



## ***Looking Back and Looking to the Future*** ***TFH 40th Annual Meeting***

*Dr. Bruce A J Dewe MD, NZRK, MICAK, MATMS*

*Dean ICPKP, Life Member AIK (Aust), Life Member KPAB, Life Member TFH USA*

*Written from his notes by Joan R Dewe MA, NZRK*

Thank you Carrie and Matthew for your invitation to speak at this very special celebration of my colleague Dr. John F Thie DC, where we are celebrating the longevity and legacy of John's vision in making available to clients the power to take control of their ongoing well-being. And greetings to all of you present for the part you have played and will continue to play to extend that vision in the future.

### **Looking Back**

When my wife Joan and I came with our family to the States 36 years ago with the intention of my undertaking a training program for Christian doctors in family counselling, little did I anticipate that an encounter with Dr Thie would change the direction of my life.

Joan had been referred to an AK chiropractor for her scoliosis and acute back spasm. Being a sceptical medical doctor I watched carefully as he did AK on her and drew the pressure points on her so we could continue activating them as followup. I was amazed at the immediate results and was easily persuaded to buy a copy of John's Touch For Health book.

Being an anatomist, I was put off by the over-simplification of some of the muscle attachment drawings, nor could I follow the process from the book. However, I could not deny the profound results that Joan was continuing to experience.

Eventually I went to see Dr Thie present at a National Health Federation conference and found myself the following weekend in a TFH class for nurses - all 250 of them! I chose to do 14 muscle balances every day on our friends and during my ITW some months later I taught 30 people each night, which paid for the training.

In 1978 I took TFH back to NZ, into my medical practice, where I trained a nurse to work full-time balancing the tunnellers with back pain. By request I started teaching TFH in other towns. Because students wanted more, and there was no prospect of Dr Thie and Gordon Stokes coming to NZ, I started teaching the remainder of the muscles and techniques, at that time only taught in the ITW, as TFH Intermediate and TFH Advanced classes.

In 1981 when John came to Australia to teach ITWs he persuaded me to take the AK training there. So, for the next year I flew from NZ to Australia, one weekend a month to attend the

AK classes, graduating as Member of the ICAK but was not allowed to become a Diplomate, because I refused to stop teaching AK (TFH kinesiology) to the lay public. Some of the Australian chiropractors were very unhappy to have an MD actively teaching in their midst and the following year my local status was changed to Associate Member.

Shortly after this Dr Thie appointed me to the TFH Faculty and during my annual trips to the USA for the July Conference Dr Thie and I developed a strong friendship and professional relationship as I observed him working in his clinic and shared findings from my own clinical experience.

Over the following years I taught over 100 ITWs in Australia, New Zealand (and the USA) and encouraged the locals to form associations and hold annual conferences.

### **Research**

As always, keen students wanted to learn more, so after an ITW I would teach a couple of days of extra skills. These were not just based on adaptations of AK training but also on my own personal research. Having only the thirty six (then later, 42) muscles in TFH frustrated me. As an anatomist, I needed more muscles to work with. In my practice I researched over 140 more muscles (like Goodheart) using where available Kendall & Kendall's muscle tests and found the related meridians and correction points. New techniques emerged and many of these came from my students. Some of these people have gone on to produce their own Kinesiology systems. I developed the Sound Balance to provide an answer not contained in the TFH book. It worked brilliantly and still today helps hundreds of people.

### **Emotions**

The PKP™ Emotions Chart came from my love of psychiatry and psychology and the belief that what we are thinking and feeling at moments of decision, crisis, or despair are locked into the subconscious. I later showed that every aspect of human movement, physical, mental or spiritual has an emotional component.

Pondering Beardall's 4 basic finger modes led to the thought that if what he was saying was true, then every technique I knew had to be imprinted both on my brain and my fingers. Over three years later I presented in Bali 1986, the first thirty + mini-modes that eventually became the PKP™ finger-mode system. It was incredible to find years later, in the holy countries (in 1997), large numbers of the finger modes we were using in paintings and icons in the various old churches. Perhaps the most awe-inspiring was the picture of the Virgin Mary with the Christ-child on her lap and the young child was holding the Spiritual Mode. Today there are over 300 mini-modes in the PKP™ system.

During the 80s we hosted many workshops in Bali, Indonesia, which brought together

as a family the Australian and New Zealand TFHers who were interested in research and developing their skillset. These workshops eventually became known as Professional Kinesiology Practice (PKP™)1 - 1V (or at John's insistence, Professional Health Practice (PHP) in the USA), with a strong emphasis on encouraging ongoing research which was then presented and stringently evaluated by the rest of the group.

### **Goal Balancing**

One of my concerns during these early years was why my students doing 14 muscle balances did not seem to get as good a result as I did. From observing a really competent student work, I realised that there were two things that I did routinely with each patient: one was to get them to show me their range of movement before we started (pretests) and then to observe again afterwards; the other was to ask my patient what they wanted to have happen as an outcome of their session. From this awareness I developed Goal balancing and presented that process and also Sound balancing at the next TFH Annual Meeting in San Diego.

In the mid 80s I was appointed head of Faculty and also went onto the TFH Foundation Board of Trustees, and when later John faced the inevitable conclusion to close the school in the USA he entrusted to me personally the TFH synthesis for a 'body about to be formed.' This became the IKC, of which I was one of three trustees for many years.

