

IN TOUCH FOR HEALTH

GORDON STOKES

TFH Training Director



**JANUARY
1981**

DAN HAYWARD

In November, 1977 when I graduated from Susan Schultz's Basic Class in Anaheim, CA, I was probably the worst prospect ever for progressing in the field of health. A month ago I came across Sues name on an "inactive list" and decided to track her down. Her 'most unlikely' student was now TFH Director.

Her reply came and while I enjoyed her surprise, I was also moved to hear that Susie had nearly died from meningitis and a diagnosed case of terminal (6 months) cancer, both of which she overcame as she says, with natural healing methods helped by Touch for Health.

Susie celebrated these victories by giving birth to an 8 pound baby boy making the total 7 (4 boys and 3 girls). Susie is now a sophomore at Logan Chiropractic College in St. Louis, is again teaching TFH classes, and uses TFH on her family, friends and fellow students every day.

In 1980 we graduated 440 instructors versus 278 in 1979. In 1980 we ended with 5 faculty instructors versus 2 at the end of 1979, so we take some pride in our progress. Noting that the est organization graduated 47,800 people from training last year, we affirm day and night that we are graduating over 1000 instructors each year, we are in a suitable building in which to administrate and teach, that we have a full staff, an expanded curriculum, a research program, and adequate funds with which to operate efficiently.

An impossible dream? Perhaps, but one we plan to achieve. We totally believe in TOUCH FOR HEALTH and our dream. We have planned almost 50 ITW's for 1981 (versus 28 in 1980) to make our dream a reality.

Share your enthusiasm for TOUCH FOR HEALTH with your friends and all others you meet. Share in the dream!

DIRECTOR

Dr. JOHN F. THIE

This issue of IN TOUCH FOR HEALTH, is dedicated to Gordon Stokes and I would like to publically thank Gordon once more for all the help he has been to the Touch for Health Foundation and to me personally.

Gordon was first introduced to me while he was with Effectiveness Training Associates and I was a certified trainer. I remember inviting him out to lunch and getting to know him. I felt that he would be someone I would really like to have as a friend. I am sure many of you have found him just as lovable.

Gordon starting working for the Foundation, before it was the Foundation, while the decision was being made as to whether we would be profit or non-profit. His first task was to assist me in training a group of doctors to be Touch for Health Instructors. He was to learn the basics of Touch for Health as I taught the doctors and assist me in making the group dynamics work well, as well as teach effectiveness communications with me as a team.

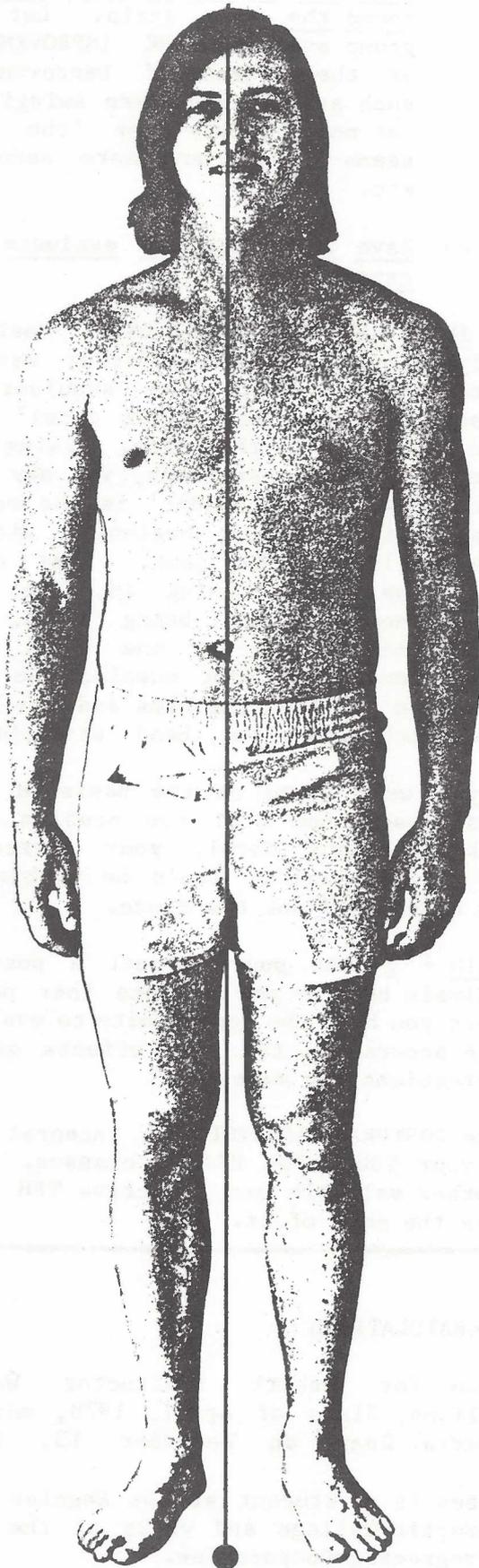
From that association on, Gordon has been an integral part of Touch for Health. He is now on our Board of Directors as well as Training Director.

