

FOR HEALTH LAUNTED 1001

WINTER, 1991

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Do We Really Care About The Quality Of Care We Give?

John F. Thie, D.C.

We need evidence that the application of the TFHS gives the results we say it does. We all believe in the effectiveness of the TFHS interventions, their economy and their ability to help the whole person in the physical, intellectual, chemical, emotional, social areas, the reaching of goals and the healing of past unhealed wounds.

I believe we can prove what we are doing! All practitioners and teachers worldwide need to participate and be involved in generating new knowledge about what does and does not work in the teaching and practice of the TFHS. We must be part of the improvement of the quality of the TFHS as it is used and taught.

All practitioners, teachers and providers(PTP) of the TFHS can participate in developing international data bases on the changes resulting from interventions with the TFHS.

Our knowledge of what are the outcomes of our interventions <u>must be scientifically gathered to justify the public's continued and increased use of the TFHS.</u> Proof will allow its PTP to compete in a truly free market in the world of health care.

We need to establish guidelines for the appropriateness of a TFHS intervention which could be utilized by the public in making their decisions on what interventions would best suit their own values in health care. We need to determine what dangers if any, there are in having TFHS interventions.

We need to know at what point of a health crisis should a TFHS intervention be utilized.

Information about the effectiveness of the TFHS interventions is essential for the increasing quality of measures and quality care we deliver. The gathering of this information; this data must have a very high priority in our establishing of centers for delivery of the care by individual PTP. Our training centers must be willing to invest energy in this most important undertaking.

This investment need not be more than 2-3% of the gross fees charged. It could even be less if more volunteers were utilized. Each institution and person needs to accept this responsibility for their own quality control programs if they expect to compete in a truly free market in health care.

We have no literature published in scientific journals of prevention and health promotion. These journals did not exist 10 years ago, conferences were not being held — it is however, happening now. We, by choice, are not part of that community because we have not submitted articles and studies of the outcomes are of our interventions.

The time has arrived for the TFHS to participate in the Health promotion, Wellness, utilizing health as a prevention,

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Do We Really Care About The Quality of Care We Give?

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community as a full member. We are part of changing the mind of the world toward wellness with changed locus of authority back to the individual with educated free choice of interventions.

One of the first steps is for our teachers, students, clients practioners, providers to write down the results, the outcomes of the interventions in the lived lives of the students, clients, patients of people utilizing the TFHS. Until we have some ideas of the complaints of people who have had successful interventions we cannot know what data we wish to classify.

Do we help performance in athletics by improved (reduced) recovery time? We believe we do but the actual written reports on these outcomes are very few. How does this compare with no interventions? How does it compare with other types of interventions?

Do we help in restoring people with chronic pain to productive occupations? Do people that have had TFHS interventions have less drug use? Do they have fewer visits to the doctor during the following year after the learning and utilizing TFHS interventions? We believe that we do.

Reports on these types of improvements are few. We must have the reports on the complaints and /or life interferences that have been lessened by TFHS interventions.

We believe that we improve the quality of life for those people with chronic problems where they have symptoms which are preventing the quality of life to manifest itself. We hear about these claims orally, but we have very little written and published about these claims. We have no data bases in these claims. I believe that we can establish anecdotal data bases. Do we care enough to participate in contributing to scientific gathering of this data? Yes we do, and we will take action!

A world mind change is occurring. We can choose to be players in the real world game of health promotion. We can be participants or we can be outsiders. Do we

really have the courage to be participants? I believe we do!

The recognized health providers are being forced by the world-wide mind change to look at outcomes. Dr. Robert H. Brook M.D. ScD. of the RAND corporation Research Department of Santa Monica California said in an article "Quality of Care: Do We Care? on 15 September 1991 in the Annuals of Internal Medicine Volume 115-No.6 "To illustrate the magnitude of the problem, my colleagues and I recently reviewed the literature on the effectiveness of coronary angiography, coronary artery bypass surgery, carotid endarterectomy, upgastro-intestinal endoscopy, colonoscopy, and cholecystectomy. These six procedures account for about 5% of all the dollars given to physicians by Medicare. Yet we could not answer the following questions: Is carotid endarterectomy ever indicated? (An answer to part of this question is just now becoming available.) There

are over 80,000 carotid endarterectomies done per year in the United States.

Is endoscopy indicated in elderly people who have heartburn for less than a week and who have received an inadequate medication trial? Research has shown that most elderly patients who undergo endoscopy have mild symptoms. Is cholecystectomy appropriate in asymptomatic patients with gallstones? Do the medical benefits outweigh the medical risks? Even when some effectiveness data exist, they are incomplete.

When we offer a patient with cancer a choice of drug therapy A or drug therapy B, we rarely have data to address patient concerns such as the following: How many bed days will I have on therapy A as opposed to therapy B? Will I feel so fatigued on therapy B that I will not be able to perform my activities of daily living? Few drug trials include quality of life measures, and even if such measures are included, little health services research has been done on how to elicit patient preferences for quality or quantity of life when therapy has the potential to produce such a trade-off."

These questions could not have been asked until the computer age made possible data bases. What are we going to say when

We Need To Hear From You!

Your testimonials, Your experiences,

Whether you are professional or not, it does not matter. What matters is accurate information - documented and sent to:

Touch For Health Foundation 1174 North Lake Avenue Pasadena, CA 91104 asked if a TFHS intervention is indicated instead of or along with regular orthodox care? Do we have clients, students, patients whose values allow them to use TFHS as an alternative to the treatment recommended by others?

If we are to compete in a truly free market in primary care we need to prove our effectiveness. If we remember that lack of knowledge of what does and does not work (that is the effectiveness of the TFHS interventions) will prevent us from agreeing on what is the standard of care for the TFHS interventions or classes. We need to know what effects the use of a TFHS interventions.

improve health.

Can we agree that all health care and health promotion should devote a portion of their time and energy to the activity of producing data that will prove or disprove what we believe? Do we have the boldness to be part of this new knowledge?

Our outcome studies and measures must be broad and include CPS centered measures of physical, emotional, mental, spiritual and social health. Three factors that must be components of this quality: the appropriateness of the care; the technical competence with which the intervention is

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vention has on a person when done by the average TFHS practitioner/teacher. We need to know what effect taking a TFHS class has on the individual person/family. We cannot be overwhelmed by the magnitude of the task. We must do this the same way we would "eat the elephant" - one small bite at a time.

