IN TOUCH FOR HEALTH

NEW FACULTY MEMBER!



BRIAN BUTLER, ENGLAND.

JULY

1981

IN TOUCH FOR HEALTH Touch For Health Foundation Publisher

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The purpose of the Newsletter is to disseminate information on research plans, methodology, and results of self-development programs in health-care, both mental and physical. Further, the Newsletter is a forum to provide members with up-to-date information on programs, seminars, activities and training tips.

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CONTENTS

Volume 6

Number 7

July, 1981

PAGE

- Director's Column Dan Hayward Dan introduces new instrutor Trainer, Brian Butler
- PRESIDENT'S COLUMN Dr. John F. Thie John reminisces about the development of TOUCH FOR HEALTH
- THE NEURO-LYMPHATIC REFLEX SYSTEM Richard Harnack
- REPORTS FROM THE FIELD
 An integrated Procedure for balancing Neuro-Vascular Holding Points by Jennifer Garrett
- 7. KNOW YOUR MUSCLES GORDON STOKES This month's muscle is Gluteus Medius
- 8. KNOW YOUR MERIDIANS Richard Harnack This month's meridian is Spleen.
- EXTRA!
 Bordon Smith responds to an article in Aprils' issue by David Isaacs.

CORRECTION! - opps!

- 10. TEACHING TFH: TRAINING TIPS Dr. Mary Marks Tips on Neuro-Lymphatic. Massage points.
- 12. TH Enterprises Grace Baldridge

Dan Hayward

DIRECTOR

It's a real pleasure to welcome Brian Butler of England as our newest Faculty Instructor. Brian's involvement with TOUCH FOR HEALTH goes back to 1973 when he saw a demonstration. TFH stayed in mind and when a job change became imminent, Brian decided to make the break, and in 1976 he took his Instructor Training with Gordon Stokes and Kelly Ginthner in Toledo, Ohio.

Full of the fervor of the new convert, Brian returned to England where, by making TFH his full-time career, he has made a difference in the cool English climate towards holistic healing that existed five years ago. Brian teaches classes, seminars and gives individual instruction in health enhancement. He has taught over 2,000 students in basic workshops and another 200 in advanced classes. Brian has also distributed over a quarter-million pieces of promotional material -- much of which he has printed on his own printing press.

Not content to stay in the United Kingdom, Brian has taught in some of the main hospitals in Denmark and has trained over 100 physiotherapists in TOUCH FOR HEALTH. He has also ventured to Sweden where the groups he has taught include osteopaths, chiropractors, naturopaths, and acupuncturists.

Brian's background was much varied before he chose the health field -he worked on farms, with radar (in the RAF), in sales -- but gained most
of his business experience working for a church college where he performed
all functions, including -- computer work, office management, lecturing,
stage design, counselling and some ministerial duties.

Brian is married to Shirley whom he met in church, and they have two daughters, Louise, 20, and Claire, 16.

Brian lives and breathes TOUCH FOR HEALTH. His enthusiasm is something to behold. We know that wherever Brian goes, he will leave a trail of well trained and enthusiastic TFH'ers. We are more than pleased to gain his strength on our Faculty



1

Dr. JOHN F. THIE

PRESIDENT

REFLECTIONS OVER THE DEVELOPMENT OF TOUCH FOR HEALTH.

I am writing this in anticipation of the 6th Annual Meeting of the Foundation. This is our largest meeting with more people and more speakers than ever before. Our organization is, as always, in process.

Touch for Health started with a feeling that what I was doing with patients could be safely done by family members to each other and be effective and health promoting. I felt that the model of a doctor that I wanted to fill was one of a teacher as well as a healer. I set some goals for this idea and these are well on their way to being possible. I want to share with you some of the intermediate goals that I had set and share with you my joy of having them met. The first thing I set was to get a book published and to give the ideas of teaching what was in the book a two year trial period to see if that was the direction that I was really meant to go. When the book got off the press several decisions to go forward were already made, one was to keep the ideas as free as possible in the way that they could be disseminated. That the teaching of teachers of Touch for Health was to be the main goal so that the maximum number of persons could learn the information. A decision was made to get as many instructors as possible together each year for an annual meeting was made at the end of that first two year trial period. What should be included in Touch for Health was decided by the people that attended that first annual meeting. It took four years to get all the ideas and a couple more put them into the current Touch for Health book. But the decisions about what should be included stood the test of time.

