the developing fetus and placenta



Kinesiology Balancing Ideas

1. Reproductive system in parents
2. Sacral chakra (connected to the gonads)
3. Brow chakra (connected to the anterior pituitary gland)
4. Crown chakra (connected to the hypothalamus)
5. Link Chakra (especially in the mother)
6. Pericardium meridian
7. Sperm and Pingala from the father
8. Ova and Ida from the mother

Bio of Hugo Tobar

Neuroenergetic Kinesiology, now considered to be a major force in modern Kinesiology, is the brainchild of Hugo Tobar.

First discovering Kinesiology during a 3 year study of Eastern philosophies in India, Hugo's rich cultural background, extensive world travel, and in-depth study and research into all aspects of Kinesiology and its related fields have been the fertile source for his development of the exciting and insightful stream of Kinesiology known as Neuroenergetic Kinesiology.

An invitation to present a paper on his Neuroenergetic method at the Applied Physiology annual meeting in Arizona in 1999, led to worldwide recognition, not only of Hugo's theories but also of his teaching methods.

Teaching in institutes all over Europe, including at Kirchzarten Germany, the world's largest Kinesiology Institute, Hugo soon built up a following and a dedicated group of practitioners who are passionate about spreading his work and effecting the consequential flowthrough changes it makes in individual's lives, in their health and wellbeing.

Hugo established the NK Institute (formerly known as the International College of Neuroenergetic Kinesiology), an accredited Registered Training Organisation (RTO), in Australia where students can pursue their exploration of kinesiology in accredited courses from introductory to Diploma level, and beyond.

As Hugo says, "The power is making the unknown known"



See The Changes At A Cellular Level During A Balance

***Using Live Blood Cell Analysis,
Touch for Health and Body Management
By Brian Haraga (Canada)***

Abstract: During this presentation Brian will take one drop of blood, balance the person using “Touch for Health” and “Body Management” and then immediately will take another blood sample to demonstrate how the body changes on a cellular level during a balance. The immediately observable biochemical and nutritional information indicated by live blood cell analysis points to the root causes of an internal problem, and many ways of dealing with it, and the body’s progress in rebalancing itself over time.

Brian began using muscle testing for his horses at age 15. By 16, an auto accident is where Brian was introduced to Touch for Health and Al Berry’s Body Management work that enabled Brian to recover and get back to redoing. Brian’s work reflects his life lessons as well as his in-depth study of the body (human and animal) and how it works.

Kinesiologists are inventive and successfully use many related techniques to help their clients. Touch For Health is still the trunk of the tree for other types of offshoots to many other techniques. These methods are constantly evolving and the challenge for us all is to keep an open mind and to continue exploring (no giving up) when the results that we get are not what we expect. There been challenging cases and conditions that have spawned the techniques presented here, and the results have been very good.

Nutrition and Body Balance:

The body needs all systems to work in balance; physical, mental, emotional, spiritual, and nutritional. However, most Kinesiologists give little attention to the nutritional, cell and organ aspects of a person’s condition. Live Blood Cell Analysis (LBCA) provides us with a quick and easy way to identify the state of oxygenation, digestion, elimination, restoration and maintenance of the body. As well as kinesiology balances, specific healing programs often include dietary changes, such nutritional supplements as all natural vitamins, minerals, enzymes, and herbs, and possibly some exercise to help the person progress through the healing steps.

The State of the Blood Affects the Body:

The research of the Bradford Research Institute showed us the biochemical interactions in the blood and cells due to the presence of Reactive Oxygen Toxic Species (toxins in the blood that effect oxygenation). The research showed that the presence of Reactive Oxygen Toxic Species in disease states, affects and limits the essential physical and chemical processes breaking down food into simpler compounds, which become the “living organized substances” of the body carried in the blood.

In the cells, such living organized substances are converted into simpler compounds, with the release of energy for the use of the body (metabolism). The rate of metabolism of the body in a resting state is determined by measuring the oxygen being utilized by the body. This rate becomes an indicator of the level of oxidative stress in the body.

Live Blood Cell Analysis (LBCA):

Edgar Cayce in 1932 predicted that some day all diseases will be diagnosed from a single drop of blood. Now this may be possible with the exciting technology of Live Blood Analysis. Researchers have found that all biochemical interactions leave characteristic patterns in the blood, which may be observed by magnifying a single drop of blood 1500-20,000 times with a phase contrast Nikon microscope. With this equipment, both the therapist and the client can observe these patterns. The image from the microscope is projected through a camera to a television monitor so that the client can view his blood sample and see the blood patterns described by his therapist.

Specific dysfunction, challenges and development of imbalances in the body may be determined from the particular patterns observed in the blood. The physical causes of a body imbalance is almost certainly generated in every form by changes that have occurred in the metabolic functions of the body, with the exception of some genetically induced conditions.

It takes approximately 1 hour to do a complete live blood cell analysis, revealing the overall state of the body. Two samples of one drop of blood are analyzed, taken from the finger.

The first sample is called the dried blood sample.

A finger is pricked and small bead of blood is left on the finger for 20-30 seconds. Eight layers of that blood is picked up sequentially in layers using just the weight of a glass slide on the finger. The slide is then set aside to dry, and will be viewed after looking at the second, live blood slide. E.g. The lighter toxins found in the first layers (1-2) on the slide indicate the lung, lymph and bone. The heavier toxins found in the last layers (6-8) indicate the liver and large intestine and the other organs for the layers in between. From looking at the different layers of blood we can find where the different problems are in the body.

The second sample is called the live blood sample

You are a live person, so there is a great advantage of looking at your live blood. Half a bead size drop of blood is touched the slide and a cover slide is applied to it to create a vacuum, which keeps oxygen out. The blood stays fresh and alive for 20 minutes to an hour. This blood sample reveals the health of the red blood cells and the immune fighting response of the white blood cells.

The red blood cells perform 3 main bodily functions: they carry oxygen to the cells; they carry nutrients to the cells, and they carry metabolic waste products (toxins) away from the cells. The red blood cell patterns seen in the live blood cell sample reveal how they are functioning in the body. Also visible in the live blood sample are signs of organ function, parasites, fungus, immune activity and toxins as well as others. Comparative photographs are used to point out indicators for different blood conditions.

Almost everybody has something that could be looking better in their blood cell samples, due to some degree of imbalance in their lifestyle. The analysis is a powerful discovery and motivational tool for working with your clients' health problems. You find that your clients are more motivated to follow the program they are given so that they can change how their blood looks the next time they come in for testing.

Positive changes in the structure of the blood cells can be seen over time, especially when problems are identified before they become chronic. An ounce of prevention is worth a pound of cure, and your health is your greatest wealth.

The Blood Cell Analysis Approach to healing is gentle yet thorough. Includes processes which consider:

Oxygenation- red blood cells must be separate, not clumped together, to work well. If they are joined or poorly shaped, they may not fully perform their functions of delivering oxygen and nutrients, and removing toxins.

Digestion- the function of the stomach, liver, gall bladder, pancreas, small and large intestines determines whether the cells get all the nutrients they need to function. The condition of these digestive organs is assessed. E.g. The liver is particularly important for the balance of blood sugar, hormone levels, the digestion of proteins, fats, absorption of vitamins and minerals and the removal of toxins. Live Blood Cell analysis indicates the areas of stress to focus on for therapeutic results.

Elimination- regular elimination is essential for good health. Most allergies and disease begin in the colon. Touch For Health, dietary changes and added nutrition are used to enhance bowel elimination.

Restoration- after balancing the conditions found in steps 1,2,and 3, the blood is again viewed to determine how it has changed, and what still needs to be accomplished. .E.g. Oral chelation might be recommended to thoroughly clear the veins and arteries of plaque and to restore vitamins, minerals to the bones and muscles. Blood Cell Analysis gives a way to see how the therapies being used are working over time.

Maintenance- a simple program is provided that will help the person to maintain his new body balance.

Touch For Health and Body Management Method:

The Body Management method involves visceral manipulation to get the energy current moving correctly in the body. The fundamental theory is that it is the organs that control the meridians and nerves, which in turn control the muscles, which hold the bones in place. When the organs are manipulated, the rest of the associated body systems readjust. The application of this system is useful for structural problems, organ and glandular function. Thus, it is a process, which helps in the prevention of disease.

By combining the techniques of Touch For Health and Body Management with the innovative Live Blood Cell Analysis, you and the client can gain greater awareness and work towards your desired results. The client can “see” what is happening inside of himself, as well as feel it.

An Overview of Concepts and Skill Areas of the Body Management Protocol:

I find that using these methods and techniques closely enables me to help about 90% of the people and animals I work with.

Take this work and use it. When you touch one person, you touch the lives of all who meet them, all of whom they love.

Muscle monitoring has gained so much more popularity over the years, which is our key in all these various modalities of Specialized Kinesiology to tap into the innate intelligence that knows, in my opinion, absolutely everything; from the smallest organism to the largest macrocosm, in this universe and all other universes combined, in this plane and all other planes combined. I feel that Touch For Health has been the greatest influence in my own career as well as my own personal life.

Thank-you, Thank-you, Thank-you John and Carrie

Brian Haraga has more than 30 years of experience working with people and all kinds of animals. Brian is an instructor for Touch for Health, Body Management, Pet/Horse therapy, live and Dry Blood Cell Analysis, and a former Educational Kinesiology Instructor. Brian is also a professional Kinesiology Practitioner, amongst many other various modalities.

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The Kinesiology = my life

By Zsuzsanna Köves (Hungary)

"If you set to the lake of truth, and sail with favourable winds, and your canvas is not deprived from its sheets,
your boat will not be slow..." (Ancient Egyptian author)

I met kinesiology first in my life in 1994. I thought it is wonderful to help people. I made a quick decision to become a Touch for Health Instructor in August 1995. Soon after, in December I became Three in One Concepts Instructor.

Who was I in 1994? I was an ill, bitter, convulsively struggling teacher, who felt very sorry for herself, striving for survival (or for death?) with her five children. After two cardiac infarction and a tumor surgery, I was having one heart attack after another and living on six different medications each day.

I started to learn kinesiology; a couple months later I made an astonishing realization. The heart attacks were straggling behind and I felt an unknown inner peace spreading everywhere in my body. I started to watch myself consciously and I realized that it was wonderful to help others, but the most important was that I myself had changed. It was almost 20 years ago. My heart is totally healed and I can tell that I am in good health. The basic items in my "home medicine chest" are kinesiology and Touch for Health. It's not only my body that has changed, but my way of thinking and also my general emotional life. For me kinesiology is not only a method, but also a philosophy. The philosophy of living healthily, harmoniously, successfully and happily.

My wonderful instructor, Aria Den Hartogg, became an example for me: her knowledge, love, humility serves as a model for my life. I owe my first meeting with John to her. John's support, integrity, his service to humanity and also his knowledge kept me spellbound. In 2000 in Zurich, at the IKC Congress, he encouraged me and gave wonderful support to promote kinesiology in Hungary, to spread and help it to take its due place. This was the first time when I felt that the only way to requite the love and trust I got from him to creditably teach and spread the miracle of this work, which brought a positive change into my life, that makes me keep going and being happy: kinesiology.

My strength is not the research, not the theoretical work. My strength is – maybe – my authenticity, and the energy I can put into organization and coordination. The three Hungarian and two IKC conferences which were organized in Hungary, the several thousands students who could help themselves, their families and those around them, who live the philosophy of kinesiology and all those clients who could choose a healthier, happier, more fulfilled life with the help I could offer, this is my life.... And since I choose to be happy, my family, my children and grandchildren are also successful and happy.

For all of this I feel very grateful above all to John Thie and Gordon Stokes and to everyone who touched my life and taught me. Thank you, that I can be here and celebrate with you!

Zsuzsanna Köves, mag

Philosopher-teacher, qualified kinesiologist, kinesiologist teacher / instructor
Member of the National Faculty of the EDU-K Foundation in North America,
Professional Kinesiology of the IKC,
Dean of the Hungarian Professional Kinesiology School

Touch for Health instructor
Touch for Health Metaphor instructor
Brain Gym teacher
Stress Release advanced instructor
Three in One Concepts advanced trainer
Brain Formatting instructor

I was born on 22nd January 1952.

I first got acquainted with kinesiology in 1994. A year later I obtained an instructor degree in Touch for Health (I completed the Master Class with John F. Thie - founder of Touch for Health) and in One Brain. I became a Brain Gym instructor in 1996 and a Stress Release instructor in 1997. In 1997, I became an advanced One Brain instructor; in 2002, an advanced Stress Release instructor; in 2007, a TFH Metaphor instructor and in 2008, an advanced EDU-K instructor.

I also studied Hyperton-X, LEAP, testing primitive reflexes, Astro-kinesiology, Sportkinesiology and Biokinesiology. I have taught kinesiology in the Hungary, Russia, and Romania.

I organized three Hungarian congresses, including the International Kinesiology Conference 2001 and 2011 held at Kecskemet, Hungary of which I was the director. In 2002, I became member of the Hungarian Examination Board of Kinesiologists. I am a member of the Expert Committee run by the Hungarian Ministry of Health and now the dean of the Hungarian Professional Kinesiology School.

In my work I try to help everyone to become his or her own successful healer. I help them find their own way and I try to achieve that they live life happily. I would like them to be themselves to the highest good of all! I help them to see not just look.



TFH and ONTO-KINESIOLOGIE

By Alfred Manuel (France)

WOOD - Infancy and Early Childhood

"A student is not a vessel to be filled, he is a fire to be ignited" Michel de Montaigne

Like many, I started my learning with TFH. In 1996 I experienced the wonder of the my first muscle testing exchanges, perhaps clumsy at times, but always full of empathy. I realized deep releases, new understandings. Later I wanted to continue, deepen, enrich my "toolbox". I followed other workshops, I heard other bells, chased some mirages.

