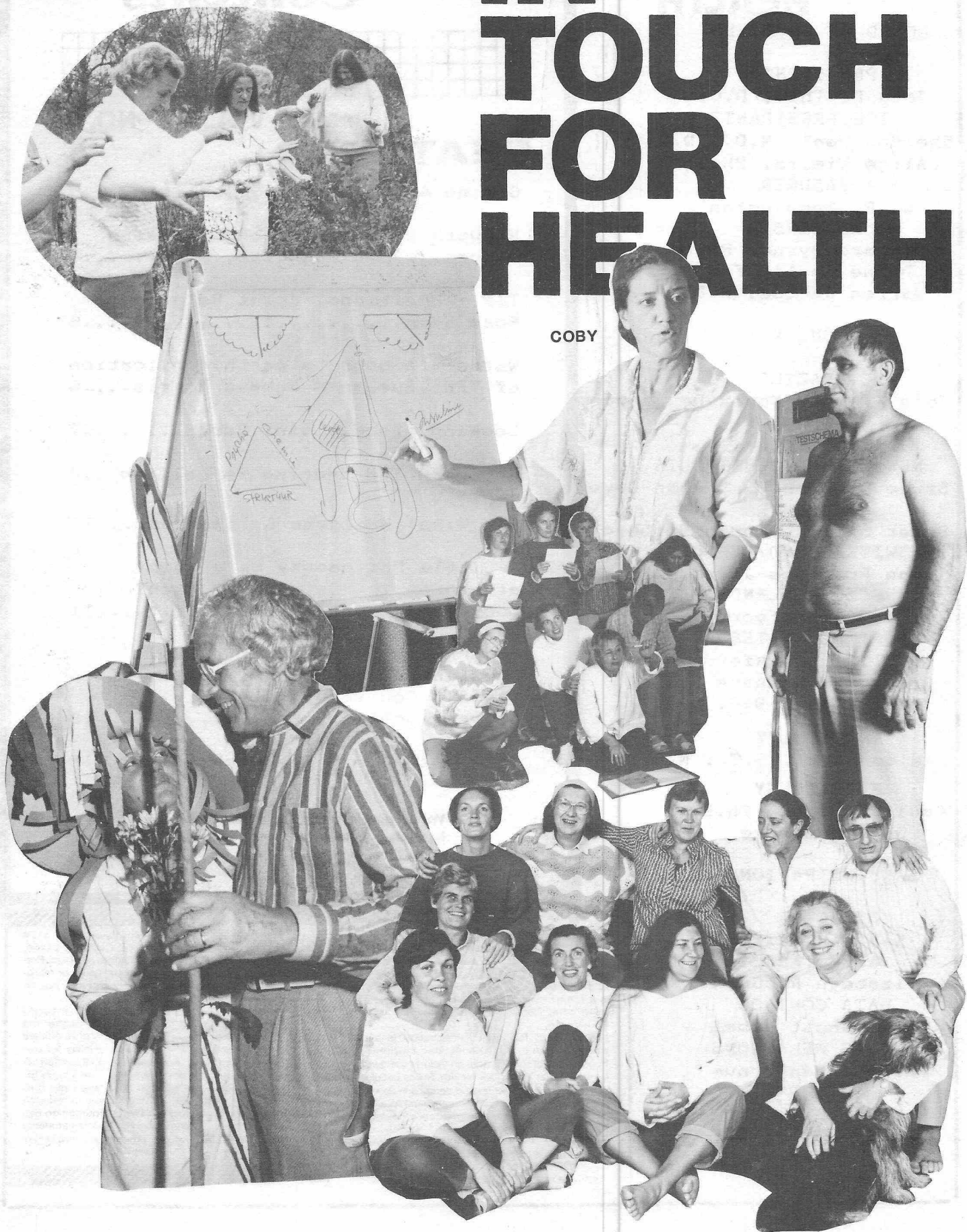


TRAINER Coby Schasfoort
leads TFH in Holland

AUGUST 1985

IN TOUCH FOR HEALTH

COBY



IN TOUCH FOR HEALTH

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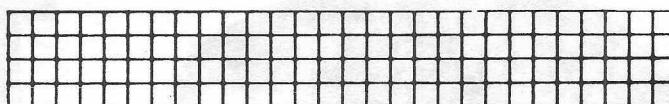
Kim A. Vieira

1986 ANNUAL MEETING

CHAIRMAN

Gini Burns

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**We constantly change the world, even
by our inaction. Therefore, let us
change it responsibly.**

Benjamin Franklin

The purpose of the Touch for Health Publication is to disseminate information on research, methodology, results and teaching of self-development programs in health enhancement, both mental and physical. Further, the newsletter is a forum to provide up-to-date information on programs, seminars and activities of the Foundation.

The Touch for Health Foundation is a tax-exempt, non-profit educational corporation. Publications of the Foundation include the quarterly newspaper Touch for Health Times circulated to members and all interested persons in Jan, Apr, June and Nov. Foundation membership also includes subscription to the member's newsletter In Touch for Health published in Feb, Mar, May, Aug, Sept and Oct. In July, the annual Touch for Health Journal of comprehensive research papers, training information and applications. December, members receive the Annual Membership Directory.

