

NEWSLETTER

Vol. 2

Issue 3



Report from John F. Thie, DC

Heart Attack Drugs

DO YOU GET WHAT YOU PAY FOR?

The fight over which is the best drug remedy for dissolving blood clots — streptokinase or its 10 times more expensive rival, t-PA — is getting more confusing for the public, according to Arthur A. Levin, MPH, in the June 1993 issue of HealthFacts. Both drugs are used to treat heart attacks. The

media have reported on the supposed improved effectiveness of the more expensive t-PA, made by Genentech.

Levin refers to the work of Richard Peto, MSc., professor of medical statistics and epidemiology at Oxford, whose analysis of the newest studies and published results of two earlier trials led him to conclude that t-PA does not have any significant advantage over streptokinase in the treatment of heart attack patients.

"Any net benefit must take into account the rates of fatal and disabling strokes that are side effects of both clot-dissolving drugs," Peto writes. "The risk of fatal or disabling hemorrhagic stroke (bleeding into brain tissue or meningeal spaces) is up to two times as great with t-PA as with streptokinase."

I believe each of us has an obligation to be aware of the cost of getting treatment for ourselves and our families. We all want the best, and, if possible, we should have everything done that will help us lead healthier, more productive lives. But can we say the best is being done when both drugs increase the danger of stroke and other internal bleeding? And is the best treatment really the more expensive drug?

Have any of you had experience in working with people following heart attacks? Any personal experience using the Touch For Health Synthesis in these conditions? Let me hear from you.

WOMEN ARE BETTER OFF WITH LESS TREATMENT

Another article in the same issue of HealthFacts finds that men are more aggressively treated for angina than are women.

What interested me was that the women in the study were seven years older than the men on diagnosis (60 vs. 67), but a greater percentage were alive 10 years later. Maybe it's better not to have the most modern medical treatment and diagnostic procedures if you want a longer life.

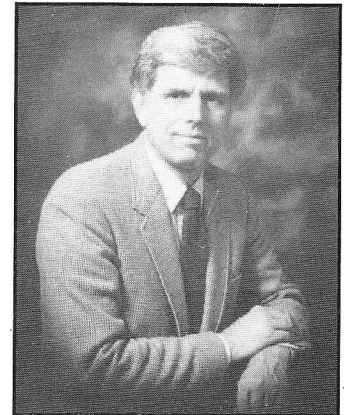
"I don't think we want women to have equal heart disease treatment because we know that men are overtreated for heart disease," says Dr. Barbara P. Yawn, M.D., of the Mayo Clinic.

What experience have you had using the TFHS with people with angina or other heart diseases?

MODELING IN CLASS YIELDS GREAT RESULTS

Paula Oleska of New York, our faculty member for Poland and the U.S., called me early in August just after teaching a TFH 3 class and was very enthusiastic about some of the results her students

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• MANIPULATION INJURES PATIENT AND MD

A screen writer diagnosed with Epstein-Barr fatigue syndrome was awarded \$1.3 million in damages from a medical doctor she consulted and who manipulated her neck. It was shown in the court records (Saltzberg v. Hawkins in Los Angeles Superior Court, Nov. 13, 1991) that the MD had only had week-end training in manipulation. Dr. Stephen Foreman, a chiropractor who is also qualified in chiropractic orthopedics, testified that the training the MD had received was grossly inadequate for the practice of spinal manipulation.

The records show that the doctor did not recognize the symptoms of slurred speech, unsteady walking, etc. as contraindications for spinal manipulation of the cervical spine.

New Video Set "Touch for Health for Massage Therapists" is selling rapidly!

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 41-1-272-45-15

TFH Association Holland
 Groestraat 8 • 5151 Je Druden • THE NETHERLANDS
 041-637-5617

Associations for TFH are forming in many nations all over the world. Please contact IKC (41-1-272-45-15) or TFH Foundation at (818) 794-1181 USA, for more current information.

If your association is not listed, please send documentation of your work to TFHF so you can be included in this worldwide movement of TFH Synthesis.

ANECDOTAL REPORTS**TFH RELIEVES TENNIS SHOULDER**

Larry Green of North Carolina writes:

"I went to Atlanta to help develop the curriculum for a holistic cancer retreat program. I met all day with the staff members organizing this program. One woman, named Lucy, complained right from the start of a sore shoulder. She is a tennis player on a local team, their No.1 women's singles player, and was anxious about a match who was scheduled to play the next day. Her shoulder had been sore a few days.