FIRE - Childhood and School Years

The landscape of kinesiology was not as abundant as today, but everything was open in 1999. With my friend Dominique Raynaud, I started, full of enthusiasm, to develop and disseminate our Onto-Kinesiology. I was far from TFH, the 14 muscles seemed a waste of time.

However, in 2001 I decided to return to the source and follow the TFH Instructor Workshop. This was a beneficial immersion in the roots, and a painstaking review of the 42 muscles, which allowed me to understand that the seed of all Kinesiology is carried in TFH. Promoting workshops and creating support for my own courses allowed me to take ownership of this work, always going deeper. Not long after, I chose to involve myself within the management committee of the French Federation of Specialized Kinesiology.

EARTH - Adolescence and Adulthood

I owe the greatest rethinking of my work at the TFH Metaphors workshop, that I attended in 2003 in Barcelona with Matthew. This module remains in my eyes as one of the highlights of my journey in Kinesiology. The workshop goes largely beyond the scope of kinesiology and proposes a worldview, an instrument for daily opening. After that, a wind of freedom, creativity and respect blew like a hurricane, stripping off all claims, rigidities and pseudo scientific aspirations still inhabiting my work. The path led back to basics: Always more Self-Aware!

METAL - Young Adulthood

Since then, our Onto-Kinesiology transformed, becoming much more respectful and aspiring to make us less deceived by ourselves. It accompanies us in the search for our most profound needs and proposes to verify that our choices and decisions are in coherence to make us happy in life!

Information proves to be the key to the whole process and the holistic approach of TFH is essential to enable us to intervene on the side or sides of the triangle of health that are best suited for the person.

Our work, that we still think is innovative, was condemned by some colleagues, but met a real success with our clients. Our positive results increased attendance at our clinics, allowing us to refine our practice, constantly evolving our work. In order to disseminate the results of our research and our emerging model, I chose to write a book and I had the joy of seeing it published *. Kinesiology fulfilled my life. And even invaded it ...

WATER - Late Maturity and Death

Rest had made me so vital, so, encouraged by my wife, Catherine, in 2010 we decided to leave for nine months traveling around the world. This break in the form of gestation, allowed me, along with a welcome recharge, to distance myself from my activity and reflect about my position as a practitioner. I gave very few sessions, but I had the chance to give two workshops as an introduction to muscle testing and kinesiology, the first in Chile, the other in Brazil. Evidence emerged: my passion remained intact, but I did not want to be a mechanic who comes to see you when you have a breakdown and who is expected to fix all your difficulties.

I realized that when we are treating patients, our tendency is to unconsciously fall back into "classic" methods, founded on a relationship in which a client gives all powers to a practitioner who is strong in his knowledge, who will apply the techniques that seem most suited without explaining them. I did not want to play doctor, running behind miraculous recipes and collecting tools with the purpose of healing others. Henceforth, I just wanted to help my clients to take ownership and responsibility for their own healing.

"Do what you want but be aware of your intentions" John Thie, D.C.

I join the lineage of John Thie who proposes that the keys of the healing process are self-awareness and good communication between the different parts that compose us. Building on the triangle of health, Onto-Kinesiology proposes a model whose ternary structure of the human being is composed of the conscious, the unconscious, formatted to ensure survival, and what we call the "profound nature", the unconditioned dimension that aspires to Life. Very often, the rules of survival and life are different, and sometimes are opposite. Our level of health reflects the level of harmony between conscious, unconscious and profound nature.

The resolution of our internal conflict happens most times via a new awareness, preceded by a widening of our perspective. From this emerge new needs and new solutions. This work also shows our tendency to confuse ends and means and proposes to be attentive to our different levels of needs, in order to verify what motivates our choices and decisions. Especially when we realize that under great stress, our unconscious survival programs automatically lead us to reproduce strategies that in the past proved their efficacy in equivalent circumstances ☺ ... although now we have evolved and they are no longer adequate ...

"The great revolution in human history, past, present and future is the revolution of those who are determined to be free." John Fitzgerald Kennedy

In France, the ongoing stress following different smear campaigns against kinesiology, pushed the lead-

ers of unions and federations to protect themselves and to protect kinesiology. The goal was to continue to exist, the means employed were (and still are) getting security and recognition from the authorities by trying to ensure the quality of the practitioners. For that, it was decided to get back in line, and become publicly known by imposing a career of validated studies inspired by the existing university model. The program is based on an accumulation of hours of training and culminating in an examination and report.

Who cares if we use a self-censorship!

Some echoes collected from stressed students, emphasized what to my eyes seemed to be discriminatory measures, hyper adapted to the "left brain" to the disadvantage of the "right brains". Many gave up, they disassociated themselves with the professional associations and the most creative chose Freedom. The need was to unify, but the means chosen under stress resulted in exclusion ...

I heard from Matthew Thie that muscle testing was considered initially as a secret reserved for chiropractors and health professionals alone.

John Thie wanted it accessible to all and offered his TFH. Hopefully the current processes for official recognition of kinesiology (curiously claimed by self proclaimed "professional Kinesiologists") are founded on openness and avoid a return to sclerosing corporatist sources.

WOOD – Infancy and Early Childhood

"Do not turn away from possible futures until you are sure that you have nothing to learn from them." Richard Bach

Years of research led me to apply the techniques of Onto-Kinesiology not only on humans, but also animals, plants and everything around us. Muscle testing was revealed to give access to a "Universal Translation Program" that would communicate with the living. From ancient times man has considered himself "above" creation and has sought to enslave nature, with disastrous results that we unfortunately know today.

I wish that kinesiology allows us to recover our proper place and develop a new biogenic communication with other realms, for the better health of all!

Alfred MANUEL – France

I began my professional career as "gendarme", then I've been an actor before meeting kinesiology in 1996. I am TFH instructor since 2001 and Metaphor's instructor from 2004. My friend Dominique Raynaud and I developed the Onto-Kinesiology in 1999 and have been teaching it all over the world.



HOW TO TEST FOR AND SUPPORT THE BODY AGAINST MERCURY AND FLUORIDE

By Philip Rafferty (Australia)

MERCURY

- Overloads the kidneys
- Blocks zinc (one molecule of mercury blocks 1,000 zinc)
- Blocks iodine receptors in the thyroid

MERCURY IN COMBINATION WITH TRAUMA

- Is a major cause of Chronic Fatigue
- Is a major cause of Multiple Sclerosis, Parkinson's and Alzheimer's disease
- Is a major cause of depression and suicide

If the body is overloaded with mercury there will always be:

- Dehydration
- Zinc and magnesium deficiency
- Fluoride retention (if client drinks fluoridated water or uses fluoride toothpaste)
- More susceptibility to allergies and viruses
- Higher acidity

DISCLAIMER *We are not diagnosing or treating diseases, just testing energetic reactions to colors and homeopathic vials which relate to different minerals and hormones, then releasing stress from the jaw muscles which changes the energetic reaction to colors and homeopathic vials.*

I believe the reason for the changes is because the jaw muscles become tense under trauma, as part of flight/fight/freeze/survival, and releasing the jaw muscles helps take the client out of those states. As an example, in a life or death situation the body goes into survival mode and this can switch off hydrochloric acid production, because survival is a higher priority than digestion. When dinosaurs were around, being chased by a dinosaur would have caused a person to go into survival mode. In modern times it seems to take much less of a trauma for some people - dental braces seem to cause massive neurological imbalances, maybe because the ligaments in the teeth are being stressed. Also chronic bullying can have the same effect. It can also be a build up of smaller traumas. The average child now gets 40 vaccinations, and each one is a physical trauma! Add to that some vaccines now contain aluminum. Fluoride magnifies the toxic effects of aluminum tenfold!

MERCURY TESTING USING KINESIOLOGY

I use homeopathic vials of mercury for testing. I also like to test many different ways to get a whole body overview.

1. Test a homeopathic vial of mercury over the body. Many people with chronic fatigue react to mercury 15 feet away! Test down the spine, with the head forward, especially around T2.
2. Test a specific sky blue card - if the IM changes the client is dehydrated. Interestingly, just drinking water does not usually correct this - it seems to relate more to chronic cellular dehydration. You can verify this by placing water over the navel and retesting the color. Another test is for the practitioner to say "water, hydration, dehydration." If the IM changes then dehydration is present. The usual kinesiology test (tugging the hair) for hydration is only accurate if the client is a little dehydrated, and this can be corrected by drinking water. The dehydration means the kidneys are under stress and the whole body cannot effectively eliminate mercury.
3. Test the Psoas muscle - it is the muscle most involved with dehydration (and also magnesium deficiency).
4. Test the indigo blue card that relates to zinc. If the IM changes place zinc over the zinc Riddler point (a few inches below the navel to the right). Retest the indigo blue card. This should confirm zinc deficiency.
5. Test magnesium and zinc over the kidney alarm points. This should NOT cause an IM change. If it does it usually means severe dehydration, more chance of higher mercury retention and trauma.
6. Test homeopathic adrenalin over the body. If the IM changes the client is in some degree of flight/fight/freeze/survival. This means the kidneys are also under stress and there is more chance of higher mercury retention.

FLUORIDE

- Babies drinking bottled milk made from fluoridated water are exposed to 250 times the fluoride in mother's milk!
- Fluoride blocks molybdenum, a critical trace mineral that mediates zinc and copper.
- Fluoride regularly shows as a toxin with arthritis clients - it binds with calcium to form calcium fluoride.
- Fluoride is extremely difficult to get rid of from the body—Iodine and molybdenum may be the most effective way (after the corrections in this workshop).
- A 52-week study of the factors that enhance or inhibit the bioavailability of aluminum and its effects on the nervous system was published in 1998. One of the most remarkable findings was that animals administered the lowest dose of aluminum-fluoride (0.5ppm) exhibited a greater susceptibility to illness and a higher incidence of mortality than the animals administered the higher levels (5ppm) of aluminum without the fluoride. *rense.com*
- Many of the new vaccinations now have aluminum instead of mercury!
- There are over 23,000 calls to the Poison Control Center for fluoride poisoning every year!
- Fluoride attaches to the thyroid, blocking iodine, causing weight gain.

The mechanism behind "halogen displacement" was probably best described by J.C. Jarvis, M.D. (Folk Medicine, Henry Holt & Co., 1958, HB, p. 136), who wrote: "The clinical activity of any one of these four halogens is in inverse proportion to its atomic weight. This means that any one of the four can displace the element with a higher atomic weight, but cannot displace an element with a lower atomic weight.

For example, fluorine can displace chlorine, bromine and iodine because fluorine has a lower atomic weight than the other three. Similarly, chlorine can displace bromine and iodine because they both have a higher atomic weight. Likewise, bromine can displace iodine from the body because iodine has a higher atomic weight. But a reverse order is not possible."

The atomic weights are:

Fluorine 18.99
Chlorine 35.45
Bromine 79.90
Iodine 126.70

Therefore, any "halogen detox" symptoms one experiences with iodine are likely to be either from the iodine killing off bacteria, pathogens and/or viruses, and consequently the liver, etc, having to deal with this toxic dump. Or it could also be from mercury being mobilized in the body.

Mercury has a heavier atomic weight than iodine (200.59 to be exact), so maybe this is why iodine can displace it. Not sure if it forms to become mercury Iodide, if iodiDe is present (Here is interesting link about mercury iodide, presenting even more interesting implications for thyroid http://www.contech.com/Mercuric_Iodide_Detectors.htm).

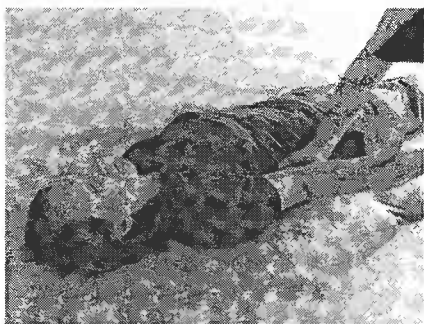
Displacement of mercury can also explain an improvement of thyroid function, since the iodine supplementation has bumped the mercury out of the iodine receptor cells on the thyroid and the thyroid can use the iodine to manufacture proper, working T4 (as opposed to T4 made with other halogens). <http://curezone.com/forums/fm.asp?i=1591023>

- Some GOOD NEWS! I talked to my local water expert and she informs me that fluoride is not a problem in showers, as it does not evaporate like chlorine. A good shower filter will get rid of most bad stuff and the fluoride also does not get into the skin, I think because of the size of the mineral.

FLUORIDE TESTING USING KINESIOLOGY

- Test fluoride tablets (the fluoride added to most drinking water is actually a toxic waste from the aluminum or fertilizer industry - fluorosilicic acid, also known as hexafluorosilicic, hexafluosilicic or hydrofluosilicic). It contains arsenic and other toxic metals. If you can find a homeopathic vial of this it would be better.
- Test specific orange color - If the IM changes this usually means iodine and molybdenum deficiency (you can verify this by placing iodine or molybdenum over the throat and retesting). These are the only two minerals I know of that can help the body clear fluoride (test fluoride with iodine and molybdenum over the throat). So in effect, the orange color is a good test for fluoride toxicity!
- Test Teres Minor with palm of the hand turned in so the fingers point towards the navel.

The elbow is tucked right into the side. *This test was developed by Richard Rust, a Kinergetics Instructor from New Zealand.* If the IM unlocks place iodine over the throat and retest.



-
- Test fluoride and calcium together for clients with arthritis and fibromyalgia. You can buy Schussler Salts (homeopathic) of calcium fluoride which is perfect for testing. Test over the joints for arthritis and over the muscles for fibromyalgia.
-

IF THE CLIENT HAS HAD ANY PAST TRAUMA

This can cause flight/fight/freeze/survival and TMJ. This causes more kidney and adrenal stress and dehydration and magnifies the mercury and fluoride reaction. I have yet to find anyone with NO traumas!