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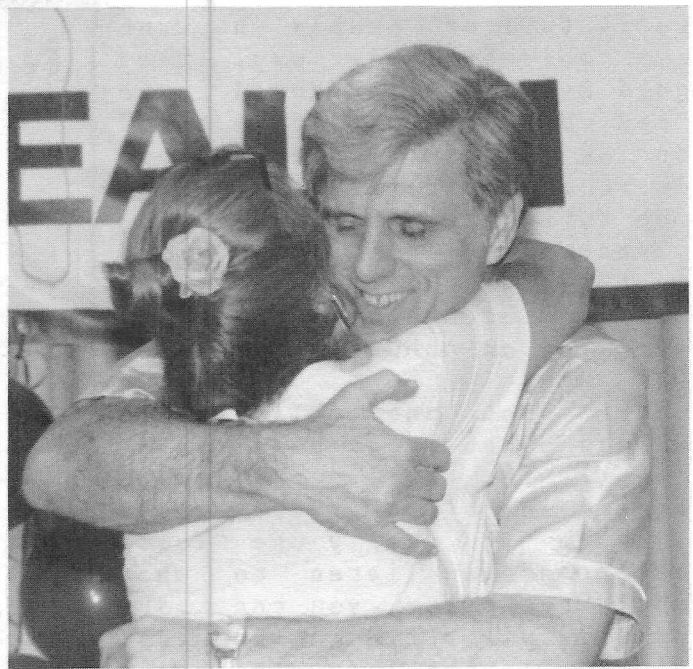
GIVING & RECEIVING

John Thie, D.C.

During nearly 30 years of practice I have always attempted to find the most effective ways of serving my patients and staff. I have developed many different formats of practice, each one built on previous experience accumulated through the use and study of other methods. This desire to be better prepared led me to learn about Applied Kinesiology (AK) from George Goodheart, D.C. From the time I first met him I have used AK and went on to develop the Touch for Health techniques and manual which Certified Instructors, and health professionals have shared in practice and health education worldwide. I am rewarded by offering self-care techniques that work for people. My motivation for TFH was not for fame or profit. When peoples' health improves, I am rewarded. I know that what we have done has helped them and we have been of service. It's exciting to see the healing of our patients, at our clinic whatever their complaints. As evident by some of the lectures at this past July's Annual Meeting, I would like this spirit of giving continued to be spread. Please share and give everyone the best of your knowledge. Be your best and be well prepared for your patients, clients and students. The more you give then the more you shall receive in return.

Some health professionals have been critical of me sharing "knowledge from the doctors kitchen". My response has always been that there are plenty of sick people to go around and those who are tired of needless suffering will finally find their true course to wellness. The rewards will follow if you share and give your best.

There is a story that I had put in my chiropractic patients newsletter BACKTALK about a religious



DR. JOHN THIE HUGGING AND APPRECIATING JOY LINDSEY, 1985'S CHAIRMAN

man who wanted things his way. During a flood he was sitting on the roof of his house with the water nearing the rooftop when a neighbor in a boat offered to row him to safety. "No, thanks," said the man, "I have faith in the Lord. He'll take care of me."

When the water reached the roof's edge and the man retreated to the peak of his roof. A speedboat approached and the driver yelled, "I'll take you to shore," But the man again replied, "No, thanks. I have faith in the Lord. He'll take care of me."

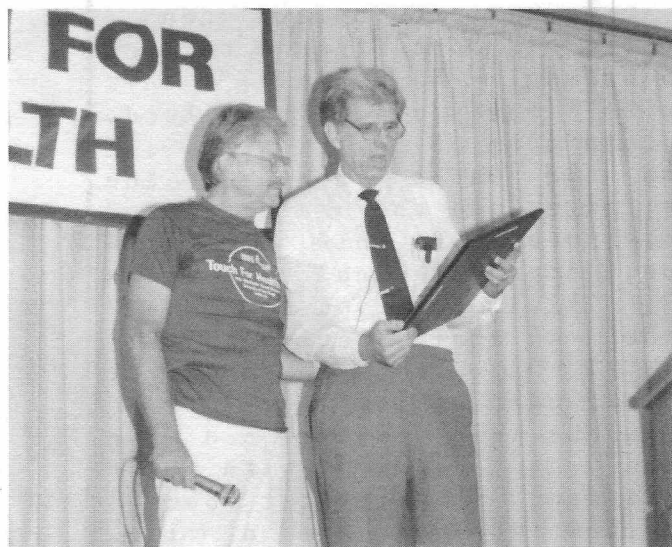
The water kept rising and when the man was standing with water over his feet, a helicopter hovered above and dropped him a line. "Grab on," the pilot urged, but once again the man declined, explaining that the Lord would take care of him.

Finally, upon entering heaven, he approached God and asked, "Why am I here? I thought you would take care of me. I witnessed that truth to all who offered to help." God answered, "What did you want me to do? I sent you a rowboat, a speedboat and a helicopter!"

SEE GIVING & RECEIVING PAGE 4

Life is full of people who want problems solved their way. They disregard messages that could save them and enable to fulfill their mission on earth. People are not even aware of their refusals. When it comes to health, are you letting your "rescuers" pass you by? And "rescuers" are you giving your Touch for Health best? Are you refreshed by an Annual Meeting or an ITW?

