

Touch For Health

Education

1998

PURPOSE: To help our subscribers achieve healthier lives and perform their "personal best" in all aspects of their lives by providing useful, reliable, easy-to-understand health information that's timely, with an emphasis on touch healing.

NEWSletter

Report from

Dr. John F. Thie



BACKACHE COSTS BILLIONS

But are we Getting our Money's Worth of Relief?

In 1998 it is estimated that at any one time there will be 31 million Americans suffering from back pain, based on visits to health professionals. This problem is at the top of the list, together with the "common cold" as the most frequent cause of missing work. We know the problems are both very serious, even though they are very rarely life threatening. The cost will be more than \$8 billion, not counting the costs of disability, which includes more than 2.7 million lost workdays each year. It is estimated that between 80 and 90% of Americans will have backache severe enough to miss work sometime in their lives.

Why do so many people have backache? The clinical explanations are legion: Muscle spasms and strains,

bulging discs, subluxations, spinal lesions, pinched nerves, sciatica, arthritis, poor posture, tight muscles, osteoporosis, compression fractures, tumors, vascular disease, and disorders of the abdomen, pelvis, rectum and hips all can produce pain in the back. **Then again, they might not!** The facts are that although a diagnosis must be given in the biomedical model, *none of the above has been scientifically proven to cause back pain according to the biomedical criteria.*

The TFH model in care of back pain, as with any pain or distress experienced by an individual, is to look at the whole person and evaluate the subtle energy flow using muscle tests as indicators of the flow meridian energy. This is a functional type of model. In the functional model, we look at the individual's ability to function, to do the things he or she desires to do. Our interventions are

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natural recuperative powers, or energies. We may achieve relief from low back pain without ever actually touching the painful area, or ever knowing what is the particular, discrete "cause" of the pain. We may have no clear concept of the actual physical mechanism which results in back pain or its disappearance. Yet, our TFH model is an excellent system for making functional evaluations and holistic interventions which enhance function.

The latest inquiries into the causes of pain indicate that many of our previous assumptions are not totally valid. With the continued use of MRI and PET scans, the scientific community has discovered many people may have the "pathology", but not pain and dysfunction associated with disc ruptures, severe bone spurs, narrowing of intervertebral foramina etc. Many of our assumptions about what is causing pain are not accurate for many people. There seems to be more and more evidence that pain is usually not due to a single cause. It's important to be able to understand the context of the life in which pain occurs. Multiple aspects of the Soul, and multiple relationships, *as well as physical pathology* may need to be considered.

In my over 40 years of taking care of people with back pains of all kinds I have found that doing a 14 muscle assessment balance for a goal gets great results. Last year a church member came to me after being given pain killing-drugs, which didn't get the pain relieved. She was progressively getting worse, as well as having side reactions to the drugs. After the first balance, she had an 80% relief in the back pain. I know that many of us using the Touch for Health Synthesis have similar results. In the 80% of cases where back pain has no diagnosable physical cause, the safe, simple, and effective, holistic TFHS approach is a great resource.

Ours is a minimalist approach. This means we do the least invasive intervention and look for improvements before we move on to more invasive and dangerous medicine. As long as the improvements are sufficient and lasting, we feel that no other examination or treatment is required. We trust the subjective judgement of the individual to determine when further exam/treatment is warranted. I urge you to get your TFH balances when you have any lack of comfort. An ongoing program of balancing your energy can keep you having more peak performances and personal bests. This approach

needs to be consciously followed because the society in which we live seems to prefer a maximalist approach. We look for the one worst possible cause first and work backwards from there.

Nortin M. Hadler, M.D., of the University of North Carolina School of Medicine Chapel Hill, NC writes about Workers with Disabling Back Pain in an editorial (in the New England Journal of Medicine, July 31, 1997, Volume 337, Number 5), "...injury arises out of and in the course of employment.... However, there is rarely any extraordinary or peculiarly occupational precipitant of back pain.... Although it has been pursued with zeal for more than 50 years...." The effort to identify and remove offending exertions has failed, "In fact, workers with back "injuries" have increased in number and suffered more... at the same time that insurers and others have become entrenched and wealthy while perpetuating unproven approaches to the prevention of compensable back pain."

In a study by Daltroy et al. It was found that, "educating [postal] workers about state-of-the-art work practices enhances their understanding but does not reduce the likelihood that they will have a disabling back injury...."

(continued from page 2) ...we must put an end to 50 years of disappointment in the quest for the 'correct way to lift.' Instead, we must broaden our understanding of the challenges that every worker faces in trying to cope with backache.... These studies have uncovered few, if any, risk factors for reporting a back injury. When a risk factor is identified, the associated risk is small, both for psychosocial attributes and for biomechanical exposures. Measures of psychological stress and disaffection generally overwhelm ergonomic assessments of a wide range of physical demands in the workplace when the effect on health results in disabling regional back injury.... Back pain in the workplace is just one window on the human

predicament. Rather than focusing on ergonomic remedies, we should guarantee workplaces that are comfortable when we are well and accommodating when we are ill."

"To approach this goal means accepting that to be well is not to be free of symptoms . We all experience back pain and other musculoskeletal pain, and we do so frequently. Even though it is nearly always self-limited, such pain is seldom trivial, and it never should be trivialized. Most of us are fortunate; we blithely pursue activities every day that challenge our musculoskeletal systems with great physical demands -- such as prolonged slouching, lifting groceries, and a range of avocations from body

building to golf. Most of us manage to forget the days, or even weeks, when we avoided particular activities because they were uncomfortable or painful.... The charge to those to whom we turn for care is to assist us in coping. "Fixing it" and "avoiding it" are just as useless as prescriptions for regional back pain...as they are for other predicaments of everyday life, such as arm pain... or muscle aches."