"At our lunch break another staff member, who is a licensed massage therapist and mid-way through chiropractic school, worked on Lucy's shoulder. Lucy noticed little difference and complained later that her shoulder was still sore. At the end of the day I offered her a TFH 14 muscle balance. She had never heard of TFH but was willing to try.

"After the balance she reported that all her pain was gone. She had full range of shoulder motion without irritation — and a smile."

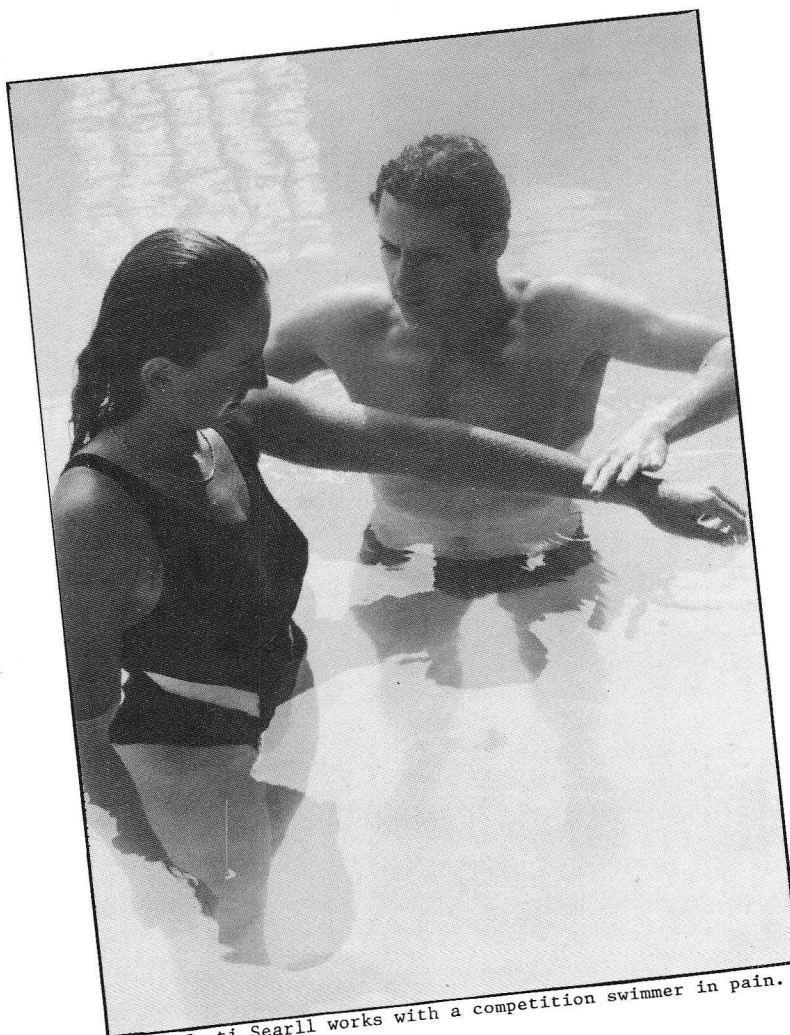
MUSCLE TESTING TAKES TO THE WATER

Since becoming involved in the wonderful world of kinesiology, I have experienced many wondrous things. These pictures are of me working on a swimmer who competed for South Africa in Europe. Ultimately, by putting her body in the environment which caused the pain, or allowed the most pain to be present, we were able to get the best results. So, muscle testing took to the water, with remarkable pain relief.

I hope this adds a thread to the rich tapestry we are weaving.

Sincerely,

Jonti Searll
 Johannesburg, South Africa



Jonti Searll works with a competition swimmer in pain.

Others Recognize Need for Practice Guidelines

WHAT ARE THEY AND WHY DO THEY EXIST? DO THEY REALLY EXIST IN THE TFHS?

The following is from the Chiropractic Report of September 1992, Vol. 6 No. 6:

"On March 24, 1992 the state legislature in Florida, in a move that will soon be followed in other countries and the United States, passed the Health Care Reform Act. This requires that all health care practitioners in Florida must, as a condition of continued licensure and reimbursement, prepare and file nationally based practice guidelines by January 1, 1993.

"Thus in a few short years the requirement for comprehensive practice guidelines for health professionals has swept from theory to law, fueled by compelling evidence of unacceptable variations, inefficiencies, ineffectiveness and cost of medical care.