I urge each one of you to acknowledge what your body tells you. Be aware that a problem in one area can affect your whole being. Once you really use Touch for Health and can listen to what the muscle tests say, you can take responsibility for finding answers. I hope you will continue to teach, to share to your full ability so that others can take advantage of the gift of knowledge that will ease pains and help humanity.



WE HONOR OUR OWN.
Past trainer Gordon Stokes
was presented with a
special tribute and plaque

Network of International Nursing Issues

JUDY PAGNOTTA, R.N.

It is truly delightful to realize that people out there are reading the NINI News. I have received letters from several of you and am very appreciative of your response.

The same questions seem to surface in one form or another, mainly - how do we approach nurses? - How do we talk to them? - How do they use TFH in their private and professional lives? - And where does TFH stand in nursing education? I'll answer the last question first. In the United States TFH is not included in formal nursing education. Dr. Mary Jo Bulbrook has done some research on nursing education and TFH in New Foundland and could give more information about that. (Mary Jo Bulbrook has submitted a paper to the Foundation and it will be released in the newsletter in sections). I think there is more involvement between TFH and nursing education in Europe. Coby Schasfoort, from Holland has also submitted a paper on nursing in this issue of IN TFH. Anyway, the only way nurses can learn about TFH in America is through us - TFH Instructors.

In regard to the rest of the questions, we have already mentioned tips on how to use TFH in the hospital or with patients and clients in previous issues of the newsletter, so dig out those back issues of IN TOUCH FOR HEALTH. Along this line, I heard from a registered nurse in Richmond Hill, Ontario, who became dissatisfied with medicine as it is practiced in the western world, and opened her own Center for Wellness. She uses her skills as a "natural health counselor, iridologist, reflexologist, and TFHer. She is doing a lot of work with food testing and nutritional counseling as well as teaching. In fact, she is looking

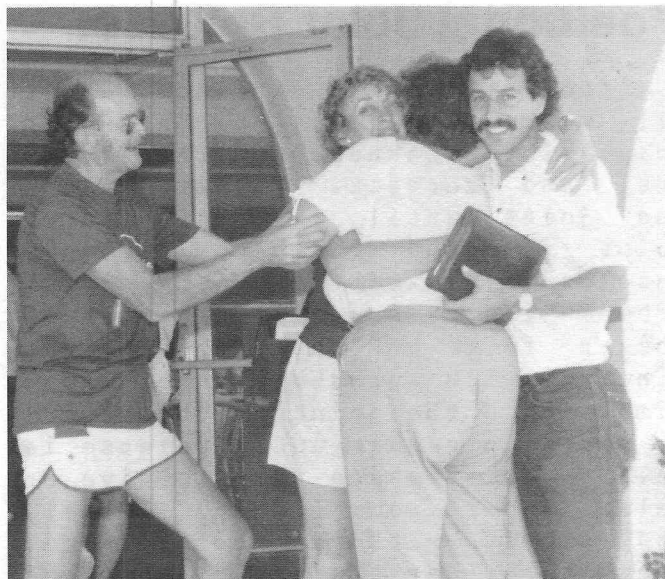
SEE NINI PAGE 5

NINI CONTINUED

for a nurse with RFH experience to work in her clinic. Anyone interested? Contact Sandra-Jeanne Chadwick, RN, NHC, at 231 Lucas St., Richmond Hill, Ontario L4C 4P9, Canada. Sorry, I have no telephone number.

Many nurses are looking for alternatives to the traditional health care, but they want these alternatives to work. They are interested in seeing results - something concrete, not pie-in-the sky, so one of the best ways of communicating with them is to show documentation of what TFH does for people. For example, I have worked with several people who are hypertensive, and a basic 14 muscle balance is reducing high blood pressure in these people. One of my goals is to set up a small descriptive study of the relationship between TFH balancing and hypertension. This is one kind of documentation that makes an impression with the medical community. It makes TFH more concrete and usable in their eyes. Now, I know everyone isn't into research projects, but when you have a win, document it! Keep a file of successes, and you will probably begin to see trends developing. Use these examples in your demonstrations. Also, when talking to medical type groups, be matter of fact about TFH instead of desperate to convince the whole room. If we, as TFHers, believe in the worth of the techniques, that belief will come through as we are presenting our material. We can state the facts in our usual enthusiastic way and then leave the audience to reach their own conclusions. It's not necessary to beat people over the head with TFH.

One terrific way to gain the interest of nurses is to get CONTINUING EDUCATION CREDIT for your classes. Contact the Board of Nursing in your state capitol for details in your area. Questions



(LEFT TO RIGHT) JOHN HANNAN, AUSTRALIA, KAY MCCARROL, ENGLAND, AND KIM VIEIRA, TFHF ALL HUG AN UNIDENTIFIED TFH MEMBER

they will probably ask include - What is TFH? What makes you qualified to teach it? What makes you think nurses need or want it? What will the participants learn in the class? (This means what measureable skills will they have at the end of the class - ie: At the conclusion of this class, participants will be able to demonstrate the correct way to test a muscle. These are called behavioral objectives). And finally, how will these new skills be measured. You will probably need to make up a test over the material presented. Ollie Euler has some samples of CEU forms and how to fill them out. You can contact Ollie at 28730 Doverridge Drive, Rancho Palos Verdes, CA 90274.

