TOUCH FOR HEALTH

JOURNAL ISSUE

FEBRUARY 1982

IN TOUCH FOR HEALTH
Touch For Health Foundation
Publisher

Editor:
Aleta McCormick

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

The Touch For Health Foundation is an educational non-profit corporation.

In Touch For Health is the Newsletter of the Touch For Health Foundation, and is published monthly by the Touch For Health Foundation, 1174 North Lake Avenue, Pasadena, CA 91104 - Phone: (213) 794-1181.

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Dr. JOHN F. THIE

PRESIDENT

This issue of the In Touch for Health is combined with the Journal, which we had hoped would be able to be sent out last December. We are glad that it is out now and I want you to know that the opinions expressed in the articles are those of the authors and not necessarily those of the Foundation. We believe that Touch for Health is one of the finest tools (the techniques) that one can use to help another learn to be more responsible and healthier. There are other techniques that are good and beneficial. We do not know which ones are better than others, when you read one of the articles which contains materials other than what you have previously been aware, you may wish to try it out. You may not. These papers are primarily from the 1981 annual meeting. held at the University of San Diego in June. I hope you enjoy this issue.

I hope that you will want to present a paper at the annual meeting in San Diego this July. Papers are now being sought by the committee. Please attend the meeting and share what you are doing with others interested in Touch for Health. You must submit your paper in advance of the meeting for it to be considered for presentation. I want to thank you in advance for sharing. I also want to thank Carol Bishop and Bill Pennington, for becoming life members by sending $1,000. to the Foundation. Carol's donation arrived just as we were sending out our appeal - Thank you Carol for being there in advance of our call. The following people also have answered our call for help with cash donations, Elly Wagner, Jan Johnson, Willa Beth Brown, Alan Rush, Idelle Weissenberg, Jim & June Dyer, Clifford Garner, Erma Crabill.

Others have offered to help in other ways, Thanks to Charlotte Ishikawa and Ed Kaufman, Dee Deardurff and Maragarita Hand.

If I missed you and you have helped let me know so I can include your name in our next issue. We need more people to volunteer. If you left your name previously and said you would help, please initiate your offers at this time. We especially need an historian to keep up our records and scrap books.

We are coming out of the financial crisis, I believe we're through the worst. We need your prayers and help. Please accept my thanks for all you have done to allow Touch For Health to help others so much.

John F. Thie, D.C.
President

BALANCING THROUGH A SURROGATE - UPDATE

MAKING CORRECTIONS THROUGH A SURROGATE

USING A WIRE TO SURROGATE TEST

Donald Million
Patricia Million

Don Million comes from Forestville, California. He became an instructor in July of 1980 when he attended the Sonoma Instructor Training Workshop.

Introduction

Surrogate testing has been an area of Touch for Health which has proved very useful to me in my practice. That one person's body can be used as a biofeedback mechanism for another's implies that some transference of energy is taking place between those two people when they touch. And if some unmeasurable energy from the subject is being transferred to the surrogate during testing, why couldn't energy flow back the other way, from surrogate to subject? I discovered that corrections can be made on a surrogate, and the benefits are transferred back to the subject. Also, as much of our generated energy is electrical in nature, I wanted to see if information could be transferred through a wire connecting two people as easily as it can through direct physical contact.

Experiment # 1

The difficulties of maintaining constant body contact between subject and surrogate became evident when I was balancing a young child, using her mother as the surrogate. The child began to get very anxious about having to be still so long, so I tried to hurry along with the balancing. When I had finished, I realized that I had made all the corrections on the mother instead of the child! Not sure that what I had done would hold, I decided to wait and see; as I had worked reactive muscles as part of the balancing. Seeing the child a week later, I noticed that her severe problem with pigeon toes was gone. Knowing that I had made corrections for the problem through the surrogate, using reactive muscle techniques, really excited me! This child has had this problem from birth and had worn night braces and corrective shoes with no success. The family had used a purely medical approach to the problem, as the child's grandfather was a M.D. I checked the child 3 weeks later, and the reactive muscle corrections were still holding!

Experiment # 2

This experience prompted me to research it further. I had read in Dr. David Wolther's book, Applied Kinesiology, about using a wire test lead for challenging spots a person could not reach, like Neuro-Lymphatic points on the back. I wanted to find out if it was possible to positively surrogate test using a wire rather than having to make touch contact. I also wanted to verify if surrogate corrections could be made through the surrogate and through the wire.

Here's what we did:

My wife, Patricia, hereafter called the subject, and Barbara Ehlers, a fellow Instructor hereafter known as the surrogate, participated.

1. I first tested and balanced the surrogate to be sure she would be strong and in the clear.
2. I then connected a wire between surrogate and subject. The apparatus consisted of a 12 ft. length of insulated copper wire, with the exposed ends held by means of a metal snap to a 1" wide strip of Velcro at each end. The Velcro bands adjust to fit around the fingers of the two people, and the metal of the snap touching the skin of each person completes the circuit. I then surrogate tested Patricia and noted muscle weaknesses.
3. We then disconnected the wire and tested the subject in the clear. (Note: the subject had been sitting in a chair while the surrogate was being tested lying down on a massage table). We found that when the subject was tested on the table in the clear that different muscles were now weak. Suspecting that this came from the difference in body position between the two during testing, we re-surrogate tested the subject while both subject and surrogate were lying down and again in the clear. This time both the surrogate test and the clear test gave the same results.

There was a very interesting phenomenon noted while working on this experiment. When the surrogate was connected to the subject, she felt pain when I tested the Anterior Deltoid, which is a muscle test that also causes pain when tested on the subject. When disconnected and the Ant. Deltoid tested in the clear, the surrogate felt no pain. Only when the surrogate was connected to the subject did she feel the pain.

4. I then connected subject and surrogate by means of the wires and made corrections for the subject by doing all the touch contact on the surrogate's body.
5. We then broke the connection and tested the subject in the clear and found her to be balanced!
6. While they were disconnected, I corrected all reactive muscle sets of the surrogate in the clear. Then we wired the two together again and found that the subject's reactive muscle sets showed up on the surrogate's body. I then corrected all of the subject's reactive muscles, using only the surrogate.
7. We then tested the subject's reactive sets in the clear and they were all corrected without having touched her at all! While making final checks on the subject, we found that she had visual inhibition. I again made the corrections on the surrogate, and again the corrections held on the subject.
8. The two most important criteria for success were:

    a) Subject and surrogate must be connected (by wire or touch)
    b) Both must be in the same position while testing

Conclusion:

Although this is not a complete scientific study, it does show a great deal of promise. I have shown that a balancing as well as testing can be done completely on a surrogate rather than on the subject directly. This indicates that the energy/information transference between subject and surrogate moves in both directions. That is: the surrogate is receiving impulses from the subject when they are being tested, as in the case where the surrogate felt the subject's pain on testing a muscle. Conversely, the surrogate is transmitting impulses back to the subject when corrections are being made, as when the child was balanced through doing corrections on the mother exclusively.

As the energy we are working with appears to be electrical in its manner, it can be transferred through a wire as well as through physical touch. In both experiments, the subjects were balanced by means of balancing the surrogate, the first test using physical contact, the second using wire contact only.

Applications

This technique shows a great deal of promise, being very helpful when dealing with small children and people who might find the normal balalncing method either uncomfortable or impossible, i.e., a person in a full body cast, very old people, or the physically or mentally disabled. I find it especially helpful to use the wire hookup on small children, for you can balance them while they're asleep! It also should work in areas of Emotional Stress Relief and may be very helpful when coupled with Kevin Siddon's information (In Touch for Health, April 1981), or other similar methods. Especially where disabling injuries are encountered, this could prove to be an invaluable aid.

I would like everyone to try this method, and send their results to the Foundation for correlation and further study.

TREATMENT OF ACUTE LOW BACK PAIN USING ACUPRESSURE TOUCH AND MASSAGE

Joseph J. Godges, BS

Lt. Godges was a student in the U.S. Army-Baylor University Program in Physical Therapy, Academy of Health Sciences, Fort Sam Houston, Tx. 78234, when he completed this paper. He is currently assigned to: Physical Therapy Section, U.S. Army Community Hospital, Fort Polk, Louisiana 71459. Joe completed his Instructor Training Workshop in Pasadena in June 1980.

ABSTRACT

Applied kinesiological muscle balancing techniques were applied to patients with acute or subacute low back pain to determine if these techniques offered immediate symptomatic relief. Pain level, spinal flexion, and abdominal strength changes were measured in 13 patients who were treated with muscle balancing techniques taught in a basic Touch For Health course, and in 13 patients who received a placebo treatment. Touch For Health balancing significantly decreased pain, increased ability to perform a sit-up, and increased range of spinal flexion. Acupressure touch and massage techniques as taught in a basic Touch For Health class were effective in reducing the symptoms of acute low back pain.

Providing therapy for patients with low back pain dominates the professional time of many physical therapists. Bergquist-Ullman and Larsson analyzed three forms of treatment for the acute symptoms of low back pain. It was concluded that the back school program, teaching several patients at a time, is an advantageous mode of therapy as relatively small resources are needed to achieve the same effects as therapy requiring more time and personnel.[1]

The aim of the school approach is to give the patient confidence to cope with his back troubles on his own, to avoid excessive therapy, and to decrease the expense for himself and for society.[2] This is the same approach adopted by Thie and Marks. They developed an instructional program providing the general public with safe, simple, easy-to-use techniques to treat their own minor illnesses. These techniques, called Touch For Health (TFH), emphasize the prevention of serious disease by promoting optimal health. TFH relies on weakening of muscles and posture changes as signs which can be recognized prior to more serious disablements, such as chronic low back pain.[3]

TFH is a combination of ancient Oriental principles of acupressure massage and recent Western developments in the field of Applied Kinesiology (AK). AK, primarily developed by Goodheart, is a system of muscle testing techniques used to determine the need for and evaluate the effectiveness of treatment. Goodheart has demonstrated that each of the main acupuncture meridian channels is directly related to a major muscle.[4] For example, the lung meridian is related to the deltoid, the kidney meridian to the psoas muscle, and so forth. AK uses muscle testing procedures developed by Kendall[5] to determine how well energy is flowing within the meridian channels of the body. According to AK principles, a muscle which tests weak, or subnormal, indicates some blockage or constriction in the energy flow. The process used to unblock energy and restore balance to the system is called balancing. In TFH, the balancing is accomplished by stimulating acupuncture and nervous system reflex points using a friction type massage or light direct finger pressure to release the energy to the area of need, thus returning to normal,muscles which previously tested "weak." The exact physiological mechanisms of balancing remain unknown. TFH relies on the classical Oriental meridian theory of energy flow in the body when describing muscle balancing as this aids in instruction of the techniques to the lay public. Touch For Health techniques can be

learned in a 12-hour basic TFH course taught by instructors certified by the Touch For Health Foundation, Pasadena, California.