TRAUMA EXAMPLES:

- Accident—bicycle, motorcycle, car etc.
- Ankle sprain
- Asthma attack
- Bee sting
- Broken bone
- Bullying
- Burn
- Death of friend, relative or pet
- Dental work—braces, extractions, fillings, root canals, implants etc.
- Divorce of parents
- Fall on coccyx
- House fire, bushfire
- Hurricane
- Mammograms
- Marriage or relationship breakup (some of you just doubled your trauma list)!
- Near drowning
- Nightmares
- Operation—appendix, caesarean, tonsils etc.

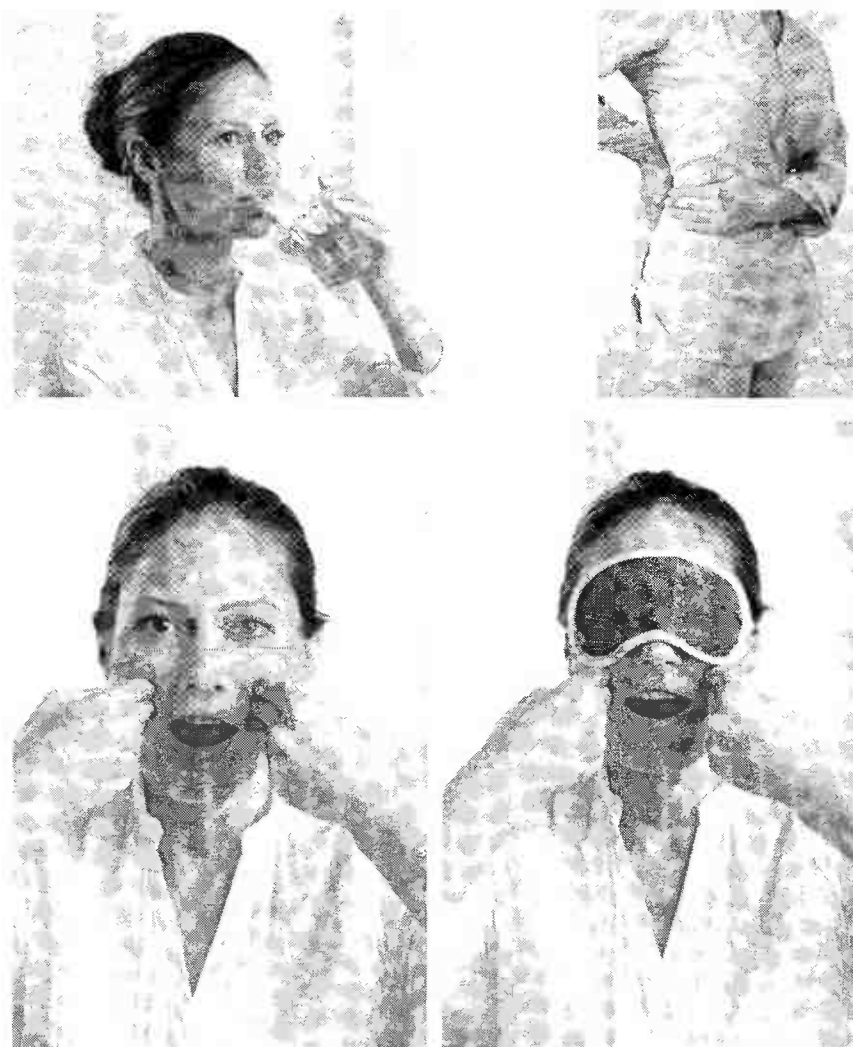
- Rape
- Scar
- Sexual abuse
- Ski or sporting injury
- Tornado
- Vaccinations (US kids now receive 40 vaccinations)
- Virus—measles, mumps, chicken pox, glandular fever etc.
- Violence

STOP THE MERCURY AND FLUORIDE!

- No more mercury amalgam fillings!
- Cheap water filters like Brita do not remove fluoride. Reverse Osmosis does, but wastes huge amounts of water. I own an Australian filter that takes out fluoride and a huge amount of other toxins and puts minerals back in. In fact it has more minerals than the expensive electrolyte drinks. It is a ten stage filter. Check with your local water filter experts.
- Read the back of your tube of toothpaste! Keep out of reach of children under 6 years of age. if you accidentally swallow more than used for brushing, seek professional help or contact a poison control center immediately." a single tube of bubble-gum flavored Colgate-for-kids toothpaste contains enough fluoride (143mg) to kill a child weighing less than 30kg. (Whitford 1987).
- If you have fluoride in your drinking water then ANY fluoridated toothpaste is too much.
- Throw out your non-stick pans, unless they are the new White Ceramic type. The coating on the regular non-stick pans contains fluoride.

BALANCING THE BODY FOR MERCURY AND FLUORIDE

- Any balance for mercury and fluoride must take the body out of flight/fright/freeze/survival, strengthen the kidneys so they can assimilate water and minerals, hydrate the body so it can get rid of mercury and fluoride and clear some of the physical aspects of past traumas.
- There should be no reaction to any colors or vials after the correction.
- Quadriceps, Sartorius, Psoas and Gluteus Medius should be in balance.
- Drink water (yes, of course, without fluoride)!
- Energize the kidneys for at least five minutes.
- Energize the front of the Masseter muscle for five minutes: 2.5 minutes eyes open and 2.5 minutes eyes closed. (from the RESET manual).
- Retest all colors, vials and muscles out of balance.



PHILIP'S Qualifications for This Article! (Testimonials)

SAVED FROM KIDNEY DIALYSIS: Several years ago I became severely ill while living in Japan. When I returned to America no one was able to diagnose the problem. Allopathic medicine only treated the symptoms that I had: Fibromyalgia, Chronic Fatigue, Epstein Bar, etc.

After much frustration I turned to Alternative Medicine for help. I was quickly diagnosed as having Mercury Poisoning. Alternative Medicine helped decrease the levels of Mercury in my body, but did not completely release it. All of the remedies that were tried, tried flushing out the Mercury renally taking an enormous toll on my kidneys. My kidneys were going into failure, I was days away from dialysis. This is when I was introduced to Phillip and his hydration work.

Phillip, via hydration and heavy metal balancing, was able to detox me of the Mercury. From that moment the pain was gone. I had instant relief. Shortly thereafter I was tested with Biomeridian Testing to see what the Mercury levels were within my body. Test results showed zero levels of Mercury. I was able to recover, regain my health, save my kidneys and have two healthy children. I will always be grateful for this work for what it has done for me and continues to do for me and my family. *Heather, Salt Lake City, July, 2012.*

EMOTIONAL TRAUMA: I would just like to thank you for the wonderful work you've done for me. It was truly amazing to see what just one session did!! Your kindness and expertise really made the experience all the more pleasant.

I had a very traumatic experience as a young child. Everything triggered me; I was in emotional pain and turmoil all the time. Before I came to you I jumped at every loud unexpected sound, I yelled when was touched without warning (and sometimes even when warned). But hardest thing that I had to live with was the blipping! When anything too overwhelming happened I just shut down completely to a literally unconscious state! That made day to day living extremely difficult.

When I met you I didn't know what to expect. But after one amazing session I left feeling like a whole new person! I feel calmer, more at peace I feel free!! I'm writing this to you to thank you since I just came back from an outing and I felt like a regular person!! I was out with noise and I was okay! I met new people and that was ok too! I wanted to thank you for giving me my life back in such a short amount of time! Thanks again!

FS, New York, July 2012.

PHYSICAL TRAUMA - CONCUSSION: My daughter was hit in the face just below her eye while playing basketball. She was diagnosed with a concussion. She struggled with severe headaches, was unable to go to school, sleep, focus.... I took her to one of the top neurologists, he said she needed to be on steroids and sleeping pills (to sleep). Did this for two days until she was sicker. I took her to a chiropractor, as well as nutritionist. Six months later I took her to Philip Rafferty at a Health Fair and he sent energy into the TMJ. Her headaches are gone now for eight days.

RH, Baltimore, July 2012.

MULTIPLE SCLEROSIS: Sorry I have taken so long to contact you after coming to you for a treatment to alleviate my MS symptoms. It was the end of February before I realised I did not have numbness in the left side of my body or in my right anymore! I still had some in January, but by the end of February they were gone completely. Thank you as I also felt better within myself and some days I also have motivation like today!! I am finally sending you an email! Thank you again

RS, Tasmania, 2012.

CHRONIC FATIGUE AND MS: I worked on the lady today that you balanced with Chronic Fatigue and she, like the lady with MS, is still holding all that you have done for her. Isn't that great?!!! Her Chronic Fatigue is not gone and we had more to do but she is maintaining what you did. This has me very excited. I just keep seeing great results and I'm more excited every day as I study the books you gave me.

Tawni, Salt Lake City, July 2012.

Email: philip.rafferty@gmail.com

Website: www.kinergetics.com.au

	TABLE OF CONTENTS	
SATURDAY	AUGUST 3rd	
Message from B. Dewe (by S, Marina)		
Sheldon Deal	<i>Body Priorities as Demonstrated by Dental Splints</i>	46
Paul Dennison	<i>Movement-Based Learning for Life</i>	50
Brian Esty	<i>A 4 Dimensional Energy Balancing Model Based on Sacred Geometry</i>	53
Adam Lehman	<i>Injury Recall Technique: A Comprehensive Approach to Balancing the History of Pain & Injury</i>	58
Dr. Yoshio Homma	<i>Aroma-Kinesiology: Balance Energy in Seconds</i>	67
BANQUET		



BODY PRIORITIES AS DEMONSTRATED

BY A DENTAL SPLINT

By Sheldon C. Deal, ND.C, N.M.D., D.I.B.A.K.

ABSTRACT: This paper deals with the methods of determining the priorities that the body exhibits in the sequence with which corrections should be made. The use of a dental splint shows us that many of our kinesiological findings are really nothing more than compensations for more basic problems. Herein the guidelines are laid down for the sequence in which the body corrections should be made.

INTRODUCTION: Since the inception of applied kinesiology we have seen the kinesiologist go through a series of phases in the clinical application of AK (Applied Kinesiology). The early kinesiologist found that through the application of his or her newly learned techniques, he could, for example; make an acute pain go away that the patient was experiencing, plus other demonstrations which bordered upon being considered parlor tricks. As the field of applied kinesiology grew and grew, we were able to discover reflexes and syndromes that, heretofore, had gone unnoticed, although, obviously, they were present in our patients' bodies all along. In more recent years, we have been able to demonstrate the presence of subclinical conditions in our patients' bodies, conditions that would only appear or be evident by using such methods as: challenging, temporal tapping, therapy localization, pinching, breath holding, and methods of eliciting reflexes that, heretofore, had been unknown to us. (1)

As a result of this ever-increasing knowledge in applied kinesiology and our ability to probe deeper and deeper into the vast amount of information stored in the body in computer proportions, it no longer was a question of the doctor not being able to find indications of things that needed to be fixed in his patients. Now it became a problem of finding enough time to be able to check in each individual patient all of the things that we are now proficient in discovering and bringing to the surface.

Most recently, the advancements in applied kinesiology have enabled us to uncover problems that we would have never dreamed existed previously. Due to this increase in our clinical armamentarium, when it comes to treating our patients, we now see patients with more difficult type problems, problems that previously would have completely baffled us. The rule seems to be that the more proficient we become in techniques with which we are familiar, the more difficult type of patient we seem to attract to our offices. While treating a patient who has previously defied the efforts of our colleagues, and, perhaps, has stymied the efforts of health professionals in other branches of the healing arts, it many times becomes apparent that we are chasing symptoms.

For example, we may fix a sequence of indicators only to find at the end that one of the original indicators we fixed is now back again, or worse yet, in a more difficult type of patient, we may find ourselves going down in flames by not being able to fix something that has been so easy to fix in the average type patient. We believe this to be due to the fact that many of our findings are compensatory, that the body wants to be fixed, and must be fixed, in a sequence if permanent results are to be obtained.

THE USE OF A DENTAL SPLINT: One such method of determining which of the findings are primary and which of the findings are compensatory is the use of a dental splint. Here within, we have the tabulated results of 23 patients with whom we used the dental splint technique of determining the body priorities. The patients were all tested for what we call the baseline muscles. This includes a bilateral reading on the following 20 muscles:

<i>LATISIMUS DORSI</i>	<i>PMS</i>	<i>FASCIA LATA</i>	<i>ILEOCECAL</i>
<i>SUPRASINATUS</i>	<i>PMC</i>	<i>HAMSTRINGS</i>	<i>HYOID BONE</i>
<i>DELTOIDS</i>	<i>ABDOMINALS</i>	<i>GLUTEUS MAXIMUS</i>	<i>TMJ</i>
<i>TERES MINOR</i>	<i>PSOAS</i>	<i>MID. TRAPEZIUS</i>	<i>UPPER TRAPEZIUS</i>
<i>NECK FLEXORS</i>	<i>SARTORIUS</i>	<i>QUADRICEPS</i>	<i>GLUTEUS MEDIUS</i>

In the case of ileocecal valve, we were checking for open versus closed valve. In the case of the hyoid, we were checking the digastric muscle, on the left and on the right. The strength of these 20 muscles was recorded for left and right and then a dental splint was used, the height of which was adjusted to make a weak indicator muscle become strong. Those patients with an obvious overbite were selected. The fulcrum used was the first molar. Once the adjusted height of the dental splint has been achieved, we would then go back and check the previously weak muscles.