The decision that TFH should be an international organization was easy as people from Canada were early members of the certified teachers group. We now have people representing over twenty countries, who have taken the Instructor Training. We recently appointed our third faculty member who resides outside the U.S. and is authorized to give ITW under the auspicious of the Foundation.

The decision that TFH instructors should be independent and that no funds from their classes would be demanded was a good one in that the basic TFH classes are now being given in many public and private schools that would not otherwise be able to give an actual TFH course. Our decisions that if the course is called TFH it should be just what is in the TFH book has made the curriculum guides easy to be approved by different schools and jurisdictions.

Some of the decisions that gave economic freedom to the independent TFH instructors has not resulted in full economic freedom for the Foundation. Although our budgets have grown year after year we seem to always have more ideas to implement than we have funds to get done. We seem to often have more important tasks that we want to do than we are physically able to accomplish. We, however are not in debt and continue to function. We are manifesting more and more abundance and solicite your prayers and assistance physically and monetarily to accomplish the goal of sharing the methods as widely as possible.

The information I receive about the good each of you are doing in sharing makes it all seem very worthwhile. Those full and part time workers at the Foundation need your letters of encouragement telling what good has been accomplished through your TFH efforts, they need your articles for our newsletter, they need your financial support, they need your membership fees, they need your lists of people who have become eligible to take the ITW and more than anything else they need your love. I want to thank the staff and all of you for allowing my vision to become a reality.

Thank you,

THE NEURO-LYMPHATIC REFLEX SYSTEM

BY Richard Harnack

I would like to acknowledge at the outset Mary Marks, D. C. for her patiently accepting mumerous phone calls from me while I worked out some aspect or another of this article.

The intent of this article is to provide <u>basic</u> information on the neuro-lymphatic system -- its physiology and history. Some of the theories presented remain theories at this point in our knowledge. I have attempted to put forth the most plausible explanations available at this time.

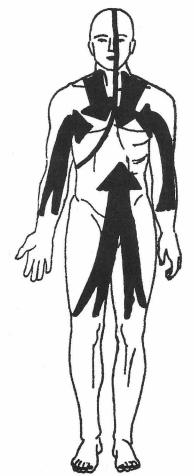
HISTORY

Frank Chapman, D.O., first mapped out the <u>neuro-lymphatic reflex</u> points in the early part of this century. His work was further expanded by Charles Owens, D.O. and H. R. Small and published as the now classic <u>An Endocrine Interpretation of Chapman's Reflexes</u> (cf. bibliography at the end of this article for references). Chapman and Owens related these reflexes to disturbances in the endrocrine system, this has been modified by George Goodheart, D. C., with his first correlations of these reflexes to specific muscles in 1965. These initial correlations were further expanded by Goodheart and others leading to the development of Applied Kinesiology and TOUCH FOR HEALTH.

THE LYMPHATIC SYSTEM

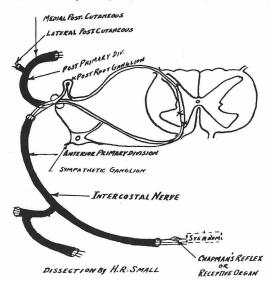
System. It is comprised of lymph vessels, nodes and capillaries. It has a system of valves which allow the lymph fluid to flow in one direction. The primary function of the lymph system is to remove "protein and large particulate matter from the tissue spaces" this is "an absolutely essential function without which we would die within about 24 hours." (cf. Guyton, Textbook of Medical Physiology, p. 397, 5th ed.) There is a "pumping action" which is accomplished by the contraction of the lymph vessels, muscular activity, arterial pulsation, and compression of the tissue by pressure from outside the body. The lymph fluid flows in one direction towards the heart. The fluid from the lower extremities flows up the thoracic duct to the junction of the left internal jugular and subclavian veins and the fluid from the left side of the head, left arm and flows down into the left internal jugular and subclavian veins. The lymph fluid from the right side of the head, right arm and upper chest flows down into the right lymph duct and empties into the right subclavian and internal jugular veins. The lymph flow is fairly slow and this is necessary in that this system processes and breaks down large bits of matter which cannot be passed directly into the blood system. Being fairly slow it sometimes "clogs up" thus affecting areas of our body. This shows up as tenderness in the neuro-lymphatic reflexes.