We must start with a body of information giving results of TFHS interventions. This data can be gathered from all over the world where people have been taught and are using TFHS. We can classify the data, look at the similarities, the areas which our interventions seem most effective and design outcome studies which will prove or deny what our original data seemed to show. We can look at data from clients/patients/students(CPS) with previous diagnosed chronic conditions to develop and test clinical hypotheses that link what we do (our methods of intervention) with what happens to the CPS (our outcome of care).

If we were to agree together that in order to be recognized as a teacher/center/instructor by the INTERNATIONAL KINESIOLOGY COLLEGE the person/center would invest in quality control in their teaching and other interventions. This means we could be a part of altering the role of health care and health promotion workers in society so that included in their responsibilities is the production of new knowledge about what does and does not

carried out; and human dignity. When a CPS visits a TFHS center or individual we must assure them that the services we render will produce more health than harm (that it is a service the CPS can utilize). This is what is considered appropriateness.

When a TFHS intervention is done it needs to be done skillfully so the best outcome is obtained for the energy (money/ time) invested. This is technical quality and the CPS needs to be informed about what is being done and the locus of authority needs to be with the CPS. The CPS needs to be honored for whatever decision is reached so that the CPS is treated with dignity. I think we believe that we are doing all of these things in our interventions but they are just assumed. We must bring them to the surface and be able to discuss them and come to joint agreeable procedures to be of greatest service to humanity. Helping make our world a better place to

When we look at outcomes of the appropriateness of care we can utilize them to assist in the overall quality of health care and health promotion. We can truly produce valid data by doing effectiveness research. When we have the data that will allow us to analyze what mechanisms produce the maximum benefit for the energy expended of the wealth of society we can then truly be part of the goal of having unconditional love for all mankind.

From The TFH Foundation

Forrest Turpen

Keeping in touch is fundamental if we want to make a concerted impact in the world around us with **Touch for Health**Synthesis. It has been an interesting and rewarding four months for Judy and me as we are getting to know you.

The TFH Foundation has been actively supporting you in many and varied ways. It has been our pleasure to schedule Dr. Thie for numerous speaking engagements and health conferences so TFH Synthesis is represented.

Let me illustrate by listing several opportunities where we represented you. In September both John and I traveled to San Francisco for the "National Health Management Conference." Networking was a major focus for us at this conference as we sought ways TFH Synthesis could be integrated into the whole of health promotion in America and ultimately, worldwide. Key players in the field of health on both national and state level attended the conference. They are seeking for ways to encourage better health. Obviously, economics is a major concern in the politics of health promotion.

A second conference with a theme of "Wellness" again focused on ways to promote good health through health promotion techniques. This conference was sponsored by Health Net, a large HMO and the University of California's six medical schools.

In a third conference, "Crisis in Care Giving." The focus was the theme "How to Promote Better Health." Once again, it is obvious, at least in our American culture, that the health field is searching for answers. The medical model is not working and the search is on for ways to promote better health inexpensively.

For you, the TFH family, all of this simply says now is the time to stand up and be counted. We know we have many of the

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From The Director Of The TFH Foundation

continued

answers for which the National Health Management people are seeking.

Our dilemma is we are not yet able to conclusively show through our research that we have answers to health needs. It is so important to hear stories from your clients that illustrate through anecdotal reports the effectiveness of the application of Touch for Health principles and synthesis.

On another note, Dr. Thie has shared at meetings with **Robert Waldon and Betty Lue Lieber** at the Reunion Center in the SanFrancisco Bay area. On December 6th, John spoke at the Chiropractic Parker School of Professional Success in Orlando. Following that engagement he shared with a

group of public school educators in Orlando. He traveled to Durham, NC where Arlene Brown, TFH Southeast Area coordinator hosted a conference on December 14, 1991.

The purpose of these outreach, speaking engagements is to heighten the awareness of TFH in your area as well as to coordinate outreach with you from the TFH Foundation which should promote your work, and to encourage and emphasize research through anecdotal outcomes.

It would be my pleasure to schedule Dr. Thie in your area at a time convenient to you and with his schedule. It is often good to work. John into a training program that is already

ongoing as a kickoff or a conclusion to your work. Another idea is to use today's health "hot buttons", health promotion or better health care: practical ways to make a healthy home or health care: practical ways to reduce health costs or perhaps: you can prevent unnecessary health costs through health promotion. Let me hear from you. I'm sure the collective wisdom of the TFH family can come up with better and more unique ideas that will work for all of us.

May I remind you that in August of 1990, the Touch for Health Foundation ceased to be a membership organization. We no longer sponsor or organize training classes in Touch for Health in Pasadena or

anywhere else, for that matter.

The Touch for Health Association of North America now has the responsibility of coordinating TFH faculty and training classes throughout the U.S.. Volunteer, state and regional coordinators are working to promote classes and answer questions regarding training opportunities. Please call 1-800-466-TFHA(8342) for information.

As a foundation dedicated to research that promotes TFH Synthesis, we still accept donations to continue our research effort.

Let me share with you several items

It would be my pleasure to schedule Dr. Thie in your area at a time convenient to you and with his schedule. It is often good to work John into a training program that is already ongoing as a kickoff or a conclusion to your work.

the Foundation is presently involved in which represent and assist you both directly and indirectly.

- We are working closely with TFHA and Norma Harnack in updating the mailing list, passing along inquiries to Association for dissemination, promoting the 2nd Annual TOUCH FOR HEALTH ASSOCIATION meeting, July 10-14, 1992 in St. Louis.
- The new folio has been completed and is now in two sizes. The original 9 by 12 and the new pocket or purse size for convenient transportation is available. Please order from TH ENTER-PRISES Bookstore - 1-800-826-0364.