Gordon has written many of the very useful training tools you all use. He has been and is a wise counsel, a warm friend and a super person. I hope many of you will take the time to tell him how much you appreciate him and how he has contributed to your life.

Thank you Gordon for being the person that you are.

PRESIDENT

4. Now tell your group - "With an imaginary plumbline down the center, scan the body comparing the right and left sides. Are the cheekbones level? Does the neck seem the same length on both sides? Is one shoulder higher than the other? Is one more forward? Are the elbows facing the same direction? Is one arm closer to the body? Is one hip higher than the other? Are the knee-caps level? Are the knees pointed in the same direction? Now look down at the feet. Are the ankles turned in? Is either foot significantly turned out?"
5. Have the person make a quarter turn so the class can see the profile. Ask, "Is the body leaning forward? Backward? Is there a 'bowing' in the back? Is it twisted in either direction? What's the position of the head in relation to the shoulder? Where's the weight distributed? Is it equally balanced on either side of the plumbline?"
6. Have the person turn full back. "Recall the front view of the body. Now compare the front to the back in terms of overall body posture." Sometimes there will be an entirely different picture revealed due to the different muscles working. Tell your people to, "Scan the back as you did the front of the body, checking out the differences right and left of the plumbline."
7. Now, have the volunteer turn to show the other profile, and scan that side as before.
8. BALANCE THE VOLUNTEER, making all appropriate corrections.
9. EVALUATE THE EFFECT - this is done in three stages.
 - a) Have the volunteer stand and face the group. Have the class re-scan the body and ask them TO NOTE THE IMPROVEMENTS. DON'T ALLOW MENTION OF ANYTHING NOT IMPROVED. (You and they can expect to see some marked changes.)



MUSCLE TESTING

MUSCLE TESTING IS AN ART - and like all art needs practice to become perfect. That means working with MANY people because every individual responds somewhat differently. In order to use TOUCH FOR HEALTH effectively, we must have an accurate muscle test. It is through the accurate 'feedback' the body gives that we find energy and muscular imbalances.

80% of the muscle test is in the mind - only 20% is actually physical.

The brain's computer gives the read-out on whether a muscle will lock or not lock. This is what muscle testers forget. We're going for the 'lock or unlock' only - not for the full range of motion of the muscle. The main problem testers have is OVER-POWERING; that is, applying more pressure than necessary to check the 'lock'.

FOR EXAMPLE: Testing a strong muscle like quadriceps. If you use a lot of pressure, it will test stronger because the person's system recruits other muscle groups to hold the leg up. Only when you use just enough pressure to test the 'lock' will you get an accurate read-out.

'Just enough pressure' means an inch to an inch and a half; that's all. No more is needed.

YOUR BASIC ATTITUDE IS IMPORTANT WHEN YOU MUSCLE TEST

For a variety of personal-conditioning reasons on the part of both tester and testee, too often a muscle test turns into a contest of strength. A good muscle test is one in which both people are interested in discovering imbalances, not a game of 'I win/you lose'.

Remember - you're looking for the 'lock', not for the full range of motion. Explain this and demonstrate exactly what you're going to do with each new person. What you want is cooperation, not competition.