We found on the average a 72% reduction in the number of weak indicator muscles now showing up. What is even more significant is what happened by correcting only those indicators which remain weak with the dental splint in place. After the correction of those and removing the dental splint, all of the previously weak indicator muscles would be strong. In other words, this not only showed us which ones were primary and which ones were compensatory or secondary, but it also saved us a great deal of time in treating a patient.

In the accompanying chart of 23 patients used for purposes of this experiment, where we show zero muscles weak with the splint, it simply indicates that the primary problem was the TMJ itself.

Once it was determined that the patient needed a dental splint, the patient was then sent to a dental kinesiologist. The exact height of the splint was determined by the use of an intraoral screw device made by Swissdent or a modified jack screw or just by temporal tapping. In all cases, the lower arch was used. First a negative alginate impression was made followed by a positive plaster mold and then an acrylic negative overlay covering the posterior teeth connected by a lingual arm. The acrylic splint was then ground and polished to the desired height.

<u>PATIENT</u>	<u>TOTAL BASELINE MUSCLES WEAK</u>	<u>PRIMARIES WEAK WITH SPLINT IN</u>	<u>% OF REDUCTION</u>	<u>MUSCLES WEAK WITH SPLINT OUT AND PRIMARIES FIXED</u>	
C.S.	11	3	75%	0	
A.R.	15	3	89%	0	
B.P.	27	15	45%	0	
C.W.	7	0	100%	1	*
P.F.	5	0	100%	1	*
S.M.	5	1	80%	0	
R.R.	8	4	50%	0	
E.W.	7	3	58%	0	
P.H.	10	2	80%	0	
V.R.	10	0	100%	1	*
E.S.	5	0	100%	1	*
J.M.	14	10	29%	0	
F.S.	4	0	100%	1	*
E.H.	10	0	100%	1	*
J.R.	7	2	72%	0	
H.A.	11	8	28%	0	
M.G.	9	2	78%	0	
A.W.	7	0	100%	1	*
B.B.	17	3	83%	0	
C.S.	21	12	43%	0	
D.C.	16	0	100%	1	*
I.C.	8	0	100%	1	*
<u>D.B.</u>	21	5	77%	0	
TOTALS	255	73	72% (AVG.)	100%	*

*One remaining muscle that had to be fixed with the splint out was the TMJ itself

Not only did we have to correct only the remaining weak muscles with the splint in, which would make

all the previously indicators go strong, but we found that the body wanted the remaining weak muscles to be fixed in a certain order. In fact, with some of the more difficult type patients you are not able to make a single muscle strong unless you fix them in a specific order.

In Dr. Beardall's cloacal synchronization technique (2) he states that the cloacal reflexes is the most basic place to start to fix the patient. We have found that even among the cloacal reflexes that some will not fix, nor will they therapy localize to the correction contact point if that is not the next one in sequence to be fixed. Sometimes a hyoid or gait reflex must be fixed before the cloacal. Regardless of what our total list of indicators may show that need to be corrected, we may not be able to correct a single muscle weakness if we do not follow the proper sequence and first fix the one that the body priorities demand be fixed first. This is so often depicted in the more difficult type patient.

Not always does the body dictate that you may now fix one thing only, as most of the time there may be several things you may fix, the sequence of those particular muscle indicators not being important. We have found that the criteria of whether something can now be fixed or not, can be based on three requirements. In other words, in order for us to permanently fix a specific finding sequentially, it must meet the following criteria:

1. It must be weak in the clear.
2. It must therapy localize.
3. It must respond to the inspiration phase of respiration.
4. Pinch.
5. Eyes left and right.

Using the above criteria, we many times have had to back down on the sequence which we previously had thought was the correct order to fix a specific problem.

CONCLUSION: The body has specific requirements for the sequence in which findings should be fixed if permanent results are to be obtained. This sequence can be ascertained with the use of the dental splint, which will then show which findings are primary and which findings are secondary or compensatory. The 23 patients used in this particular survey all had plastic dental splints, made in the dental office, which could be progressively decreased in size as the patient continued to improve. The goal being that once everything was holding, the dental splint was no longer necessary.

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Movement-Based Learning For Life

By Paul E. Dennison and Gail E. Dennison, California, U.S.A.

In the thirty-five years since we made the choice to dedicate our work to teaching through movement, we've created the Educational Kinesiology (Edu-K) profession, based on a system of knowledge that recognizes physical skills as integral to the learning process. We've worked with thousands of learners of all ages and abilities, established a language of movement, and developed the self-help Brain Gym[®], Vision Gym[®], Double Doodle Play, and Movement Dynamics programs, as well as a facilitated In-Depth process. We've coauthored more than fifteen books and manuals that have been translated into forty-some languages, and founded Brain Gym[®] International, with affiliates in more than twenty countries on six continents. We are realizing our dream of seeing movement-based learning unfold as a worldwide reality.

What is movement-based learning? Learning is the acquisition of knowledge or skills through experience, practice, or study. Ease of learning further depends on the ability to successfully transfer new learning in one subject area (such as spelling) to another area of interest (such as reading), and even to completely new territory (perhaps story writing). In Edu-K, we use simple physical activities as the primary context for acquiring new experience, as well as the vehicle for transferring new learning. For example, we might use the Thinking Cap from the Brain Gym[®] activities to teach the auditory skill of making spelling distinctions. We might then use the activity again to transfer that skill to listening to language when reading, and then again to listening to one's own thoughts while writing creatively. In other words, movement-based learning uses physical function as a way to bring learners to the present, to experience their senses as they engage, and to create a future for themselves beyond what is yet known.

The educational theorist Jean Piaget described the learner's cognitive structure as beginning with concrete operations, then moving to image-making, and finally to abstractions. For the learner, development of an internal map of the body is the essential key to ease of function. This internal map includes a sense of the proprioception of muscles, an awareness of the relationship of joints to bone, an internal awareness of direction and balance, and an ability to stand aside and notice or observe these functions through kinespheric awareness. The learner is asking, in a pre-cognitive way:

- *Where am I in space?*
- *Where is one thing in relation to another?*
- *What are these different elements of the world around me?*
- *And who am I in the world?*

The answer to these questions is given through movement.

In *A User's Guide to the Brain*, clinical professor of psychiatry at Harvard Medical School John Ratey, M.D., informs his readers that "... the brain's motor function affects so much more than just physical motion. It is crucial to all other brain functions—perception, attention, emotion—and so affects the

highest cognitive processes of memory, thinking, and learning.”

Researchers such as Ratey also equate intelligence with the ability to read new situations, interpret feedback, and modify behavior in response to a fast-changing environment.

The effectiveness of the movement educator, both in the classroom and in private work, is to join with students where they are and support them in connecting with an inspiring or motivating context. When working with students—whether one-to-one or in a group—Brain Gym® Instructor/Consultants perceive learning as the opportunity for creativity, held in the immediacy and spontaneity of a current interaction. The learner’s curiosity about something new has been sparked and he enters a zone of uncertainty that seeks to be resolved as new learning; the teacher always looking for ways to best support that learning. Skilled teachers perceive the brain as dynamic and growing (not fixed or static), and don’t think in terms of limits and labels. Instead, the teacher stokes the fire of curiosity and adventure, involving the learner in creating a teachable moment.

A teacher of movement-based learning asks herself questions like the following:

- *What is the learner excited about?*
- *What will invite the learner to move or make contact?*
- *What will engage the learner in a spirit of interest, curiosity, and even play that is mindful and intentional?*

By noticing his own actions, the learner begins to initiate his own learning and to develop feedback, feed-forward, and self-control. Such experiences result in learning *how* to learn.

Many people understand education as the taking in of information, yet one essential task of the learning process is to create a balance between declarative and procedural knowledge. We access declarative knowledge by use of words . . . by thinking and conversing. Yet it’s the procedural knowledge that gives us the physical maps to carry out our thoughts and purposes. So while motivation provides the zeal to declare a goal or intention, movement gives us a map for applying the intention and following through.

Purposeful movements like the Brain Gym® activities improve balance and coordination. For years, a growing body of research has related vestibular balance to school-readiness. Most recently (in 2005), researchers Stoodley, Fawcett, Nicolson, and Stein found an impaired balancing ability in dyslexic children. The One Leg Stand (Schrager, 2001) has been incorporated into a more extensive test battery to identify children who have, or are at risk of having, ADHD, dyslexia, and other specific learning disabilities. Balance beams and balance boards are being widely used by special education teachers to develop balance abilities, for the ability to keep one’s balance is known to be highly correlated with brain integration and reading-readiness. Kinesiologist and biomechanist Katy Bowman emphasizes that, to the extent that balance is lacking, the brain, visual system, and vestibular system have to work harder to compensate. In Edu-K we find that the integrity of the moving physical structure provides a context for the cognitive function necessary for focal attention and new learning.

Moving activates the brain. Dr. John Medina, director of the Brain Center for Applied Learning Research at Seattle Pacific University, says in his book *Brain Rules: 12 Principles for Surviving and Thriving at Work, Home, and School*, “Exercise boosts brain power. Humans adapted during evolution

by constantly moving (both to get food and to avoid predators).” Medina further asserts that people think better in motion.

Movement educators understand learning as a process of using activity, focus, play, and practice to make things ever more real, certain, familiar, and functional. They guide children in moving through a learning cycle that begins with an experience of openness to novelty (a goal). The next step is, through imagination, to perform a new function with the intention to master it. The teacher assists the learner in making a match between his goal and a previously learned skill (or familiar context) from which to move. The cycle is completed as the new skill is coded through words and language until it becomes familiar and easy to recall. Finally, celebration of the learning provides a successful context for ever further growth. At any given moment, the teacher can lead the learner to a happy medium between exploring on his own and connecting with the group; both essential elements to the learning process.

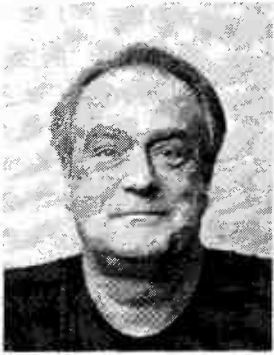
What holds meaning and interest for learners is what will claim their attention. The learner’s entire experience consists of the places to which he directs his attention and the resultant neuropathways created in order for him to physically, mentally, and emotionally convey himself to those places. Ideally, the focuses he selects—as a self-initiating learner—will enhance his world and influence him to feel at ease and connected with others. True education is not about deficit management. Any learning challenge is recognized as the effect of effort still in motion toward a skill that has yet to be fully learned.

About Paul and Gail Dennison:

In 1975, after eight years in Los Angeles as a public school teacher of grades K-6 including six years as a reading specialist, Paul Dennison came to a fork in the path of his educational career. He could now accept a position as a school principal, or he could pursue a calling that seemed even more exciting and fulfilling: that of sharing the academic breakthroughs made possible by the use of purposeful movement.

An exciting part of his journey occurred when he completed the Touch For Health course in 1979. In 1981 he met his future wife and partner, Gail Hargrove, at the Touch For Health Conference. Paul and Gail are the authors of Brain Gym®: Teacher’s Edition; they lecture and teach internationally. This year they launched their Hearts at Play website, bringing the message of movement-based learning to parents and educators worldwide.

For more information see heartsatplay.com or braingym.com.



A 4 Dimensional Energy Balancing Model Based on Sacred Geometry

By Brian Esty

Abstract:

In Chinese Medicine, a two dimensional balancing model is used to assess and locate options for energy balancing. The most ancient of these is the Wheel. However, this model is a translation of energy relationships which infuse at least a four dimensional presence. It seems possible that there may be one, or more models that more accurately represent energy flow than one limited to two dimensions.

Additionally, although energetic relationships in two dimensional models are limited to modeling the flow of energy through meridians, it is widely recognized that energetic relationships in living beings are largely influenced by synchronization and resonance of the characteristics of the individuated meridian energies. (*Vibrational Medicine: Gerber; Energy Medicine: Oschman*) It seems that a model in which these relational dynamics are apparent would have additional utility.

One such model overlays the 12 meridians on a geometric form called the Star Tetrahedron. A Tetrahedron is the most basic object expressed in three dimensional space. The Star Tetrahedron is comprised of two interwoven Tetrahedrons (in this model representing Yin and Yang elemental energies). This geometric form is found represented in many ancient cultures, suggesting that it had deep spiritual significance in the roots of human prehistory.

This paper presents an overview of the overlay of the Chinese Meridians on the Star Tetrahedron. The primary purpose is to introduce the concept, represent the meridian relationships disclosed by this model and how both flow and resonance are apparent. Additionally, the influence of the dimension of time, both in the day and year cycles, will be presented.

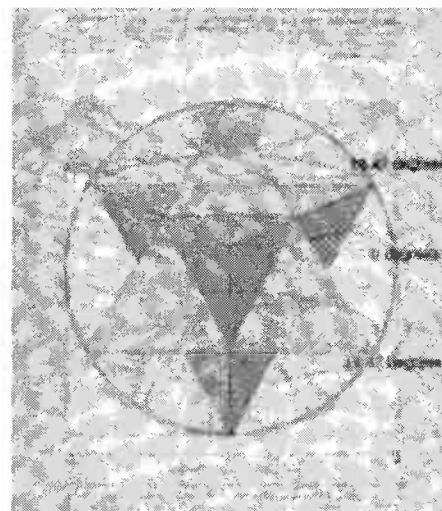
INTRODUCTION:

Seers, in describing how they see the clustering of energetic filaments that assemble into living things, repeatedly turned to graphical models. A model that independently emerged in many different ancient cultures is "The Flower of Life". One example of its use appears in "The Star of David". The Flower of Life is a two dimensional representation of the energetic relationships which Seers see, which is quite likely concurrently present in four, if not five or even more dimensions. The most fundamental three dimensional representation of the Flower of Life is the Star Tetrahedron. One of the greatest minds we know of, Leonardo Da Vinci, invested a good deal of his perceptual capital in exploring both the Flower of Life and the Star Tetrahedron.