The objective of this study is to evaluate the efficacy of basic TFH techniques as a way to control the symptoms of acute low back pain.

If TFH balancing techniques are effective in reducing low back pain, physical therapists could efficiently use their professional time instructing several patients simultaneously to recognize and treat their own minor back discomforts, and hopefully assist in preventing the disabling effects of chronic low back pain syndromes.

Needle and electrical acupuncture have been shown to be effective in reducing low back pain.[6] It is postulated that the effects of needle or electrical acupuncture and acupressure are similar in that with both methods the suspected mechanisms causing pain relief are closely related.[7] However, there is no precedent for testing acupressure in a controlled clinical setting.

This investigator has used TFH techniques to successfully return muscles to normal strength and reduce pain in numerous individuals. It is expected that a treatment using TFH techniques will produce a greater reduction in the symptoms of patients with low back pain than a placebo treatment. The three dependent variables to be measured will be the variables found to be most significantly different from normals at the initial examination of patients in Bergquist-Ullman and Larsson's study. These include pain as measured by a "pain index," ability to flex the spine, and ability to perform a sit-up.[1]

METHOD

Twenty-six consecutively referred patients with acute or subacute low back pain served as subjects. This study used Bergquist-Ullman and Larsson's criteria for acute or subacute low back pain and also for screening patients from the study. Briefly, this included patients with pain localized in the lumbosacral region in which the onset of pain was not greater than three months prior to entering the study and excluded patients with conditions such as radiculopathies, back surgery, and fractures.

The subjects were divided into two groups. The first subject was placed in the TFH treatment group by the toss of a coin and all succeeding subjects were placed alternately into either the group receiving the TFH techniques or the group receiving the placebo treatment.

Data were collected by direct observation by the investigator immediately before and after both TFH balancing and placebo treatment procedures. For measuring the level of pain, this study used a modification of the "pain index" developed by Bergquist-Ullman and Larsson.[1] Modifications were necessary because this investigation did not address questions, such as sleep disturbances or pain with riding in a car, in which the immediate assessment of pain was unattainable. The "pain index" for this study will consist of the questions presented in the data collection form (Table 1). Motions which were shown less likely to increase pain in Bergquist-Ullman and Larsson's subjects at the initial examination were performed prior to those more likely to produce an increase in pain, thus following the order presented in the data collection form. In completing the "pain index", the subjects were asked to fully complete their active range of motion. Motions causing an increase in pain were recorded. Measurement of back flexion and ability to perform a sit-up were taken at the same time pain was assessed.

Moll and Wright's modified Schrober technique measuring trunk flexion was used. The distance between two marks, one 10 cm above and one 5 cm below a line connecting the

posterior superior iliac spines, were measured in erect standing, then in maximal flexion. The difference between the distances represented the ability to flex the spine.[8]

Kendall, Kendall, and Wadsworth's trunk raising muscle test and its corresponding strength grades were used to measure sit-up ability.[5]

The placebo treatment simulated the traditional Chinese acupuncture technique of performing a pulse diagnosis to determine meridian imbalances and then stimulating the necessary acupuncture points to bring the body into balance. Six specific areas of the radial pulse of each wrist were palpated for approximately five minutes followed by 15 minutes of acupressure on insignificant points of the forearm, wrist, and hand. No actual attempt was made to correct any imbalances. However, the subject was not aware of this fact. During the placebo treatment, any questions asked regarding the treatment were answered in a positive manner, expressing confidence in the techniques.

TFH balancing used AK muscle testing procedures, rather than pulse palpation, to assess meridian imbalances. Only TFH balancing techniques which are normally taught in a 12-hour basic class were used. This includes muscle strengthening techniques which use neuro-lymphatic massage points, neuro-vascular holding points, meridian tracing, and acupressure holding points, following the fix-as-you-go method outlined on p. 111 of Touch for Health.[3] The treatment time involved for a TFH balancing varies depending upon the number of "weak" muscles detected, the number of acupressure or massage points needed to restrengthen the muscles, and the work rate of the individual performing the balancing. The total treatment time in this study was limited to 25 minutes with the majority of the subjects requiring less than 20 minutes.

All treatments for both groups were given by the investigator. During both treatments, the subjects were supine, except for when the gluteus maximus or sacrospinalis needed to be tested during TFH balancing. The standardized balancing procedure previously outlined was able to be completed in a time comparable with the placebo treatment because the investigator was familiar with all the muscle test positions and treatment points. An individual just learning the techniques will necessarily need more time as he refers to Touch for Health[3] for specific test positions or treatment points. Immediately following both treatment procedures, measurements were taken in exactly the same manner as the pretest measurements.

Nonparametric analysis using Tukey's quick test was applied to determine significant differences in pain level and sit-up ability. A t-test was used to analyze the differences in pre and posttest changes in spinal flexion between the TFH and placebo treatment procedures at a .05 (two-tailed) significance level. The above analyses were also used to check for initial differences between the two treatments groups.

RESULTS

Prior to treatment the two groups did not differ significantly. The TFH balancing significantly reduced pain level and increased sit-up ability. Ability to flex the spine was also significantly increased ($t = 3.01$). The placebo treatment had no significant effects. Figure 1 and Tables 2 and 3 summarize the results.

DISCUSSION

A principle basic to AK is that muscles which are tight, or in spasm, causing pain and pulling the spine, are actually a secondary manifestation of weak muscles on the opposing side of the body. Muscles may become "weak" for many reasons, such as interferences with lymphatic drainage, vascular circulation, or acupuncture meridian flow.[3,4] AK muscle activation techniques are used in TFH to restrengthen "weak" muscles. In this

study seven of nine subjects with less than normal sit-up ability improved their sit-up performance following TFH balancing. Three of the four subjects who had normal sit-up strength, but with accompanying pain, could perform a pain-free sit-up following TFH balancing. This is consistent with the reported ability of AK techniques to strengthen "weak" or subnormal muscles.[3,4] None of the subjects treated with placebo showed an improved sit-up ability.

In EMG studies on normals, electrical silence was observed with 70 to 90 degrees of trunk flexion. However, in chronic back pain patients, muscle activity has been observed to persist during full trunk flextion.[9] After completion of the posttest data collection period the investigator asked the subjects how their backs felt. Almost uniformly, the subjects treated with TFH balancing related a feeling of relaxation of muscle tension. The increase in forward flexion and sit-up performance observed may be a result of a relaxation of tight back musculature allowing flexion of the spine to a length more closely approximating ligamentous and bony limits. Further EMG studies pre and post balancing of abdominal and paraspinal musculature are needed to confirm the actual mechanism of the observed increase in flexion and sit-up ability.

A physical therapist, or his assistant, can easily spend 12 hours of his professional time providing symptomatic treatment for one patient with an acute episode of low back pain. The same time could be used more efficiently teaching 12 to 20 patients to care for themselves, not only for the initial episode, but for subsequent episodes of illness. Ideally, individuals could be taught to recognize the early symptoms of muscle weakness and posture changes and initiate immediate treatment,[3] possibly preventing recurring episodes of low back pain and the development of a disabling chronic condition.

Only a long-term controlled study, such as Bergquist-Ullman and Larsson's, can adequately assess significant socio-economic findings such as duration and recurrence of symptoms, total sick leave time; cost effectiveness of therapist's time, and number of patients who progress to chronicity, radiculopathy and lumbar insufficiency.

CONCLUSION

Basic TFH balancing was found to decrease the symptoms associated with acute low back pain.

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TABLE 1

DATA COLLECTION FORM

		Pretest		Posttest	
		No	Yes	No	Yes
Current Pain While Standing: (For all question No = 0.)					
Yes = 15	Intense Pain				
Yes = 5	Mild Pain				
Increase in Pain With:					
Yes = 5	Left Rotation				
Yes = 5	Right Rotation				
Yes = 5	Left Lateral Flexion				
Yes = 5	Right Lateral Flexion				
Yes = 10	Extension				
Yes = 10	Flexion				
Yes = 10	Doing Backlifts				
Yes = 10	Doing Sit-ups				
Pain Index Total:		_____		_____	
Amount of Flexion		_____cm		_____cm	
Grade of Strength		_____		_____	

TABLE 2

CHANGES IN LEVEL OF PAIN AND SIT-UP ABILITY FOLLOWING TWO TREATMENT PROGRAMS

TFH Balancing Group		Placebo Acupressure Group	
"Pain Index" Score	Sit-Up Grade	"Pain Index" Score	Sit-Up Grade
-25	+20	-20	NC
-10	+30	-15	NC
-60	+40	NC	NC
NC[1]	NC	NC	NC
-15	NC	NC	NC
-10	NC	-5	NC
-35	NC	NC	NC
-30	NC	+10	NC
-20	NC	-10	NC
-40	+20	+15	-10
-10	+20	-10	NC
-15	+20	-10	NC
-15	+20	NC	NC

[1]No change

TABLE 3

MEANS, STANDARD DEVIATIONS, AND RANGE OF "PAIN INDEX", SIT-UP ABILITY, AND SPINAL FLEXION SCORES

	MEAN		SD		RANGE	
"Pain Index":	Pretest	Posttest	Pretest	Posttest	Pretest	Posttest
Placebo	40	35	17	22	15 - 55	0 - 65
TFH	47	24	14	15	15 - 65	0 - 50
Spinal Flexion:						
Placebo	4.7[1]	4.5	1.7	1.8	1.3 - 6.8	1.4 - 6.9
TFH	4.2	5.0	2.1	2.3	0.8 - 6.8	1.6 - 8.3
Sit-Up Ability:						
Placebo	66[2]	65	23	24	40 - 100	40 - 100
TFH	72	85	20	14	50 - 100	60 - 100

[1]Centimeters
[2]Percent Grade

TOUCH FOR HEALTH AND DYSLEXIA

Paul E. Dennison, Ph.D.