The lymphatic system is part of the overall circulatory



THE NEURO-LYMPHATIC REFLEXES

Chapman's reflexes, or more commonly know as <u>neuro-lymphatic reflexes</u> (NL's), while related to the flow of the lymph, are <u>not</u> the lymphatic vessels or nodes as described above. The NL's are reflex points or "switches" which effect changes in the lymph flow. These changes are brought about, to the best of our knowledge, via the sympathetic and spinal nerves..H.R. Small's dissection report in <u>An Endocrine Interpretation of Chapman's Reflexes</u> states, "Stimulation of these receptor organs (NL's) will cause the...vessels draining these tissues to increase or decrease, permitting the lymph flow to be increased or diminished, thus affecting the drainage of the entire lymph system in this area." (cf. Chapman, PP. 1 - 2)



This diagram is taken from p.l of ...Chapman's Reflexes.

In general, the stimulation of the neuro-lymphatic reflexes helps the body to "turn on" the mechanisms which aid lymph flow. A simple image is to think of the NL's a "switches" which turn up or down the lymph flow. Thus it becomes easier to understand why a weak muscle will respond so quickly to stimulation of the NL's--it is not the flow of the lymph which brings about the change, rather it is the stimulation of a specific communication system which activates a whole series of impulses which "unblock" (remove the static) and allow the body to communicate more effectively with itself. The specific result in TOUCH FOR HEALTH of this improved communication is the strengthening of "weak" muscles. In reviewing the NL chart, on p. 23 of the TOUCH FOR HEALTH book, you will notice some NL's are specific to only one muscle, while others suffice for several muscles. At this point we do not know why this is. This is the general theory behind why the NL's work the way they do, however, we do not know for certain yet this is exactly what happens.

USING THE NEURO-LYMPHATICS

In TOUCH FOR HEALTH we use the NL's as our first method of strengthening muscles. Dr. Thie recommends this simply because we live in a fairly polluted environment, and since one of the functions of the lymph system is to break down "particulate matter" (smog and other toxins), the system is overworked.

When rubbing/massaging the NL's, remember we are working on reflexes (switches) not the lymph system itself. Thus it is not necessary to "dig for oil" in order to effect a change. Currently in the Instructor Training Workshop the faculty are suggesting a gentle massage of the NL's. This is in accordance with Chapman's own view when he wrote, "Do not use excessive pressure on either anterior of posterior points. You will get results more quickly and less painfully by gentle rather than forceful means." This is important in that if you are working with someone who is extremely tender, it may be best to gently stimulate these points over a period of time to get them to "turn on", rather than "going after" them and risk causing more pain for the person. (NB: when there is a chronic problem with a particular NL, it may be wise to look for other than lymphatic blockage as the cause.)

(While a gentle massage will stimulate these points, a light "feathering" of these points will cause them to "turn off". This is useful to know if you are working with a muscle which is not "getting" its signals. On page 118 of the current TOUCH FOR HEALTH book under "Weakening a Muscle" there is a further description of when you may want to use this technique.)

REVIEW AND SUMMARY

The lymph system helps remove proteins and other matter from the spaces in the tissues reducing the amount of fluid in the tissues. The Neuro-Lymphatic Reflexes via the sympathetic and spinal nerves help stimulate this flow of lymph. Because nerves are involved, the body's general communication system becomes involved also, thus allowing "weak" muscles to become strong. A gentle stimulation of the NL's will bring about immediate changes in the body's ability to communicate with itself, thus "strengthening" muscles.

We do not know <u>all</u> of the reasons behind why the NL's work the way they do. We do know the $\overline{\text{NL's}}$ do work and effect immediate and sometimes dramatic changes in the body, by helping the body re-establish full communication with itself. For further information, please refer to the bibliography listed below. There are other books and articles, but these will give you the basic knowledge and resources for you to explore for yourself.

- Guyton, Arthur C., M.D., <u>Textbook of Medical Physiology</u>, fith edition, 1976, W.B. Saunders Co., pp. 397 - 402.
- *2. Guyton, Arthur C., M.D., Function of the Human Body, fourth edition, 1974, W.B. Saunders CO., pp. 155 164.
- *3. Owens, Charles, D.O., An Endocrine Interpretation of Chapman's Reflexes, 2nd edition, 4th reprinting, 1980, American Academy of Osteopathy, 116p.
- *4. Thie, John F., D.C., <u>Touch For Health</u>, rev. ed., 1979, pp. 22 -23.
- *5. Walther, David S., D.C., Applied Kinesiology, vol. 1, 1981, Systems DC, pp.217 231.