"If over 80% of all health care interventions and technologies have no scientific evidence of effectiveness, and controlled trials are so time-consuming and expensive that the majority of health care will never be proven effective, regulators and third party payers are justifiably going to

demand properly developed practice guidelines or parameters. The U.S. federal government said so when it established the new Agency for Health Care Policy and Research in December 1989. Florida sees such urgency that it has given health professions a bare nine months to comply."

"The chiropractic profession in North America deserves plaudits for predicting this trend ... and unifying to support such a process."

The move toward practice guidelines has also happened in the United Kingdom. Daph Clark of the Kinesiology Center headed the unifying effort in the UK to have the Kinesiology practitioners included in the complementary medicine authorizations. They are developing practice guidelines. The Australian Kinesiology Registration is also developing practice guidelines.

It's time we also give the public information on what they can expect from people using the TFHS. Get together in your associations and develop your practice guidelines.

• **WE NEED TO PROVE EFFECTIVENESS OF TFH**
What we in TFH need to ask ourselves is: "Does what we do to help ourselves and others actually reduce the cost of care and increase the productivity of the world community?"
Here's an excerpt from a Johns Hopkins University School of Hygiene and Public Health advertisement for a conference for corporate benefits managers and MDs called "Preventive Strategies In the Health Care Cost Equation":
"Employers and employees alike invest heavily in the health of American workers and their families. Most of the investment goes into curative care. But is the portfolio balanced? What are the cost and benefits of investments in prevention? What role do prevention and wellness play in the overall health care cost equation?"
What does the asking of this question mean in the changing thinking of corporate medical planning? Are they shifting their thinking to outcomes?
If we in TFH believe we are helping people, we need research to determine if what we believe is true in the long run. Does the TFHS actually give benefits over other types of care and prevention? Are we helping only those who do not benefit from the usual medical interventions of drugs or surgery? Are we complementary to these procedures? Where do we fit in our methods?
Our goal in the TFH is not to be better than others, but to be better than we were yesterday in helping others learn about the benefits of touch healing. We want to improve the public's understanding of the effectiveness of touch healing so that more and more people will have a choice in their health care. Let me hear from you about your results so we can better document our outcomes.

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- **OCTOBER CONFERENCE FOR HOLISTIC HEALING CENTERS**
The motto for the Association of Holistic Healing Centers Conference this October is "The spirit envisions. The mental body formulates. The emotional body enheartens and enlivenes. The physical body brings the vision into concrete form."
If you are planning to be part of a Holistic Healing Center, this may be a conference for you. It will be held October 21-24, 1993, at the La Jolla Marriot in San Diego, CA. There will be pre- and post-conference workshops on creating a Holistic Healing Center. For a brochure and further information, phone (804) 442-9033 or fax (804) 422-8132.

- **COLD MEDICINES INEFFECTIVE**
There is no evidence that any over-the-counter cold medications are effective in children of preschool age, according to a study in the May 5, 1993, Journal of the American Medical Association. This conclusion came after a critical review of all the "most carefully performed" studies conducted between 1950 and 1991. Have you had any positive results with the TFHS in relieving symptoms of colds in preschool age children? Send us your anecdotal reports.

received being models for various demonstrations of TFH techniques. She told me of a man who volunteered when she was demonstrating reactive muscles. He had not been able to reach behind his back with one hand, bend his other arm over his shoulder and join his fingers for more than 20 years. She was able to discover reactive muscles related to the Subscapularis, and in 10 minutes he was able to clasp his hands together.

When she was demonstrating the Postural Stress Release technique, in which the student is put through the range of motion of an injury, one student was able to get rid of a chronic hip pain. The student had been in pain since an injury occurred a year earlier. Other therapies had been tried with no success.

I look forward to hearing from Paula about how these students are feeling and functioning in a few months. We need to follow up on results to see if they are long lasting or just temporary.

AMERICANS EXPECT MORE FROM THEIR PRACTITIONERS

"Though Americans want all that modern medicine can deliver, they also fear it," writes Dr. Edward W. Campion, M.D., in an editorial in the New England Journal of Medicine on the famous alternative health study. "They resent the way visits to physicians quickly lead to pills, tests, and technology. Most now know of iatrogenic [doctor-caused] disasters from medicine gone wrong."

The study he refers to showed more than one-third of Americans use some type of alternative health care practitioner.

The TFHS can be a complementary approach to medical care alone. It appears from the increasing number of people using TFH for themselves and their families and the number of alternative practitioners adding it to their modalities that we will be able to help millions of people who rightfully fear medicine, its drugs and surgical procedures.