Dr. Dennison had spent many years in the study of Dyslexia with excellent success. When he took his Instructor Training Workshop in Pasadena in May of 1980, suddenly the Touch For Health muscle testing technique allowed Paul to "put it all together" and now his success is even greater. Paul's new book Switching On has just been released and promises to be a significant addition to the understanding and alleviation of dyslexic problems. Paul welcomes comments and may be reached at the: Valley Remedial Group, P.O. Box 5002, Glendale, Ca. 91201 (213) 784 - 7044.

Dyslexia is a fascinating subject, because so little is actually known about this mysterious affliction which involves an estimated 25 million Americans. Literally dyslexia means "unable to read," and the term identifies a learning disability often experienced as "word-blindness." Certain behaviors are shared in common by most dyslexics, including an inability to remember how to spell, reversals in reading, such as "was" for "saw", and letter transpositions within words, such as "bluk" for "bulk". Dyslexia may refer to the non-reader who never completed school, or the slow reading adult who must struggle to keep up with his peers. Dyslexia is not determined by intelligence and aptitude, and millions fail to achieve their professional and creative potential because they are struggling with the developmental task of learning the communication skills. All who experience difficulty and frustration with near point, multisensory tasks such as reading, writing, spelling, or drawing share in the plight of the dyslexic.

I have worked with dyslexic children and adults in a clinical setting for over ten years. I have studied the subject from every point of view, including special education, optometry, psychology, and medicine. I am now, through Applied Kinesiology and right-brain/left-brain research, able to integrate these studies into a comprehensive understanding of the reading process which I call Edu Kinesthetics, or E-K. It is now possible to describe dyslexia in terms of balance instead of disease. Patterns of imbalance can be easily recognized, and the dyslexia can be corrected. Dyslexia need never destroy another life again.

In order to understand the process of reading, and how this process breaks down for the dyslexic, one needs to become familiar with the left brain and the right brain. These two brains are known as hemispheres; the left hemisphere mainly in charge of the right side of the body, and the right hemisphere mainly in charge of the left. They are interconnected by the corpus callosum, a bundle of nerve fibers. A complex system of switches is developed in infancy to synchronize and integrate information so that the two brains work together in harmony and coordination. Hemispheres can take over for each other, and one may operate its own side for a given task. In general, the more complex the task, the more both sides of the brain need to be involved in the operation.

The two halves of the brain, in addition to their separate responsibilities for switching on and off the physical body, have separate functions regarding consciousness and thought processes. A duality seems intrinsic in the Universe, be it Day and Night, Yin and Yang, Mind and Intuition, Logic and Art, or Left and Right. It appears that the brain, too, is so divided. The left hemisphere is predominantly involved in analytical thinking, especially language and logic. It gets switched on whenever we need to process computerlike information that has structure and sequence. The right hemisphere, in contrast, is responsible for our visual memory, orientation in space, artistic ability, body awareness, and recognition of faces. It gets switched on when we need to process information as a whole, simultaneously, rather than in linear fashion.

It is becoming increasingly more popular to talk about Right and Left Brain. We read about research studies and hear enlightened discussions. Everyone seems familiar with the concept that there is a difference between the two hemispheres of the brain. Most of us, even those of us in the field, have not thought much beyond this point. All this confusion about separating right and left! What practical use can be of it after we get it straight?

After fifteen years of research and experimentation with reading students, E-K now provides a method for understanding what is going on in the brain which the layperson and professional can use for practical purposes to help people. We are excited about this, because it works and makes sense, explaining much that has been elusive over the years. We do not suggest that we have all the answers, but our concept of the brain is so useful, manageable, and predictable, that we feel we are "three giant steps" ahead of ourselves, and the results we are getting, with both normal and retarded children is incredible.

The story of one of my students will illustrate what we are doing. I asked one of my students, named Jimmy (about ten years old at the time), to draw a series of loops across the width of a four foot chalkboard, while standing at the center. He was to use his right hand only, reaching as far as he could in each direction.

Jimmy understood the directions and copied the loops perfectly, until he reached the right-hand side of the board. There he changed the direction of the loops, apparently unaware of the mistake that he was making. He neither could see, nor feel, that he was going in the opposite direction from the beginning loops. Considerable stress was observed when he got to the midpoint, but he seemed unable to help himself from doing what he did. The following illustration shows the correct loops on top, and a representation of Jimmy's loops on the bottom. This behavior, as performed by Jimmy, is the story of dyslexia.

This is how Edu-Kinesthetics enables us to understand and work with Jimmy:

1. Jimmy is left eye dominant and Right Brain dominant. This is determined by muscle testing. When he points his eyes to the left, he is strong. When he points his eyes to the right, he weakens. When he listens with his left ear (connected to the Right Brain also), he is strong. When listening with the right ear, he is weak.

2. When he commences to draw the pattern, his Right Brain is on and strong, as he functions well with the left eye in the left visual field. His Right Brain is in charge and he is happy and aware of his body.

3. When he reaches the midpoint or midline of his body, where synchronization and binocular focusing of the two eyes is essential, there is conflict as the two brains have not learned to work together in the right field. The Left Brain should take over, translating the outside-in movement going toward the midline into an inside-out movement going away from the midline intellectually, while the Right Brain provides visual feedback, keeping Jimmy aware of the whole while he concentrates on the part.

4. Instead, Jimmy tries too hard. He switches off (confirmed by muscle testing) the Right Brain, his strong dominant mode, in order to zero in and concentrate upon using the Left Brain. His Right Brain actually goes into an Alpha brain wave, meditational state, as he deals with the stress of crossing the midline and using the right eye and working in the right visual field. An EEG would show a pattern similar to a person with a blind left eye.

5. Instead of seeing and drawing the pattern the way the Right Brain would see it from the left eye, he gets back the reciprocal image indirectly via the Corpus Callosum, and lacks feedback-feedforward to correct it himself. The image on the retina is upside-down. Unaccustomed to using the Left Brain, right eye alone, he is confused by this. It is our eperience moving in space, a Right Brain skill, which teaches us to perceive what we see.

The explanation of Jimmy's experience acquaints us with the concepts crucial to understanding and working with the two Hemispheres of the brain.

1. There are two separate brains, Right and Left, involved in our perception of reality.

2. The two brains are either working together, or they are in conflict. Conflict may lead to inefficient information processing and switching off.

3. The two brains perceive information in totally and completely different manners. We must understand the consciousness of each to learn effectively.

4. Awareness of the total visual field, and ability to work on each side of, and across the midline, is fundamental.

5. Concentration must be stress free, so that we do not switch off one side of the brain. We must always be aware that the "whole is more important than the sum of it's parts".

6. The Right Brain is vital to our performance.

YOUR HEART: AN INDICATOR MUSCLE

Robert J. Martin

Bob hails from Oroville, California (some 150 miles north of San Francisco) took his Instructor Training Workshop at Sonoma in July of 1978.

Foreword

The subject of this research was a fourteen-year-old boy who had Extra Systoles Arrhythmia (a serious heart problem in which the heartbeat is very irregular). Standard medical treatment was given and no physical exercise. Medical opinion stated that food was not a factor. Anticipated recovery ranged from twelve to thirty-six months, with a possibility of the problem remaining throughout life.

At the end of the first week of medical treatment, all medication was stopped. Chiropractic care began on a weekly basis, and Touch for Health care began on a daily basis. Harmful foods and other substances were identified and removed. Beneficial Touch for Health techniques were discovered and implemented. In three months the subject's heart functioned normally and recovery was complete. This program was a success---a success confirmed by the heart specialist.

Introduction

An indicator muscle is a muscle which strengthens or weakens when the body as a whole is affected by a stimulus. Such a muscle acts as a mirror, reflecting the effects of the stimulus on the entire body. Thus it provides a tool for learning about the bodily effects of such a stimulus.

To use the heart as an indicator muscle, it is necessary to determine the degree that the heart muscle is weakened or strengthened by a certain stimulus. The heart muscle is considered to be strong when it beats smoothly, and weak when its beat is irregular. To measure this irregularity, the pulse rate is taken with an electronic Heart Rate Monitor and the scores are entered into a hand calculator. This enables us to get a statistical measure of irregularity, the variant. A high variant indicates that the heart muscle is weak, while a low variant indicates that the heart muscle is strong.

To determine the effect of a certain stimulus, it is necessary to make a pretest. This is the variant reading done before the stimulus is introduced. A post-test follows, which is a variant reading made to determine the effect of the stimulus. If the variant goes up, we conclude that the stimulus is detrimental. If the variant goes down, we conclude that the stimulus is beneficial.

We concluded that the heart was an invaluable indicator muscle in five ways. First, the heart gave us information about Touch for Health stimuli. Second, this muscle helped us learn about the stimuli of foods, vitamins and minerals. Third, this indicator revealed facts about the stimuli of non-foods. Fourth, it gave us knowledge about the stimuli of a physical fitness program.

Touch for Health Stimuli

The heart as an indicator muscle gave us information about Touch for Health stimuli, as found in Touch for Health, Dr. John F. Thie (California: De Vorss & Company, 1979).

Tests were made each day at the same hour that a chosen meridian had its peak time.

The Gall Bladder, Liver and Lung meridians were omitted because of the subject's

schedule. To test a Touch for Health meridian stimulus, we measured the pulse of the subject and determined the variant. Then we used the following strengthening stimuli related to the chosen meridian. We held the neurovascular holding points for fifteen seconds and massaged the neuro-lymphatic points fifteen seconds each. This was followed by tracing the meridian three times. Afterwards a post-test was made, the variant difference was computed and the percent of variant increase or decrease was recorded. After several tests were completed for each meridian, the average percent was put in chart form. A decrease of the variant meant that the heart muscle had strengthened, while an increase of the variant meant that the heart muscle had weakened.

The variant differences between the pre and post-tests for the Touch for Health stimuli are shown in Chart 1. The solid bar shows the percent that the indicator heart muscle was stronger, pointing out that the stimuli was beneficial. The broken bar shows the percent that the heart muscle was weaker, indicating that the stimuli was harmful. For example, the solid bar after the Stomach Meridian Stimulus indicates that the heart muscle was over 60% stronger, and that this stimulus was helpful. On the other hand, the broken bar following the Small Intestine Meridian Stimulus indicates that the heart muscle was weakened 70% and was detrimental. We therefore included the Stomach Meridian Stimulus, as well as other strengthening stimuli, in the subject's health program.

Food Stimuli

The heart as an indicator muscle helped us learn about the stimuli of foods, vitamins and minerals. First, a pretest was made. then a post-test was made while a container of the selected food was held at the subject's navel. The variant difference was computed and the percent of variant increase or decrease was recorded. After several tests were completed for each food, the average percent was put in chart form.