(*Available from THEnterprises.)

REPORTS FROM THE FIELD

AN INTEGRATED PROCEDURE FOR BALANCING NEUROVASCULAR HOLDING POINTS.

by Jennifer Garrett, Thunder Bay, Ontario, Canada

When I started working with TFH techniques for balancing the neurovascular (NV) and emotional stress release (ESR) points, I would wait to feel the pulses even and balance. I began experimenting with using different combinations of NC points and found the procedure particularly useful in relieving headaches. However, I did not like doing it very much because it made my back hurt. One day as I worked, I noticed there was a circular motion of my torso in a clockwise direction. I waited to see what would happen and found that, when the pulses became even, my body tipped from side to side.

Now we have developed the procedure further and use it as an indicator of things that are happening with the energy flow in a person's head and body. Motion seems to be initiated when using a combination of four points rather than the usual single point or paired point contact. The combinations we use as a routine are as follows:

Thumbs

4 diaphragm, lung, brain 4 4 11, 12 ESR 5 bladder 11, 12 ESR (fingers of one hand)

Fingers

11, 12 stomach, liver, brain 8 thyroid & spine

9 pancreas & spleen

10 intestines, reproductive organs

6 sinuses 1 kidney

2 adrenals (fingers of other hand)

We have also found the procedure useful in assessing and balancing the energy in the meridians. Here the person doing the balancing (the balancer) holds the two ends of the meridian, senses the clockwise motion of their torso, and continues to hold the ends until the motion changes to a sideways tipping. The meridians can be balanced in sequential fasion in the order of the clock for a complete balancing similar to the Meridian Massage. Or the procedure can be used to stimulate a single meridian to balance a particular muscle.

The motion experienced by the balancer can very a great deal as to pace, evenness, size of circle, and even the position of the circle with the swing veering to the left or right or being more centrally located. We have been correlating these differences in motion with differences in energy balance among the various NV points and meridians. Others to whom we have shown and explained the procedure have been able to pick up the motion too, indicating that it is an easily transferred skill.

The effect that it has on the person being balanced is very beneficial and quick. There is an obvious result as the body motion of the balancer changes. When the reflex points are balanced, the muscles are strengthened. There is an over-all sense of increased well-being and relaxation. It is as if the effect that we have come to expect from balancing the ESR points has been achieved with the whole body and brain. Often one can pick up and have a positive effect on serious, long-standing problem areas that the person has just accepted as part of their existence and so has not mentioned them.

KNOW YOUR MUSCLES

by Gordon Stokes

GLUTEUS MEDIUS

Gluteus comes from the word gloutos which means buttock. Medius -- middle.

The most important function of this muscle is to furnish lateral stabilization of the pelvis to prevent sagging of the pelvis on the opposite side.

MUSCLE TEST: Test lying face up with the leg straight out to the side. Make sure the hips don't rotate in bringing the leg out. Stabilizing at the opposite ankle, pressure is against the ankle to bring it towards the mid-line.



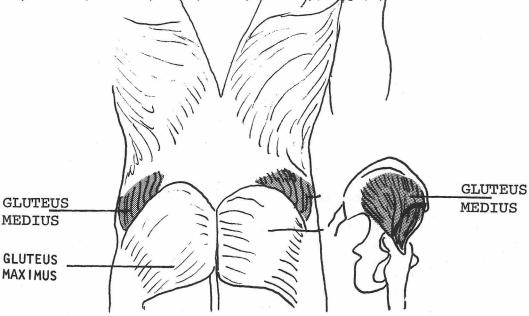
Gluteus Medius Circulation-Sex

TO STRENGTHEN: Use neuro-lymphatic points on the upper edge of the pubic bones. Neuro-vascular point #10 in the TOUCH FOR HEALTH BOOK is the one to use.

MERIDIAN: Circulation-sex

ORIGIN/INSERTION: In a fan shaped fashion from the top of the hip bone (crest of the iluim) and on the outer surface of the ilium is the origin, and from this wide origin the fibers converge to be inserted into the top of the thigh bone (greater trochanter), near the hip.

NUTRITIONAL INFORMATION: Vitamin E - soy and corn oils, wheat germ, peanuts, margarine, mayonnaise, salmon, kale, meat, parsley, eggs, peas.