IF A MUSCLE IS WEAK: Since the body will recruit other muscle groups to hold that one strong, watch out for elbows bending, torsos twisting, hands clenching and straightening the leg (while testing gluteus maximus). When this happens, tell the testee what you observe and reposition the limb being tested.

It's true you can over-power almost any muscle in almost anyone. But this risks doing actual damage to muscles and tendons. (After all, you want your people leaving you in better shape than when they arrived!) With this in mind, use a testing strength designed for the person you're working with.

If a person is basically weak, monitor the pressure you apply by using only one or two fingers. If the person's extremely strong and you doubt the accuracy of the read-out you're getting, feather the neuro-lymphatic points for that muscle to weaken it and test again. Now 'shaky' or a 'slight weakness' will be noted. This will be your criterion for the rest of the test procedure.

When you apply pressure, remember - you're only pressure should be no more than an inch to an inch and a half. Hold for not more than two seconds and release. THEN determine whether the muscle is weak or strong. (IF YOU CONTINUE TO ADD PRESSURE TO THE MUSCLE WHILE DECIDING, YOU MAY FATIGUE IT - AND YOUR READING MAY BE INVALID. Another very good reason not to over-power!)

RANGE OF MOTION

The range of motion is in the opposite direction from the muscle's normal function. For example - quadriceps brings the leg up. The range of motion we test brings the leg down. Our pressure, in testing, goes in the direction of the range of motion.

Neuro-Vascular 'System'

Contributed by Daniel Whiteside and Gordon Stokes

On these pages, we're presenting an outline of background basics on 'why' the NV holding points work. Of course this is only a brief statement, but we hope it stimulates your own thinking, investigation and response. Knowing 'why' is exciting stuff. We feel it adds enthusiasm to classes and presentations.

NV HISTORY

In the 1930's, a California chiropractor, Dr. Terence Bennett discovered locations on the head which - when held - seemed to influence blood supply to specific organs. Dr. Bennett held the points while watching the internal effects through a fluoroscope. (This resulted in both an important contribution to health care and his own early death from radiation poisoning.)

In the 1960's, Dr. George Goodheart found he could restore strength to a weak muscle by stimulating the appropriate 'Bennett reflex'. In the 70's, he further validated his results via biofeedback thermomonitoring.

In TOUCH FOR HEALTH, we use the NV's as developed by Dr. Goodheart and modified by Dr. John Thie.

BACKGROUND ON WHY THE NV HOLDING POINTS WORK: THE VASCULAR SYSTEM

The vascular system is composed of the blood vessels - the arteries (carrying oxygenated blood from the heart, veins (carrying 'used' blood back) and the intricate capillary networks (which feed the body tissues directly). Arteries and veins are connected via the capillaries.

During times of low activity, the blood supply flows through the major vessels primarily, without much actually going into the capillary beds. But when activity (including stress) increases, more blood is pumped into the capillaries. This means that the tissues involved in reaction, especially muscle, are given vascular priority.

It also means that blood is being withdrawn from other areas not directly involved in reactive response. Specifically, it leaves the surface of the system (skin and cerebral cortex) and goes to the muscles, endocrines and organs involved in 'immediate survival'.

THE NERVOUS SYSTEM

The ground rule here is that 'the furthest extension of the nervous system controls its function'. That's the theory, but in practice most of the time it isn't the cerebral cortex that directs a response. Instead of rational thought, our nervous system operates on a first-come/first-served relay-reflex pattern.

The first neuro-center that has the capability of responding handles 'the need'. Many of our activities such as walking, movement, expression, etc. are taken care of by neuro-centers in the spinal cord. At any time, however, the cerebral cortex can supersede these automatic relay centers by a stronger message.

The problem is that most of the time, 'the message' doesn't reach the cortex for conscious evaluation and selective choice. Most of our life is spent IN REACTION to the 'fight/flight/survival' instinct 'choice' made by the hypothalamus.

Crowning the brainstem (but not directly part of the lobes of the brain), the hypothalamus controls all instinctive responses - hunger, thirst, sex, self-preservation. More important to this discussion, the hypothalamus also controls the sympathetic/parasympathetic nerves which in turn control the viscera (heart/lungs/liver/digestive tract, etc.) and the blood vessels of the entire body.