My personal observations and those of many others are that people want more than theory and proven pharmacological effects. They want openness, warmth, empathy, calm and patience. They expect their practitioners to share information and admit the limits of their knowledge. They need someone to listen, take them seriously and respond to their preferences and observations of the treatment to be given.

People do not want their practitioners to be cavalier toward them, shielding them from the truth. They want to know when errors have been made. They want changes in the laws to require accountability. They do not want to be subjected to unnecessary examinations, treatments or procedures, which are often dangerous in themselves and done only to protect the practitioner.

I believe the TFHS practitioner fulfills these criteria.

LONGER LIFE ALSO BRINGS PROBLEMS

One of humanity's fondest wishes — longer life on this planet — is becoming a reality for millions of people around the world.

In the U.S. alone, an estimated 32 million people are over the age of 65, and by the year 2050 there will be 78.9 million.

Longer life spans have also brought

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AK AND TFH: RESPECTING OUR DIFFERENCES

Two long-standing diplomates of Applied Kinesiology in Massachusetts have said people in their areas claim I gave people permission to called themselves Certified Applied Kinesiologists.

The International Board of Certified Teachers of Applied Kinesiology recommends that anyone who says he or she is practicing Applied Kinesiology must have completed its 100-hour approved course and that only diplomates can use the designation Specialist in Applied Kinesiology.

I want accuracy. Unless a person fulfills this ICAK criterion, he or she should not claim to specialize in Applied Kinesiology.

The public may be confused about the differences between AK and Touch for Health. The book, "Thorson's Introductory Guide to Kinesiology Touch For Health" explains the differences. We need to get that information out. If you don't have at least one copy of this paperback, I urge you to get it from the Store or elsewhere and read it.

Let me make it clear once again that I have never authorized anyone who has TFH training only to use the term Certified Applied Kinesiologist. In the past the TFHF has had certified Touch for Health Instructors. They were certified to teach Touch for Health, which was developed from Applied Kinesiology. They had training in Applied Kinesiology methods, which is vastly different than being Certified Applied Kinesiologists. (International Kinesiology of Zurich, Switzerland, now issues certified Touch for Health Instructor certificates.)

Let's all work cooperatively and use terms that truly describe what we are doing.



Muscle Testing Alleviates 7 Years of Stiffness

LaDonna L. Whitefield, MT, of Westminster, CA, writes about a woman who was referred by her chiropractor:

"A woman who had been in an automobile accident seven years previously came into my office with her 7-year-old son. I watched her as she entered and was amazed at how stiff she was. I tried to get her on my table, but she said that since her surgery five years ago, she could no longer bend her body. Her chiropractor had told me that he and the medical doctors could find no medical reason for the prolonged stiffness.

"Before giving her a massage, I tried TFH techniques. When her extreme stiffness

invalidated many of the test results, I tested her son as a surrogate. On all checked systems — mental, emotional and physical — the tests came up with a good reading. When I checked fear, everything came up weak.

"After she was dressed, she bent over and picked up her purse. With tears in her eyes, she said she was on her way to see her chiropractor. Later he called and told me she entered his office, sat comfortably in a chair and easily got on his table. When I told him what I had done, he was awe struck and kept saying, 'I had heard of TFH but had never seen it used in this manner.' ■

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OUTCOME RESEARCH MINNESOTA

Concerning TFH with Roxanne Schlasner

Linda had stiffness in her neck and shoulders for about five years, on and off. She had gone to a chiropractor and, when in pain, usually took hot showers followed by rest. After a 20-minute TFH 14 muscle balance by Roxanne Schlasner followed by massage, there was no more tension in her shoulders or neck.

—Linda Wenner, Rochester, MN

Concerning TFH with Susan Raye Johnson

P.J. has suffered from a herniated disc at L5 with low back and buttock pain for the last 10 years. He has used massage, physical therapy and exercise to help him. After the TFH balance by Susan Raye Johnson, he felt more than 50 percent better than when he came in and wrote that the balance was positive. "I felt it work," he wrote.

—P.J., Redwing, MN

• INFECTIOUS DISEASE ON THE RISE

"Nature's Tiny Killers Are Back" reads the front page headline in the April 8, 1993, Los Angeles Times, (daily circulation 1.16 million). "Once thought to be a problem on the wane," it continues, "infectious diseases are resurging. Modern lifestyles and mutating microbes have combined to form the global threat." What's to blame for this rise in infectious bacteria and viruses? In part, the article points to the increased use of antibiotics "in some cases to prevent, rather than to treat illness," resulting in many strains of resistant bacteria.