- New brochures are available from the Foundation with the emphasis on research. We have mailed each of you a copy and want your suggestions for change and improvements. A second brochure was also developed for limited work directly with centers of worship. (both of these are available in quantity upon request.)
- The Foundation continues to work with TFHA in producing the newsletter.
 There will be times when issues will be separate as well.
- We are working closely with TH EN-TERPRISES store to increase service to you. The new catalog is one way we
 - are promoting TFH worldwide. This 1992 catalog was mailed to all massage and massage therapists, so you may want to contact those in your area.
 - The Foundation is working to position itself constructively in the arena of self-esteem. We participated in the State of California Conference on Self-Esteem. Many states and local school systems are looking for ways to encourage and enhance self-worth and self-esteem for the adult population as well as school age children. Touch for Health and TFH Synthesis can be used
 - to assist in this health promotion area. (Please let me know your recommendations in this area and if you have special techniques to share)
- We are anticipating the development of updated and expanded TFH products in the coming years. eg: TOUCH FOR HEALTH manual, charts, etc.

Finally, let me close with one last admonition - RESEARCH will be the key to any future success the TFH family experiences in the 90's and beyond. Your anecdotal reports are a must! USE the TFH Foundation to assist you in making TFH Synthesis a household word in health promotion. "SO TO SPEAK" - the future is in the palm of your hand.

On The Research Front

Warren Jacobs, M.D. of California submitted a copy of a pilot project that came across his desk.

Two students, Charlotte Jorgensen and Helle Kastrupsen who are studying at the Royal Danish School of Pharmacy will write a dissertation in the Spring of 1993. Their subject: Touch for Health Kinesiology.

The dissertation is to cover both the U.S. and Denmark. They are interested in hearing from therapists and treatment centers in regard to what themes should be illuminated in their dissertation.

Some of the question they wish to address in their paper include:

- Why is there a need for Kinesiology?
- · Why do people choose Kinesiology?
- What kind of people choose Kinesiology?
- What are the advantages over other types of alternative methods?
- What would an ideal treatment center look like?
- · Are Kinesiology and traditional medicine compatible?

If you are interested in having your research and/or statements used in this dissertation, please send your responses to Forrest Turpen, Director, Touch for Health Foundation, 1174 N. Lake, Pasadena, CA 91104. If you do not want your name used, please indicate that with your response.

Our Instructors Are Doing IT...

From Leila Turner

Thirty-eight years ago, DF almost drowned in a lake. She was 8 years old at the time. Since then she experienced a deep fear of the water. As a result of a session with a TFH instructor, DF took and enjoyed a river rafting trip and feels a new freedom from fear.

Barry Hatfield of Santa Fe writes of a back paralysis which came on suddenly. He was ecstatic with an 80% recovery after the first day and 100% recovery in just three days with a basic treatment three times. In addition, Barry had Tinnitus/Hypercussis(ears/hearing) which was a lingering illness over a six year period. He could not function properly. He had tried acupuncture to no avail. These symptoms have improved 90% over two years of treatment about every two months. Barry states, "I am now able to get on with Life."

... Are You?

From Marcia Hildreth

Dan Bednar of IA reports an improvement in an on-going condition after a foot reflexology session. He states, "Ifeel better.... I see value in TFES by supplementing the established medical community together they can work for the benefit of the patient.

From Vicki Fletcher

"In 1990 I worked with Rocky Mountain Academy. This school specializes in teaching children with learning techniques. I was given permission to use TFH. What I found to be most profound was the '5 finger quick fix'. Placing the 5 fingers of one hand around the navel while rubbing the K-27 points and then c-24 and G-27 with the other hand. As one example: while practicing finger math drills, one student keep reversing his units and tens. I stopped and brought it to his attention three times. He couldn't seem to make the change. I asked him to try and I did the quick fix method. He immediately could correctly use the left hand for the tens and units on the right. Everyone in the class was impressed and I didn't need to suggest they try the technique because they had seen it work. Each time Tim experienced stress, he would use it. Another student had a brother who was having a difficult time learning to balance a bicycle without a training wheels and she called me all excited because he had ridden around the block after use of the 'quick fix'. Combined with cross crawl, it can't be beat!

From Dr. Jim Reid

Dr. Harold Green, Breeder of Paso Fino Horses, writes that Specialized Kinesiology is also an effective tool that can be used in the care and training of animals. Horses, dogs, and birds have been successfully treated by Dr. Reid for a variety of imbalances. When balance was restored in these animals, positive behavior modification was easily achieved. "Dr. Jim Reid applied his techniques to a young stallion that had never been ridden, after which I saddled and bridled him and rode this animal which before had been both terrifying and aggressive."

Remember!

If you have success stories you would like to share, or research that can help Touch For Health better itself - let us know!

Write down your experience
Document your work
Send it in.

Touch For Health Foundation 1174 North Lake Avenue Pasadena, CA 91104 (818) 794-1181

From clients, students and patients of Marge Murray

Mary Burish of WI had re-occurring bouts of rigidity, tears and emotional problems she described as "pitiful". Although she expressed some doubt at the effect TFH would have upon her situation, shereports she has been helped and is looking forward to the next session.

Bonita Loeh states she was "depressed, crabby, wretched and anxious all of her life. The pain was emotional and she had tried everything from counseling to diets. Although she doubted the TFH method in her head she said "it was right on in her gut." The results were immediate and she exclaims, "It works!"

Ann Spindt experienced stress for three years due to several on-going conditions such as: extreme headaches, stress, irritable bowel syndrome, yeast infections and an overweight condition. She had no energy and began to experience pain in her head. After trying numerous medications and tests to no avail, she reasoned she had nothing to lose by trying TFH principles. Within in 3 to 4 months of sessions she now reports she has an occasional headache and some bouts with the irritable bowel, however, they work that into balance.

Char Deering reports she had been "bound up with emotional hang-ups and never believed she would ever be

completely happy." For as long as she could remember she had been that way. She had experienced some pain in her stomach and back. Her TFH instructor was a member of her church and told her about being in balance. She is (inher own words) "very excited about the intervention and thank God she is a patient of this fascinating art." Her improvement was immediate.

Linda Danieli noticed changes almost immediately and has noticed an 80% increase in the way she feels. These results came after a lifetime of relationships not working, dissatisfaction with employment, low self-esteem. She had sought both spiritual and Holistic counseling to no avail. The improvement is on-going.

Although skeptical at first, Laura Donzelli now states, "After years of low self-esteem, I am feeling better than I ever have. I am still growing and involved in other Holistic spiritual programs in addition to TFH."