SIDE VIEW OF PELVIS AND FEMUR

KNOW YOUR MERIDIANS

by

by Richard Harnack

LV-13 -

SP-5

MERIDIAN: SPLEEN (SP)

ELEMENT: EARTH

YIN/YANG: YIN/yang (Worsley lists this as Greater Yin on his 5 Elements Chart)

PULSE: Right hand, second position, deep touch.

ALARM POINT: LV-13 at the tip of the eleventh rib on both sides of the body.

TONIFICATION POINT: SP-2, mid-way between the top and the sole of the foot at the meta-tarsal/phalangeal joint of the big toe.

SF ATION POINT: SP-5, just slightly forward of and below the malleolus in between the tendons.

LUO POINT: SP-4, approximately 2 human inches above SP-2, above and slightly forward of mid-arch.

TIME OF DAY: 9 a.m. - 11 a.m. (peak)

MUSCLES ASSOCIATED: Latissimius dorsi, middle trapezius, lower trapezius, triceps, opponens pollicus longus.

PATHWAY: Begins at the nail root of the big toe nearest the mid-line of the body, continues along the side of the foot following the arch of the foot, curving just under the malleolus and continuing up the inside of the leg along the middle, just above the popliteal fold come slightly forward and follow the line of the sartorius to the inguinal fold in line with the nipple, veer outward slightly at the rib cage, go straight up to the second intercostal space (between ribs 2 & 3), then drop down on the side of the rib cage to the sixth intercostal space where the meridian ends. There are 21 acu-points on the merdian.

FUNCTION: The Spleen meridian's primary function is to control the distribution of the meridian energy throughout the body.

EXCURSUS: In traditional acupuncture theory, the Spleen meridian provides the meridian energy to the other meridians. It helps to connect up the meridian flow from all the other meridians. Since it is of the Earth elements people with imbalances in this meridian may feel "weighed down" (too much) or "not connected" (too little). The emotion associated with the Earth element is sympathy, thus a person with an imbalance may reject or crave sympathy or compassion.

EXTRA!

The following article is in response to an April, 1981 article written by David Isaacs:

After working with Bonnie Prudden's methods of pain erasure for several months now, I find it necessary to respond to Davis Isaacs' article (April, 1981) regarding his experience with pain erasure. True, pain erasure does cause pain, but used correctly, it does decrease tension and pain. I have used it effectively to eliminate headaches, relieve lower back pains, ankle and foot problems, and alleviate sciatic problems. Used in conjunction with Touch For Health, I have found pain erasure to be one of the most effective means of relieving pain available to the lay-person.

Perhaps one of the greatest benefits I have noticed thus far is the simplicity of the pain erasure technique. It is very easy for anyone to understand and use on themselves, provided they receive the necessary instruction.

I would strongly urge anyone interested in using pain erasure to attend a workshop offered by Bonnie Prudden. Information on these workshops can be obtained by writing to the address found in the Pain Erasure book.

Sincerely,

Borden Smith 424 E. Main # 8 Ft. Wayne, In. 46802

CORRECTION!

TABLE:

BRAZILIAN TOE MASSAGE

In the May issue of this newsletter, the table of positions for the Brazilian Toe Massage contained an error in the bottom line. The table should read like this:

FEET	YOUR HANDS	
Toe#	Thumb and Finger#	
3	T 3	
4	T 4 ·	
5	T 5	
2	T 2	
1	T 2 and 3*	

^{*} Hold each side of base of nail.

TEACHING TFH: TRAINING TIPS

BY MARY MARKS, D.C.

[The comments on this page are those of the editor based on conversations with and observation of the people presenting these two "Teaching Tips." Any errors or misinterpretations which crept in are solely the editors' responsibility. Aleta & Richard.]

The teaching tips and story on these two pages emphasize the element of play in the learning process.

Dr. Marks'neuro-lymphatic sheet can be copied and passed out to your class when you are teaching the NL's for the fourteen muscles. The words on the sheet are meant to be chanted in much the same manner children make up songs and chants. The 'Psoas, Peroneus' can be said in the old 'Nyah, Nyah,' of your childhood. 'Gluteus medius, Peroneus' is to be whispered while covering the pubic bone with your hand. The conclusion with fascia lata is accompanied with rubbing the NL's and emphasizing the 'MMM'. Make up your own way of doing this and play!

