

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 balancing 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.