I have been rather long winded, but I hope I have answered some of your questions - Please see in this past July's 1985 TFH Journal, the article by Jean Bonde on TFH in alcohol and drug abuse rehabilitation programs. Until then keep on touching.

Positional Joint Release

After the basic balance, test all muscles around the affected joint for weaknesses, reactivity etc. and correct. Palpate along the joint until the most tender point is found. With the person's muscles relaxed move the joint around its axis until pain is no longer felt in that point, continuing with pressure the whole time. Hold the point exerting 10-15 pounds pressure until release is felt. (The tissues seem to give or relax under your finger). Gently and slowly withdraw the pressure. Check for other tender points and repeat the process as necessary. Retest the muscles around the joint.

I find that this technique works best on joint problems that are no longer acute, though possibly pain tapping in conjunction with this technique may help. I would be interested in any feedback from any people using this technique.

Ross Keen
11 Myrtle St.
Morningside
Auckland, New Zealand

♥ Love ♥ hugs & thanks

OUR SINCEREST APPRECIATION TO ALL THE WONDERFUL FOLKS WHO VOLUNTEERED THEIR TIME TO HELP OUT IN THE BOOTH AT THE WHOLE LIFE EXPO. A LARGE EXPO SUCH AS THIS IS A GREAT WAY TO INTRODUCE TOUCH FOR HEALTH TO MANY PEOPLE WHO MAY HAVE NEVER HEARD OF IT. WE WOULD HAVE MISSED A RARE CHANCE TO SPREAD THE WORD HAD IT NOT BEEN FOR ALL OF YOU WHO SO LOVINGLY GAVE YOUR TIME AND ENERGY. THANK YOU FOR HELPING THE FOUNDATION TO GROW!

WORMS

A down to earth application of TFH

Tapeworms, ringworms, and the like are very common in tropical climates. In temperate zones they are periodically killed off by frost, but in the tropics there is nothing to check their rapid multiplication in the ground. One of the leading international pharmaceutical companies estimates that 80% of the population of Indonesia (where we are living) has worms. The affliction is debilitating and quite unpleasant headaches, listlessness, and general pains.

We have gotten worms from time to time. Our dog gets it from a neighbor's dog, and we get it from walking barefooted in the yard where the dog plays. There are a number of very effective pills on the market, and the pharmaceutical companies recommend that everyone take these pills once a month. However, these pills are a form of poison, so it is best not to take them indiscriminately.

Whenever we feel wormlike symptoms, or whenever one of the children becomes unusually cranky, we test for worms by holding a worm pill. If we are free from worms, the indicator muscle tests weak, as it is a poison. If the person has worms, the muscle tests strong. We continue adding pills until it goes weak. Upon taking the worm pills there is an almost immediate relief from the symptoms, and we can also find the evidence the next day if we look for it thoroughly enough.

By using surrogate testing we are able to detect and quickly arrest worms in our dog and chickens. We are grateful for this and many other applications of Touch for Health that have helped us to have a healthier and happier household.

Ruslan & Rahayu Morris
Jakarta, Indonesia



(Left to right) INSTRUCTORS
GINI BLISS, TEXAS, TRUDY
ROSE AND BEULAH LINEER,
- CALIFORNIA DOING
EXERCISES AT THE MEETING

Looking ahead -

A sincere thankyou to all the 1985 Worldwide Annual Committee members for a job well done. As plans begin to get underway for the 1986 meeting we wish to extend an OPEN INVITATION to you to actively serve on one of the committees. In fact one of our most valuable committee members was Joy Bradley. Joy was in charge of keeping the staff "balanced".

If you would like to volunteer please let us know. Our first planning meeting is on Wednesday, September 11th, 1985 at the Touch for Health Foundation in Pasadena. We will start at 7 pm. If you are unable to attend please write in what you feel you can offer by serving on the 1986 Annual Meeting Committee.

Gini Burns

THE GRAVITY POSTER



**THE ORIGINAL "MOONEY'S MODULE" FROM
ISAAC ASIMOV'S SCIENCE FICTION MAGAZINE**

Are you the kind of person that likes a little levity with your gravity? Or are you the type that keeps your feet on the ground? **Well it doesn't matter!!!** The Gravity Poster is the **only** poster that's **guaranteed** to remind you of an immutable law of nature and make you giggle at the same time! It's full color, it's 16"x24", and it's gorgeous!

Yes, I'm a down-to-earth kind of guy/gal! Send me () Gravity Posters. I enclose \$7.50 plus \$1.50 postage and handling per poster. I'm making the check payable to **MOONEY'S MODULE** and sending the whole shebang to Mooney's Module, Box 877, Bethel, CT 06801.

NAME _____

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TFH

**Gravity.
It isn't just a good idea.
It's the law.**

Sponsored By The Physical Universe In Cooperation With The National Safety Council.
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INTERNATIONAL

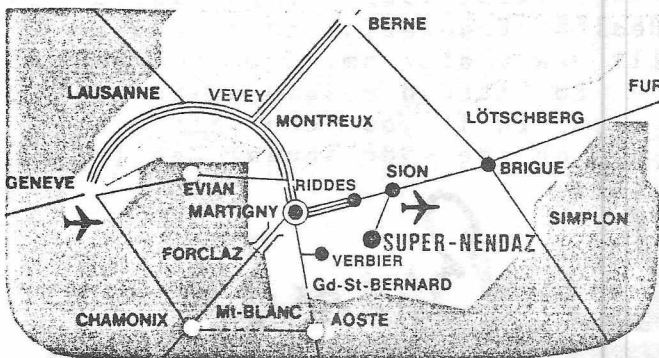
Elizabeth Gunn from the Foundation is organizing the tour to Europe. Contact her for details.