An interesting attribute of this three dimensional model of clustering of the energetic attributes of living

things is that it has 12 edges. Using the 24 hour energy flow represented in the 2 dimensional “Wheel” from Traditional Chinese Medicine (TCM), the flow of energy through the 12 meridians can be mapped onto the Star. From this authors experimentation, it appears that there is only one way in which the meridians can be mapped that encompasses the rules of energetic flow as depicted on the Wheel, which is the most ancient Chinese model for mapping energetic flow through the human body. When organized in this way, the star affords a three dimensional perspective of that which is represented two dimensionally on the wheel.

This three dimensional model, while including all of the relationships present in the wheel, offers many more relationships that when viewed from this perspective, have an equal potential for energy balancing. It additionally affords differing perspectives for viewing the energetic dynamics off the 12 meridians from TCM.



This model is perhaps an order of magnitude more complex than the two dimensional model presented in the Chinese “Wheel”. To simplify using the model, I have organized balancing options in relation to a specific meridian of interest. This meridian is listed in the first column of the attached table, while the rows to the right of this meridian contain meridians in specific relationships. These relationships are based on how the meridians are dimensionally related to the meridian of interest. These dimensional relationships as organized in the table in the link here are discussed in the next section.

Introduction to the Model:

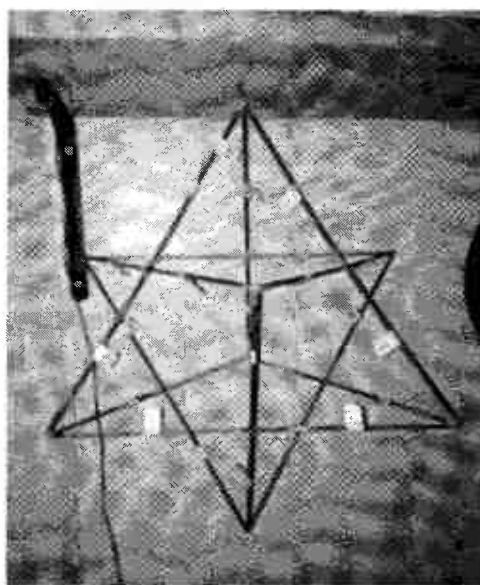
While the Chinese model of energy balancing pays attention to the flow of energy through the meridians, the broader body of energy medicine pays equal or greater attention to the vibrational qualities of energy, its resonance or dissonance in relation to other energy segments. When viewed two dimensionally this quality of synchronization of resonance is not apparent, however, in a three dimensional model, vibrational relationships become more easily distinguished. When viewed in this way, a priority of balancing options emerges. This priority assumes that balancing the resonance of energetic filaments that share a dimension will have a more direct effect than balancing the resonance of energetic filaments that do not. This establishes the order of the columns of meridians. The Acupressure Holding Points (AHP) listed are the points to bring the meridian into resonance with the element of the meridian in the first column.

Details of the Model:

Organizing the Meridians on the Star:

The tetrahedron is the most primitive of the Platonic solids, meaning it is the simplest known geometric form in three dimensions. The Star Tetrahedron is a combination of two tetrahedrons with opposed orientation. In spiritual context, these two solids are usually taken to represent the male and female attributes of energy clusters. The bulk of the male, or yang tetrahedron, is above the horizontal mid line of the star, with the bulk of the female, or yin tetrahedron, below. This principle,

with the added assumption that the upper body meridians should be placed on the star above the placement of the lower body meridians established the meridian placement guidelines. Following these two guidelines and placing meridians on the star in the 24 hour cycle as represented by the Wheel, it seems that there is only one solution for the placement of each meridian. This is a key point, as more than one solution would deeply challenge the utility of the model. Once labeled, a variety of energy relationships can be observed in the star that are obscured in the wheel.



SHARED TRIAD PLANES

These are clusters of three meridians that include the meridian of interest. There are two of these clusters for each meridian. Because these meridians share either Yin or Yang energy, they can be synchronized to the meridian of interest using command points. If you have an energetic imbalance with three meridians, one in the first column and two in one of the next two rows, this would be a priority balancing option.

SHARED DUAL PLANES

These are clusters of two meridians that combine to make the elements. Each plane contains a Yang and Yin meridian; they are balanced using the Luo points. The Star Tetrahedron has six faces (cube) where each element encompasses one of these faces. An imbalance in any of these faces is a priority balancing option.

PAIRED LINE

These are meridians which run parallel to each other. On the wheel, these meridians are represented in the mid-night, mid-day cycle. These meridians are balanced using the command points for the element of the meridian of interest. An imbalance based on this relationship would have a slightly lower priority although these meridians share a dimension, they are physically separated, and will entrain by the quality of waves known as Sympathetic Resonance.

PAIRED TRIAD PLANES

These are clusters of three meridians which have opposing energy to the meridian of interest. Each row has the plane which runs parallel to the triad cluster of the meridian of interest. These meridians are also balanced to the meridian of interest using the command points of the element of that meridian.

PAIRED DUAL PLANES

These are meridians of another element that share a plane with the element plane of the meridian of interest. From the Star model, this meridian appears to have the weakest relationship with the meridian of interest as it's orientation is shifted 90 degrees. These are balanced using Command Points.

CENTRAL AND GOVERNING MERIDIANS

These meridians run vertically through the middle of the model.

OTHER CHARACTERISTICS OF THE MODEL:

24 Hour Cycle (Beaver Dam):

The 24 hours cycle of meridian flow, when examined from the perspective of a static, three dimensional structure, has some interesting characteristics. As living things circle around with the rotation of the planet every 24 hours, at any given time a meridian or pair of meridians faces the sun. This facet of maximum exposure can be considered the time of day of that meridian(s). As the static structure continues to turn with the rotation of the planet, each meridian in the 24 hour cycle has a period of maximum exposure. It would not be so much that meridian energy flows from one meridian to the next, but that each meridian (or meridian pair) would be maximally stimulated and dominate the energetic dynamics at some point in the 24 hour cycle.

This concept suggests a few interesting points. It suggests that the stars of all living things are aligned in the same orientation independently of how those living things move about. It also suggests that the stars of all living things maintain a similar alignment, in relation to their longitude on the planet. When we travel, our star must realign with the local orientation, which is what occurs in the Time of Day Balance.

OVER / UNDER ENERGY

The Star Tetrahedron model for energy balancing affords a slightly different perspective on the Chinese model of balancing excess or deficient Chi. Energetic vibrations of differing frequencies and timing will combine either constructively or destructively. This is commonly referred to as Interference. Using this quality of interacting waveforms, an understanding of which was not available to the ancient Chinese Seers who formulated the acupuncture model, we can view energy balancing as modifying the timing (phase), frequency (pitch) and amplitude (volume) of waveforms (meridians). This is true for clusters of meridians that are dimensionally connected, and those that are dimensionally parallel, through the quality of vibrational synchronization. From this perspective we do not so much move Chi from regions of excess to where it is deficient, to bring more harmonious organization to the energy system.

END NOTE:

At best, this model is a theorem. I continue to experiment with it by using the table as a balancing guideline, often finding interesting relationships and clues as to where proceed in an balance. The relationships correlate quite well with my experience in energy balancing; I rarely find that I have “dead ended” in using it. There are many assumptions in the model, the biggest one being the points for balancing. I would be very interested in any comments and suggestions as to how to further develop the model, particularly information on other acupoints that relate to the meridian clusters described in the table.

A PDF version of this table can be found here: <http://www.brianesty.com/pdfs/Star.pdf>

Star Tetrahedron Relationships

Meridian of Focus	Shared Triad Planes	Shared Dual Plane - Luo	Paired Line	Paired Triad Planes (Opposing Energy)	Paired Dual Plane
Stomach (St) (36)	Bl (40) / S I (8) G B (34) / L I (11)	Sp (St. 40)	C X (7)	Lu (9) / Lv (3) H 7() / K (3)	T W (10)
Spleen (Sp) (3)	K (3) / Lv (3) H (7) / Lu (9)	St. (Sp 4)	T W (10)	S I (8) / L I (11) G B (34) / Bl (40)	C X (7)
Heart (H) (8)	K (2) / C X (8) Sp (2) / Lu (10)	S I (H 5)	G B (38)	Bl (60) / T W (6) L I (5) / St (41)	Liver (2)
Small Intestine (S I) (5)	T W (6) / L I (5) Bl (60) / St (41)	H (SI 7)	Liver (2)	CX (8) / Sp (2) Lu (10) / K (2)	G B (38)
Bladder (Bl) (66)	T W (2) / G B (43) S I (2) / St (44)	K (Bl. 58)	Lung (5)	Sp (9) / H (3) Lv (8) / C X (3)	L I (2)
Kidney (K) (10)	C X (3) / H (3) Lv (8) / Sp (9)	Bl (K 4)	L I (2)	St (44) / G B (43) S I (2) / T W (2)	Lung (5)
Circulation Sex (C X) (8)	Lv (2) / Lu (10) H (8) / K (2)	T W (CX 6)	St (41)	S I (5) / Bl (60) G B (38) / L I (5)	Sp (2)
Triple Warmer (T W) (6)	L I (5) / S I (5) G B (38) / Bl (60)	C X (TW 5)	Sp (2)	K (2) / Lv (2) H (8) / Lu (10)	St (41)
Gall Bladder (G B) (41)	L I (3) / St (43) Bl (65) / T W (3)	Lv (GB 37)	Heart (9)	C X (9) / K (1) Sp (1) / Lu (11)	S I (3)
Liver (Lv) (1)	Lung (11) / C X (9) Sp (1) / K (1)	G B (Lv. 5)	S I (3)	T W (3) / L I (3) Bl 65 / St 43	Heart (9)
Lung (Lu) (8)	C X (5) / Lv (4) Sp (5) / H (4)	LI (Lu. 7)	Bl (67)	T W (1) / G B (44) S I (1) / St (45)	K (7)
Large Intestine (L I) (1)	S I (1) / T W (1) St (45) / G B (44)	Lu (LI 5)	K (7)	Lv (4) / Sp (5) C X (5) / H (4)	Bl (67)



Injury Recall Technique: A Comprehensive Approach to Balancing the History of Pain & Injury

By Adam Lehman, En.K.

Introduction

You've all experienced it. Sometimes it's brief and gone, other times it lingers and lasts for an uncomfortably long time on a daily basis. Sometimes you know what's causing it, other times perhaps not. It's unpleasant, disrupts your ability to function both physically and mentally, alters your mood (thereby affecting your relationships with others, as well as, your own happiness) and forces you to do things differently than you otherwise might – sometimes due to the thing itself, sometimes as a strategy of avoidance due to the fear of it.

What is this life altering “it?”

P A I N

Pain is so pervasive that it is one of the major considerations in identifying one's overall state of health and wellbeing. “If only I wasn't in pain...” Absence of pain certainly makes a difference!

But here's something you may not have considered – just because you're not in pain and the injuries and experiences you've had that caused pain in the past have healed, it doesn't mean that they are no longer having an effect on your body! In fact, your old pains and injuries may be causing problems on a broad systemic level that you would never consider to be related, especially, if you think you've healed from past issues.

Let's have a look at how pain works neurologically.

Nociception

Nociception is the neurological processing of stimuli that is then translated consciously and subconsciously as pain and discomfort. The signal is generated by nociceptors – nerve receptors with free endings that detect a variety of stimuli and then travel along the peripheral and central nervous systems to your brain, where it is interpreted subjectively as pain.

There are 3 main types of stimuli that activate nociceptors – mechanical (pressure), thermal (hot/cold) and chemical (usually stimulated internally, such as by histamines and involving inflammation). The highest concentration of them is near the surface of the skin, with free nerve endings available to interpret the huge amount of outside stimulus we experience on an on-going basis. But they also exist in the tissue linings of our organs, linings of our joints and other similar internal surface structures. As is typical of the nervous system, they have to reach a certain threshold in order to fire and send their signal along to the central nervous system (CNS) to get to the brain so that we actually “experience” them.

The type of pain you experience can actually help determine what the causal stimulus is. The words people use to describe their pain often are metaphorical, offering clues to the cause. For example, when someone says they are experiencing “stabbing, pounding or grabbing” pain, then mechanical nociceptors are likely being activated. This usually includes vascular aspects, with throbbing, dilating blood vessels stimulating the receptor nerves along their walls, sending along their above threshold signals.

Chemical pain is often described as “hot, searing, burning” pain. This lets you know there’s inflammation involved, pinching nerves due to a chemical response by the body, such as a histamine allergy response or toxic buildup such as lactic acid from muscle fatigue. This often requires outside agents, such as Essential Fatty Acids (EFAs – Omega 3 and 6 fats) to stimulate the body’s own anti-inflammatory response and tone down the pain. This might take a little longer than relieving mechanical pain, where you can often release the pressure of the mechanical stimulus that is causing the throbbing more easily.

When someone’s in pain, you can learn a lot right off the bat by asking them if it’s a throbbing pain, or does it burn?

