

TOUCH

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KEEPING IN TOUCH WITH JOHN F. THIE, D.C.

OUTCOMES STUDIES THE CURRENT TREND IN RESEARCH

The trend in research today is moving away from double blind studies to outcome studies. The reasons for this trend are many, but some of it seems to be driven by the concern for saving

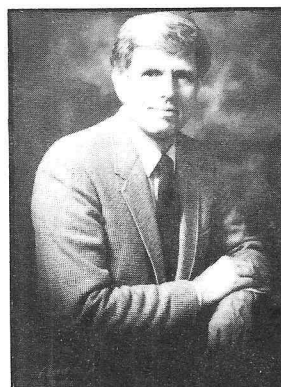
tained: While drugs raise costs in the pharmacy budget, they save money elsewhere. They look at the cost of total patient management, and that is outcomes measurements.

For TFHS to be recognized we need to recognize the lack of our results being reported to each other and others who manage health care.

money by the managed care organizations who pay for services administered to their customers (clients, members, citizens, parents etc.). The people who pay the bills are not interested in "basic science", but in pinpointing the results of treatment in terms of cost effectiveness and a patient's ability to resume a normal life.

Outcomes research moves beyond traditional cost and utilization data to identify "the most efficient treatment option that has the best patient outcome," said Lois Quam, of the United Health Corporation (Healthweek of March 11, 1991). Outcome research is interested in bottom line results not in the science of why the results were better.

One of the major concerns about these studies is the ways that they will be structured. Surgeons are concerned that they will be structured to favor drug therapy over surgery for such operations such as gall bladder stones. These concerns are justified from the standpoint of having a need for less surgery and thus less need for the training of surgeons. Robert Navarro, Vice President for Provider Services of Health Net, a Woodland Hills, California HMO says "Drugs are the most cost-efficient form of therapy we have." The International Pharmaceutical Manufacturers are hoping the outcomes studies will prove what drug makers have long main-



Low back pain is second only to the common cold for treatment cost and loss of job-time in the United States. In some studies it is first in numbers of dollars lost to the country on all levels. A recent outcome study published in the British Medical Journal (1990;300:1431-1437), on low back pain created 11 treatment study centers by pairing a participating hospital with a chiropractic office. This study lasted for two years and the results showed better outcomes statistically for the chiropractic offices. What is interesting from the TFHS point of view is that the types of treatment were not compared, only the outcomes. In fact, the patients may or may not have been given physical therapy and manipulation by either facility. There were no restrictions of the type of treatment rendered, only that the patients were randomly assigned after volunteering to be part of the

study after having selected one or the other place to be treated. Chiropractic treatment was limited to 10 visits in the two year period. In spite of this restriction the outcomes favored chiropractic care.

WE MUST REPORT OUR OUTCOMES

I believe that the Touch for Health Syntheses (TFHS) can have a major impact on the cost of health and disease care worldwide. For TFHS to be recognized we (those of us using the techniques to promote health enhancement rather than the treatment of diseases) need to recognize the lack of our results being reported to each other and others who manage health care. We need to train more and more people to understand the differences between the health enhancement model that is utilized in TFH and the many

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SUCCESS STORIES FROM GROVELAND

—Hap Barhydt, Ph.D.

—1—

Jane had been subject to frequent debilitating headaches which often forced her to bed. When Elizabeth called her on the day of our community Thanksgiving Day dinner to ask about a problem with her knitting, her husband said that she was in bed with a headache, hoping it would go away before dinner. So Elizabeth asked her to come up to our house, but Jane was hopeful that bed rest would solve the problem. Elizabeth called again an hour later, and Jane was still no better; so Elizabeth was able to persuade her to come up to the house. When she arrived Elizabeth showed Jane how to do the Tension Headache Release. In a few minutes the headache was gone. Elizabeth then continued to balance reactive and frozen muscles in Jane's neck and shoulders. Jane felt much better and was able to enjoy the Thanksgiving dinner.

Several months later Elizabeth asked Jane if she was still using the Tension Headache Release. Jane replied that she hadn't because she hasn't had a single headache!

—2—

As we were walking back up the hill from the mail boxes, we met Günter and Margie coming down the hill. As we greeted them, Günter put his hands over his ears and backed away. After requesting that we talk in soft tones, he explained that he had been having a severe migraine headache all day and had just come out to see if some fresh air would help. Elizabeth stood beside him and rubbed the Tension Headache point on his right leg for a few moments. Shortly a smile appeared on his face, and he stated with a bit of surprise that his headache had gone away. In following two months, Günter has not had a repeat of this severe headache.