The effect of food stimuli on the indicator muscle is depicted in Chart 2. Margarine, for example, has a solid line to 10% which indicates that this food strengthened the heart muscle 10%. On the other hand, brown sugar has a broken line, passing 40%. We concluded that margarine should remain in the subject's diet, but that brown sugar should not.

Notice that Vitamin E and G as well as Chromium have broken lines, indicating that they were harmful to the subject. This led us to the discovery that many vitamins and minerals were harmful to the subject because they contained derivatives of eggs or milk as a binding agent, which were allergenic to the subject.

We believe that the correct choice of foods made possible by this indicator muscle played a critical part in the subject's rapid recovery.

Non-Food Stimuli

The heart as an indicator muscle revealed facts about the stimuli of non-foods. We made a pretest as ususal, but during the post-test the subject held a non-food in a container at the navel. The percent of the variant difference was computed as before.

The result of non-food stimuli is given in Chart 3. This demonstrates that certain softeners, laundry soaps and liquid soaps caused the indicator muscle to weaken substantially. Therefore they were removed from the subject's environment. Surprisingly, the use of Clorox and Lime Deodorant were benefical. The deodorant, for example, has a solid bar to 35%, showing that it strengthened the heart muscle. Proper selection of non-food stimuli in the subject's environment was likewise important in his gaining good health.

Viruses, Infections and Pollens Stimuli

The heart as an indicator muscle gave us knowledge about the stimuli of viruses, infections and pollens. This information was not surprising, yet it was important in interpreting test results. When the subject had a cold or flu, the variant went up. this was also the case when the subject had an infection. Olive pollen likewise raised his variant.

Some stimuli were beyond the control of the subject, but he was able to reduce the harmful ones to the point that the remaining ones no longer caused him any problem.

Physical Fitness Stimuli

The heart as an indicator muscle gave us data about the stimuli of a physical fitness program. The subject was taken out of the high school physical fitness program the first week at the request of the medical doctors. They believed that this stimuli would increase his arrhythmia. After four months of Touch for Health the subject began a full high school physical fitness program which included bowling, volleyball, basketball, football, boxing, basketball, track and soccer. In addition to this he was in competition basketball after school.

The subject's variant was monitored every morning and night. This gave us a constant yardstick to measure possible detrimental effects of physical stimuli. We determined that there were no harmful effects, for the variant dropped from 208 to 3. Between weeks 61 and 93 the subject's variant averaged 3.4!

Conclusion

In conclusion, the heart is a valuable indicator muscle. It can give us unlimited information about the stimuli of Touch for Health techniques, foods, non-foods, infections and physical fitness programs.

Implications

We see the following implications from this research.

(1) Using the heart as an indicator muscle can give medical doctors a method of accurately detecting, measuring and reporting daily improvements in their practice. This appears to be lacking in the medical field. (2) Using the heart as an indicator muscle provides a scientific tool to verify holistic health stimuli. (3) This method is superior to other methods in at least one way. It provides a rapid feedback of internal body responses. (4) This method not only enable us to monitor hourly improvements, but long-term improvements as well.

PRIORITIES

Rick Utt

Rick seemed be set by insurmountable problems before he started working with Dr. Sheldon Deal (whose article also graces this journal) and also using some Touch For Health. Now there's no holding Rick down and his enthusiasm is infectious. Rick lives in Tucson, Arizona - took his Instructor Training Workshop at Eden, Arizona in February, 1980.

It was tremendous attending the 1981 annual meeting and sharing the latest in Touch for Health Techniques. If you remember I was fortunate to be able to share with you all a technique known as "Priorities". For those of you who missed it or may have forgotten the following is for you.

Prior to the use of this technique, if a muscle was found to be weak it was customary to go ahead and strengthen it by means of meridian tracing, neuro-vascular holding, neuro-lymphatic massage, accupressure holding points, or whatever other technique you may use to strengthen.

I'm quite sure that in your daily balancings, occasionally some of your "fix's" have blown out before the person has left the room, or they feel better, or look straighter for just a few minutes, but fall back into their original unbalanced states.

This is where the technique of "Priorities" comes into play. Let me put it this way. Imagine if you will, a big electrical power plant humming away (our own healthy body), and a summer electrical storm with dark clouds and lightning (potential disease, trauma, etc.). Then with a clap of thunder the lightning strikes the plant and presto, the lights go out in Georgia (our body is no longer in homeostasis).

Graphic as it may seem, that is precisely what happens to us, our electrical circuit breakers have been blown.

Should we at this point throw them on in any order, nothing happens, or in our case they keep popping off. But if we go back to the last circuit blown and then fix in order of circuits blown (electrical order), we will find more lasting results with our balancings. You do this by following a certain sequence of tests known as the "Priorities".

First we must find a weak muscle, say the subscapularis, then it must therapy localize. *Therapy localization or TL for short, is a process of finding the therapy we will need to correct the weak muscle.

For those of you who have never used TL, let me digress for a moment. When you have a weak muscle, subscapularis, take the other arm and touch one of its fingers to the NV for the subscapularis. If the muscle strengthens you have just therapy localized, if not do the same with the NL.

Now if our original subscapularis stays weak after TL-ing all the correction points for the heart, we have not yet found the last circuit breaker blown and must look further for another weak muscle. On the other hand, should the subscapularis go strong thus TL-ing we can go to step 2. Test the subscapularis with the breath held in,* if the muscle stays weak, Michael Allen would say "keep a huntin Jethro". Should the muscle go strong we can now proceed to step 3. Test the subscapularis with the breath held in and then pinch the person being balanced.** Be careful so as not to inflict excessive pain.

It does not matter where you pinch, so long as you don't get slapped!! Again, if the subscapularis stays weak we must proceed to look for another weak muscle. Should the subscapularis go strong we can now advance to step 4. Test the subscapularis with the breath held in. Have the testee, with the head held straight, look to his right.*** If the subscapularis stays weak we still must look for the right circuit breaker to turn on. Should the subscapularis go strong go to step 5. Test the subscapularis with the breath held in. Have the testee, with the head held straight, look to his left.*** If the subscapularis stays weak keep looking for other weak muscles. Should it go strong the muscle is ready to fix. Go ahead and apply the correction that therapy localized in step 1.

One point I would like to make about steps 4 and 5. If you know which side of the body is the dominant side, you need only have the eyes turned to that direction. You may skip the other test.

You can find the dominant side by picking a point on the wall with both eyes open. Then close one eye, if the point stays in place, the eye that is open is on the dominant side. If the point moves, the eye that is closed is on the dominant side.

Keep in mind, this is not the final word on "Priorities". The members of ICAK (International College of Applied Kinesiology) are constantly seeking new knowledge through trial and error, double blind studies, etc.

At present I am working on a take-off of Dr. Goodheart's tapping technique and using it at the end of the "Priorities" as Priority 6 and it goes like this.

Test the subscapularis with breath held in and then tap the testee several times on the shoulder, leg etc., if the subscapularis stays weak, look onward. Should it go strong then correct. If any of you would like to try this last test out and send your results to me it would be appreciated.

Now that you have the "Priorities" down pat, keep correcting the muscles in order until you have no more to fix. Sometimes you will find an instance where there are no muscles that meet these criteria, now what do you do?

There are several things you can do, 1) fix the muscle that meets the most requirements, 2) fix the muscle when you find it weak, 3) go to the next annual meeting and learn more techniques and or muscles so it will happen less often. Remember, part of the fun of Touch for Health is the challenge.

I would like to close now with some words from my good friend Dr. Sheldon Deal "You only keep what you give away".

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USING BIOKINESIOLOGY TO OVERCOME ALLERGIES

Wayne W. Topping, PhD

Wayne Topping, PhD, born in New Zealand, received his doctorate in geology from Victoria University of Wellington, N.Z. Wayne has instructed at Ambassador College, California, the University of Oregon in Eugene, and Western Washington University in Bellingham. He is a Licensed Massage Therapist, Certified Touch For Health Instructor, and Biokinesiology Practitioner. He is currently on the staff of the Wholistic Health Center, 1111 High Street, Bellingham, Washington 98225

Undoubtedly many of you have at times been surprised when testing foods in a Touch for Health class or lecture-demonstration. For example, instead of parsley strengthening a weak Pectoralis major sternal muscle test it weakened the muscle further. Yet the same parsley may have had a strengthening affect on other people. What you inadvertantly uncovered was a person who could not tolerate, or was allergic to, parsley. Touch for Health can be a valuable tool for revealing allergies but it can do little, apart from improving adrenal function and increasing general body resistance, in overcoming allergies to specific foods. Today I shall present you with information on Biokinesiology, a school of Applied Kinesiology that is very effective in overcoming allergies.

First, we need to define Biokinesiology. It is the science of balancing the emotions, nutrition and muscular structure through muscle testing. In Biokinesiology an indicator muscle is tested with very sensitive pressure (3-5 lbs) while the testor or testee touches (with finger tips) organ reflex points on the surface of the body or directly over muscles, ligaments, tendons, synovial membranes, bones, teeth, etc. A weakening of the indicator muscle indicates weakness in the kinetic or static tissue touched (therapy localized) and this weakness is brought back into balance by using specific positive emotions, nutrition and passive exercise (if it is a kinetic tissue).

Before we proceed we should define "allergy. In this article we shall consider an allergy as a reaction to any substance or energy that when introduced to your body, brings upon it a stress. This definition is obviously far broader than that used by orthodox allergists but is consistent with usage within the new field of Clinical Ecology (e.g. Randolph and Moss[1]).

Although the pectoralis major clavicular[2], latissimus dorsi and deltoid[3] muscle tests of Touch for Health weaken with many bad foods, and some good foods to which the person is allergic, these muscle tests will not pick up all allergies. Instead you may want to begin testing with the arm in the 30-30 position, i.e. extend the arm out horizontally to the side of the body then bring it forward 30^{o} and drop it 30^{o} below the horizontal (close to a supraspinatus test). With the testee's left wrist flexed, your right palm over the testee's wrist, and facing each other's left shoulder, not squarely at each other, gentle pressure is applied down and in towards the center of the body. If that muscle test is strong take your right hand and with all fingers pointing straight at your friend, pass your hand from the groin to the chin. Then place your hand on the left wrist again and gently retest. This temporarily overstrengthens the stato-acoustic cranial nerve (central meridian of Touch for Health)[2]. For a third and final test, take your right hand and with all of your fingers pointing straight at your friend, pass your hand from the chin to the groin, then retest the arm. If the arm does not weaken during this test (it should), the throat plexus (chakra) is out of balance. If the person does respond -- strong, strong, weak -- then you may proceed to test foods. If not, see books by John and Margaret Barton for the required corrections.