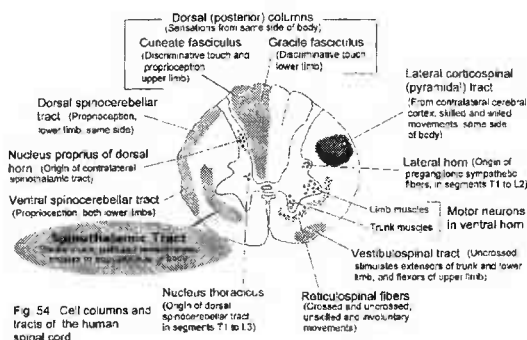
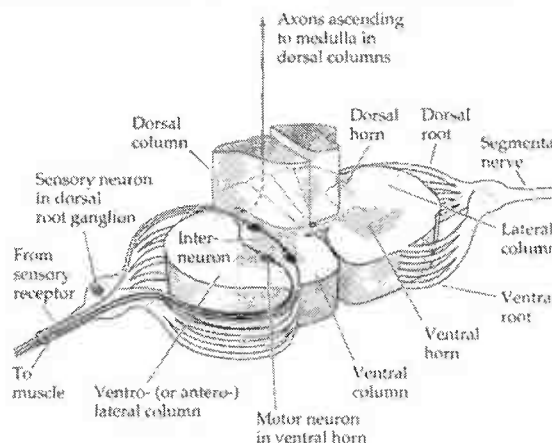


Fig. 54 Cell columns and tracts of the human spinal cord

The Brain Trip

Once nociceptors fire, they head to the CNS via the dorsal root ganglion. Generally speaking, once in the CNS, they go straight up a level or two, cross over and continue the journey along the anterolateral system, along the spinoreticular/spinothalamic tracts, through higher up reticular formations and to the thalamus – the signal-routing junction of the brain. Once in the thalamus, the signal is sent out to 4 main areas (see graphic on next page as well please):

1. **Somatosensory cortex, or viscerosensory** if the stimuli are from an organ, found in the parietal cortex. The signal is routed to the specific part of this area of the brain that relates to the location of where the pain originated (leg, arm, etc.). This is where you experience the location and quality of the pain.
2. **Temporal cortex.** This happens when the pain goes on longer or is intense enough, and begins to imprint short term and eventually, (if really intense) long term, memory of the stimuli.
3. **Limbic Area.** This is where we “experience” the pain – in our emotional brain. Need I say more?
4. **Hypothalamus.** This is where things get interesting! The hypothalamus is our master gland involved in so many regulatory mechanisms in the body, ranging from temperature control and heart rate to hormonal responses, digestion and more.



So you can see that pain has the ability to create far-reaching effects on physical, emotional and biochemical functions of the body, including downstream

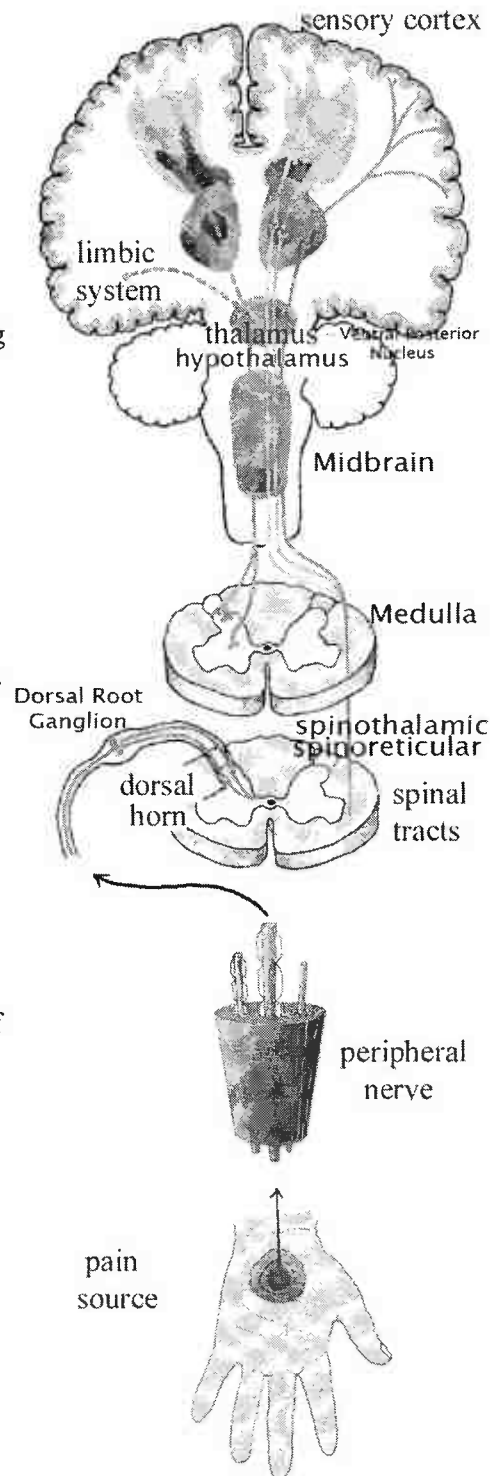
effects on your immune system, thyroid and adrenal function, breathing, heart function, muscular function, digestion...you get the idea!

But Wait, There's More!

There are secondary effects of the above neurological trip that are important to consider, not the least of which involves the cerebellum. For example, pain often causes us to alter how we move physically, especially when due to actual physical injury. But even slight pains, including visceral and other internal stimuli, can cause subtle shifts. This alters muscle balance (as Touch for Healters, we know a little something about that!), which leads to compensation/adaptation. This compensation results in "uneven" firing of neurons to the cerebellum, affecting laterality in the body. For instance, if the range of motion (ROM) of a particular movement on one side of the body is restricted, the cerebellum on that side will not receive the same stimulation as the other side. This is actually a big deal, beyond just the restricted movement itself.

Due to this imbalance in laterality, the nerves associated with the restricted side fire less. This means that the signal going to the cerebellum is compromised and the areas of the cerebellum that are normally accustomed to receiving that signal now suffer from a lack of "frequency of firing." In the same way that a muscle atrophies when not stimulated, so it goes with nerves, as well. Nerves accustomed to receiving certain signals from the musculature that no longer do so, begin to atrophy and can eventually die. This means that one side of the cerebellum is getting stimulated more than the other. As the cerebellum is associated with proprioception and balance in the body – knowing where the body is in space and adapting accordingly – this can have a profound effect on these systems. An example of this is the Romberg Test – the ability to maintain balance while standing on one foot and then with eyes closed.

But the output of the cerebellum goes beyond just returning signal back to muscles and structure in the body – it also sends important output to lower brain structures that have much to do with the autonomic systems of the body, such as heart rate, vision and digestion. If the signal on one side is less than on the other, the output to the body's systems from that diminished side of the cerebellum is in turn diminished and may have deleterious effects further on down the road. By correcting this imbalance, a person might experience changes in areas of function they would never have suspected were being compromised by injury and pain in other areas of their body.



What Of It?

So you think you've healed. The pain is gone. You're walking/talking/gesturing/functioning normally again, without pain. It's all good, right?

Hmmmmmm....

Unfortunately, it's not always the case. Some of the neurological pathways described above don't necessarily turn off just because the stimulus has gone away. Cortical loops created by compensation/adaptation might still exist. The hypothalamus may still be getting aberrant signals from the thalamus. Even though "I'm not in pain," you wonder why you can't turn your head quite as far to the left as to the right. Why is that? (Keep in mind our discussion of what that also means to the cerebellum!).

At least you're no longer in pain. So you go along thinking you're OK. Later, when you start noticing that "my feet are always cold", or "I'm getting more colds than I used to", "my menstrual cycle seems to have shifted", "I just don't seem to have as much energy as I used to", or "my memory/cognitive abilities seem to be slipping these days", it never occurs that this may be due to the injuries and resultant pain, experienced in your life, even though the **experience** of that pain is long gone. After all, the injuries have "healed!" So what's going on? What can we do about it?

I'm glad you asked!

The Wonderful World of Kinesiology

Think about what we do in Touch for Health. Muscle balancing! The name itself invokes visions of the cerebellum!

Thinking about our above discussion, consider how many times you've tested muscles and found different results on each side of the body. Have you ever checked the range of motion of the same muscle on each side, for instance, the latissimus dorsi's and found them to be significantly different?

Think about the Ear Technique. What do we do? We have the person turn their head to one side and check an indicator muscle, then the other. How often have you noticed the difference between the two sides. After performing the ear rubbing correction, have you noticed that the ROM (Range of Motion) often evens out? Not to mention the change in pain often experienced by the person in simply turning their head after the correction.

Unfortunately, we also notice that after we make a correction, the next time we see someone, the imbalance has returned. So we keep at it.

Another technique we use in Touch for Health is the spindle cell technique. Usually we use it to identify if a muscle is over-energy, checking if it will unlock when it otherwise appears to be locked. This is a critical part of the Reactive Muscle technique that we all know and love. But we can also do the same thing with an **unlocking** muscle to see if it will respond. As many of you know, I am an advanced instructor of Applied Physiology (AP). In AP, we are always checking muscles using spindle cells to determine their neurological state, whether the muscle is locked or unlocked to begin with.

This process of checking muscles with using the spindle cell mechanism is also known as autogenic stimulation. It has direct pathways to the cerebellum. Aha!

An injury causes pain. That pain sends signals to the hypothalamus, where autonomic responses attempt to reduce the pain, but also may affect other systems in the body. Our limbic system is affected and we make emotional choices that might change how we go about doing things. We adapt to the pain by altering our motor skills; the adaptation affects the proprioceptive aspects of our muscles, which feeds

back to the cerebellum and alters laterality. This affects the signals generated by the cerebellum that go to other autonomic centers and affect important body functions. And on from there. Oy! Keep this in mind as we delve further into our topic.

Introduction, Part Deux

The worlds of Touch for Health and Applied Physiology both grew from techniques and understandings born in Applied Kinesiology. AK began as the research of George Goodheart, D.C., who first made the connection between muscles and organs/glands in the body and grew his research from there based on that concept. He surrounded himself with a group of like-minded chiropractors that assisted in the research process. This continued to grow the concepts of using muscle testing as a means of identifying imbalances in the body, and then using a variety of challenge techniques to see how the body responded.

As with many modalities in the healing arts, modalities borrow from each other and become integrated. For example, once Goodheart made the connection between muscles and organs, he then used Chapman's neurolymphatic reflexes and Bennett's neurovascular reflexes to "prove" the connection and to achieve therapeutic results.

The technique presented here has a similar history; in line with how Touch for Health became "Applied Kinesiology for the lay person," it offers a simple yet powerful means of helping those in need that can be performed by anyone.

Injury Recall Technique (IRT)

Injury Recall Technique was developed by podiatrist, Robert Crotty, D.P.M. and his colleague Gordon Bronston, D.P.M. It is based on what patterns they observed resulting from a history of injury, trauma and pain. Bronston referred to the "history of injury and trauma (as) the single most important aspect of a client's history."

Crotty & Bronston referred to these patterns as a Muscle Chain Response. The original work charted the patterns such that when a patient explained about a particular injury, Crotty & Bronston could push on different spots of the body and know where the client would experience pain/discomfort. Then, after performing their technique, the previously tender spots would no longer be sensitive.

IRT made its way into Applied Kinesiology as a result of Dr. Walter Schmitt, D.C., who went to Dr. Bronston as a result of a foot injury. Having had extensive work done on his foot with minimal response prior to seeing Bronston, Schmitt came away so impressed by his own experience of the results of such a simple technique, that he brought it into the AK spectrum, adding his own twist to a portion of the process. The technique is currently featured in Dr. Schmitt's version of the AK repertoire called ***Quintessential Applications – What To Do First, Next and Last***. IRT is what is done first, hands down, for everyone. Dr. Schmitt says that if he had only one technique that he could perform in his office, it would be Injury Recall Technique. As some of you may remember, the technique was presented at the Touch for Health conference several years ago by Sheldon Deal, D.C.

Consider what happens when an injury occurs. The nociceptive pathways stimulate a quick muscle response through the spinal cord – the withdrawal reflex. This also stimulates a sympathetic (fight or flight) response in the body. As certain muscles contract, others extend, the spine flexes (think of a cat when it becomes scared) and we are in a survival response pattern. The contraction pattern pulls our heels up – jamming the talus bone into the mortise joint – and extends the cervical spine, all as part of

the sympathetic response. They become associated with the pain and injury at the time it happens. (Interesting side note about the talus – it has no muscle attachments. It has some ligaments – which connect bone to bone – but no musculo-tendonous attachments. It forms the mortise joint of the ankle by articulating with the tibia and fibula, whose lateral “bulges” are the malleoli of the ankle.)

While the event of an injury passes, the body heals and pain dissipates, the memory of the sympathetic response can remain locked in via this pattern, along with the cortical loops and such discussed above. If you re-stimulate the area of injury, even years later, what happens to your indicator muscle? It unlocks! Not only that, it will often not respond to autogenic stimulation – the spindle cells. This becomes the indicator that the injury pattern still exists and the cerebellum is involved. Since any muscle in the body can be used as an indicator muscle, expressing the same spindle cell lack of response, this demonstrates the systemic nature of the imbalance, not just a problem in the local area.

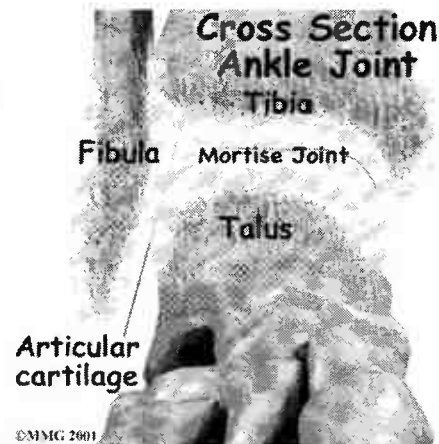
Dr. Schmitt’s concept of the need for IRT is that if any muscle in the body, in the clear, is unlocked and does not respond to spindle cell manipulation (known in Applied Physiology as an under-facilitated muscle), then it indicates that an IRT injury pattern is present in the body, disrupting the normal autogenic functioning of the proprioceptive system of the spindle cell mechanism – and probably other systems, as well, given the relationship of the cerebellum to many other functions. This is indicative of the systemic nature and long term effects of injury in the body beyond simply the local area of the initial injury. **Based on the neurological principles discussed above, Schmitt claims that due to the cerebellar and cortical neurology related to why this happens and what changes as a result of doing IRT, other AK (and TFH) techniques such as Reactive Muscles and Strain/Counterstrain now become obsolete due to their spindle cell/autogenic stimulation relationships and the patterns being corrected by IRT.**

This is a pretty profound statement! The implications are astounding and far-reaching. Many of you know the power of the Reactive Muscle technique and how it can relieve pain and restore function. But you have to search it out. Imagine if doing IRT for a person’s injury history made the need for Reactive Muscles unnecessary and the profound changes that would result in short order!