—3—

Günter also had a severe hip problem. When getting up from a sitting or lying position, his hip became very painful, and he had difficulty in walking. In a few minutes of labored walking, the worst cleared up and he could walk more normally, although with a slight limp. He had had x-rays, which showed a severely deteriorated hip, but was resigned to eventually having a hip replacement operation and so was reluctant to try to do anything about his hip again. Several weeks ago, he was visiting at our house, and when he stood up to leave, his hip locked up painfully. Elizabeth insisted that he do something about the situation then and there. So we showed him how to do the Low Back Balance followed by the Reactive Muscle Balance and the Frozen Muscle Basic Balance. Next we had him do the Structural Basic Balance and repeat the Reactive Muscle Basic Balance and the Frozen Muscle Basic Balance. Next we had him sit down for a few moments and then get up again and repeat the Reactive Muscle Basic Balance and the Frozen Muscle Basic Balance. Finally we had him walk about the house for a few moments and repeat the Reactive Muscle Basic Balance and the Frozen Muscle Basic Balance.

Notice how the Reactive Muscle Basic Balance and the Frozen Muscle Basic Balance are used repeatedly as new imbalances are successively activated in the course of the balancing session. This is one of the keys to success with balancing

techniques. The imbalances must be activated first, and we do this on an incremental basis, bringing more and more activities into action as the person being balanced gradually improves.

After the balancing session was over, he was able to sit down and get up and walk around without difficulty and without pain. He was so excited that he immediately went home, asked his wife to watch him as he sat down in his chair and got up again and walked about without difficulty. As you might expect she was quite astounded. At the time of this writing his hip continues to be much better.

We had hoped to get him on a continuing nutritional support and balancing program to see if he would find a significant improvement in the bone structure the next time he has an x-ray, but he wasn't interested in a continuing program. We constantly find that most people are not interested in an on-going self-help program. Rather they want a quick fix or pills to give them quick relief with minimum effort on their part. We often

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CASE STUDY

T.R.: movie-maker, female, age 57

—Bernhard Studer

Ms. T. comes to a TFH session because she suffers from **claustrophobia**.

B. asks her when she first had problems taking the elevator, going into big crowds.

Ms. T. answers vaguely: "Oh, I've arranged to walk stairs, I've arranged my life around it."

B. insists on an answer.

Ms. T. "In puberty, when I for the first time had to take an elevator."

B. "What happened before that?"

Ms. T. "When I was a child I loved to go barefeet. I balanced on the fences. Once I fell, one leg on one side, the other one on the other side."

B. "What happened then?"

Ms. T. "I didn't tell my parents but the back problems were such that the doctor made a plaster-bed for the night. For the next five years, until I was eleven, I had to sleep in cold plaster, attached to it firmly with two buckles."

B. located the overenergy: **Lung**. Underenergy: Large Intestine. B. held the Neurovasculars of LI for several minutes. The lady stated that she felt warm energy flowing from head to toe. It was a big relief for his congested head.

Ms. T. felt wonderful after the session, got a **Homeplay** for ten days: to hold the NV-Points in the evenings.

In the evening Ms. T. called all excited: After she had left, she realized that the stores were about to close for the evening and the following days. (Stores do that in Europe.) She hopped into her car, drove to the Shopping Center, into the garage, *took the elevator* and did her errands. It didn't bother her at all!

Ms. T. will report again how she feels. She is very happy.



IS VITAL ENERGY A SCIENTIFIC CONCEPT?

—Hap Barhydt, Ph.D.

As a trained physicist and engineer, I have to laugh (or sometimes cry) at how people, claiming to be “scientific” to prove something they don’t accept to be “non-scientific”, are actually both illogical and nonscientific.

Now let’s focus on the statement, “We (i.e. TFHS and AK) fit more into the vitalism, meridian philosophies of the energy models, which are rejected by some scientists because we postulate that life is affected by ‘energy, or a vital force’, which is not easily measured by current machines.”

First we must understand that the science of physics clearly claims only to deal with non-living, inanimate phenomena. In describing the properties of inanimate phenomena, physics recognizes four types of energy fields or forces: gravity, electromagnetism, weak nuclear forces, and strong nuclear forces. The measuring machines developed by physics and derivative sciences are constructed to work within this limit. The possible reality of vital energy fields lies outside the scope of the physical sciences and thus may not be confirmable by methods or machinery that are limited to those employed by the physical sciences.

