way. These rotations picked up all positions where the eyes accessed parts of the brain with memories involving betrayal regardless as to what the situations were. We then had the client repeat the procedure with the opposite positive emotion, in this case "I feel befriended."

Frequently clients, when they begin doing the eye rotations, will go too fast and not release all the stress. It is thus a good idea to use your finger to pace them the first two or three times so that they get a good idea on the speed of rotation. The quickest way to verify that the ESR has been completed is to test both pectoralis major clavicular muscles. Then, have the client say the positive emotion, e.g. "I feel befriended" while testing first one arm with the eyes open, then closed, then repeating for the other arm, eyes open then closed. If the muscle weakens on any one of the four tests then there is still some stress to be released and the eye rotations will need to be repeated.

In Biokinesiology, we place aluminum foil over various parts of the body - navel, crown, under arch of foot, etc - to obtain different types of information or to place the body under stress to detect subclinical imbalances. After many weeks of research we have found that we can increase the effectiveness of the ESR technique by placement of aluminum foil on the center of the forehead over the reflex to the pineal gland, and under both heels, while the person does the ESR with eye rotations.

As a further example let me explain that there was a fire where Bernie was living in Seattle, last year about two months before we were to be married. She lost essentially everything that she owned. Since that time she has not enjoyed shopping. (Now, when you find a woman who doesn't enjoy shopping and spending money that is a real problem)! Apparently shopping reminded her of the shopping that she had to do to replace items lost in the fire. Even grocery shopping was difficult. She couldn't plan meals at all, just cooked one day at a time. As soon as we discovered where to place the metals Bernie did the ESR with eye rotations regarding shopping and the fire. The next day she went shopping and actually enjoyed it, planned and bought food for an entire week, and spent a lot of money (I wonder if these techniques can be reversed)?!

Reference: Topping, Wayne. "Stress Release: Identifying and Releasing Stress Through the Use of Muscle Testing," Bellingham, Washington: Topping International Institute, 1985.

PAPER FOR PRESENTATION - TOUCH FOR HEALTH FOUNDATION 10TH ANNUAL WORLDWIDE MEETING JULY 9-14 UNIVERSITY OF SAN DIEGO, CALIFORNIA

PRESENTER: T. GLYNN BRADDY (SYDNEY, AUSTRALIA)

SUBJECT:
A Study Of Improper Fat Accumulation (IFA), Related Theories And An Original Solution: The IFA Program.

PREMISE:
Fat distributes in the human body according to degrees of Acidosis and Alkalosis in the systemic bloodstream.

BACKGROUND:
A total of 1257 participants in the IFA Program (AUG82-MAY85) showed that the patterns of improper fat distribution in the upper and/or lower body were commensurate with patterns of Acid-Alkaline imbalance and divisible into 4 main categories (detailed later). Acid-Alkaline ratio was assessed by muscle test responses directed to Sympathetic-Parasympathetic Dominance and symptomology as indicated by Acidosis-Alkalosis, respectively.

Normalisation of fat distribution followed Ph correction of the systemic bloodstream. After marginal results during the first three IFA Programs, a success rate of 94-96% has since been achieved in the subsequent Programs. Results show that weight loss and fat distribution are independent of food quantities and caloric intake.

Statistics relating to 'rebound' weight gain have yet to be assessed - but early indications (in the first year following completion of any Program) are that significant resumption of weight is as low as 2 -5% and may well be one of the most valuable aspects of the IFA Program.

SAMPLE:
Of the 1257 subjects 1143 were female, 114 were male. Fat distribution for the females was mainly in the lower body. 12 of the females were obese, 4 were anorexic. Most males most showed improper fat accumulation around waist; a few wished to gain weight and two were body builders (related statistics are presented later in this paper).

The sample was taken from a broad spectrum of age (16 to 72), income levels, nationalities (mainly Caucausian) and climates (Program was conducted in 4 capital cities of Australia: Sydney, Melbourne, Canberra and Brisbane).