ANNUAL MEETING

TOUCH for HEALTH

April 7 - 12 1986

The meeting will take place, *FOR THE FIRST TIME IN EUROPE...*



**IN WALLIS / VALAIS,
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in a most beautiful
winter and summer resort,**

SUPER-NENDAZ

In open country, the **RESIDENCE ROSABLANCHE**, offer you.....accomoda-
tions, conferencehall, simultaneous translation english/french and
french/english.

Conference fee : members : Swiss Francs : 500.-- / US Dollars : 200.--

Accomodations : SF : 650.-- / US dol. : 260.--, multiple occupancy
SF : 720.-- / US dol. : 288.--, single occupancy

Dear Friends,

I want to promote the European Annual Meeting in April 7 - 12 in Switzerland!!!

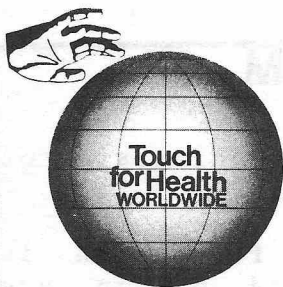
I just want you to be there to experience the European atmosphere. To get you really enthusiastic I am offering the following. One week before the European Annual Meeting I will have my center free for you. You will be my guest, meaning, you need not to pay for room and board.

The only payment you have to do is natural - The cost for your stay in my center is to put in two hours of "hard labor" in my garden per day. Remember it's spring in Holland by then: For the rest of the day we

can work on each other or see something of the countryside where I live or just relax.

If you want to come please let me know in advance. So I can give you directions as how to come to my place in Holland. One day before the Geneva, Switzerland Annual Meeting we can go with all of us together by train. I have room for 24 people in my center so please contact me early.

Coby Schasfoort, TFH Faculty
Bosweg
7854 TE Aalden
The Netherlands
Telephone 31-5935-245



10TH ANNUAL MEETING CASSETTES

JULY 9-14
1985
SAN DIEGO

QTY	CODE	TITLE/SPEAKER
_____	1TH5	IN PURSUIT OF WELLNESS Vieira, Lindsey, & Wagner
_____	2TH5	OPENING REMARKS John Thie, D.C.
_____	3TH5	THE BODY ELECTRIC Richard Harnack
_____	4TH5	T.F.H. ON REHABILITATION SUBSTANCE ABUSE Peggy Maddox Jean Bonde, R.N.
_____	5TH5	T.F.H. 1,2,3: A SYLLABUS THAT SELLS ITSELF T.F.H. 4,5,7: NATURAL OR SOUTH PACIFIC PHENOMENON Bruce Dewe, M.D.
_____	6TH5	REACTIVE MUSCLES: AN EXPANDED SHORTCUT Nancy Dougherty
_____	7TH5	NURSES PANEL Mary Jo Bulbrook
_____	8TH5	E.K. FOR KIDS Paul Dennison, Ph.D. Gail Hargrove
_____	9TH5	INTEGRATED T.F.H. BALANCING Ristead De Barra
_____	10TH5	MEMORY SYSTEM FOR T.F.H. I John Maguire
_____	11TH5	E.S.R. USING EYE ROTATION Wayne Topping
_____	12TH5	IMPROPER FAT ACCUMULATION Glynn Braddy
_____	13TH5	POWERFUL NEW FORMAT FOR TEACHING T.F.H. II & III Phillip Crockford
_____	14TH5	ENERGY & ALLERGY Jimmy Scott
_____	15TH5	NEW FROM BRAZIL, GERMANY, HOLLAND, FRANCOPHONE! Schasfoort, Jaccard, de Aragao, & Weissenberg
_____	16TH5	CARING, FEELING, TOUCHING Sidney Simon
_____	17TH5	BRAIN REPATTERNING & TESTING FOR A NEW CLASS OF NUTRIENTS Steven Rochlitz
_____	18TH5	PITCH, ROLL, & YAW Rick Utt
_____	19TH5	FREE TO TOUCH Paul Dennison, Ph.D. & Gail Hargrove