Jeanne Bertagnolli found immediate results from her TFH sessions. She had previously experienced bladder problems, arthritis, among other physical problems. Along with the physical situation she also held deep feelings of unhappiness and depression. She states she can't wait to get to her sessions and as a result of them she has changed her whole lifestyle. She redid her whole house, bought a new car and wardrobe and has a brand new attitude.

After 6 to 8 months Mr. Glen Wopshel has been relieved of backaches, headaches and now boasts of a new attitude. Although skeptical at first he credits RFH techniques with enabling him to gain confidence, begin a new life.

AL was suffering from schizophrenia, depression and difficulty in achieving goals. There has been 100% improvement and after 1 1/2 years of treatment she is now working toward a new career and according to her, "my self-esteem has skyrocketed," as a result of TFH.

"My emotional, physical and mental health have improved 200%" states Bea Schilleman after some deep balancing techniques. After years of frustration accompanied by head and back pain she was very pleased and tells all of her friends about TFH techniques.

Tony Bertagneli, who is 91 years young, has noticed a 50% increase in his attitude, thinking, and is happier and wants to live and do more after just 4-5 months of sessions. Prior to TFH he states, "I wanted to die." Now he looks forward to each day.

From Arlene Brown

An anonymous patient of Arlene's relates the following testimonial. "I'm writing to explain the benefits I've received since coming to you for treatment. I had been suffering from migraine headaches for over a year. In the past six months, there was increased frequency and intensity to the point where I was incapacitated every other day and often every day. I was also diagnosed by a physician and a psychologist as being severely clinically depressed. I was so tired of the pain that I felt at the "end of my rope". I even thought of suicide on occasion. I was referred to you by the psychologist with whom I work. I was skeptical of success to say the least, and at the most, thought it would take "forever" and probably my entire savings to see any real improvement. I was astonished, relieved and inspired by what actually did happen.

After only one visit, I did not experience a "major" migraine headache. My second appointment with you, was almost two weeks later, so for me to go that long without the daily painful occurrence of a headache was amazing. I stopped taking the anti-depressant medicine, based on my own decision and started feeling hopeful about my future, which for me, means a physical recovery. Thank you, Arlene!"

From Ilse Jakobovits, R.N.

J.O. who is 59 had surgery in February of 1991 on his knee for the second time in four years. (lateral release of the kneecap; wedge of tibia fibula removed.) In spite of strong medications, he was experiencing severe pain the second day after surgery. I used the Meridian tracing and the NV points (no muscle check!) which resulted in considerable decrease in pain. I continued to use these methods for several days. The usual recovery time for this surgery is two months before the patient is able to bear weight on their leg, but he was able to shorten his recovery time by one month and was walking without crutches after the fifth (5th) week. His surgeon was amazed, and told him to continue whatever he was doing.

L.M. reports at the end of August 1991 that she was suffering severe gout in both feet. She is 76 and was tired of "all the pills the doctor was prescribing." She also reported the side effects of the pills were making her sick.

She walked by leaning over her walker, screaming with each step. I checked the 14 muscles and found 6 switched off. The emotion was kidney fear. At first she couldn't remember a fear but after thinking it over, she related two of her family members had died of kidney failure and she was fearful she would be the third. We also suggested some change in diet, adding more protein, fruit, vegetables, etc.

It worked! In two days the pain and swelling diminished considerably and within three weeks, she was using her shoes again and able to do some household chores.

Ilse concludes from her experience, "that by using the emotions, whether it is the Barometer or the list of emotions in the Five Element Chart, we can excel the work with a climate and obtain a deeper release of an issue underlying a physical problem."

From Gerardo Vale and Ivanette Silva in Brazil

Leda P. of Brasilia states she was physically and emotionally unable to do any kind of activity and depended on others for almost everything. She had been in this condition for three years. She has also suffered from rheumatoid arthritis for more than 10 years. Her life was intolerable. In every joint, there was continual swelling and pain, especially in her legs. She had visited neurologists and medical doctors seeking relief. Her daughter told her of TFH and of others who had been helped by the TFH techniques. She was skeptical at first, however, after the first visit her doubts were dispelled. The improvement in her general well being was remarkable and little by little she saw overall improvement as much as a 90% increase in wellness. She is now able to swim, walk, take a shower and travel by herself which she was not able to do before TFH. 11/15/91

Elizabeth and Hap Barhydt have their own Success Story.

Elizabeth states, "I want to thank Dr. John Thie for his Touch for Health techniques. After suffering for years from symptoms of dyslexia, I found relief by using the visual inhibition exercises. This came about after I attended a class on a Holistic health school that was beginning in our neighborhood in 1980." After suffering from rheumatoid arthritis and being told there was nothing I could do except to take hot baths, which I found I could not do as a result of some heart problems. I also suffered from bursitis in my shoulders for 20 years. I had taken shots of cortisone for relief. While attending the Touch for Health annual meeting in July of 1982, I had another attack of bursitis. Before going for a shot, I decided to see what one of the faculty members could do to help me. By using the reactive muscle correction within ten minutes, the pain was gone and I could raise my arm. The muscles involved were the anterior deltoid and the teres minor.

This experience made us aware of the importance of reactive muscle in general Holistic health. We continued to take more TFH classes and to experiment with new ideas, using ourselves as guinea pigs. Gradually my health improved as did Hap's. Although x-rays in 1980 indicated a herniated disk in the lumbar area of my spine, I now have full use of my body with good flexibility and very much reduced pain. This is not to say that I don't have any arthritis, however, I am not in the pain I used to be in.

Today reactive muscles and relative muscle and structural imbalances are a great part of our work. We have developed a Self-Help Reactive Muscle Basic Balance Exercise that can be done anytime and anywhere when you are under muscle stress. We have also developed additional Basic Balance techniques for frozen muscles and meridian imbalances, structural imbalances and brain control circuit imbalances. This work is described in our many papers and in the annual International Touch for Health Journal and our book, <u>Self-Help for Stress and Pain."</u>

Elizabeth also related a story of a women who shared Touch for Health techniques with her grown daughter who after the treatment began to weep and told her mom, "This is the first time you have touched me since I was a baby." Needless to say, they began a new relationship with one another.