HISTORY:
In August 1982, 15 volunteers (14 female, 1 male) were accepted into a trial program and completed after four months of extensive muscle testing (mainly 5 Element Analysis/42 Muscle Test), trial of various dietary regimes (including fasting), exercising, meditation-visual imagery etc. etc. Methodology was conventional and results were equivocal: considerable changes in six, lesser changes in five, no change in four. Eleven of the subjects showed excessive fat distribution in the lower body; of these only four showed significant improvement (ie. loss of 3-4 inches/ 75-100mm off each thigh).

A second Program was initiated, this time with twelve subjects. Results were again non-conclusive but new understandings of weight loss and fat distribution emerged. Further muscle testing was conducted and the Program upgraded.

A new Program was formulated along the lines of what was to be the conceptual basis of the current IFA Program. Success rate was high and public interest intensified - despite the fact that the Program has never been advertised, nor have offers of media exposure been accepted.

Class levels are now exceeding 150 per Program in Melbourne and Sydney. The IFA method has been amended and upgraded through a series of nine Programs during which the four divisions of Acid-Alkaline imbalance - with corresponding patterns of improper fat accumulation - have emerged. These are:

IFA TYPE A - EXTREME ALKALOSIS
IFA TYPE B - MODERATE ALKALOSIS
IFA TYPE C - MODERATE TO EXTREME ACIDOSIS
IFA TYPE D - FLUCTUATING ACIDOSIS-ALKALOSIS

A fifth Program (IFA TYPE 5) is currently in the experimental stage and explores the possibility of Acid-Alkaline correction without inducing weight loss and is applicable to athletes. This Program may also be of value to those individuals who have an elevated Basal Metabolism and are unable to gain weight.

A sixth Program will be developed in the later part of this year for those whose Acid/Alkaline imbalances are psychosomatic in origin.

A SUMMARY OF CONCULSIONS IN RELATION TO IMPROPER FAT ACCUMULATION IN THE LOWER BODY (IE. PROGRAM TYPE A, TYPE B AND % TYPE D).

The following regimes, disciplines etc. - when conducted intensively - will disturb Acid-Alkaline balance and accelerate the problem of weight gain, especially around hips and thighs.

1. DEPRIVATION OF FOOD AND/OR CATEGORIES OF FOOD, INCLUDING FASTING.

2. DIETARY INTAKE OF RAW FRESH FRUIT AND VEGETABLES.

3. DIETARY INTAKE OF HIGH POTASSIUM/CALCIUM/B-COMPLEX SUPPLEMENTS,

4. DIETARY RESTRICTION OF SODIUM (NOT SALT).

5. VIGOROUS/REPETITIVE EXERCISING.

6. REPETITIVE INTAKE OF ANY FOOD.

SPECIAL NOTE:

A. ANY OF THE ABOVE FACTORS WILL CREATE CRAVINGS ESPECIALLY FOR SUGAR PRODUCTS AND PREDISPOSE WEIGHT 'REBOUND'.

B. 'POSITIVE' AFFIRMATIONS DELIVERED IN THE PRESENT-AFFIRMATIVE AND FUTURE-AFFIRMATIVE MODES ARE NOT ACCEPTED IN THE AUTONOMIC NERVOUS SYSTEM AND GIVE LITTLE OR NO PSYCHOSOMATIC ASSIST TO PROPER FAT DISTRIBUTION.

DESCRIPTION OF THE IFA PROGRAM

The Program consists of twelve weekly Phases conducted over thirteen weeks. Fifty percent of the 3 hour lecture time nightly is given to the progressing IFA formulas which change each week; the balance of time given to lectures on nutrition, biology, psychosomatics and exercise to enhance self-management.

The breakdown of the twelve Phases is as follows:

A. Initial five Phases establish Acid-Alkaline balance by:

i) dietary revision appropriate to Type.

ii) supplementary intake appropriate to Type.

iii) rebuilding of digestive capability especially pancreatic enzymes, hydrochloric acid, bile and saliva enzymes.

iv) IFA Minimum Movement Exercises initiate general lymph flow and re-establish integrity of abdominal and gluteal group muscles.

v) beginning detoxification process.