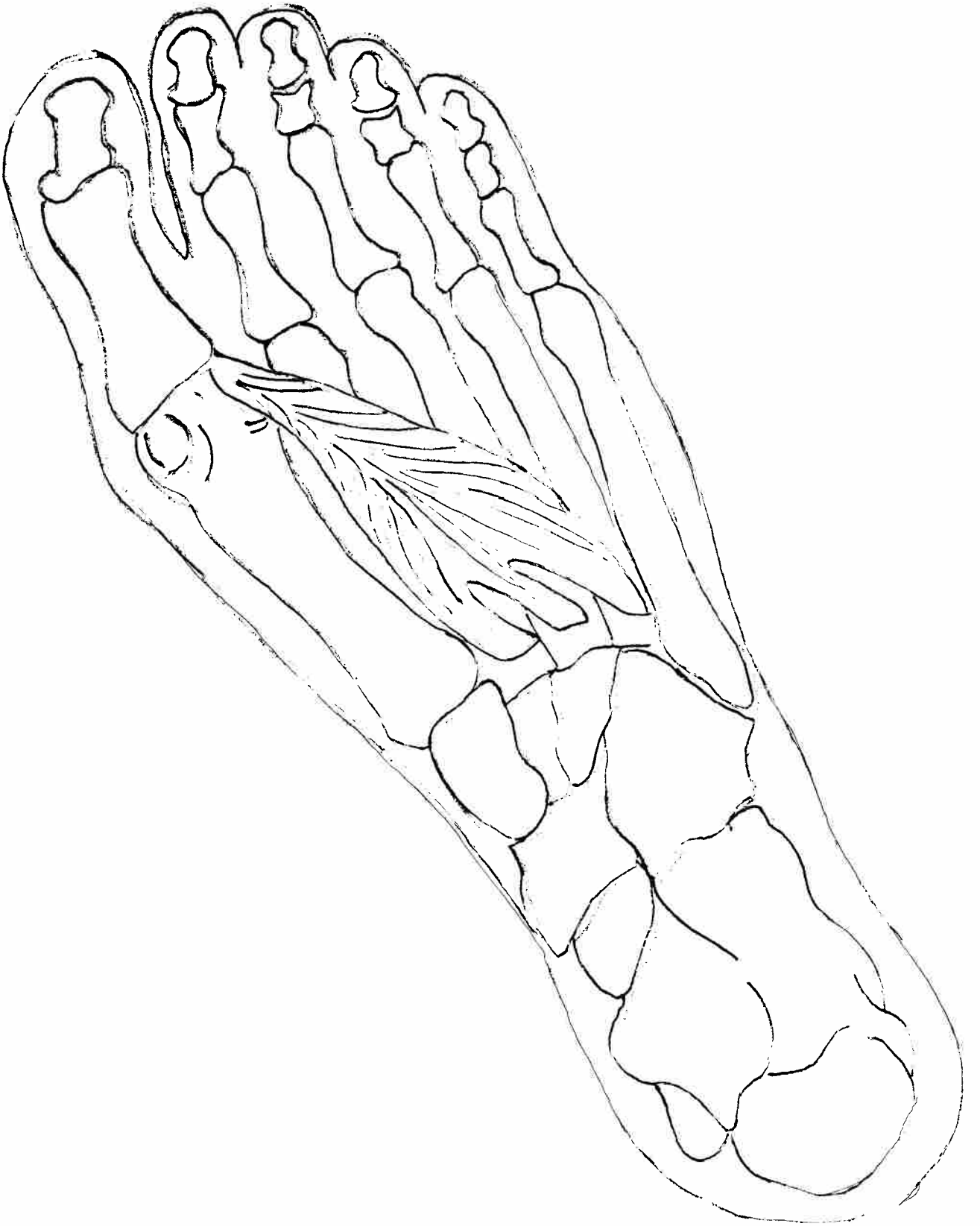
Bad foods, or good foods to which the person is allergic, may cause the first muscle test to fail, or the second if they will make the person "hyper", or the third if they will jam up the person's electrical system. The substance that is being tested -- food, cosmetic, clothing, etc -- is held on the cheek near the upper wisdom teeth (the location of the parotid gland) making sure that the fingertips are not pointing into the face in which case you could inadvertantly localize an imbalance in the jaw area. However, remember that in Touch for Health we always test with the food in the mouth!

One of the breakthroughs that John and Margaret Barton have made with Biokinesiology is recognition that when a person is allergic to a good food one or more muscles, tendons, or ligaments will test weak. Through Biokinesiology muscle testing these tissues can be identified and when brought back into balance the allergy will disappear. From your work with Touch for Health you are aware that balancing a weak muscle can help correct an associated organ imbalance. Similarly, it appears that when muscle X is weak a series of organ functions is also out of balance which prevents the person from correctly digesting and assimilating the food to which he then reacts allergically. Balancing the muscle or other kinetic tissue will balance out those organ malfunctions thus removing the allergy. While we could use emotional and nutritional imput for the primary organ imbalance working on the kinetic tissue imbalance is superior because we can usually design a passive exercise as a third method of correcting the imbalance.

To best see how Biokinesiology is used to overcome allergies we shall take a specific food allergy and show the various methods by which the kinetic tissue can be restored to balance and the allergy thus eliminated. As our example, we shall consider allergy to WHEAT GRASS, for two main reasons: first, in a large group such as this we should expect c.75% of you to be allergic to wheat grass: the allergy is <u>that</u> common; and second, c.75% of those who are allergic to wheat grass will have an imbalance in the ADDUCTOR HALLUCIS muscle. Other symptoms associated with a weakness in this muscle include allergy to greens such as comfrey, spinach and alfalfa, bananas, legumes, radish seeds and flaxseeds.

You will notice that of the 12 or so volunteers from the audience about three-quarters of them are allergic to the 1 oz. sample of wheat grass juice (or the plastic container), i.e., a strong indicator muscle (pectoralis major clavicular for convenience) weakened when the person being tested held the juice alongside the parotid gland. Notice, however, that if we hold a supplement alongside the wheat grass juice sample the indicator muscle tests strong, take it away and the arm is again weak. Because the supplement, four '00' capsules of Barberry herb, is capable of correcting the imbalances in the muscle and organ functions instantaneously the allergy now no longer exists and the indicator muscle is thus strong. Similarly, any other nutrition that would be beneficial in correcting the imbalances that allow this allergy would cause the indicator muscle to test strong as we have just seen. There is another way of illustrating what is happening. This time I am using Joni Okimoto as a surrogate. I am pushing on her flexed wrist with about 3-5 lbs pressure and you will notice that whenever my finger tips point directly into the Adductor hallucis muscle on the bottom of the foot that Joni's arm tests weak. (The oblique head of the muscle arises from the tarsal extrimities of the second, third and fourth metatarsal bones, and from the sheath of the tendon of the Peroneus longus, and is inserted into the outer side of the base of the first phalanx of the great toe. Fig. 1) Now if we get our volunteer to hold

ADDUCTOR HALLUCIS OBLIQUE HEAD



this container up alongside the parotid gland you will notice that Joni's arm now tests strong, indicating that this particular supplement, vitamin B6, brings the Adductor hallucis muscle and associated organ functions into balance. Notice that these other supplements and homeopathic cell salts, which I shall summarize shortly, can also balance the muscle and remove the allergy to wheat grass juice.

There are other "therapies" by which we can overcome the allergy. On our next volunteer we shall use foot reflexology. If we first retest the wheat grass juice, note how the Pectoralis major clavicular muscle test is weak. Now I am massaging the bottom of the foot just below the "Lung" reflex area, and deeply into the "Kidney" area, pressing towards the toes. After repeating this massage on the other foot we retest the Pectoralis major clavicular and note that we have again temporarily overcome the allergy to wheat grass juice.

In Biokinesiology we also use biokinetic exercises to balance kinetic tissues. Briefly, we shorten the muscle without using it apparently allowing increased nerve energy, blood and lymph supply in to the muscle causing it to come back into balance. We'll get our next volunteer to relax the Adductor hallucis muscle. With one hand, twist the big toe and the ball of the foot towards the outside of your heel. With your other hand, push the outside of your heel towards the big toe. Hold each foot in this position for 30 seconds while relaxing.....and the muscle now therapy localizes as being strong and there is again no allergy to wheat grass juice.

Finally, we shall use positive emotions to balance the muscle and associated organ functions on our remaining volunteers. "I would like each of you to think about or meditate on how each of the following four qualities applies to your life currently or in the recent past. First, think about ways in which you have shown KINDNESS towards others and ways in which people have expressed kindness towards you. Then think about GRATEFULNESS, AGREEABLENESS and TRANQUILITY in the same manner, taking about three minutes for the total exercise." Again notice that the Adductor hallucis muscle therapy localizes as being in balance and there is no longer any allergy to wheat grass.

To summarize: the "therapies" that should help correct the imbalance in the Adductor hallucis muscle include:

(a) POSITIVE EMOTIONS: KINDNESS, GRATEFULNESS, AGREEABLENESS, TRANQUILITY. Meditate on these qualities for three minutes three times a day.
(b) HERBOLOGY: Take 2 to 4 '00' capsules of Barberry per day.
(c) FOOD NUTRITION: Eat some of the Papaya seeds with each papaya (the seeds are loaded with digestive enzymes).
(d) VITAMIN NUTRITION: 50mg of B6, 20mg of Zinc, and 12 grains of Lecithin, three times a day.
(e) HOMEOPATHY: Take 10 to 20 of the following cell salts; Silica, Kali Phos, Ferrum Phos.
(f) REFLEXOLOGY: Massage just below the "Lung" reflex area on the foot, and deeply into the "Kidney" area, pressing towards the toes.
(g) BIOKINETIC EXERCISE (STRUCTURAL BALANCING): Relax the Adductor hallucis muscle; With one hand, twist the big toe and ball of foot towards the outside of your heel. With your other hand, push the outside of your heel towards the big toe. Hold for 30 seconds with each foot; relax. Repeat three times/day.