QTY	CODE	TITLE/SPEAKER
_____	20TH5	RELATIONSHIP OF T.F.H., KRIEGER'S THERAPUTIC TOUCH, BULBROOK'S NEUROLYMPHATIC RELEASE Mary Jo Bulbrook
_____	21TH5	PRESENTING T.F.H./E.K. TO THE MEDIA Trevor Savage
_____	22TH5	POSTURAL DEVIATION SELLING T.F.H. & YOURSELF Richard Harnack
_____	23TH5	THE 'SIX' ELEMENTS Orval Ladd, D.C.
_____	24TH5	E.S.R. AND COMMUNICATION SKILLS Carol Hitz
_____	25TH5	E.K. HERE AND NOW Phillip Crockford
_____	26TH5	THE MERIDIAN NETWORK AS A WHOLE Toby Hanson
_____	27TH5	MEDITATION ON HANDS Sr. Justine Withey
_____	28TH5	TRIBUTE TO GORDON STOKES
_____	29TH5	LATEST IN HEALTH CARE RESEARCH Sheldon Deal, D.C., N.D.
_____	30TH5	IF YOU CAN'T TRUST YOUR SPINDLE CELLS, WHO CAN YOU TRUST? Frank Mahoney
_____	31TH5	EVOLUTION IN THE PHILOSOPHY & PRACTICE OF MEDICINE Elson Haas, M.D.
_____	32TH5	5-MINUTE PHOBIA CURE Roger Callahan
_____	33TH5	AIDS IN THE CLASSROOM Brece Dewe, M.D.
_____	34TH5	E.S.R. AND COMMUNICATION SKILLS Carol Hitz
_____	35TH5	THE ART OF KEEPING IT SIMPLE Brian Butler
_____	36TH5	PRIVATE NURSING PRACTICE FOR FOOD TESTING Sandy Chadwick
_____	37TH5	T.F.H. & E.K. - IT'S THE BLEND THAT MAKES IT GREAT! Peggy McConnell
_____	38TH5	AWARDS
_____	39TH5	DEFUSING EMOTIONAL STATES Gordon Stokes
_____	40TH5	SATURDAY NITE LIVE!!!
_____	41TH5	PASSIVE MUSCLE TESTING John Lubecki, D.C.
_____	42TH5	T.F.H. IS FOR PREVENTION, NOT CURE NETWORKING T.F.H., CLOSING CEREMONIES Brian Butler

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TFH WINS!

Mr. John Henry Stone

Dear John,

I would like to thank you for the invaluable assistance and services rendered during our successful 1984-85 wrestling campaign. Your "Touch for Health" expertise gave the St. Marys athletes the additional physical and psychological boost necessary to achieve championship status.

People continue to offer congratulations on the amazing victory by our outnumbered Blue Devil Grapplers. When I tell them of the good athletes involved, our rigorous training methods, control of nutritional intake during competition, and the employment of Touch for Health techniques, it is the latter that creates the most fascination.

Again, John, thanks for your help.

Respectfully,

William M. Brizendine
Wrestling Coach, SMHS
1985 A-AA WV State Champions



Happy and talented John Henry Stone doing a solo at entertainment night.

10

MAILGRAM

To John Thie
TFH Conference at the University of
San Diego, California

"Hello friends Touch for Health is growth 58 Swiss and German are growing by learning TFH this summer lets stay in touch".

Helga Brandt

Please note

Steve Rochlitz's paper on "New Formal Brain Repatterning", released in the 1985 TFH Journal was formally copyrighted.

DONATIONS - Helping hands of TFH We love you

Elizabeth & Hap Barhydt
10% of their class

Vince & Jean Bonde
Potomac, Maryland
\$100 Donation to TFHF

Julianne French
San Carlos, California
% of her basic class

Irene Gauthier
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\$85 Donation to TFHF

From Evelyn Marshall
Memorial gift in the name of
Dorothy Vander Dussen

From Lorraine Osborne
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Jan Lawler

A special donation from
Lorraine Osborne, Marjorie
& Darrell Osborne in memory of
Betty Stoltenberg

From Rob & Wilma Simpson
Valencia, California
In Memory of
Dorothy Elizabeth Gooding

\$50 Donation.
Marjorie Ragon
San Bernardino, California

A LITTLE PHILOSOPHY ON A RAINY AFTERNOON IN "DE HOF VAN AXEN"

Coby Schasfoort TFH TRAINER

Just one hour ago I talked to a bunch of family therapists who are having a seminar in my centre in Holland.

I am not their Instructor trainer, teacher or facilitator except that I provide food and lodging. In other words, I have nothing to do with this bunch of people in an energy sense.

Do you believe me? You better not. It took just a couple of minutes to disrupt their seminar by taking somebody's arm and doing a TFH test. Their eyes are popping out and the question comes, "what are you doing to me?" This is a wonderful opportunity. In no time the whole group is involved in a TFH demonstration. The result of this is: "If what you do is true, why on earth do we go on the way we do?"

I explain in a nutshell the cooperation between body, mind and spirit and how it's possible to be aware of your body by everything that happens to you.

The family therapists are flabbergasted and really turned on. Of course this is what I want. I love having my centre being a dynamic one and the language we use in TFH is so clear. Nobody can possibly deny it, only one can "try" to deny TFH.

Why then is it that TFH is not yet common knowledge in the whole wide world? It's not that Touchers do not spread the word. Is it? In Holland TFH is being spread around like crazy.

It's fear, sheer fear. It sounds like a little poem, with a very negative impact. Sheer fear! Fear for what? Fear of being aware, I think. Fear of having to take consequences from what the body answers. Fear of taking one's own responsibility for one's own body, mind and spirit. We have learned to live in fear, for self, for parents, neighbors, authority, for church and even for God. Why has this happened to us?

Sometimes I start to recognize a little bit of what made us react in such a way. Sometimes I start to recognize my own fear reactions especially when I'm working with people. Sometimes I can feel in my body the fear reaction of another body and that is the only time for me to really feel and understand what's going on in the energy of the person in my hands.