### **The Bureaucrats become involved**

In 1990, in NZ, there was a government call for regulation and registration of all natural health practitioners and so, to enable our TFH practitioners to comply, we set up an Expert Panel who worked in dialogue with the NZQA (NZ Qualifications Authority) for 7 years before we finally got registration. By this time our training had evolved from weekend courses into a student-centred, systematic training programme, of over 4000 hours with clinical assignments relating to every piece of learning.

NZQA would not allow us to use John's TFH book for our basic training (or even Walther's 'new' AK Synopsis) and so in answer to my dilemma, John had repeated Dr Goodheart's words to him from long before "*If you want it, write it yourself*" and so we complied with the NZ legislation with John's full knowledge and blessing.

It has long been my concern that enthusiastic kinesiologists have insufficient training to be cautious when presenting problems may signal a medical emergency and so I have developed a course for all PKP™ practitioners, called **Red Flags in Kinesiology**, which teaches the things the Medical Profession criticize Complementary and Alternative Medicine practitioners for not knowing or using. It also provides for them a series of flow-charts of symptoms and Q/A which assist them eliminate serious medical events or conversely warns

them to refer the client immediately for medical intervention.

### **Looking Ahead**

I evolved from just doing the physical muscle work to incorporating my psychology, psychiatry training, and interest in spirituality and philosophy into the PKP™ synthesis. What we recognized was the absolute importance of staying away from treating medical diagnoses and in fact not treating or even working on clients. Today we see a PKP™ (Professional Kinesiology Practice) session as a time where together with a client the practitioner looks at movement in the client's life and how that movement, or lack of it, is expressed in their body. I have taught for over 30 years that "*behind your eyes and between your ears is a creation machine*". You are in the process of creating your own future - and it is never too late to make positive change. The truth of this has never been more provable than today when the study of Epigenetics is at last being acknowledged. Twin studies have shown that our genes are responsible for no more than 40% of our future. Lifestyle choices - the things we do, say, think, listen to, play with, work with, and eat - are more important than genes.

Those of us who have chosen to stop our old profession and become a Kinesiology Practitioner are continually being encouraged to research and contribute to this new profession of Energy Kinesiology. However, we need to do more. When one of our PKP™ Faculty, Susan Eardley, wanted to do research on back pain with PKP™ intervention, Professor George Leweth of the University of Southampton CAM Dept made her search all the available kinesiology literature (yes, including AK) and review it. The paper Prof Leweth co-authored with Susan showed just how inadequate our kinesiology literature has been and how almost none of it measured up to stringent, scientific, peer-review standards. The future requires us to have young kinesiologists who will undertake the disciplinary process of doing research in the University environment. The extraordinary commitment of Susan Eardley to seven years of rigorous university research, culminated in a Master in Statistics and a PhD in PKP™ from the Southampton, UK's premier CAM University. Her research paper has just been published in a peer review journal this July 2013. The reference is on [www.icpkp.com](http://www.icpkp.com). She showed in her Single-Blind trial with a group of people with low back pain, that the PKP™ protocol was more effective than acupuncture, osteopathy or medication. We look forward to the day when significant funding is made available for Dr Eardley to engage in further studies, which stand up to rigorous peer review, involving multi-country trials.

Research of this calibre is not needed for all of us. It is for those who want to be recognised as health professionals with Government accredited Certificates, Diplomas, Advanced Diplomas, and Post graduate training over 5 years.

More research is not needed to be a part of John's vision for TFH. What is needed now is ACTION. Since I met Dr. John Thie it has been my personal aim to empower people to take responsibility for their own health care and well-being and to encourage them to help others to learn to do the same. Dr. John Thie used 14 (or 16) muscle balances more than anything else or any fancy techniques when I watched him work.

John wanted every client to become a student, to learn the 14 muscle routine and to use it every day. Those of you who call yourselves TFHers have a huge responsibility to keep alive and active John's Vision of every family being able to experience Touch for Health. Do not allow yourselves or each other to become side-tracked into needing to add to the programme. It has happened too much already.

The power in TFH 1 was and is in its simplicity and an abiding faith in the laws of acupuncture that the body will use the energy shifts you activate for the body's highest good. Dr. John Thie did not write TFH as the introduction to a professional training course as so many people are using it for today. It was never meant to train professionals. John wrote TFH (very professionally) for lay-people. I believe the job of TFHers in the future is to see TFH 1 is taught to as many lay-people as possible. The need is greater today than it was in 1976 when I took TFH 1.

While I have the vision of there being a professional kinesiologist in every community I still rejoice that strangers I meet around the world either know about TFH kinesiology, attend a kinesiologist or even have a family member training to be a kinesiologist. Medicine and Big Pharma do not promote "high-level, energy, vitality and wellness". They create dependency on a system that is flawed where one in 4 people are on psychotropic medication and people of my age are dependent on 4 - 5 medications with side-effects and inter-actions that create more or even worse problems. If you as TFHers do your job of spreading the word of a daily TFH 1 balance for every member of the family, you can change this.

You do this part and I will continue to work to build Professional Kinesiology Practitioners who have a recognized level of training that commands respect.

Our PKP™ motto states my purpose and my future which is to assist people to ***Learn, Grow and Embrace Life [to the fullest]***.

Thank you to my friend and colleague, John F Thie DC. You gave me a new purpose; you invited me to be part of your vision; and then you encouraged me to move in the direction I felt led to pursue.

Blessings to you all,

Dr Bruce A J Dewe MD, Dean, ICPKP