These "therapies" are listed in order of effectiveness. It is not necessary to do all of them, since each of them individually is helpful in correcting the imbalance. Your choice of these would depend upon the severity of the allergy and the availability of

the different supplements. Of these different therapies the most powerful is emotions and this shows us why allergy to wheat grass is so common. The positive emotions meditated upon were the exact opposite emotions to feeling "Unkind, Pity, Grouchy and Irritated." Feeling that specific sequence of emotions at any time will cause imbalance in the Adductor hallucis muscle. Simultaneously, certain parts or functions of the blood system, pancreas enzyne production, parotid gland, adrenal cortex, and kidney become imbalanced causing the person to become allergic to wheat grass, comfrey, alfalfa, bananas, etc. Because it is relatively common for people to feel "unkind, pity, grouchy, and irritated" over a person or situation this muscle is out of balance on a majority of people and a majority of people are therefore allergic to wheat grass.

This example illustrates the Biokinesiology approach to dealing with allergies.

When most of us hear the word "allergy" we think just of runny noses, sneezing, hayfever and asthma. However, the effects of allergies can span the entire spectrum of human discomfort, from bague malaise and irritability to violent skin rashes, swelling of the limbs, heart palpitations, and the terror of being unable to breath.[3] Eczema, itching, sinusitis, constipation, diarrhea, digestive problems, backaches, headaches, colds, weakness in muscles -- all can be caused by allergies. Theron G. Randolph, MD[1] regards food allergy as one of the greatest health problems in the United States. Marshall Mandell, MD[1], author of a recent book on allergies, has estimated that "50 to 80 percent of the daily medical practice of many doctors" is the result of allergy and chemical susceptibility. Dr. Arthur Coca[8], of pulse test fame, believed that as many as 90 percent of all Americans had one or more food allergies. Obviously, therefore, allergies should be of concern to those of us who are in the business of teaching people how to improve their health.

What, then, are the allergens? Just about anything: pollen, dust, wood, wood smoke, animals, foods, cosmetics, chemical sprays, exhaust fumes, etc. However, it is not difficult, using accurate muscle testing, to track down the main food allergens because, as it turns out, the most common food allergies are precisely those foods that are consumed most frequently in our society. Milk, corn, wheat, eggs, and coffee. An additional clue: the food you are most allergic to is likely to be your favorite food - and you are likely to be addicted to it! The stress caused by the food results in the body giving itself a shot of adrenalin so especially beware of a favorite food which makes you feel better when you eat it.

If you are identified as being allergic to corn, for example, most medical doctors would tell you to avoid eating any corn products. This is virtually impossible as corn is found in almost every processed food in some form or another and even in toothpaste and in the adhesives used on stamps and envelopes. This makes the use of Biokinesiology in overcoming the allergy to corn a very attractive proposition indeed.

When allergies are overcome many annoying symptoms often disappear. Take a person who is allergic to plastics, acrylics, nylon, polyester, polyethylene and polyvinylchloride, etc. That person will have at least one of seven specific muscles weak and the symptoms associated with those muscle weaknesses include "cold" symptoms, stuffy nose, sore throat, cough, nasal drippage, fatigue, weakness and dizziness.[6] One wonders how many people with "colds" are actually displaying symptoms of allergy to plastics!

Finally, in the book "Allergies! How to Find and Conquer" by John and Margaret Barton among the more than 100 common allergies dealt with are the muscles, tendons and ligaments that are weak when a person is allergic to good vitamins and minerals -- vitamins B1, B2, B3, B5, B6, B12, B/complex, etc. It may come as a surprise to you that someone could be allergic to a good vitamin or mineral. For example, a person who has varicose veins, hemorrhoids, and bruises easily may show symptoms of a 'vitamin C complex' deficiency (C + bioflavenoids + rutin) not because it is absent from the diet but because

the person is allergic to the complex so cannot utilize what is available in the diet.

Similarly, excessive bleeding or hemorrhaging may be due to an allergy to greens, especially those that contain vitamin K. Allergies can thus set up nutritional deficiencies within the body and these can lead to a snowballing of effects.

Currently we are recognizing only the tip-of-the-iceberg regarding allergy-induced health problems. Muscle testing is a very useful tool in identifying these allergens and Biokinesiology a valuable tool in eliminating the allergies.

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THE BODY KNOWS - ASK IT

Michael D. Allen, DC, ND.

From the Sierra Natural Healing Clinic in Lake Forest, California (about 25 miles south of Santa Ana) dynamic Michael Allen is always ready to share his vast fund of knowledge.

ABSTRACT: The purpose of this test is to show another factor to be used in understanding the priority mechanism dictated by the body for the correction of those problems elicited by Applied Kinesiological methods of diagnosis.

INTRODUCTION: At the summer 1978 meeting of the ICAK, a paper was presented on Body Priorities as Demonstrated by a Dental Splint. In that paper, several guide lines were established whereby the procedure for correction of a multitude of symptoms found on a patient, were dictated by the patient's body. When the sequence to establish a primary lesion or a secondary lesion was followed, the body said "fix me now", or "fix me later".

The advantages to following this sequence are tremendous because: (1) Symptoms which show up may be shown to be compensatory rather than primary. (2) Much more time may be saved in daily practice and, (3) A mechanism by which the patient "unwinds" from a "disease" may be viewed with logical sequence.

PROCEDURE: The procedure established in the 1978 paper on body priorities still is effective and should be followed step by step to lead you to the next factor in differentiating problems.

Let us review the sequences in the procedure to determine if a problem is a primary or a secondary one. A primary lesion will:

1) be weak in the clear - or weak when tested by itself.
2) therapy localize
3) respond to inspiration assist - the indicator muscle changes when everything else stays the same and the patient takes a deep breath, and holds it.

A special note is necessary here to alleviate any possible confusion. The first and second parts above may be the same in some cases - the ileocecal valve is an example. You could, of course, use the ileocus muscle as the muscle weak in the clear, and the therapy localization of the valve area as the second step if you choose.

The secondary or compensatory area would do one or two of these, but not all three. This says that the secondary area is possibly being caused by the primary lesion or problem.

After the above information has been established, we use the pinch to elicit further information.

After the indicator muscle - which was weak when tested in the clear - and the therapy localized area makes a strong indicator muscle go weak, have the patient take a deep breath. If this makes this indicator muscle become strong, pinch the patient anywhere except over the area being therapy localized while everything else remains the same. If the indicator muscle remains strong, the area in question is the next one to be corrected - it is considered the primary problem. If the indicator were to go weak, this would mean that you have isolated a seondary or compensatory area, and you should continue looking for a primary lesion.

The use of the pinch in the priority sequence makes it necessary to define some new terms. These terms make it easier to communicate to the patient how the problem started and the sequence of its correction. This may not become apparent at the outset, but practice will bring about this understanding. Each term also has a shortened note for convenience sake when keeping records.

1) A primary - primary $1^{o}1^{o}$) lesion - All rules apply and the body says "fix me now"
2) A secondary - primary lesion ($2^{o}1^{o}$) - The last step - the pinch - makes the previously strong indicator muscle go weak. The body says "You are on the right track, but you are not quite there".
3) A primary-secondary lesion ($1^{o}2^{o}$) - The indicator muscle strength does not change with inspiration or to any challenge above that. The body now says "fix me later".
4) A secondary-secondary lesion ($2^{o}2^{o}$) - This lesion is the one found only when the area in question is therapy localized or shows up when the pinch alone is used. The body says, "Wake me up later - I'm still sleeping".

It should be kept in mind that, at any time, any one of the other lesions may become a $1^{o}1^{o}$ lesion <u>after</u> the original $1^{o}1^{o}$ lesion has been corrected - even the $2^{o}2^{o}$.

A special note on priorities of the pelvis is in order here. It should be remembered that a pelvis lesion continues to exist and the pelvis is not lesion-free until a category I is elicited as a $1^{o}1^{o}$ and corrected. Also, keep in mind that the category I may be present only as a compensation to a more complicated series of manipulations leading back to another category I. This is very common.

To make sure you are finished with the pelvis after reduction of a category I, pinch the patient while he T.L. to the category I area. If a strong indicator remains strong, you have corrected the low back stability.

<u>EXAMPLE CASE</u>: To explain this procedure a bit further, let us imagine a patient who has therapy localized to the PSIS bilaterally, and nothing shows up. When the patient is then pinched, retesting the strong indicator now elicites a category I is present. Some have interpreted this as "the body misinterpreting information", or that, "the body has become confused".

I would like to sugguest that since we as Chiropractors work with what we call innate intelligence, the body does not misinterpret this information nor become confused, but rather it is we who have misinterpreted the information and become confused, and it is the body which is telling us what we are not hearing.

Keeping this in mind, we are directed to look elsewhere for the primary lesion. It could be anywhere, but since a category I is the last problem to be corrected in the pelvis, continue the examination in that area.

As we therapy localize other areas, it is noticed that a pelvic flare exists on the right as well as a sacral respiratory fault which responds to inspiration and a PL-L3 (category III).

Since the sacrum responded to inspiration, let us follow that to find a primary-primary lesion. The next step is to see if the indicator muscle strength changes when the patient is pinched. When a pinch does not cause a strong indicator muscle to weaken while the patient is holding his breath, the result may be interpreted as saying, "fix me now", and that this is the primary-primary lesion. The only other lesion which had significance, let us say, was the PL-L3 which responded to inspiratory assist, but the indicator muscle

weakened after the pinch, which indicates a seoondary-primary or "fix me later".

After correcting the sacral respiratory fault, the $2^{O}1^{O}$-PL-L3 now becomes a $1^{O}1^{O}$, and its correction also fixes the sacral flare in this example. Now return to the category I, and it has now become a $1^{O}1^{O}$, and is ready to be corrected. Keep in mind that the primary lesion could be quite remote from the secondary lesion, but when it is found, its existence becomes very logical in the sequence of "unwinding" back into a state of "ease".

DISCUSSION: When the explained procedure is followed precisely, the body will direct you when to correct a given area. If the area in question follows the rule that a 1) primary-primary lesion will have a strong indicator muscle remain strong when a patient takes a deep breath and holds it, 2) while therapy localizing to the area and 3) is pinched by the examiner, then it is ready to be corrected, and not until. If any part of this test fails, the body says, "look further".

CONCLUSION: This technique is advantageous in cases where a chronic patient comes in time after time with the same problem has not been cleared out completely. Something is still causing their problem. This technique will help find the cause.

Also, many things which we correct now in the office can be seen to be compensatory and most of the time these secondary lesions are corrected when their underlying cause is found and corrected.

Following the procedure of:

(1) weak in the clear.
(2) therapy localize.
(3) respond to inspiratory assist
(4) pinch with breath held.

will lead the investigator to the area of correction each and every time.