One fear that imprisons us is the fear reaction of our body's fear of dying. Once I had a guest in my house, a beautiful Tanzanian lady. She was very surprised by our expression of: "I must still do this, or I must do that". She used to say, "We MUST nothing, the only thing we really must is die". And how true this is. Or rather how NOT true is this. I learn more and more that the only thing we must is live. Not just within the imprisonment of our body but with the aid of our body in a universal energy.

The way I start learning this more and more is by using language. It happens more often nowadays that I can bodily

PHILOSOPHY CONTINUED

feel the impact of language on, for instance, an audience listening to a lecture. Sometimes I can see words tumbling into the audience having influence in a positive way, sometimes I can feel words bouncing back because they are not being accepted, as they are words of fear. But never does an audience leave without a little bit more of awareness. And the one who is learning most out of it is myself. My body gives me back the result of the words I speak in signals that vary from trembling, heartbeat, sweat and other signs. I start to recognize that what I am saying at that very moment is not a universal truth. This is fantastic and frightening at the same time. My body is confronting a conflict, fear itself.

My conclusion to the feelings is that I have to be very self-conscious of what is happening to me, because the same thing happens to others. This is a way that TFH can help people out of fear. We can start living with our full potential if we are aware. Instead of recharging via someone else's battery, be aware of our own muscle reaction rather than the words. And that for me is the reason that I so deeply believe in the energy that starts moving around and makes things fall in their own place for every individual at the appropriate time.

I am not afraid anymore of people who want me to prove scientifically what is going on during a muscle test. You know it all with the expression: "But now you are pushing harder", and "prove to me that this is not the case". I am so far now that I do answer this by saying, "this is a dumb question and you know in your heart it is dumb!"

What we know however is a lot more than science, it's just common sense and that's the only thing we need in this turbulent world. Not "common science", but "common sense".

Common sense is to me that I can say and do to choose everything that does not give disharmony in my physical feelings. No trembling, no heartbeating, no sweating, no fear of dying, not defensive but just peace, tranquility and harmony. That is what I wish to all of us.

Coby of The Netherlands is awarded for her efforts by John Thie



BODY POINT MUSCLE TESTING FOR NUTRIENTS: AND AN EXPLANATION OF THE B₆ CONTROVERSY

Steven Rochlitz, M.A.

Body point muscle testing via TFH/AK for the B-complex and some individual B-vitamins has been known for some time. It is also known that several of these crucial nutrients are converted or phosphorylated in the liver to the actual coenzyme form the body utilizes. For example, vitamin B₆, pyridoxine, is phosphorylated to pyridoxal-5-phosphate (P-5-P). Only the latter form is used in the body for a myriad of essential metabolic processes; e.g., amino acid metabolism.

It has recently been discovered that individual Riddler or body points are actually points that can yield nutritional status on not just an isolated nutrient, but rather on a host of related nutrients -- on an entire metabolism.^{1,2} It has been reported that the B₆ point can assay pyridoxine, P-5-P, the amino acid cystine, and the amino group acceptor, alpha ketoglutaric acid. Now the B₆ "point" is: a finger on the jaw muscles and another on the tip of the tongue.³ The author has isolated cystine and alpha ketoglutaric acid tests. The former utilizes 4 fingers on the tip of the tongue and the latter employs 3 fingers on the tip of the tongue.⁴

The present work reveals for the first time an isolated test for the phosphorylated B-vitamins. These include B₁-thiamine, which is phosphorylated to thiamine pyrophosphate; B₂-riboflavin, which becomes riboflavin-5-phosphate, and the B₆ forms noted above.

These preliminary findings indicate that a simultaneous T.L. (therapy localize or "touch") of the individual B-vitamin body point and the Bile Salt point is the "body point" test for the phosphorylated form of the given B-vitamin.

Returning to B₆, place the fingers as noted above. The pyridoxine test is "converted" to the P-5-P test simply by simultaneous T.L. of the bile salt point. The latter is a two finger touch in the depression between the 10th and 11th ribs (see Fig. 1).

Similarly for thiamine, place the thumb on the bridge of the nose and one finger on the tip of the tongue. This thiamine test becomes the thiamine pyrophosphate test with additional T.L. of the bile salts point. Such would also be the case for riboflavin-5-phosphate, but I do not know the B₂ point.

The significance of this discovery lies in the isolation of the phosphorylated tests and their relation to the ordinary tests. The elderly, those with liver disorders, alcoholics, and multiple allergy sufferers may all have difficulty in phosphorylating B-vitamins -- even if supplemented with the usual forms. These new tests can be employed as follows: If; e.g., the pyridoxine point tests weak, it can usually be strengthened by placing either pyridoxine or P-5-P on the body or under the tongue. However, a weak P-5-P test can usually be strengthened only with P-5-P and not pyridoxine. (Several vitamin companies sell phosphorylated B-vitamins.) Therefore, a weak P-5-P test, not strengthened by pyridoxine, indicates supplementation with P-5-P is the priority. (The testee may wish to visit his physician for more extensive and conclusive tests for phosphorylation difficulty.) The same scheme applies to B₁ and B₂.

BODY POINT CONTINUED

Now, a remarkable thing happens when we can distinguish between the two forms of B₆. From enzyme studies, we realize that increasing pyridoxine levels in the body should yield increased P-5-P levels if this metabolism is functioning properly. We also know that excess pyridoxine can enzymatically saturate or inhibit conversion to P-5-P. This can now be tested. If a "testee" is strong on the P-5-P test, continue adding pyridoxine under the tongue or on the body (preferably). You should reach a level where P-5-P now tests weak! At this amount pyridoxine induces a P-5-P deficiency!