Hap and Elizabeth also worked with a lady who had lifted something too heavy and was bedridden and in much pain; unable to sit or stand. Actually, the lifting was probably the straw that broke the camel's back. The lady had been seeing a doctor for a bleeding ulcer and had also had a long history of back problems. She was planning on leaving with her husband and some friends for an extended trip to Alaska. As usual people tend to come to us after they have exhausted other resources. She came to see us a few days prior to the trip. We started on Saturday. Her hip was out of balance on the right side. Scanning the spine while muscle testing indicated there were many energy imbalances. Since she was in so much pain we did all muscle testing with a surrogate for this session. We started balancing the hips using the Low Back Balance, the Reactive Muscle Basic Balance and the Frozen Muscle Basic Balance, first in a sitting position and then in a standing position.

The balance did not feel secure and she was still in a lot of pain so we persuaded her to lay on the floor and balanced the hip again using flattened rolls of toilet paper as wedges and the stress release points (ESR's). We then balanced the atlas using an unpublished technique which can be used as a self-help technique. This ended that Saturday session and she was much more mobile although still in pain. It often takes 12 to 48 hours after reestablishing energy balance for the injured tissues to recover. We saw her again on Monday after she had spent the day packing for her trip to Alaska. She said she had been doing the balancing exercises and we found her hip, spine and muscle energy balances we had done earlier were holding. However, she was still in pain with isolated muscle spasms. Particularly in the right leg. She was still not strong enough to muscle test directly so we continued with surrogate testing.

We saw her the last time on Tuesday morning. She was feeling great and was substantially free from pain. We were able to muscle test her directly and determine earlier balances continued to hold. We urged he to continue to use the Low Back, Reactive Muscle and the Frozen Muscle Balances to maintain and reinforce her state of balance.

She called us from Santa Cruz the following Friday. She had been to a medical specialist who had x-rayed her back which showed two disks were missing and bone spurs had developed in their place. She told the doctor what we had done and he encouraged her to continue with our treatments as surgery was not an option for her. Upon her return from the Alaskan trip she reported that her hip and back felt fine. This story shows the effectiveness of the Self-help exercises in the first place and the advantage of having self-help balancing exercises you can use without muscle testing for follow-up when you encounter subsequent stressful situations.



The Touch For Health Association

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The International Association of Specialized Kinesiologists (I.A.S.K.) will be holding its' conference following the T.F.H.A. Annual Meeting, July 16 - 19, 1992. To encourage your attendance at BOTH meetings, the T.F.H.A. and I.A.S.K. have agreed to offer a special reduced combined conference fee for both meetings.

Conference Fee:				Room & Board Fees:				
Up to May 15, 1992					TFHA	IASK	Combined	
	TFHA	IASK	Combined	Single	\$180	\$135	\$405 (9 days)	
Member	\$250	\$250	\$450	Double	\$168	\$126	\$378 (9 days)	
Non-Member	\$300	\$300	\$550					
				Photocopy registration form below and send to the:				
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Γ-Shirt Size: M L XL XXL (circle one) Amount	enclosed	TFHA 12/91

Call For Papers and Presentations

There are two types of presentations: Papers and Workshops. Papers will be in the morning and Workshops in the afternoon. Papers can be as short as 15 minutes and as long as 60 minutes. Workshops are 1 1/2 hours and 3 hours in length.

Paper Standards

- 1. An abstract and topic summary are due February 15, 1992.
- 2. Papers are due April 15, 1992. If you are planning on presenting your paper, please state the anticipated length of time needed.
- 3. All papers may be submitted either on a 360K PC disk or a 800K Macintosh disk as ASCII text. Typewritten papers should be double-spaced and in black ink. Single spaced typed and hand-written papers will not be accepted.
- 4. All graphics, photographs, illustrations, must be camera ready and no larger than 3"x 4".
- 5. All papers should be on 8.5" x 11" with 1 inch margins on all sides. If there is any special formatting to your paper, please send a copy showing how you want it formatted.
- 6. Papers should be substantive and impart information and skills in a complete fashion. Procedures should be described in full.

Workshop Standards

- 1. An abstract and topic summary are due February 15, 1992.
- 2. The paper and any hand-outs are due by April 15, 1992. Indicate if the hand-outs are to be included in the Journal.
- 3. Please state the length of time you require for the workshop: 1 1/2 hours or 3 hours.
- 4. Workshops are "hands-on" workshops. Please allow for both teaching and practicing of skills. An acceptable proportion would be 50% lecture and 50% practice.
- 5. Please state the skill level required for the workshop.

None - new person without any knowledge of muscle testing;
Basic - person who has completed Touch For Health 1;
Intermediate - person who has completed Touch For Health 1, 2 & 3;
Advanced - Instructor/PHP graduate or higher.

Mail your Papers/Abstracts to:

Touch For Health Association Attn: Conference Journal P.O. Box 430009 Maplewood, MO 63143

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Marge Murray and Frank Mahoney got theirs! Would you like to get yours? Your what? Your special gift for being one of the first 50 people to pay their 1992 Conference fee in full. Register in full now and receive this special limited edition gift available only through your Touch For Health Association.

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PS: This offer is only available to current members of the Touch For Health Association. If you are not currently a member, send in your membership with your Conference registration and receive the member's rate for the Conference and the your gift for paying your conference fee in full!

About The Touch for Health Association of Southern California...

We are a network of people who use the Touch for Health synthesis to create optimum health and performance for ourselves and the people we care about. Health professionals, laypeople, teachers and students meet and share skills from the various forms of kinesiology.

The Association has teachers who offer a variety of classes in personal and professional development. Along with semi-annual regional meetings, we have supervised evening "Mastery Sessions" where people can come to give and receive a balancing and review their skills.

Whether you are a beginner, an intermediate student, or an expert in kinesiology, there are TFH Association programs for you. Join us on January 25th and get more involved in this exciting field!

Call (310) 457-8407 for more information.

ATTENTION TFH INSTRUCTORS!

A special networking meeting of TFH Instructors will take place 7:30PM to 9:30PM at the Jolly Roger following the Regional Meeting. We will be organizing the new TFH Teachers Association to give you more support and referrals. Plan on being at this valuable evening, even if you can't attend the daytime event

TOUCH FOR HEALTH ASSOCIATION
REGIONAL MEETING OF
KINESIOLOGY PRACTITIONERS
Saturday, January 25, 1992
9:30AM to 5:30PM
Anaheim, California

Experience an exciting day of professional and personal growth with some of the top people in the field of kinesiology!