This alone suggests why Dr. Schmitt values IRT so highly and insists that it be the first thing done in his Quintessential Applications protocol. If you do other balancing while these patterns still exist, there is a greater likelihood of the patterns returning or the body finding another way to express them. With all that is eliminated by doing this simple technique, you more quickly eradicate problems that you might otherwise spend more time on, and efficiently get to deeper problems that exist and need attention. As Dr. Schmitt likes to say, “If you don’t do IRT first, you’re painting over rust.”

Conclusion

When I first learned about IRT many years ago, it seemed “too simple” for all the corrections it was being used for. I was skeptical. I played with it, but without a true understanding of why it worked, and how best to use it, I never fully embraced it. Now, with a much deeper understanding of the principles behind it and how best to apply them, I’ve adopted IRT as a first session protocol in my practice. Due to the vastly different system of Applied Physiology and its principles, I am seeing many new applications



for the use of IRT during the course of an AP session. Remarkable results are happening in much shorter time frames.

By using this technique to clear a person's injury history prior to proceeding with other balancing, many of a person's initial complaints clear quickly and root problems identified and addressed more efficiently. Reduction of pain, even pain that has existed for long periods of time, increased range of motion, balance of laterality, equilibrium and balance are commonly affected – sometimes amazingly so. Other organ and gland functions also improve. Yes, even emotional states can dramatically clear and cognitive issues improve!

It is my hope that with this more in depth understanding of the profound reach in the body of clearing a person's history of trauma, injury and pain, you will use Injury Recall Technique as a first line balancing mechanism. You may notice that you now cut to the core with your Touch for Health and other Energy Kinesiology processes, and achieve some impressive results before you even begin with them!

What follows is the procedure for using Injury Recall Technique to identify and balance a person's injury history in the body, as is recommended for a first session. Sometimes it can pop up along the way; at other times using the "hidden" IRT pattern check and correction – any time you find a muscle that is unlocked and will not respond to the spindle cells. As you use this technique in this manner and learn more about how and why it works, as well as, the results your clients experience, you too may find other applications for this incredibly simple yet profound tool.

If you have any stories to tell about your Injury Recall Technique results, please email them to me and I will forward them on to Dr. Schmitt. If you have any questions about the process, feel free to be in contact with me by email or phone (contact info below).

Thanks for your kind attention, and have fun using IRT!

IRT Procedure

1. Take a complete history of a person's injuries and traumas. This includes surgeries, broken bones, head trauma, impact trauma, sprains and strains, dental work, etc. Sometimes even the smallest of dings can set up an IRT pattern. Leave no stone unturned!
2. Pretests. Do a variety of range of motion (ROM) checks with your client: bend over to touch toes, side bend to see how far to each side a person reaches (and if it's symmetrical), head rotations, etc. Perform the Romberg Test – have client stand on one foot with eyes open, then close eyes, and note how long they can stand before losing balance. As well, determine if there are any painful areas in the body and identify the level of pain.
3. Monitor several TFH muscles (AP position 1). Choose from the upper and lower body: PMC, PMS, Latissimus Dorsi, Quads, Gluteus Medius and Tensor Fascia Lata are good candidates. If the client has any specific complaints, include muscles that might be related. This can be muscles where pain or restricted movement exists or muscles related to organs/glands/systems that have "issues".
4. If any of the muscles monitored unlock, spread the spindle cells to see if they respond. If the muscle does not lock when stimulated to do so, IRT is indicated.
5. Using one of the muscles that was determined to be UF (Under Facilitated) in step 3, have the client T/L (touch) an injury area and re-monitor the muscle. If the muscle now locks, there is an IRT pattern for that injury. Repeat this process for all the injured areas.

- a. You may need to wait for a second between tests to make sure the muscle resets to its UF state.
 - b. Sometimes a further stimulation of the area may be necessary when a client can't reach a particular area. The practitioner may then stimulate the area by rubbing or activating the origin/insertions of the involved muscle (not the IM, but the muscle involved in the injury) or simply the area over the injury itself.
 - c. Assess all injuries before making an IRT correction. Sometimes even one correction might affect the muscles you found to be unlocked and leave you with no indicator muscle to check with anymore!
6. Perform IRT for each of the injury areas that indicated in Step 5. There is a different method for injuries that occurred above the shoulders (this is the "twist" developed by Dr. Schmitt) and those that occurred from the shoulders down.
- a. IRT for head and neck injuries: Gently (but quickly) flex the atlanto-occipital joint (the connection between the uppermost cervical vertebra and the skull). Cradle the client's head as they continue to T/L the injury area and perform the motion of moving the head forward and down in a nodding motion, with the flexion centered around this C1/Occiput joint.
 - b. IRT for shoulders and below injuries: Gently (but quickly) open the mortise joint of the foot. The amount of actual movement is quite small. Put your thumb into the cavity at the anterior portion of the top of the foot and ankle joint (acupressure point St 41) and wrap your fingers around to the bottom of the foot. Dorsiflex the foot (pushing toes up and heel down) to open the space between the talus bone and the tibia (the mortise joint). Always perform the technique on the same side as the side of the injury. If a midline injury, then you may perform it on both feet.
7. Re-check the muscles from Step 2. If any are still UF (unlocking and not responding to spindle manipulation), there are still injury areas that have not been addressed. Pursue other possibilities that the client may have forgotten and repeat the procedure for those injured areas. It is possible that a muscle might still unlock, but if it responds to spindle cell manipulation, then it no longer indicates an IRT pattern (but still may need something else).
- a. It's possible that correcting even one injury might result in the muscles from Step 2 correcting. However, this doesn't necessarily mean there aren't any other injuries. It may result in a temporary scenario with the return of UF muscles in the clear in a future session – in which case you would have to repeat the process for other injuries. That is why it is important to assess all known injuries prior to making any corrections.
 - b. It is possible to have a "Hidden" IRT pattern, such that no UF response happens in the clear even though one might exist. To challenge for a hidden IRT pattern, do the following:
 - i. For suspected/hidden IRT patterns above the shoulders, have the client T/L (touch) the area. While maintaining that touch, ask the client to extend the neck by bending the head backwards (opposite to the correction movement). Check a clear IM. If it unlocks, it confirms the hidden IRT pattern. Correct as above in 6A, continuing to maintain contact as you do so.
 - ii. For suspected/hidden IRT patterns from the shoulder down, have client T/L the area. Gently but quickly compress ("jam") the mortis joint by pushing the heel up into the mortis joint (opposite to the correction movement). Check a clear IM. If it unlocks, it confirms the hidden IRT pattern. Correct as above in 6B while maintaining contact to the injury area.

8. Upon completion of all IRT balancing, have client perform all the pre-tests from Step 2. Note any differences, including increased ROM, evenness of laterality that didn't exist before, ability to do better with the Romberg Test, and reduction of pain.

References

I'd like to thank Dr. Wally Schmitt, D.C. and Dr. Kerry McCord, D. C., for their permission and trust in allowing me to present this work at the 2013 Touch for Health Conference. They have recently completed three webinars a month for over a year supporting the Quintessential Applications training course. There are a few free webinars available on YouTube; the others are available for purchase/subscription. If you wish to learn more about IRT and related techniques, I highly recommend you purchase the 1st set of webinars relating to Sessions 1-3 of the QA protocol, which includes IRT and other related techniques. These can be purchased for \$99, which includes a total of 10 one-hour long webinars. You may purchase these online at <http://quintessentialapplications.com/qawebinars.html>

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Adam Lehman is the US and International Advanced Instructor and Instructor Trainer of Applied Physiology.

He is also a Touch for Health Instructor and teaches and/or practices many modalities of Energy Kinesiology, including N.O.T., TBM (Total Body Modification), One Brain, PKP (Professional Kinesiology Practitioner), Transformational Kinesiology, LEAP, etc. He is currently studying Quintessential Applications with Drs. Schmitt and McCord. Adam is the director of the Institute of BioEnergetic Arts & Sciences in Sonoma, California, where he maintains his practice and teaches workshops, as well as traveling around the US and internationally to do the same. You can visit Adam's website at www.kinesiohealth.com or the website of his non-profit Energy Kinesiology Awareness Council www.healthybodyenergy.com, dedicated to increasing awareness of the benefits of Energy Kinesiology.

He can be reached via phone at 1-707-328-2838 or via email: adam@kinesiohealth.com.



Aroma Kinesiology: Balance Energy in Seconds

By Dr. Yoshio Homma (USA/Japan)

The simplest way of balancing energy

Aromatherapy is a form of alternative medicine that uses volatile plant materials, known as essential oils. Aroma works for relaxation, massage therapy, and meditation. Many of TFH practitioners already know Aromatherapy; some are using aromas for balancing body energy or muscles effectively. Today, I would like to introduce not a traditional classic Aroma, but Health Support Kinesiology (HSK)'s Kinesiology-Aromas, which are correspondently made for 14 meridians.

Based on the theory of Chinese medicine, Kinesiology-Aromas are especially blended for Kinesiology by Yukari Hoshi, Japanese Kinesiologist and acupuncturist. These aromas correspond to each major meridian and five elements including its emotion, muscle, and physiological function. By using these Aromas, you will see the direct connections of each aroma, meridian and muscle only within 0.2 second. Furthermore, we keep reconditioning these aromas uncompromisingly in order to produce the highest potential in clinical treatments, which can resolve deep trauma and strengthen muscles, energy flows, and feeling of relaxation.

I would like to introduce the simplest kinesiology with the Kinesiology-Aroma, called Café-kinesi. You will see the simplest sessions with Café-kinesi and learn to do kinesiology to balance anyone at any restaurant before foods or drinks are served. You can experience the simplest, fastest, and most effective Kinesiology therapy.

What is Aroma?

Aroma essential oils have been employed as medicines. The concept of aromatherapy was first mooted by a small number of European scientists and doctors 1907. In 1937, the word first appeared in print in a French book on the subject: *Aromathérapie: Les Huiles Essentielles, Hormones Végétales* by René-Maurice Gattefossé, a chemist. An English version was published in 1993. A French surgeon, Jean

Valnet, pioneered the medicinal uses of essential oils, which he used as antiseptics in the treatment of wounded soldiers during World War II.

Aromatherapy consists of two basic mechanisms. One is the influence of aroma on the brain, especially the limbic system through the olfactory system. The other is the direct pharmacological effects of the essential oils. Aromatherapy helps the body to find a natural way to cure itself and improve immune response.

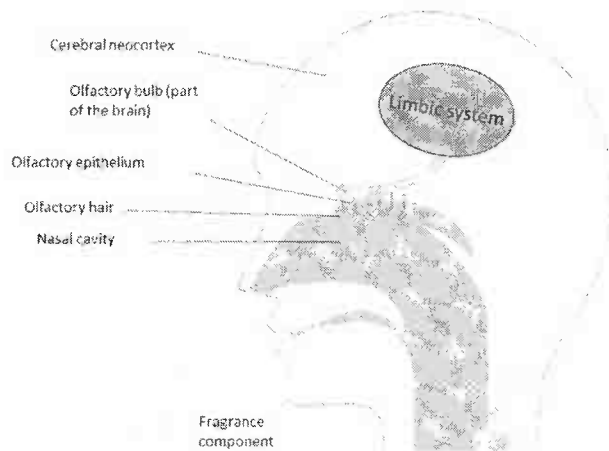
How Aroma Works for Balancing Body Energy?

A smell can bring on a flood of memories and influence people's moods because the sensory system of smell, the olfactory bulb, is part of the limbic system.

The limbic system is located near the middle of the brain linked

within the central nervous system. Among the limbic system, olfactory bulb has intimate access to the amygdala which processes emotion and the hippocampus which is responsible for associative learning

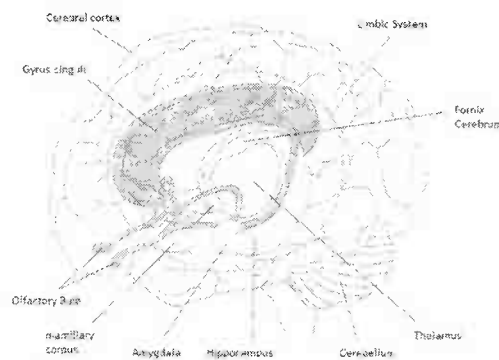
The mechanics of your sense of smell



From the Aroma Therapy text book by Fumio Wada

and memory. Therefore, some distant memories can only be recalled by smell, and this fact call attention to the importance of aroma for balancing body energy.