Since physics and its sister science chemistry have been extremely successful in developing convincing detailed quantitative descriptions of a wide variety of inanimate phenomena, many of those studying animate phenomena rushed to put on the clothing of the physical scientists to achieve apparent credibility, often forgetting in the process that the basic methodology and assumptions of the physical sciences are specifically geared to the study of inanimate phenomena.

In the study of inanimate phenomena, gravitational energy fields are measured by a device that responds to gravitational energy fields, usually calibrated masses suspended on a spring. Similarly, electromagnetic energy fields are measured by a device containing wires and magnets that responds to electromagnetic fields. Weak and strong nuclear forces operate at such extremely short distances, physicists have been unable to construct a machine that measures these forces directly. Rather they observe the trajectories of interacting nuclear particles and deduce the energies involved through mathematical theories.

Simple observation of animate life shows that something more than the four energy fields on inanimate physics must be involved. The second law of thermodynamics is consistently violated by living organisms. From a physics point of view there is not physical difference between an organism just before death and just after death. But something is missing, the life energy. There have been no examples of an inanimate object spontaneously becoming animate. In my opinion claims that animate organisms initially evolved out of a primordial inanimate soup are about as likely as the medieval alchemists’ claim that under the proper conditions gold could spontaneously arise out of base metal.

Our observed experience shows us that new animate organisms can be derived only from existing animate organisms, suggesting that there is some factor existing only in animate organisms that is necessary for an organism to be animate.,

Those who study animate phenomena, living organisms,

must realize that they are undertaking a field of study clearly outside the self-imposed boundaries of the science of physics. Therefore the limitation of four basic types of energy fields no longer applies. Thus it becomes quite logical to allow the introduction of a fifth type of energy field, the presence of which is necessary for an object to be a living organism. (In other words the presence of this fifth type of energy distinguishes between the study of living phenomena - biology - and nonliving phenomena - physics.) We can call this energy life energy, vital energy, chi, morphic fields, etc.

How would we expect to measure this energy? Recall from our earlier discussion of measuring instruments, the measurement must be accomplished by something that responds to that type of energy field. Gravitational instruments contain calibrated masses that respond to gravitational energy. Electromagnetic instruments contain magnets and electrically conductive wires that respond to electromagnetic energy. Similarly measurement of life energy must be through something that responds to life energy. Only living organisms respond to life energy; so the appropriate measuring instrument would have to incorporate a living organism.

We can often measure the “vitality” of an organism by observing how it reacts to its environment. We can even do some crude quantification by observing varying rates of reaction as conditions change. This is similar to the physicist’s measurement of weak and strong nuclear forces by observation rather than by direct measurement.

More direct forms of vital energy measurement are the

Finally we must remember that science is first and foremost a process of observation.

muscle testing procedures of AK and TFHS. Clearly a person (a living organism) must be in the loop for the muscle test to work properly. Attempting to measure muscle strength directly with a physical instrument may work for measuring physical energy, but not as well for measuring vital energy.

A major problem with measuring vital energy through a living organism is quantification. In the physical sciences, we have become accustomed to very precise quantification. As we become more knowledgeable about vital energy, we may discover that this type of energy is fundamentally not quantifiable to the same degree as the four major energies of physics. In fact we must remind ourselves, there is a limit at which the properties of physical entities become no longer quantifiable, as determined by the Heisenberg Uncertainty Principle of Quantum Mechanics. So it is not unreasonable to postulate that there is a limit to quantification or vital energy and that this limit may be quite different than the limits for physical (non-living) objects.

Finally we must remember that science is first and foremost a process of observation. Theories and explanations re-

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LETTERS

TFH IN GUAM

Have arrived back in Guam. Am busy building up my business - doing TFH along with massage. I am now working with wheelchair-bound patients and am getting good results - hopefully getting these people to walk again. I will be teaching a stress reduction class at University of Guam this summer.

TFH is getting known in Guam. I've just been selected as part of a medical team going to South Pacific Games in Papua New Guinea in Sept. TFH is spreading across the Pacific to far away places. I'll keep you posted. God bless.

—Lonnie Lindsey
Gana, Guam

TFH INSPIRES RUSSIANS

In one of our Transformational Kinesiology classes in Colorado Springs we met Stanislav from Kiev in the Soviet Union. He participated to be able to help his people with alternative methods. Both doctors and alternative people in his area are looking for methods to help the immune system of people living in the area around Tjernobul. We were happy to be able to give him the names of the Russian people who took the TFH workshops in January when Wayne Topping and others visited the Soviet Union.