Most of our mental life is spent computerizing past experience into survival response to the fight/flight instinctive 'decisions' made by the hypothalamus. We don't get a chance to think per se.

Emotional Stress Release (ESR)

Emotion can be a primary factor in muscle imbalances. It aggravates physical problems arising from other sources. Knowing how to take the emotional stress out of the situation promotes recovery.

ESR (Emotional Stress Release) is a great technique to get the mind/feelings back in control. It permits the intellect to go to work finding positive alternatives with which to handle troublesome situations - or relationships. Of course, ESR doesn't solve problems, but it helps the person deal with stress more efficiently.

The following is a valuable what-to-do for those occasions when a person's angry, frustrated, in emotional pain or grief.

THE EMOTIONAL STRESS RELEASE TECHNIQUE (ESR)

1 - SELECT AND TEST A STRONG INDICATOR MUSCLE

Pectoralis major clavicular is probably the best since it affects both the stomach and the brain's emotional center (which are often 'in knots' - literally and figuratively - due to emotional turmoil). Test the indicator muscle to be sure it's strong. Now, without touching the person, have him or her go over the problem mentally. This can be done aloud or in silence. When this is complete, re-test. If the muscle goes weak, the situation is a traumatic one for the person involved.

2 - TOUCH THE FRONTAL EMINENCES

Use two or three fingers (as in the picture above); you're touching the neuro-vascular holding points #11 in your TOUCH FOR HEALTH book. Apply only enough pressure to slightly stretch the skin and ask the person to, "Go to the beginning of the situation and go all the way through until you've come to the end of the incident, or up to the point where you are now within the incident. When you get to the end, tell me or just nod your head."

Have them repeat this process at least 3 times - or until the pulses in the frontal eminences synchronize. Re-test the indicator muscle.

If it's strong, you're done. If it's weak, repeat the process, until the muscle is strong again. (The process could last as long as 10 or 15 minutes, but the effect is truly worth it - for all concerned.)

ESR works well in getting relief from nightmares, fears, frustrations and other problems that effect personal - and professional - efficiency and creativity. It works just as well on yourself as others, remember. Use the same process holding your own frontal eminences while alone. But it's always an 'assist' to have another TOUCH FOR HEALTH.



MUSCLE TESTING

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Now, with these points in mind - let's talk through the actual test procedure.

1. BEFORE TESTING - PROTECT YOURSELF AND THE OTHER PERSON

Briefly explain what muscle testing is and what it involves. Then ask, "Is there any reason we shouldn't muscle test you?" Find out if there's been recent surgery, whiplash, a trick knee, intense pain right now - etc. This protects you both from any inadvertant damage being done, or unnecessary stress put on the system.

2. SHOW RANGE OF MOTION PREVIOUS TO MAKING EACH TEST

Notice if there's any tension in the testee's body while you do the demonstration - such as clenched hands, ankles crossed, or the entire body thrown into resistance. If you see this happen, tell them to unclench, uncross and relax. Be sure the hands are not placed on the body.

3. TELL THE PERSON TO 'HOLD'

Then make the test, being sure to move in ssslllloooowwwllllyyy to give the brain time to respond through the muscle being tested. (Remember the rule - no more than an inch to an inch and a half pressure held no longer than 2 seconds at the most!)

AND THAT'S HOW SIMPLE IT IS!



PAIN TAPPING

Continued from page 10

6. PERFORM THE PAIN TAP

Work on the side of the body OPPOSITE the pain (NOT on the 'pain side'). Tap on the FIRST tonification point, using a firm, continued tapping. Your rhythm should be about that of a ticking clock. Tap for about 30 seconds.