Says Dr. Ruth Beckelman, deputy director of the Center for Infectious Diseases, part of the federal government's Centers for Disease Control and Prevention:

"If we let down our guard these bugs are very clever and can get around a lot of what we put in front of them. We have to keep up with them. We have to be there to put another obstacle in front of them. We're very naive [emphasis added] if we think we can conquer the microbial world. They are much too clever."

We in TFH have an obligation to help people see our alternative ways of building immunity. Rather than trying to compete with the microbes, we help people understand how they can cooperate through touch healing.

What has been your experience in helping people increase their immunity or assist in overcoming recurring infections?



OUTCOME RESEARCH TOLEDO, OHIO

New Application for TFH Method

Concerning TFH with Susan Raye Johnson

Joshua was still in diapers and after one year of trying to toilet train him, his parents turned to TFH to see if anything could be done. After a TFH balance, ESR and a Bach Flower Remedy from Susan Raye Johnson, he was able to control his bladder for the first time that night — a 100 percent improvement. His parents were very excited.

—Joshua Early, Toledo, OH

- **EARNING POWER OF MDS**
What does the average MD make? Here are doctors' salaries in 1991 (net income after expenses and before taxes), according to the AMA Socioeconomic Monitoring System:
All Physicians: \$170,600.
Surgeons: \$233,800.
Obstetricians/Gynecologists: \$221,800.
Internists: \$149,600.
Pediatricians: \$119,300.
Family Practitioners: \$111,500.



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problems. This year it is estimated that twice as many beds are occupied by elderly in convalescent hospitals as there are in acute care hospitals.

Older people are at greater risk for diseases, and just living longer does not bring happiness. Many older people do live joyful, healthy, productive lives, but increasingly as they live longer they have problems caring for themselves and can experience problems with malnutrition.

Take, for example, the problem of Hypovitaminosis D, which occurs in the elderly. The requirements for vitamin D are greater than was formerly believed. Research indicates that the minimum requirements are too low for many over age 65. This may be because the elderly are often confined indoors, thus lowering the sun-induced production of vitamin D in the skin. It also may be the result of regular use of sun screens, which protect against skin cancer.

This lack of vitamin D causes hyperparathyroidism, which is common in older people not exposed to sunlight without filtration.

After age 60, calcium absorption is also decreased for many reasons. Add this to the reduced presence of vitamin D, lowered hormone production, lack of exercise and stressing of long bones, and you have a recipe for frailty and disease.

This last factor is not often talked about, but I believe the stress placed on long bones

by walking and by using muscle testing encourages people to absorb calcium. Thus, the use of the TFH methods for the elderly has one more advantage, as the muscle testing procedures do stress the long bones and will enhance the absorption of minerals.

I also believe TFH balancing can mitigate other nutritional problems found when the elderly are confined to nursing homes. An

estimated 50 percent of the residents in American nursing homes have protein-calorie under nutrition (PCU). This is of great concern to all of us because one in five Americans will require institutionalization in their later years.

PCU is also a problem for people living at home. Studies have shown that 30 percent of the elderly who live at home do not meet the RDA for certain nutrients. The most common deficiencies were for calcium, pyridoxine, vitamin C and zinc, which were 50 percent or more below the daily allowances.

These studies also have shown the adipose mass and body weight were normal in more than 95 percent of the live-at-home elderly, reflecting the decreased metabolic rate and physical activity associated with aging. Results for those living in nursing homes were less favorable. Half of these were underweight and had substandard adipose mass. This was true in spite of regulations to ensure adequate nutrition.

What causes these problems? Increased nutritional needs coupled with inadequate intake (many of the elderly are unwilling or unable to eat because of reactions to their medications) and absorption. Here's where TFH can help.

Have you had any results working with the elderly? We want to hear your outcomes — good or bad. We must get our outcomes reported. ■

QUESTION?

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Dancer Learns Value of Repatterning Muscles

The letter on page 2 from Jonti Searll of South Africa, regarding the response gained by balancing in the environment which caused the pain started me thinking about my own environmental hang-ups.

In my experience as a professional ballet dancer for more than 20 years, I found that the body contains its own memory that is accessible through constant repetition. This memory exists apart from the mental, thinking brain, which can understand and remember steps without the body being capable of responding.

Besides repetition, the other main path for imprinting something into the body memory is through sudden shock or trauma, at which point the entire sequence of movements and surroundings (sometimes lights, sounds and smells, too) become indelibly set. This became very clear to me after an auto accident in which my neck snapped to the left with a torque in a whiplash injury.