Also in New Jersey we taught a class with 10 Russians. Their travel and accommodation was paid for by the 7 Ray University. They too wanted TFH. Among these were doctors, alternative helpers, astrologists - they also will make contact with their TFH countrymen.

They are very grateful for all the help they are receiving and will act as channels of good will for their people. We understood how difficult the situation is in their part of the world - sometimes more helpless than the newsletter can even tell - and still they go back and do their duty.

—Grethe & Rolf
Copenhagen, Denmark

Groveland? (from page 2)

wonder how TV advertising and medical reporting may help to engender this attitude.

—4—

Judy's husband called us in response to a write-up in the local paper to see if we could help his wife who was suffering from what was diagnosed medically as rheumatoid arthritis. To control the pain she had been taking 21 mg of methotrexate, a drug used for chemotherapy, each week, but because of severe loss of bone marrow the dose had been reduced to 7 mg each week. She was also taking strong doses of Motrin, and even with these she was in severe pain and barely able to walk.

On her first visit, Judy had taken a large dose of Motrin just before coming and hobbled into our living room on her husband's arm, bent over and walking on her toes. We went through an extended balancing procedure, much like we did with Günter, starting with the low back balance and repeating the Reactive Muscle Basic Balance and the Frozen Muscle Basic Balance as we had Judy activate different muscles by various motions and activities. With Judy we then continued with the Muscle Knot Release to clear localized muscle knots in her arms and shoulders and the Foot Muscle Release so that she could stand without foot pain. She was also experiencing chest pains attributable to a hiatus hernia; so we showed her how to do the Diaphragmatic Breathing Exercise to relieve this. When she left our house 1-1/2 hours later, she walked with a normal erect posture and on the bottoms of her feet without significant pain and without assistance.

On her second visit a week later, she was still walking erect and substantially pain free. She had been doing some of the exercises at home with the help of her husband. Also she said that she had discontinued the methotrexate and did not have to take Motrin before coming. Since she seemed to be in good shape physically, Elizabeth spent most of the session working on emotional issues.

Elizabeth also worked briefly on nutrition, showing her through muscle testing how Calcium Ascorbate was more compatible with her acid-alkaline balance than Vitamin C, sharing with Judy how using supplements with the wrong acid-alkaline balance had contributed to her "arthritic-like" pains in the past. Elizabeth also shared with Judy how she had found White Willow Bark to be a very effective substitute for pain killer drugs.

Her third visit was in another three weeks. Again she was still in good shape physically; however she had done nothing about the nutritional suggestions Elizabeth had made and had started taking her weekly methotrexate as well as 2 Motrin each day out of fear that the stiffness would return. Elizabeth spent the session working on emotional issues and also her fear of surrounding her physical condition.

“Applied Kinesiology muscle testing can detect the essence or beginning of a problem before it becomes acute with obvious symptoms...”

—Applied Kinesiology
Tom & Carol Valentine



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Scientific Concept? (from page 3)

main valid only so long as they support the observations. All too often a "scientist" will discount a set of observations because they do not agree with his/her pet theory. This is not science; rather it is bigotry. When results are repeatable by different practitioners they must be accepted as valid, even though we may not at the time be able to explain them.

And when we do develop an apparently viable explanation, we must be prepared to discard or modify it as additional, repeatable observations are made over a period of time. This is the characteristic of a living, growing science.

To summarize:

- 1) Physics, and sciences derived from physics, limit themselves to the study of inanimate phenomena, non-living

entities; thus we cannot expect these sciences to fully explain animate phenomena, nor can we require that explanations of animate phenomena be limited to physical phenomena.

- 2) Since there are obvious difference between animate and inanimate phenomena, it is reasonable to expect that additional types of energy fields are involved in animate phenomena.
- 3) Direct measurements of energy fields can only be made with devices that respond to that type of energy. Thus any device to directly measure energy unique to animate organisms must include animate organisms.

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Letter from Dr. Thie (from front cover)

techniques that I am including in the TFHS and the treatment of disease. We must help people understand that the TFHS is complementary and in many cases will substitute for drug or surgical care which will reduce the overall costs for services rendered by the managed care organization.

I continue to receive letters in anticipation of the TFHF

...understand that the TFHS in many cases will substitute for drug or surgical care, reducing the overall costs for services rendered...

voluntarily closing its doors as a school. These letters were outcomes of the 15 years of work of the TFHF on all its levels. Frank Mahony said "Touch for Health changed my life and led me to what I do. Without TFH there would be no HYPERTON-X. I can name numerous other concepts that would also not exist except for your inspiration and knowledge that you shared."