2nd Annual
Touch for Health Association
of Southern California
Regional Meeting
Saturday, January 25, 1992
9:30AM to 5:30PM
Includes lunch

EXPERIENCE AN EXCITING DAY OF LEARNING, SHARING, FRIENDSHIP AND, FUN!

Presentations will be made by some of the top people in Kinesiology including:

- ☐ John Varun Maguire
- ☐ Mary Louise Muller
- ☐ Alice and Kim Vieira
- ☐ Kathleen Morrow
- ☐ Robert Aboulaché
- ☐ Lorraine Osborne
- and more

Sharon Jeffers

We like to encourage sharing. If you would like to make a presentation at the meeting contact Mary Louise Muller at Ξ (714) 677-0652.

A slate of officers will be elected. Now is your opportunity to make a difference in your association. Consider taking a leadership role.

ATTENTION INSTRUCTORS!

A free evening meeting will take place following the event. Call for more information.

HOW YOU WILL BENEFIT:

- ☐ Keep updated on the latest techniques.
- ☐ Meet other people involved in kinesiology.
- ☐ Get yourself balanced.
- Learn what is available to study in the field of kinesiology.
- J Network with others committed to making a difference in peoples' lives.
- ☐ Have a voice in the selection of officers.
- \square Be part of creating the future of kinesiology.

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TFHA Regional Meeting Registration Form

If you are not currently a member of the TFH Association, join now and you will receive these benefits:

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Instructor Membership \$100:

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Address	City	StateZip Code	Day Phone ()	Eve. Phone ()	I am currently a member of the TFH Association: ☐ Yes ☐ No	☐ I have enclosed the full fee of \$ before 1/15.	☐ I have enclosed the full fee of \$ after 1/15. \$15 is non-refundable.	☐ I would like to speak at the meeting.	□ Enclosed is my annual Touch for Health Association membership fee. This enables me to receive the \$10 discount on the Regional Meeting. Enclose a separate check for membership. □ \$50 basic member □ \$100 instructor member	Make payable and send to: Touch for Health Association P.O. Box 6475
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The First Italian International Meeting Of TFH and Specialized Kinesiologists

In early October, we had the opportunity to attend the first Congress of the Italian Touch For Health Association. Maurizio Piva and his committee put on an excellent meeting.

The location was in Arco, a small resort village just above Lago di Garda in Lombardia. The lake and the surrounding mountains provided a magnificent setting for this Congress. The weather was sunny and clear throughout the meeting. The cruise around the lake was beautiful and enjoyable with everyone joining in a multilingual sing-along.

There were over 120 people in attendance at this first meeting. While the majority came from Italy, the U.S.A., Netherlands, Switzerland, Germany, Spain, Norway, South Africa, Australia were also represented. I am proud to note that the largest contingent from outside of Italy came from the U.S.A.

Portions of Dr. Thie's address were shown on national television news followed by an interview with Pierangela Torresani of the Italian Touch For Health Association. The amount of air time given the conference was approximately 10 minutes.

Beginning in the next issue of "Keeping In Touch", we will publish selected papers by some of our Italian colleagues from the Journal of this Congress.

Congratulations to Maurizio Piva and the Italian Touch For Health Association for hosting an excellent conference! Touch For Health Association

Southern California Regional Conference

When:

Saturday, January 25, 1992

9:30 am - 5:30 pm

Where:

Jolly Rogers Hotel (one block from Disneyland)

Corner of Katella & La Habra

Pre-registration: \$75.00 (includes lunch) \$95.00 (at the door)

Information & Registration:

John Varun Maguire P.O. Box 6475 Malibu, CA 90265

(310) 457-8407

Emotional Stress Release

Ilse Jakobovits

During the five years I have been using TFH in my profession as a nurse and privately, I have had many opportunities to apply ESR points. People might be skeptical at first. As you probably know, touching the middle of the frontal lobes (NV for Stomach), you will trigger the desired relaxation. One can use the Alarm points and related emotions and ESR points as well. Dr. B. Dewes in his "Stress without Distress" also suggests using colors by asking a client to choose a color that feels appropriate and to visualize and surround himself, or you can do guided imagery, always holding to the ESR points. I use this simple procedure at the hospital before surgery or other stress related situations.

- a) have the client sit in a comfortable chair or lie down in a relaxed position.
- b) have him/her think of a distressing situation in their life they would like to work on or get rid of.
- c) (say to them) "Please close your eyes and take some deep breaths."
- d) imagine a screen on the left upper corner of the wall in front of you; project the stressing event on that screen.
- e) while doing the role playing, go step by step through the stress, fear, and anxiety.
- f) after you have completed this scene, start to make the picture smaller and smaller until it is the size of a pin. Now, you can blow it out the window and hook it on a passing cloud. Stress is catching and we don't want it in the room any longer.
- g) now return the problem onto the upper corner of the screen but this time fo through the problem very slowly, walking backwards in a very relaxed way. You are now able to approach this subject in a non-stressful way.
- h) once you have finished this process, start to walk backward very slowly until you are once again whole.
- i) when you are finished, take a few deep breathes and open your eyes.

If needed, repeat this process. If the situation allows, you can do a muscle check before and after the procedure to demonstrate the results.

Keeping In Touch In Hawaii

by Eileen Rodriguez and Lawrence Contreras

Lawrence Contreras and Eileen Rodrigez proudly announce the opening of MYSTI-CAL ROSE TRAVEL SERVICE Call anytime from anywhere in the U.S. including Hawaii, Alaska, and Canada, toll free - I-800-756-5757. We will return your call with the lowest available fare. For all of your holiday travel needs as well as the Touch For Health/IASK Conferences, call now! We wish you good health and God's blessing. Larry and Eileen

It was 1:30 a.m. in Kona, Hawaii. A light mist had begun to fall over the course of the Ironman Triathlon. The crowd had long since departed. The last of the athletes, age 73, had gone into shock and was rushed to the medical tent. Larry and Eileen knew their night was not yet over.