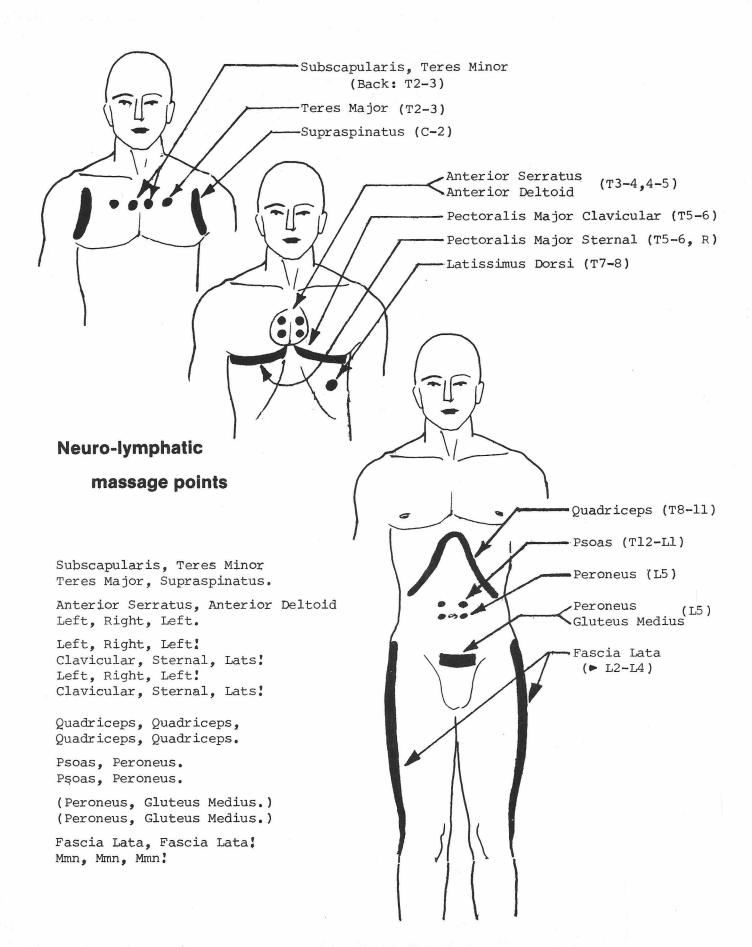
The story on this page was told/demonstrated at the June Del Mar workshop by our youngest instructor -- Nathan Young of Portland, Oregon. Again the main element is play and enjoying the "learning process". Deborah Young and Mike Hays also contributed to the development of the story.

THE FISH STORY

Once upon a time there was a man who had an upset stomach. The nearest place to get sick was the fish bowl (*S), as he leaned over the bowl (*S) he saw a spleen fish inside (*SP) who said, "Have a heart -- go someplace else," (*H). Then the fish decided to climb (*SI) out of the tank which was no $\underline{\text{small test}}$ (*SI). When the fish stood up he said (*B),"Not $\underline{\text{blad}}$, I have flipper feet (*B)." The man could not believe his eyes. "You must be kidney (*K) -- let's step out (*K) and (*CX) step into circulation" (*CX).

The fish started to warm up to the man and gave him (*TW) three big hugs (*TW). "You've got your (*GB) gall (*GB)", said the man, pushing him down. "Be a liver," said the fish (*LV). Then the fish realized his (*LU) lungs were starting to hurt (*LU), and he climbed back into the fish tank which was the (*LI) largest test of all (*LI)

Go through the motions of the mucle test and say the meridian name while telling the story.





THE STEEP SES

Doggoo



BELLING THE CAT by Gordon Stokes and Brent Howell. \$7.75 paperbound. This is an innovative approach in creative facilitating group and individual processes. An excellent book, co-authored by Gordon the Touch for Health Training Director. BTC simplifies the complexities of problem solving, staff meetings, revolving conflicts and more.

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also participate in the annual meeting and

Foundation sponsored conferences. They may

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participating mem-

addition to the newsletter,

weekly TFH Club meetings.

PROFESSIONAL MEMBER: Annual dues \$60.

Professional members who are not Instructors receive the monthly newsletter, reduced rates at Foundation conferences, professional discount rates on selected publications through THEnterprises, a TFH pin and a subscription to the journal (as published). Professional members are listed in the directory (as published) and receive professional referrals from the Foundation.

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