Long after the muscles had healed and I could turn my head to the left again, if I had to look left suddenly, my neck muscles would contract and stop me abruptly. This continued for three years until TFH Instructor Judy Levin held my ESR points while we went through the movements I had

experienced during the impact of the accident. From that day on, I have not experienced any further restrictions.

Which brings me back to body memory, which seems to be made up of kinesthetic and emotional input imprinted by either repetition or sudden trauma. TFH allows you to gently change or reprogram such set patterns and to release them from their stimuli triggers.

Another similar incident happened when a sprained ankle was still giving me trouble one year after the injury. When I was doing a plie (knee bend in ballet) slowly, I had no problem. But when I was moving fast — as in landing in a plie from a jump — my ankle froze. This could have led to major injury.

Again, ESR points were held while the movement of the injury was slowly moved through and while I did both slow and fast plies. No more problems!

Write to us at the TFH Foundation and let us know of your experiences with TFH and repatterning muscles. Looking forward to hearing from all of you.


Alice Putt,
T.H.E. Store manager

• WE NEED TO PROVE EFFECTIVENESS OF TFH

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Let me hear from you about your results so we can better document our outcomes.

DR. JOHN THIE'S TOUCH FOR HEALTH SPEAKING SCHEDULE 1993

Sep. 25-26 Toronto, Canada
Irene Yaychuk & Susan Trevis
416/838-2175

Oct. 2-3 Okotoks (Calgary), Canada
Michael Baxter (403) 938-3307
"TFH for Applied Kinesiologists"

Oct. 13-16 Vancouver, BC
Sharon Promislow
604/922-8811

Oct. 17 Seattle, WA
Wayne Topping (206) 847-2703

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Paula Oleska 212/864-4507

December
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March 5 "TFH for the Practitioner,
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TFH for Chiropractors, Nutritional
Emphasis

For a seminar in your area please contact Touch For Health Foundation: (818) 794-1181. We will work with you to sponsor Dr. Thie in your area to help build an awareness of TFH.

THE STORE was happy to attend the 1993 TFH Annual Meeting in Las Vegas in July and to say hello to all our old friends and meet new ones. Here are two new books that came out of the meeting and that Dr. Thie particularly likes:

GRAMMATICAL MAN by Jeremy Campbell came highly recommended by Paula Oleska. It covers the structure of language along with the latest theories of how the brain works written in a fresh, comprehensible way.

THE SELF-AWARE UNIVERSE: HOW CONSCIOUSNESS CREATES THE MATERIAL WORLD by Amit Goswami, Ph.D., came from John Varun Maguire's seminar. Quantum

physicist Goswami resolves the wave-particle, Schrodinger's Cat, Bell's Theorem and the Einstein-Poldolsky-Rosen Experiment in an easy to understand style with illustrations.

OTHER NEW BOOKS OF INTEREST:

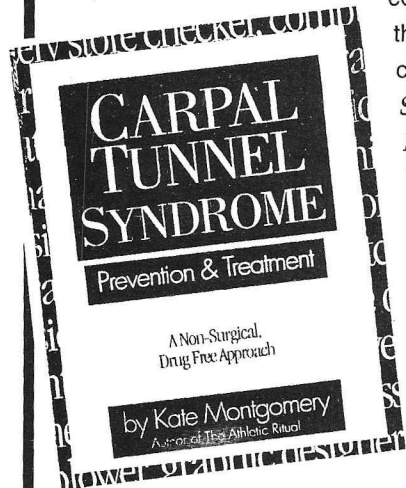
For those of you interested in body readings, here are two new books: **HEALTH IN YOUR HANDS** by Lori Reid examines palm-lines, skin ridge patterns, nails, skin color and other clues in your hands to get a detailed picture of your state of health in this well researched book. Paperback, and **READING THE BODY: OHANSI'S BOOK OF ORIENTAL DIAGNOSIS** is an expertly illustrated large paperbound book by the author of **DO-IT-YOURSELF SHIATSU**.

Another new book for the horse lover is here: **HEALTH PROBLEMS OF THE HORSE** by Robert M. Miller, DVM. It

covers most of the concerns that the horse owner will encounter and what to do.

SPECIAL ANNOUNCEMENT:

The new edition of Kate Montgomery's **THE CARPAL TUNNEL SYNDROME** is on its way to our store. Greatly expanded, it is one of the few books that gives you exercises and other things you can do to relieve the pain.



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