Their road to the Ironman had begun almost a year before when listening to their TFH Instructor John Maguire share his experiences with the Triathletes. The opportunity to share their skills with world class athletes in Hawaii had lured them to spend a week in paradise. They could never have imagined just how difficult, exhausting, or rewarding such an experience would be. As Shiatsu Practitioners, as well as Touch For Health Instructors, they felt they had something to offer. For three days before the competition, they had demonstrated their techniques on their Kikken magnetic mattresses at the Ironman Expo, held annually at the King Kamehameha Hotel. They averaged over 200 people in three days, working from early morning until late in the evening. Athletes who could not speak English simply pointed to the painful areas and winced. They later returned to point and smile and show that the areas were now flexible and pain free.

One of the athletes, 68 year old Larry Fox, had been a participant in John Maguire's MAPS tune-up the year before, and was interested when he heard Touch For Health mentioned again. He credits TFH for helping achieve his personal best

and won an award for his age category. Another World Class Athlete, Sister Madonna, broke the world's record for women ages 50-55. This was after slowing down to aid and comfort an injured runner from France. She later thanked Larry and Eileen personally for helping her before the race. Not all the people attending the Expo were athletes, however. Tourists from Oregon to South Africa stopped by the booth, as well as employees from the hotel and the local sheriff's office. Everyone left healthier than before and many returned to offer thanks.

Their real thanks came
later in the day when many of
"their" athletes stopped by to thank
them personally for their help. They
made comments such as, "I took two
hours off my time, thanks to you!" or
"I never would have made it if you
hadn't helped my shoulder
- thanks!"

The

Expo closed down on Friday and all attention turned to the main event, the Ironman Triathlon itself. Beginning at 7:00 a.m. on Saturday morning, 1350 athletes prepared for the grueling test before them. First was a 2.4 mile open ocean swim through jellyfish infested water, followed by a 112 mile bike race and ending with a full 26.2 mile marathon run. All of this must be completed within 17 hours. The bike race as well as the marathon was up and down the Kona coast through lava fields and up winding mountain roads. Just to finish the race was an accomplishment in survival!

Larry and Eileen arrived at the Massage area on the south lawn of the King Kamehemeha Hotel shortly after noon. The tables had been set up and they began to work on many of the 180 Massage Thera-

pists from all over the world, who had come there, as they had, to volunteer for the Post Race massage given to all athletes. As early as 1:30, the winning athletes began to arrive. First they were given the opportunity to shower down. Then they were walked around to cool down. After being examined for such physical problems as stings, blisters, muscle cramps, dehydration or shock, they were escorted to the waiting Massage Therapists where they were given great amounts of TLC and the best massage of their lives.

As the hours wore on, and darkness fell, the athletes began to arrive in droves. The Massage area looked like a war zone.

Every table was full and mats were spread on the grass to accommodate the waiting athletes. Some arrived with family and friends. Some arrived alone and literally collapsed into Larry's outstretched arms. Exhaustion began to take its toll of the therapies, who worked non-stop to keep up with the crowd. Angels with Gaterade came by to keep them going, change sheets and bring ice packs. Hand signals were used to indicate a free table, a need for

an interpreter, or immediate medical attention. In the background, the loud speaker announced the arrival of each athlete, and the crowd cheered them on as enthusiastically as if they had won first place. As the deadline of midnight approached, the crowd cheered even louder. The announcer would give the location of the final athletes and encourage the crowd to chant their names. "If you can hear us, you are Home free!" he would yell, and the crowd would begin the chant. Eileen was working on a young man from Oregon who had finished his first triathlon, when Larry Fox crossed the line at 11:45 p.m. She stopped to cheer at the arrival of her new found friend, and her client commented, "Everyone expects the winners to be the first ones across the line, but these men are the real winners. They've been on the course for almost 17 hours. They are three times my age, and in better shape. They are my heroes!

The last runner to make it in under the wire was 73 years old. He stood there waiting for a table. Everyone had gone home but Larry and Eileen. They were determined to stay and see it through. The young man had been ushered off his table with the words, "Time to make room for your hero." At first Norton seemed in high spirits. He talked about the race and complained about his blistered feet. His wife was at his side and he had lovingly place his orchidlei around her neck. This was not the first time she had been here. She had been at his side in New Zealand when he had been pulled unconscious from the bay, and had gone to the hospital with him when he had run the marathon in freezing temperatures and during monsoon rains. They joked about going dancing after the massage. Suddenly, he began to feel chilled. More sheets were used to cover him and the Medic tent was alerted. He was going into shock. He was removed to the Medic tent by stretcher where he was started on IVs.

By 2:00 a.m., he had not recovered and was rushed to the emergency room. As Larry accompanied him to the hospital, Eileen took his wife back to their hotel to get some clothes. They met shortly after in the hospital. After stabilizing his condition and running a number of tests, he was released shortly before 5:00 a.m. As Larry and Eileen dropped them off at their hotel, they were hugged and thanked and invited to attend the awards banquet. The real thanks came later in the day at the Mahalo party given to thank the volunteers for all of their hard work. Many of "their" athletes stopped by to thank them personally for their help and comments such as, "I took two hours off my time, thanks to you!" or "I never would have made it if you hadn't helped my shoulder!" were common. Some simply stopped by for a hug and to say Aloha until next year. All had been touched in a very special way and would carry the memory with them as they returned home.

For Larry and Eileen it was the experience of a lifetime. They had pushed themselves to new limits physically, emotionally, and spiritually. They had finished their own Triathlon and although they received no awards, there was no doubt in their minds that they were truly winners.

The Body In Motion and Emotion

By Richard L. Harnack, M.Rel.



Introduction

Our body is designed to move and express. These two things occur from the moment of our birth, perhaps even prior to our birth.

Our body shows and contains our emotions. This is most noticeable when we choose to express particularly strong emotions through our laughter, tears, sighs, etc. Less noticeable, but still detectable, is how we lock into our body long-felt emotions. Holding in our emotions or remaining in any given emotional state over a period of time, affects our posture, flexibility and strength.

Premises

Movement is all or nothing. We either move or we do not. The completeness and flow of any given movement is affected by training, "natural" ability, flexibility and emotional state. The most mechanically efficient movements are often described as being "flowing" and "natural". The less mechanically effective movements are perceived as being "awkward", "inhibited" and "tense".

The concern for Kinesiology and Kinesiologists is not whether we move, but how well we move. Efficient, fluid movement occurs when muscles fire in a sequence to complete a given action. The motor cortices in the brain initiate movement. The spindle cells and golgi tendon apparatus mitigate and complete the movement. How well these nerves work together determine the fluidity, coordination, efficiency and power of a given movement. Because of this, the spindle cells and golgi tendon apparatus will be the primary corrections.