B. Phases Six to Twelve include:

i) cleansing and detoxification of liver, kidneys, small and large intestine and gall bladder according to Type.

ii) examination/restructuring of mental attitude.

iii) reinstatement of pelvic and pectoral musculature by IFA Minimum Movement Exercises.

iv) continuing supplementary intake appropriate to Type for maintenance of Acid-Alkaline balance.

v) continuing dietary adjustment to eliminate repetitive patterns in food intake.

NOTE: At mid-Program Phases a one-day Workshop is conducted in basic muscle testing.

RELIEF OF SYMPTOMOLOGY

At the conclusion of IFA Programs 4, 5 and 8 participants in all States were invited to complete a questionnaire, part of which requested details of symptoms which had undergone complete remission during the Program. The following is a list of the most frequently reported remissions:

Improper fat distribution	Bloating after meals
Back pain	Constipation
Constipation alternating with diarrhoea	Flatulence, gas
Hypoglycemia	Fatigue **
Feelings of unreasoning apprehension	Sagging abdominal wall
Breast tenderness	Hiatus hernia
Acid indigestion and food reflux	Burning foot syndrome
Cigarette addiction	Depression
Bad taste in mouth	Poor night vision
Poor eye sight	Dry skin, dry hair
Neck and shoulder tension	Hypertension
Low blood pressure	Loss of libido
Excessive libido	Compulsive masturbation
Premenstrual syndrome	Adult acne
Alcohol dependency around 5.00PM	Herpes simplex
Insomnia	Hair Psoriasis

Gall Stones - 60-70% of every class reported passing gallstones during the Gall Bladder Phase.

** In relation to fatigue the IFA Program has established that correction of Acid-Alkaline balance according to Type will relieve fatigue in minutes and is independent of rest-recovery concepts, especially where there has been no physical exertion.

Males enjoyed a remarkable success rate - losing significant centimetres off waist and regaining abdominal tone quickly. The two body builders (mentioned earlier) took part in competitions subsequent to the Program without 'cutting-up' and were amongst the place-getters. Fellow competitors were amazed when they learned that one of the IFA participants had dined out the night before! Both body builders reported that body changes were among the most effective in their careers.

Some participants reported they had been experiencing as many as 3-5 of the above symptoms. Included hereunder are statistics relating to more pronounced conditions:

Obesity (12 cases - 10 remissions)
Rheumatiod arthritis (4 cases - 3 remissions)
Agoraphobia (1 case - 1 remission)
Anorexia nervosia (4 cases - 4 remissions)
Tenosynovitis (5 cases - 5 remissions)
Autoimmune Disease (1 case - 1 remission)
Diabetes (3 cases - all reported a 20-25% reduction of insulin intake)
Epilepsy (1 case - 1 remission)
Multiple Sclerosis (1 case - 1 remission)

IFA/TOUCH FOR HEALTH

The last 6 IFA Programs were followed by a basic Touch for Health Workshop. Class size averaged 72% of IFA enrolment. Subsequent follow-on to Instructor Training Workshop was significant: at the time of writing (MAY85), 76 IFA students have graduated as Touch For Health Instructors and a further 25 are enrolled to complete Instructor Training by mid-June'85.

An additional 17 IFA participants are enrolled in or have completed Instructor Training but undertook Basic Touch for Health with other TFH Instructors.

The majority of graduates declared their intent in pursuing TFH to Instructor level was to acquire the complete 'canvas' of Touch for Health to expand personal efficacy, self-management and true home care. Eighty-one percent of these ITW graduates are female, mostly housewives.

BIOGRAPHY

Glynn Braddy was born in Australia and graduated from Melbourne University with the degree of Bachelor of Architecture, 1966. A student of nutrition, altered states of consciousness and alternative medicine in five countries over 15 years, he completed Touch For Health Instructor Training with Dr. Bruce Dewe in New Zealand, 1982. The IFA Program was subsequently formulated in Australia '82-85. Glynn currently lives in Sydney with his wife Julie and their 7 year old son Jason James.