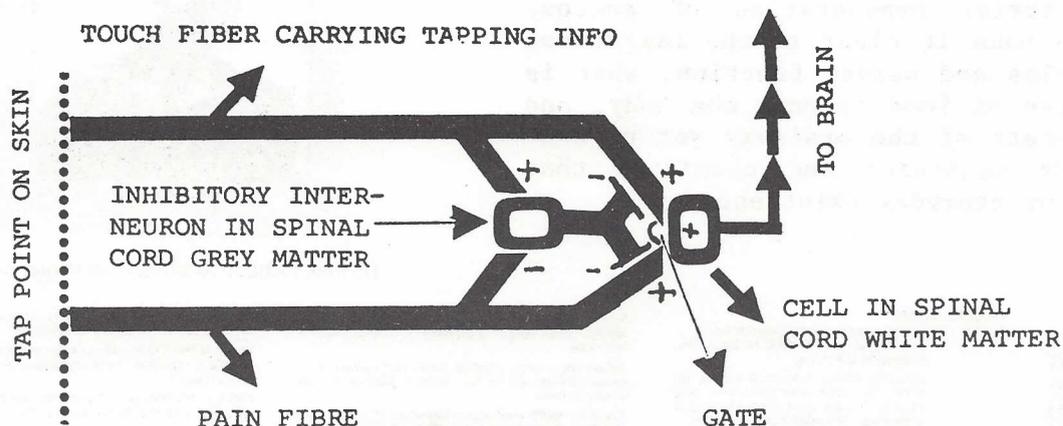
Take a break and have the person RE-EVALUATE the pain again. If it's still there, continue tapping. Do this three time in succession.

When you've tapped for about a minute and a half, if the pain's still there, go to the 'pain side', locate the FIRST tonification point and tap there. Do another 3 tap cycles, with RE-EVALUATION breaks.

7. WHEN THE PAIN STOPS, YOU STOP

8. IF THE AREA NEEDS FURTHER ATTENTION

The body will let you know this is the case by bringing back the pain. If this occurs, send the person to the right health specialist.



THE MEMBERSHIPS

INTEREST MEMBER: Annual dues \$20. Interest members receive the monthly newsletter and regular mailings about TFH activities.

PARTICIPATING MEMBER: Annual dues \$30. In addition to the newsletter, participating members receive a TFH pin and reduced rates for Foundation sponsored conferences. They may also participate in the annual meeting and weekly TFH Club meetings.

PROFESSIONAL MEMBER: Annual dues \$60. Professional members who are not Instructors receive the monthly newsletter, reduced rates at Foundation conferences, professional discount rates on selected publications through THEnterprises, a TFH pin and a subscription to the journal (as published). Professional members are listed in the directory (as published) and receive professional referrals from the Foundation.

LIFE MEMBER: Gift or pledge of over \$1000. Life members receive monthly newsletter, reduced registration fees for Foundation sponsored conferences, discount on selected publications through THEnterprises, a pin, a recognition plaque, a journal subscription and a directory (as published). They are eligible to participate in annual meetings and the TFH Club.

CERTIFIED TFH INSTRUCTOR MEMBERSHIPS

Active: Annual dues \$25. Active instructor members are those actively teaching Touch for Health. They receive the monthly newsletter, regular mailings about TFH activities, a TFH pin, reduced rates for Foundation sponsored conferences. They may participate in the annual meeting and weekly TFH Club. They receive referrals for their basic classes, a TFH directory and journal as published, a 25% discount on 4 or more copies of TFH publications, and a 10% discount on other items through THEnterprises.

Professional Instructor: Annual dues \$50. In addition to the above benefits, professional instructors receive professional referrals from the Foundation.

All memberships are tax deductible.

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Specialty Areas _____

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TYPE OF MEMBERSHIP (check one)

- Interest Member** (annual dues \$20)
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INSTRUCTOR MEMBERSHIPS

- Active** (annual dues \$25)
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(Foreign addresses add \$12 for airmail)

please give applicable information

- New Member
 Renewal of Mem. # _____ exp. date _____

Basic class inst. _____ Date ITW taken _____

I, _____

hereby apply for membership in the TOUCH FOR HEALTH FOUNDATION. This application is an expression of my desire to contribute to the realization of the Foundation's objectives.

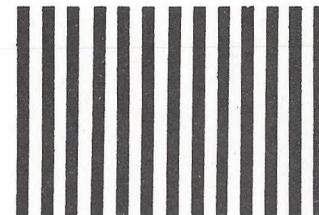
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