This leads us into the B₆ controversy of two years ago. Widespread attention in the mass media was given to an article in the August 1983 New England Journal of Medicine.⁵ The article, written by seven M.D.s, described sensory nervous system dysfunction in seven adults due to vitamin B₆ megadose ingestion. The seven people were taking doses ranging from 2 to 6 grams per day. Three of the seven had the B₆ megadoses prescribed by their medical doctors. Two were gynecologists prescribing it for edema, and the third was an orthomolecular physician prescribing it for a behavioral disorder.

The seven people suffered from the following symptoms: "Unstable gait, numb feet ... impaired sensations of touch, temperature, pinprick, vibration, and joint position in both the upper and lower limbs." Two biopsies demonstrated "axonal degeneration." The authors noted that "neurologic disability" improved after discontinuance of B₆ megadosage. They all recovered. The authors conclude that B₆ had a toxic effect on sensory nerves. They call for setting "guidelines for this widely abused vitamin."

Now, B₆ certainly is widely recommended by nutritionists and physicians. And, for good reason, it is necessary for the proper functioning of many body systems. These include the skin, nervous system, circulatory system, immune system, and the endocrine system.⁶ It is essential for the formation of certain hormones, neurotransmitters, red blood cells and virtually all protein synthesis. Many thousands of people with various illnesses have benefited greatly from using B₆. Allergies, premenstrual syndrome, "psychiatric conditions", epilepsy, hardening of the arteries, rashes, and blood disorders are often treated with B₆ by orthomolecular physicians and nutritionists.⁷

With this work we may be able to ascertain the probable causes for this pyridoxine-induced neurologic dysfunction. There are five likely causes:

1. B-vitamins should be taken in balanced amounts. Equivalent amounts of vitamins B-1, B-2, B-3, and B-6 are recommended by most nutritional authorities for the proper metabolism of each. Only one of the seven people took supplements other than the B₆ megadoses.

2. Pyridoxine belongs to a class of substances called pyridines, which are known to be neurotoxic in very large amounts. In the very same issue of NEJM, cited above, an editorial by Daniel Rudman, M.D. and Patricia Jo Williams, R.D. appears.⁸ They postulate that pyridoxine affected the cell bodies of peripheral sensory nerve fibers located in the dorsal nerve ganglia (outside the blood-brain barrier). This is hypothesized because the B₆-induced symptoms seem to be associated primarily with sensory nerve dysfunction and not motor nerve or other central nervous system disorders.

3. As noted above, excess pyridoxine may enzymatically saturate or inhibit conversion to P-5-P. The nervous system needs the P-5-P form for proper functioning. It may seem somewhat paradoxical, but the seven people may actually have suffered neurologic dysfunction because their nerve cells were starved of the P-5-P -- the coenzyme form of B₆ -- because they ingested large amounts of the pyridoxine form of B₆! One should note that smaller amounts of B-vitamins, including B₆, have never been shown

to have harmful effects. The usual B-complex contains 50 mg. of pyridoxine and the average dose of B₆ ingested by the seven patients was 5000 mg. This is 100 times the 50 mg. dose and 2000 times the RDA.

4. As cited above, B₆ metabolism is dependent on l-cystine and alpha ketoglutaric acid. Magnesium also works with B₆. None of the seven people had been checked for these vital nutrients.

5. Impurities in the B₆ tablets may have caused symptoms. The FDA allows for 2% impurities in vitamins. A very high daily dosage accordingly contains larger amounts of impurities if they are present in the first place. Allergic reactions to the tableting excipients is always a possibility too. If one is dealing with even a potentially allergic individual, supplements should be hypoallergenic -- as free of potentially allergenic excipients as possible.

Now, with TFH/AK, we are in a position to check for all these possibilities. Sensitivity to excipients can be tested as described in Reference 9. Use only a tiny piece. We can muscle test for related B-vitamins, magnesium, cystine and alpha ketoglutaric acid. We can determine at what levels pyridoxine causes a weak response (toxicity), and at what levels it induces a P-5-P deficiency. Much potential harm can be avoided by supplementing only when a need has been established and only with hypoallergenic forms, including the phosphorylated form as many clinical ecologists do. William Philpott, M.D. finds P-5-P and alpha ketoglutaric acid yield increased energy and improvement of amino acid metabolism in allergic individuals.¹⁰

In light of the recent B₆ controversy, the present discovery of muscle testing for phosphorylated B-vitamins assumes greater significance. The author will attempt to correlate these new body point muscle tests with appropriate blood work with physicians in the near future. This would afford more accepted validation. We could postulate here a corollary of the Hippocratic Oath: (1) Take supplements only after establishing need. (2) Take the minimal amount needed. (3) Take only hypoallergenic supplements. (4) Test and take any related supplements, if needed. (5) Take them in a form that ensures your body will have the actual coenzyme form it needs. We have researched several probable causes for pyridoxine-induced illness and have seen how TFH/AK testing can now very quickly isolate any potential harm before it occurs.

Talk With TFH

John White of England suggested a "Feedback slip" that you can make your feelings known. Many members might benefit from your input. Please muscle test and return to TFHF.