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THE SCIENCE OF MUSCLE TESTING

Richard Arthur Silver

Chiropractic student Rich Silver loves to enthuse about his "art" and presented us with some fine material. Rich is now located in Sunnyvale, California (south of San Francisco) - took his Instructor Training Workshop here in Pasadena in September 1978.

The purpose of this lecture series was to present an eclectic body of knowledge which both supports and aids in the understanding of some basic fundamentals underlying muscle testing and muscle balancing. The primary topics of this three part presentation included: 1) The Biomechanics of Muscle Testing, 2) The Ultrastructure of Skeletal Muscle Tissue, and 3) The Physiology of Lymphatic Congestion. The following discussion will highlight the major points conveyed by these lectures.

The Biomechanics of Muscle Testing

To consider the biomechanics of muscle testing, there are several important factors that influence the proper delivery and accurate interpretation of the test. To help determine how much force to apply for a particular muscle test, the first two factors which deserve thought are leverage and the force of gravity.

The leverage factor is determined by the distance between the spot where force is applied and the joint where movement begins. For example, the standard tests for pectoralis major clavicular, latissimus dorsi, and supraspinatus have a leverage factor from the receiver's wrist to shoulder. In contrast, when testing teres minor and subscapularis, there is only a leverage factor from the wrist to the elbow.

The gravity factor is the force with which the earth pulls all objects towards its surface and it equals approximately 15 lbs. per square inch, a significant force. Testing an individual lying supine[1] and given just the consideration of leverage and gravity, the supraspinatus test has a big leverage factor and works with gravity whereas the subscapularis test has a small leverage factor and works against gravity. When working against gravity and with small leverage factors, more force may be required for accurate interpretation.

Some other factors to consider with respect to how much force to apply include the size of the muscle group being tested and the body position assumed by the tester. Tester body position, the leverage factor, and the use of gravity can all be manipulated by the skillful tester in a way that will accommodate the development of a consistent and repeatable test force. It is the development of a consistent and repeatable force which ultimately enables the tester to accurately interpret a muscle test and it is therefore encouraged that students of the art experiment and explore their skills using these principles as a helpful guide.

The process of muscle test interpretation includes some additional considerations. It is useful to know what muscles assist the group in question since the assisting muscles will be heavily recruited when the primary muscle of interest does not respond. When this occurs, extraneous movements are often produced in response to the test; for example, the bending of the elbow during a latissimus dorsi test due to the recruiting of biceps. Even though the primary movement of biceps is to flex at the elbow, it assists with holding the arm in against the body. Therefore, when latissimus dorsi does not respond to a test, the biceps gets recruited more heavily than would otherwise be indicated.

A skillful tester will pick up little extraneous movements like elbow flexion during a latissimus dorsi test and not be fooled by the pparent strength. Another classic example is the turning out of the foot during a gluteus medius test in an effort to use quadriceps. Proper positioning and observing extraneous movements are important tools for interpreting test results successfully.

In addition, the presence of multiple muscle weakness will influence the sensation of the response received by the tester. For instance, during a gluteus medius test, the fascia lata and part of the quadriceps assist in the action. The response to the test will therefore be perceived differently if all three muscles are weak as opposed to just gluteus medius.

A final note on successful test interpretation resides with the muscular integrity and overall health of the tester. Since the perception of force and tension appears to have its origin in tissues associated with the tester's muscles, the degree to which this individual maintains efficient body mechanics through balanced musculature will influence the ability to correctly interpret the sensation of delivering a muscle test. Thus, a tester with multiple weaknesses may receive a false impression of strength from a muscle test and it is therefore of paramount importance to aspire towards the highest standards of personal health in order to provide the most effective and beneficial service possible.

The Ultrastructure of Skeletal Muscle Tissue

When a muscle group does not respond appropriately to testing, there is commonly some lymphatic congestion involved. But before considering the physiology of lymphatic congestion and its effect on muscle tissue, it is first helpful to examine the properties of normal muscle function. The processes which enable muscle contraction to occur are ultimately dependent on lymphatic integrity. Therefore, the following discussion will serve as a basis for understanding why muscles go weak in the presence of lymphatic congestion.

Muscle tissue is characterized by its intricate and orderly structure. This structure has been the subject of much study and, if one were to take a fantastic voyage deep within the microscopic world of skeletal muscle, its physical properties would reveal many interesting characteristics. Referring to Figure A, a small section of whole muscle has been blown up to produce the illustrion in Figure B. This represents the first level of magnification to be considered, the cellular level. Muscle cells can be very long and often extend the entire length of the muscle. If the development of skeletal muscle is followed in the embryo,it is noticed that many immature cells fuse end-on-end to form what will become a mature muscle cell or muscle fiber. It is here that muscle receives nerve endings, at the level of the muscle fiber. When stimulated, the nerve endings will transmit a wave of excitation that essentially spreads throughout the entire substance of the fiber.[2] Sometimes as many as 400 muscle fibers can receive nerve endings from a single neuron resulting in gross simultaneous contraction. In muscles controlling fine movements, such as in the eye, the ratio of muscle fibers to neurons can be as small as 3 to 1.

Figure C represents the next level of magnification, the subcellular level. At this magnification, a mature muscle cell can be seen packed with cylindrical structures called myofibrils. It is the number of these myofibril structures which varies in accordance with muscular activity whereas the number of cells is genetically fixed and remains constant. Thus, mature muscle tissue never acquires more cells with exercise; the existing cells simply get larger due to an increased content of myofibrils.

A single myofibril demonstrates an organized pattern which is shown in Figure D. The pattern is produced by a special arrangement of filaments inside the myofibril. These filaments are the protein structures which constitute the contractile machinery of skeletal muscle. The degree of magnification has now reached a molecular level and is graphically represented by Figure E.

Notice that there are thick and thin filaments arranged in parallel with areas of overlap. Upon further magnification (Figure F), thick filaments are observed to send projections out to thin filaments in the areas of overlap. These projections or crossbridge structures are of great functional significance because they provide an attachment site for thin filaments and also have the capacity to swivel back and forth like oars of a row boat. In addition, the substance which provides the energy for contraction is housed in the crossbridge heads. This substance is calle ATP and will be of great significance in considering the effects of lymphatic congestion.

When contraction occurs, muscle length shortens. This accomplishment is accounted for by the following sequence of events: 1) In the presence of calcium and ATP, the crossbridge heads bind to the thin filaments. 2) An explosion of energy provided by the ATP[3] immediately follows, causing a stroke or rowing movement by the oar-like crossbridges, 3) With the energy of more ATP, the attachment between thick and thin filaments is broken and the oar-like arms return to their original position. 4) The process is repeated again and again in rapid succession; referring back to Figure E, the ultimate effect of this mechanism is the sliding of thin filaments towards the midline. Since the thin filaments are all anchored at the ends to a z-line, the z-lines are drawn closer together resulting in a shortening of the entire unit.

In summary, the ultrastructure of skeletal muscle tissue has provided present theory for how muscle contraction occurs. The structure is very well organized and the protein filaments comprise the contractile machinery while ATP provides the explosion power required for movement. ATP in the crossbridges is much like gun powder in the barrel of a gun. But the trigger can be pulled and nothing happens if the gun is not loaded first. Now we can speculate on what might cause the barrel to be empty during a muscle test.

The Physiology of Lymphatic Congestion

How does lymphatic congestion cause a weak muscle test? The lymphatic system is a circulatory system. It comprises an extensive elaboration of vessels and regional lymph nodes. While the vascular system delivers nutrients with arterial blood and removes metabolic waste products with venous blood, the lymphatic vessels primarily drain the tissues of excess fluid and filter foreign bodies out of general circulation by way of the nodes. In this way, the lymphatics maintain a balance in cellular plumbing; they prevent the build up of excess fluids.

If the lymphatic system becomes locally congested, the excess fluid that accumulates in that area causes pressure to back up. The result is a reduction in ability to deliver blood to the insulted area. The degree to which local blood supply is reduced depends on the magnitude of the problem. Total lymphatic obstruction can occur and is almost always the result of long-standing chronic conditions. For example, in the presence of cancer, local lymphatics are overwhelmed regularly by metabolic waste products. The result is complete lymphatic obstruction followed by a process of fibrosis[4] and permanent blockage. Only repeated insults result in permanent blockage. When local lymphatics shut down in this manner, metabolic wastes find there way to other distant lymphatics and even the blood itself. This is how cancer is able to spread from one area of the body to another; it involves a progressive and systematic shut down in tissue plumbing, beginning with the lymphatics.

Extrafusal Muscle:

SKELETAL MUSCLE

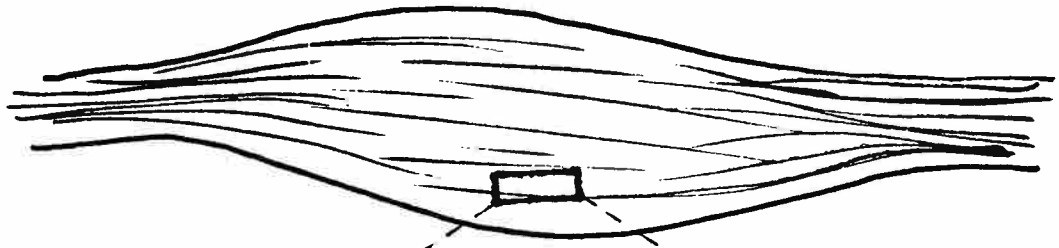

Figure a

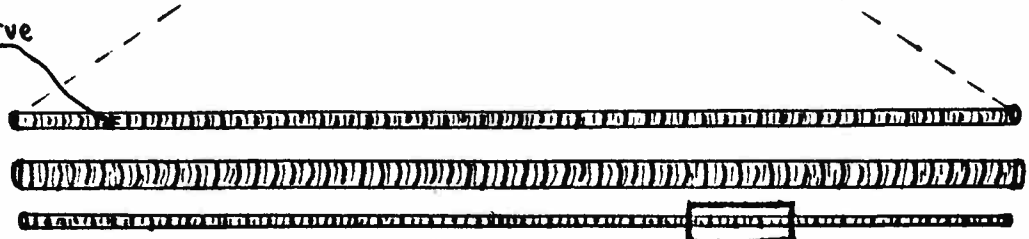

Figure b

Figure C

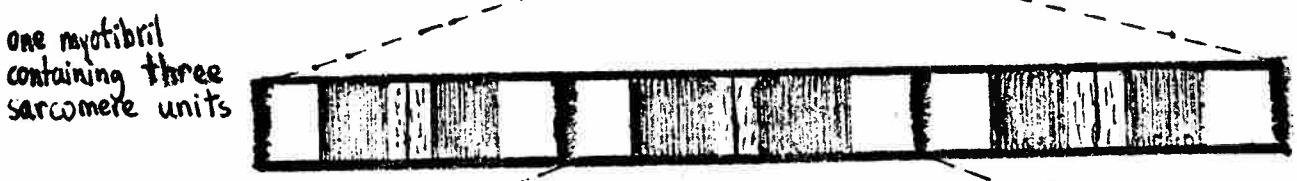

Figure d

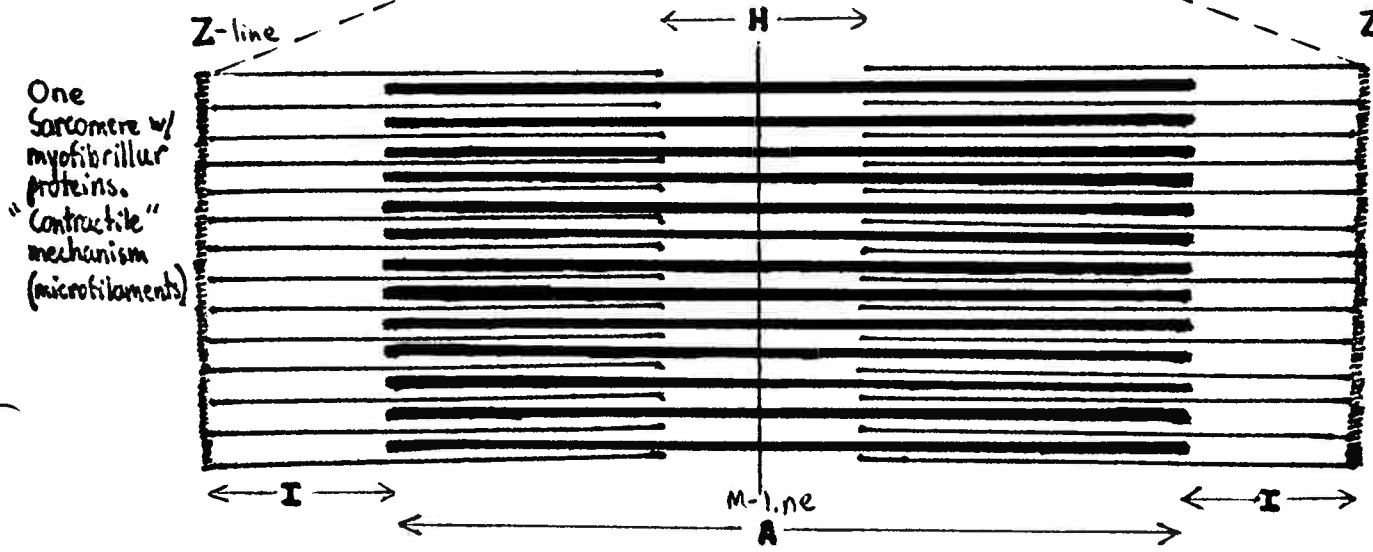

Figure e

Myofibrillar Proteins
Contractile Mechanism :

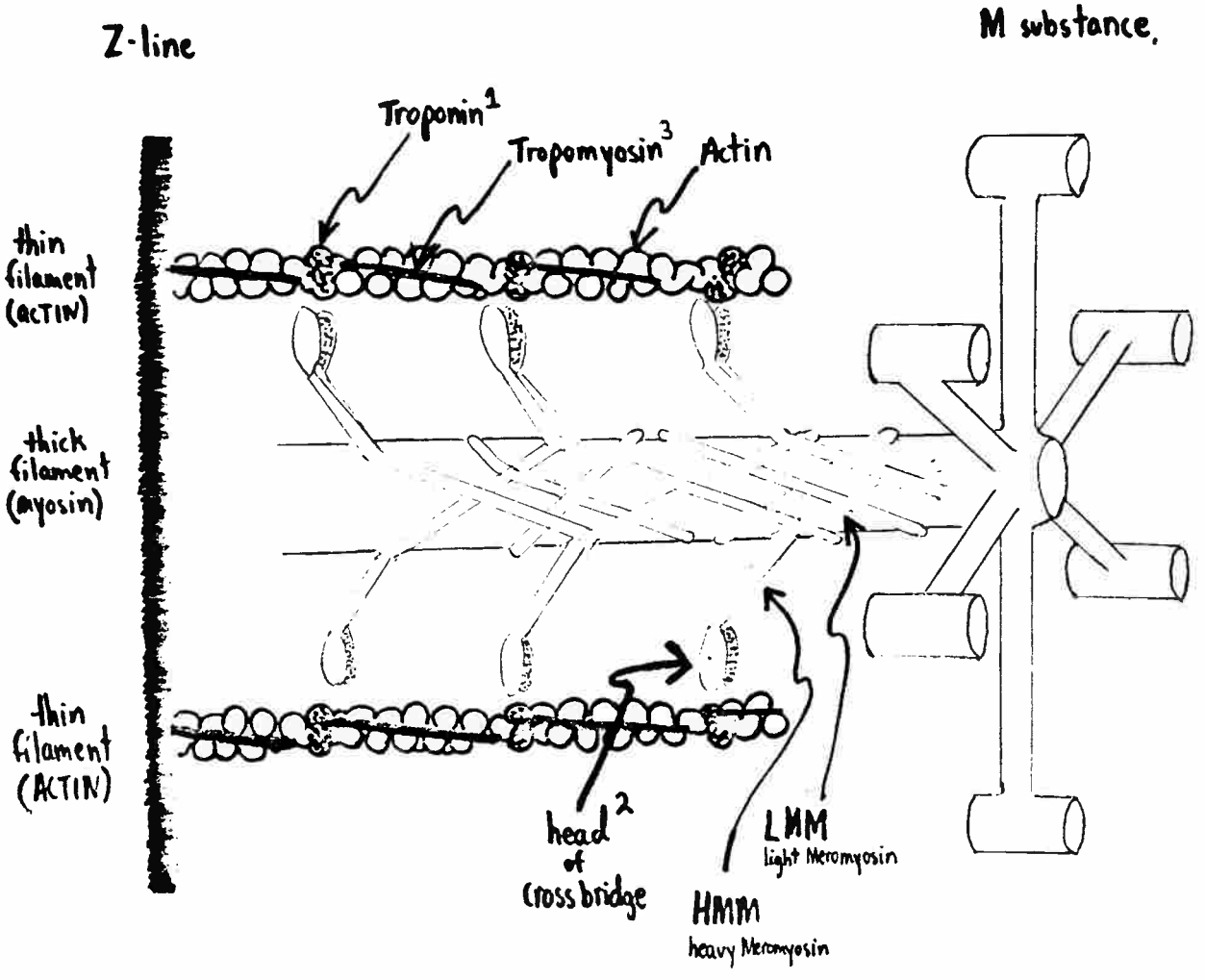

Figure f

1 site for Calcium
2 site for ATP
3 blocks cross bridge interaction

Part of Cross Section of Myofibril showing organized arrangement of thick & thin filaments:

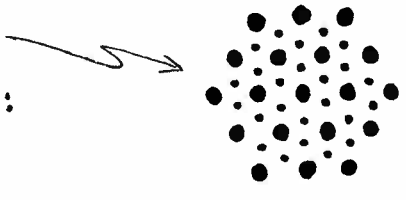

Figure g

Taken from Astrand & Rodahl, *Textbook of Work Physiology*
Taken from Edington & Edgerton, *The Biology of Physical Activity*

This represents an extreme example with lymphatic shut down. But a question which has direct implications for the student of muscle testing is: What is the effect of a relatively mild local lymphatic congestion? Recall that in order for muscle to contract, ATP must be present to provide the energy. The importance of ATP in life processes cannot be overemphasized. Anything that involves movement in the body requires ATP; for instance, the contractions of the digestive tract, the process of cell division, and even the whipping movements of the tail-like flagella attached to sperm cells. Sperm has a concentration of ATP at the attachment site of the flagella that propels it towards the egg. Movement and ATP go hand in hand.

In short, ATP production occurs in all cells throughout the body to meet local energy demands. ATP is the end-product of carbohydrate and fat metabolism; i.e., it is why we eat. It is the energy that we ultimately derive from our food.

In addition, the cellular manufacturing of ATP from carbohydrates and fats is almost completely dependent on oxygen. For all intents and purposes, without the availability of oxygen to the tissues, ATP production is functionally gone. The purpose of respiration is to provide the oxygen necessary to generate ATP production in all tissues and it is the blood that must deliver this oxygen. Oxygen that enters the lungs is absorbed into the blood and distributed to all the cells in the body where it can drive ATP production.

In retrospect, it is worthwhile to recognize just how much ATP skeletal muscle utilizes. Considering the number of muscle cells in a given muscle group, the number of myofibrils per cell, filaments per myofibril, and crossbridges per filament, there are literally millions upon millions of crossbridge heads to load with ATP for a complete and integrated contraction to occur. With local lymphatic congestion, the ultimate effect is a reduced oxygen delivering capacity with reduced ATP production and incomplete crossbridge loading. This explains how a muscle group can receive the signal to contract but in the presence of local lymphatic congestion, cannot generate normal forces of contraction.

In conclusion, it is hoped that from the information presented in this series, your horizons will expand both intellectually and through your capacity to provide services for improving the human condition.

FOOTNOTES

[1]supine: lying on back

[2]neuron: nerve cell

[3]ATP: Adenosine Triphosphate, a molecule with a very unstable high-energy chemical bond. Breaking of the bond with subsequent release of energy provides the impetus for movement. The bond breaks from mechanical stress when crossbridge links are formed.

[4]fibrosis: development of scar tissue due to infiltration with fibrous connective tissue.

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LOCATION **9am - 5pm** COST: $25.00

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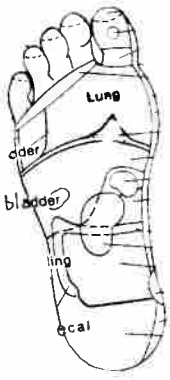

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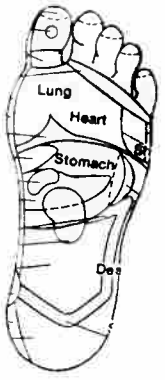

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