In September, 1990 John Varun Maguire said:

It has been an honor and joy for me to share this knowledge with my students and clients, who have had so many incredible results over the past eight years that I have been and instructor and therapist.

One of these clients is a charming woman named Dorothy Keister who is now 81 years old. In 1984 Dorothy was in such suffering that she took out a life insurance policy for one year, knowing that she would not outlive it.

Having seen many doctors with no relief, Dorothy prayed to God that she would find someone who could release her from her suffering. Shortly thereafter, a friend of hers told her about the wonderful results she had gotten from seeing me, using the TFH method. Dorothy called me immediately and scheduled for her first session.

Doing fourteen muscle balancing, emotional stress release technique and balancing additional muscles according to her indications, I made rapid progress with Dorothy in her weekly sessions. Her chronic cough was gone after the first visit. She had been taking valium for anxiety and

after being balanced she experienced such calmness that she no longer felt the need for it.

Her problems of water retention and constipation cleared up and she went from 149 lbs. to 125 lbs. in two months. Hip pain, that had prevented her from climbing steps, vanished as balance was restored to her leg and hip muscles. She described with enthusiasm how she climbed up a long flight of steps without any hesitancy for the first time in months.

A month ago Dorothy wrote to me just after I had seen her for a session while I was back in Akron. She wrote, 'You cured me years ago of my fear of storms. I used to go to the basement and put my face in a pillow with my fingers in my ears and pray; not that I wouldn't be struck, but that I wouldn't be so afraid. I was afraid that my heart would stop with fear. While I was in bed at 3 AM this morning there was a terrific lightning storm and it was like nothing. What a great feeling; but I've had that fear gone for years due to my treatments. Thanks again.'

One of the greatest joys for me in working with Dorothy was when she proudly related a time when she had been caring for an elderly woman who was sick and in a great deal of pain. The woman was unable to sleep, so Dorothy went over to her bedside and touched her frontal eminences lightly. She guided the woman through a relaxation experience, similar to how I had done with Dorothy many times. After a couple of minutes the woman said to Dorothy, 'I think I'm going to sleep now.' She rolled over and fell asleep....

Rosemarie Michelsen said "From my three-year-old grandchild Kelly, who walks in and announces 'my turn to be balanced' to Neil, whose last days were more comfortable because 'I always feel better after you balance me', you have taught us how to share our love and caring in a physical, meaningful, helpful way."

What have been the outcomes of your association with TFHS? We need to share these outcomes. I hope that you will write to me so that others can benefit from your outcomes.

Keeping in Touch

John F. Thie, D.C.

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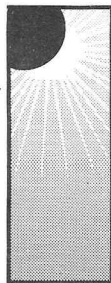
COMING INTO THE LIGHT

1991 Conference
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It is not too late to join the *International Touch for Health Association First Annual Meeting* in San Diego July 10-14.

It is a wonderful opportunity for you to see the international faculty speak and workshop with you. The international speakers include: **Ristead de Bara** (Ireland), **Grethe Fremming** and **Rolf Hausbol** (Denmark), **Sharon Promislow** (Canada), **Rosemarie Sonderegger, Ph.D.** (Switzerland), **Ian White** (Australia), **Joan & Bruce Dewe, M.D.** (New Zealand), **Dominique Monette, M.D.** (Belgium), **Maurizio Piva** (Italy), **Gerardo Vale** (Brazil). **John Thie, D.C.** will feature Wednesday night, and **Sheldon Deal, D.C.** Thursday night.

Wayne Topping from Seattle, Washington will share the work he and six other Touch for Healthers did in the Soviet Union this year teaching the Russians self care. **Paula Oleska** from New York will similarly discuss her work in Poland. Other speakers include **Frank Mahony**, **Richard Utt**, **John Varun Maguire**, **Mary Louise Muller**, **Alice**

Vieira, Ph.D., **Warren Jacobs, M.D.**, **Hap & Elizabeth Barhydt**, **Norma & Richard Harnack**, **Ilse Jacobovitz, R.N.**, **Joy Bradley**, **Loraine Osborne** and the Reverends **Jim Reid** and **Robert Waldon**.

There will be the viewing of the sun's eclipse, a moonlight cruise, raffles, book store that will include the latest books on health, gems and crystals as well as Bach Flower Remedies, a time to show your talents in a Saturday Night Live and time to relax at the Beautiful University of San Diego.

There are pre and post conferences on the latest in Applied Kinesiology, the latest and best of Hyperton-X, in addition to all the classes in Touch For Health and Preferred Health Provider series.

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