The ability to clearly and accurately sense and visualize any physical activity definitely affects the successful acquisition and completion of the activity. Included in this is the ability to visualize and sense yourself performing the activity well.

Summary of Techniques Used

Muscle Stress Testing. In doing muscle stress testing, I use the major muscles involved in a given movement to check for any stress/inhibition in the movement. When tested this way, a muscle will show switched off if it is not firing properly during the movement.

This inhibition of the muscle in motion may occur for several reasons, reactivity patterns, myo-fascial stretch reactions, injury to the fiber of the involved muscle, etc. It does not matter if these are involved or not, because our first correction will be to push the muscle spindle fibers together at the point the inhibition first shows. This temporarily sedates the muscle spindles and allows them to reset for new messages in the movement.

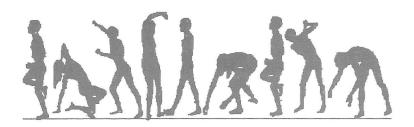
Using the muscle spindles in this manner we are working with the body's communication system at a very basic level.

Movement Visualization. Visualization of movement involves approximately 75% of the neurons necessary for movement to occur. It is only in the other 25% of the motor neurons that any movement actually occurs.

In working with persons who are at the peak of their various field of endeavor, it has been observed those with the clearest internal image tend to perform at higher levels. Those who could not visualize as clearly tended to perform less well.

When Movement Visualization is utilized in conjunction with Muscle Stress Testing the maximum amount of neurons are engaged as fully as possible in the process of evaluation and change. The main emphasis here is toward creating more positive and successful patterns of movement.

Continued on next page



Posture Stress Release (formerly called ESR for Accidents). This technique addresses any possible negative images surrounding an activity. Using it allows the person to release any negative emotions which may be causing inappropriate inhibition of movement.

To use Posture Stress Release fully, have the person put themselves in the physical position causing the most discomfort. While in this position, do Emotional Stress Release until an indicator muscle tests strong. Check for other positions. It may be helpful to discover the underlying emotion for the position.

Aerobic/SustainedMuscle Response. This is a technique taught in M.A.P.S. and P.H.P. 1. If a muscle tests strong in the clear, but the person complains of fatigue or pain in the muscle during exercise, this response may be involved.

To check for the response, test the muscle several times quickly (about 10 times in 5 seconds). If a previously strong muscle now gives way, this response is involved. The correction is to massage the associated neuro-lymphatic reflex point for 3 to 5 minutes. Repeat the repetitive testing.

Movement Evaluation and Correction

Preliminary

- 1. Clear for water, switching and central meridian.
- 2. Balance. (14 or 42 fix as you go.)
- 3. Have person evaluate the movement they want to improve. Pay attention to any pain or inhibition in the movement.

Visualization

- 1. Test indicator muscle.
- 2. Visualize doing the movement well. Be as clear and complete as possible. First with eye open, then with eyes closed.
- 3. Test indicator for each time.
- 4. Note results. If indicator muscle switched off, *do not correct* or do E.S.R. at this time.

Movement at Speed

- 1. Test major muscles used in the movement.
- 2. Perform the action several times at speed.
- 3. Re-test the muscles.
 - -If the muscle now tests weak, use the Aerobic/ Sustained Muscle correction;
 - -If the muscle is still strong move on to the next procedure.

Movement Testing

- 1. Test the major muscles used in the movement.
- 2. Perform the movement slowly (very slowly).
- 3. Test the muscle while the person is doing the movement.
- 4. If the muscle switches off, there is stress/inhibition in the movement.
- 5. Check other muscles involved in the movement.

Movement Correction

- 1. Check for the emotion.
- 2. Release the muscle spindle while the person maintains the position which first caused the muscle to switch off.
- 3. Test the other muscles and repeat step 2 as needed.
- 4. When all muscles and positions have been cleared in this manner, check the emotion.
- 5. Repeat all of the original movement tests under Movement Testing.
- 6. Repeat the initial visualization. Use Frontal Eminence holding if there still is stress over moving well and freely.
- 7. have the person go through the movement one last time and reevaluate how it now feels in relation to how it felt before correction.

Conclusion

This technique puts movement and performance levels in the forefront. It is basically a simple process which can be made as complex as you want. By having the person perform and visualize the movement, we are bring their full attention to bear.

The correction procedure addresses the body at the neuro-muscular level. By momentarily switching off the muscle spindle cells, we are helping to clear the connection to the brain.

Many people notice an immediate improvement in their ability to move freely and without any pain. Using this procedure provides an easy way to improve performance levels quickly while allowing for muscle re-education to be even more effective.

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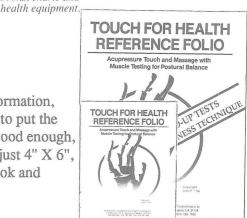
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In our last ad we gave two prices for Dr. Ralph Dale's terrific new book, THE ACUPUNCTURE INDEX. The correct price for this in-depth work is \$125. And don't forget, our TFH ACUPUNCTURE MERIDIAN CHART makes an excellant graphic display for this classic text.

If you haven't received the new STORE catalog, give us a call and we'll get one to you A.S.A.P. Thank you and may the plans and dreams you develop over this Winter season, bear joyous, healthy fruit later in this changing new year.

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Address Correction Requested

P.S.: Release February 2, 1992 date from your calendar plan's have changed!

From The Editor

Robert A. Aboulaché

Welcome to 1992, can you believe it - wow! We're moving along here at Touch For Health and you will see just how far as you read through this newsletter.

Most exciting is the multitude of testimonials we're receiving - keep it up, that's the way we will pave our way into the mainstream of health care in the United States and abroad. Along those lines, Dr. Thie's article is a must - read it.

Be sure to sign-up for the 2nd Annual Meeting of the TFH Association - "Gateway To New Frontiers." Only at the Annual Meeting can you appreciate who the Touch For Healther's really are - so c'mon join us.

Anyway, keep in touch with us by calling or contacting TFH, here are our addresses again. Anything having to do with your membership contact the TFH Association. Anything having to do with research, contact the TFH Foundation. See you this July, at the Annual Meeting.

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