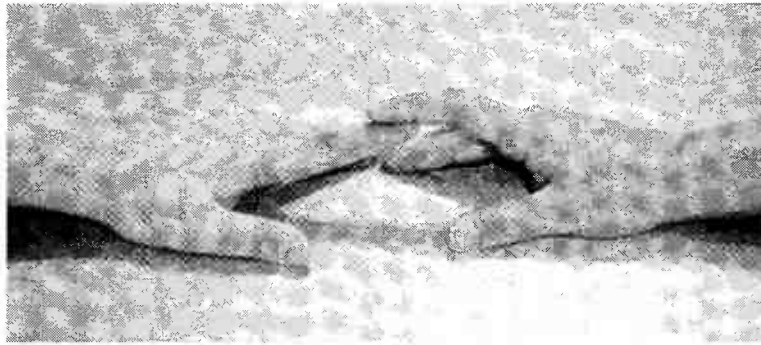
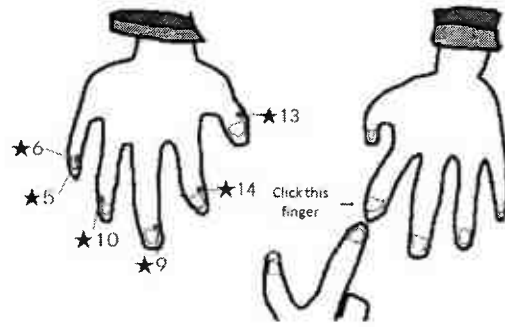
Parts of the brain that relate to the sense of smell



From the Aroma Therapy text book by Fumio Wada

“Our sense of smell is 10,000 times more sensitive than any other of our senses. Other senses like touch and taste must travel through the body via neurons and the spinal cord before reaching the brain

whereas the olfactory response is immediate, extending directly to the brain. This is the only place where our central nervous system is directly exposed to the environment.” (Von Have, Serene Aromatherapy).



The person who does the
Café Kinesi (Practitioner) :

Pushes down the Client's finger,
as if clicking a computer mouse.

Yoshio Homma, D.C.

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Ethics of Touch for Health

He who talks about ethics cares about the well-being of others.

TFH is an accompanying method that helps anyone facing an issue, a new challenge, a problem of choice...or simply to anyone wanting to take care of their health. Therefore TFH grants the opportunity to help people, to accompany them in the respect of their beliefs, their history and their choices.

But what does HELP really mean?

Flying to the rescue of a person and giving advice of any kind will never be an effective aid. The role of the practitioner is not to act as a friend, a saviour, as a doctor or a guru.

So what is his right place?

TFH is a technique centered on the person. The practitioner is present, available and above all listens to his client. Allowing people to talk about themselves but also respecting their silences, we offer a safe space leading to the setting up of the session.

In TFH the relationship between the practitioner and the client is a partnership, an exchange. The kinesiologist should not play a role. His authenticity is much more valuable to allow people to be themselves and express their difficulties and doubts.

The purpose of TFH is to help people to move forward in their life. Therefore we will help to set a goal to go in this direction. But helping people to identify their own goal and accompany them without any judgement is not always easy. That means putting aside our own beliefs and not trying to lead them to a goal that we would deem more satisfying for them.

That makes TFH a method of self-responsibility.

TFH includes by definition the notion of touch. Therefore, it is important to present to the person our way of working. Touch expresses the energy of the heart. Many things can be felt through touch. We must have a lot of delicacy in this area. Touch can be an attack for some people.

In TFH the person must be at the center of our concerns. For that it is essential for us to do personal work to break free from our own sufferings and difficulties. Our ability to evolve will also allow people we help to do the same. Carl Rogers said: "the ability to create relationships which facilitate the growth of the other as an independent person is to the extent of the development that I have reached".

John Thie offered us an extraordinary technique but who we are will always be more important than how we do things.

Why did he get so many results with so simple a technique? Just because everything was in the man he was.

These few lines are just a brief summary of "ethics in kinesiology" that I share with my students in a 3-day course.

Corinne LUC, TFH Instructor, France



Looking Back and Looking to the Future

TFH 40th Annual Meeting

Dr. Bruce A J Dewe MD, NZRK, MICAK, MATMS

Dean ICPKP, Life Member AIK (Aust), Life Member KPAB, Life Member TFH USA

Written from his notes by Joan R Dewe MA, NZRK

Thank you Carrie and Matthew for your invitation to speak at this very special celebration of my colleague Dr. John F Thie DC, where we are celebrating the longevity and legacy of John's vision in making available to clients the power to take control of their ongoing well-being. And greetings to all of you present for the part you have played and will continue to play to extend that vision in the future.

Looking Back

When my wife Joan and I came with our family to the States 36 years ago with the intention of my undertaking a training program for Christian doctors in family counselling, little did I anticipate that an encounter with Dr Thie would change the direction of my life.

Joan had been referred to an AK chiropractor for her scoliosis and acute back spasm. Being a sceptical medical doctor I watched carefully as he did AK on her and drew the pressure points on her so we could continue activating them as followup. I was amazed at the immediate results and was easily persuaded to buy a copy of John's Touch For Health book.

Being an anatomist, I was put off by the over-simplification of some of the muscle attachment drawings, nor could I follow the process from the book. However, I could not deny the profound results that Joan was continuing to experience.

Eventually I went to see Dr Thie present at a National Health Federation conference and found myself the following weekend in a TFH class for nurses - all 250 of them! I chose to do 14 muscle balances every day on our friends and during my ITW some months later I taught 30 people each night, which paid for the training.

In 1978 I took TFH back to NZ, into my medical practice, where I trained a nurse to work full-time balancing the tunnellers with back pain. By request I started teaching TFH in other towns. Because students wanted more, and there was no prospect of Dr Thie and Gordon Stokes coming to NZ, I started teaching the remainder of the muscles and techniques, at that time only taught in the ITW, as TFH Intermediate and TFH Advanced classes.

In 1981 when John came to Australia to teach ITWs he persuaded me to take the AK training there. So, for the next year I flew from NZ to Australia, one weekend a month to attend the

AK classes, graduating as Member of the ICAK but was not allowed to become a Diplomate, because I refused to stop teaching AK (TFH kinesiology) to the lay public. Some of the Australian chiropractors were very unhappy to have an MD actively teaching in their midst and the following year my local status was changed to Associate Member.

Shortly after this Dr Thie appointed me to the TFH Faculty and during my annual trips to the USA for the July Conference Dr Thie and I developed a strong friendship and professional relationship as I observed him working in his clinic and shared findings from my own clinical experience.

Over the following years I taught over 100 ITWs in Australia, New Zealand (and the USA) and encouraged the locals to form associations and hold annual conferences.

Research

As always, keen students wanted to learn more, so after an ITW I would teach a couple of days of extra skills. These were not just based on adaptations of AK training but also on my own personal research. Having only the thirty six (then later, 42) muscles in TFH frustrated me. As an anatomist, I needed more muscles to work with. In my practice I researched over 140 more muscles (like Goodheart) using where available Kendall & Kendall's muscle tests and found the related meridians and correction points. New techniques emerged and many of these came from my students. Some of these people have gone on to produce their own Kinesiology systems. I developed the Sound Balance to provide an answer not contained in the TFH book. It worked brilliantly and still today helps hundreds of people.

Emotions

The PKP™ Emotions Chart came from my love of psychiatry and psychology and the belief that what we are thinking and feeling at moments of decision, crisis, or despair are locked into the subconscious. I later showed that every aspect of human movement, physical, mental or spiritual has an emotional component.

Pondering Beardall's 4 basic finger modes led to the thought that if what he was saying was true, then every technique I knew had to be imprinted both on my brain and my fingers. Over three years later I presented in Bali 1986, the first thirty + mini-modes that eventually became the PKP™ finger-mode system. It was incredible to find years later, in the holy countries (in 1997), large numbers of the finger modes we were using in paintings and icons in the various old churches. Perhaps the most awe-inspiring was the picture of the Virgin Mary with the Christ-child on her lap and the young child was holding the Spiritual Mode. Today there are over 300 mini-modes in the PKP™ system.

During the 80s we hosted many workshops in Bali, Indonesia, which brought together

as a family the Australian and New Zealand TFHers who were interested in research and developing their skillset. These workshops eventually became known as Professional Kinesiology Practice (PKP™)1 - 1V (or at John's insistence, Professional Health Practice (PHP) in the USA), with a strong emphasis on encouraging ongoing research which was then presented and stringently evaluated by the rest of the group.

Goal Balancing

One of my concerns during these early years was why my students doing 14 muscle balances did not seem to get as good a result as I did. From observing a really competent student work, I realised that there were two things that I did routinely with each patient: one was to get them to show me their range of movement before we started (pretests) and then to observe again afterwards; the other was to ask my patient what they wanted to have happen as an outcome of their session. From this awareness I developed Goal balancing and presented that process and also Sound balancing at the next TFH Annual Meeting in San Diego.

In the mid 80s I was appointed head of Faculty and also went onto the TFH Foundation Board of Trustees, and when later John faced the inevitable conclusion to close the school in the USA he entrusted to me personally the TFH synthesis for a 'body about to be formed.' This became the IKC, of which I was one of three trustees for many years.

The Bureaucrats become involved

In 1990, in NZ, there was a government call for regulation and registration of all natural health practitioners and so, to enable our TFH practitioners to comply, we set up an Expert Panel who worked in dialogue with the NZQA (NZ Qualifications Authority) for 7 years before we finally got registration. By this time our training had evolved from weekend courses into a student-centred, systematic training programme, of over 4000 hours with clinical assignments relating to every piece of learning.

NZQA would not allow us to use John's TFH book for our basic training (or even Walther's 'new' AK Synopsis) and so in answer to my dilemma, John had repeated Dr Goodheart's words to him from long before "*If you want it, write it yourself*" and so we complied with the NZ legislation with John's full knowledge and blessing.

It has long been my concern that enthusiastic kinesiologists have insufficient training to be cautious when presenting problems may signal a medical emergency and so I have developed a course for all PKP™ practitioners, called **Red Flags in Kinesiology**, which teaches the things the Medical Profession criticize Complementary and Alternative Medicine practitioners for not knowing or using. It also provides for them a series of flow-charts of symptoms and Q/A which assist them eliminate serious medical events or conversely warns

them to refer the client immediately for medical intervention.

Looking Ahead

I evolved from just doing the physical muscle work to incorporating my psychology, psychiatry training, and interest in spirituality and philosophy into the PKP™ synthesis. What we recognized was the absolute importance of staying away from treating medical diagnoses and in fact not treating or even working on clients. Today we see a PKP™ (Professional Kinesiology Practice) session as a time where together with a client the practitioner looks at movement in the client's life and how that movement, or lack of it, is expressed in their body.

I have taught for over 30 years that ***“behind your eyes and between your ears is a creation machine”***. You are in the process of creating your own future - and it is never too late to make positive change. The truth of this has never been more provable than today when the study of Epigenetics is at last being acknowledged. Twin studies have shown that our genes are responsible for no more than 40% of our future. Lifestyle choices - the things we do, say, think, listen to, play with, work with, and eat - are more important than genes.

Those of us who have chosen to stop our old profession and become a Kinesiology Practitioner are continually being encouraged to research and contribute to this new profession of Energy Kinesiology. However, we need to do more. When one of our PKP™ Faculty, Susan Eardley, wanted to do research on back pain with PKP™ intervention, Professor George Leweth of the University of Southampton CAM Dept made her search all the available kinesiology literature (yes, including AK) and review it. The paper Prof Leweth co-authored with Susan showed just how inadequate our kinesiology literature has been and how almost none of it measured up to stringent, scientific, peer-review standards. The future requires us to have young kinesiologists who will undertake the disciplinary process of doing research in the University environment. The extraordinary commitment of Susan Eardley to seven years of rigorous university research, culminated in a Master in Statistics and a PhD in PKP™ from the Southampton, UK's premier CAM University. Her research paper has just been published in a peer review journal this July 2013. The reference is on www.icpkp.com. She showed in her Single-Blind trial with a group of people with low back pain, that the PKP™ protocol was more effective than acupuncture, osteopathy or medication. We look forward to the day when significant funding is made available for Dr Eardley to engage in further studies, which stand up to rigorous peer review, involving multi-country trials.

Research of this calibre is not needed for all of us. It is for those who want to be recognised as health professionals with Government accredited Certificates, Diplomas, Advanced Diplomas, and Post graduate training over 5 years.

More research is not needed to be a part of John's vision for TFH. What is needed now is ACTION. Since I met Dr. John Thie it has been my personal aim to empower people to take responsibility for their own health care and well-being and to encourage them to help others to learn to do the same. Dr. John Thie used 14 (or 16) muscle balances more than anything else or any fancy techniques when I watched him work.

John wanted every client to become a student, to learn the 14 muscle routine and to use it every day. Those of you who call yourselves TFHers have a huge responsibility to keep alive and active John's Vision of every family being able to experience Touch for Health. Do not allow yourselves or each other to become side-tracked into needing to add to the programme. It has happened too much already.

The power in TFH 1 was and is in its simplicity and an abiding faith in the laws of acupuncture that the body will use the energy shifts you activate for the body's highest good. Dr. John Thie did not write TFH as the introduction to a professional training course as so many people are using it for today. It was never meant to train professionals. John wrote TFH (very professionally) for lay-people. I believe the job of TFHers in the future is to see TFH 1 is taught to as many lay-people as possible. The need is greater today than it was in 1976 when I took TFH 1.

While I have the vision of there being a professional kinesiologist in every community I still rejoice that strangers I meet around the world either know about TFH kinesiology, attend a kinesiologist or even have a family member training to be a kinesiologist. Medicine and Big Pharma do not promote "high-level, energy, vitality and wellness". They create dependency on a system that is flawed where one in 4 people are on psychotropic medication and people of my age are dependent on 4 - 5 medications with side-effects and inter-actions that create more or even worse problems. If you as TFHers do your job of spreading the word of a daily TFH 1 balance for every member of the family, you can change this.

You do this part and I will continue to work to build Professional Kinesiology Practitioners who have a recognized level of training that commands respect.

Our PKP™ motto states my purpose and my future which is to assist people to ***Learn, Grow and Embrace Life [to the fullest]***.

Thank you to my friend and colleague, John F Thie DC. You gave me a new purpose; you invited me to be part of your vision; and then you encouraged me to move in the direction I felt led to pursue.

Blessings to you all,

Dr Bruce A J Dewe MD, Dean, ICPKP