"....Consideration of styles of management, job security, and group dynamics is far more likely to help than another exercise in ergonomics. The application of the "injury" construct to regional musculoskeletal disorders has outlived its time."
(See "Consider" on page 4)

NEUROREFLEXIVE THERAPY EFFECTIVE FOR LOW BACK PAIN

The use of surgical staples and metallic ear-piercing devices as treatment for chronic low back pain appeared to work according to a report by M. Kovacs, MD in the journal, **Spine**. The relief was immediate and lasted for the 45 days of the study. We all understand why this worked as it works in balancing as the TFHK approach could be defined as a neuroreflexive therapy. What was interesting about the article was the comment about why this worked. "There is another possible explanation for the positive results when all treatments are dispensed by a single operator. This explanation is sometimes termed 'charisma.' Some practitioners, by dint of their personality and healing powers, seem to get better results than others. Did Kovacs achieve these good results because of the fundamental efficacy of the technique or because of charismatic healing powers?"

This is an interesting idea now being put out in the literature, that some people have a gift of healing and get better results because of the gift and not the protocol they use. I have always felt that we choose the people to be health professionals in the wrong way. **I also agree that a gift of healing should be considered in the results and that everyone should learn TFH or some simple healing methods so that we can all discover our healing gifts and those with special talent or presence will become professionals.**

Study Shows No Benefit From Epidural Steroid Injections

Reporting from *the New England Journal of Medicine* Simon Carette, MD said "This treatment (Epidural Steroid Injections) offers no significant functional benefit, nor does it reduce the need for surgery." They compared injection of steroids with a saline injection and got almost identical results. In both groups, at 12 months follow-up, about 25% of the patients went to surgery.

I wonder if getting balanced would have reduced the amount of surgery?

RDAs Yield to DRIs

The dietary reference intakes (DRIs) are consumption guidelines for supporting optimum health rather than merely warding off deficiencies, which is the purpose of the recommended daily allowances (RDAs). More and more research is giving reasons for each person to learn about what they individually need. The amounts needed vary greatly. The development of the DRIs is a big step in the right direction. We all need to learn more about how much the chemical side of the pyramid

of health effects not only our physical but our entire soul, everything about us. In the training I give in the 6 day class we show by demonstration that the foods we eat have more than just the physical aspects. **Balancing our energy can take place by just putting a food into our mouth and chewing it up.** In seconds the entire energy is brought back into a more ideal balance as shown by the muscles tests as well as the subjective self-evaluation by the individual



Consider Life of Person With Backache

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"When you reckon up the national wealth and begin to talk about imports and exports...

I have never seen a balance-sheet of that kind up to the present that did not omit the greatest asset of all, and that is the men, the women and the children of the land."

---David Lloyd George, Birmingham Town Hall on June 11, 1911

I believe that these problems of on-the-job injury are multifactorial. Hadler's quote from David Lloyd George supports our approach to balancing meridian energy of the whole person towards their life goals. When I was in practice, I had excellent results with worker's compensation cases (on-the-job injuries). One of the things that I always

with the patients. We did a lot of balances while thinking about the job and looking at real-life options and being in balance for making choices around work. The greatest danger I saw while working with injured workers was when they were unwilling to look at alternatives to surgery. The statistics continue to show that surgical procedures for back pain due to an on-the-job injury have a 75% lesser chance of a favorable outcome compared to back surgery for other types of injury. Hadler states that looking at the local problem of the back without considering the whole person is outmoded and is causing doctor induced complications. This is a powerful statement that supports our meridian based approach of looking at the whole person. I hope that you will use this editorial in talking to your students and clients so that they can understand better what you are doing when you are including goal balancing and meridian assessments in your teaching and balancing.

Booming Market In Pain Medications Problematic for Health

In the United States, the market for pain medications represents a gargantuan economy. Drug companies are fiercely competitive and aggressive in marketing their wares to often vulnerable pain sufferers. More than two billion is spent each year on migraine medication alone. In 1996, "Stadol Nasal Spray hit nearly \$140 million in sales in the United States" (ABC News, 7-12-97). Dr. Fred Sheftell, headache specialist and adviser to Bristol-Myers Squibb states, "One spray of Stadol is equivalent to 37.5 milligrams of (the narcotic) Demerol. If that's not enough to alert anybody to the potency of the medication, I don't know what is....But Stadol is not a controlled substance, and it's precisely because it isn't that most doctors are unaware of its dangers....When a drug is scheduled, or classified as a controlled substance, by the government, it serves as a red flag to doctors, pharmacists and patients to be on guard about its addictive potential"

There has been a tendency among doctors and pharmacists to assume that, "basically, since the FDA decided not to schedule this drug, it must be safe and it must be relatively non-addicting." However, the drug has proven highly addicting, and finally, as of October 31, 1997 Stadol (Butorphanol) became a Schedule IV Narcotic of the Controlled Substance Act. But not before a great number of people unwittingly became addicted.

Now that the substance is scheduled, people suffering from migraines are in a double bind. A typical entry from a Stadol discussion group on the Web reads, "I have been treated with Stadol and it is a miracle. My physician stopped prescribing since it is classified as a controlled drug. **HELP! My life was changed when I was able to treat my pain . Now I suffer again** Do you have a referral that will prescribe the drug?"

Browsing the various bulletin boards and websites, it's clear that the main emphasis in addressing pain, and particularly headache, is still the use of drugs. The American Academy of Neurology online headache info sheet offers the primary hope that "Insights into [the] mechanism has helped us understand current migraine therapy and will lead to a whole new generation of effective migraine drugs.

Although the site does mention, as an after thought, that, "Headaches can be managed with proper medication, *along with diet, exercise and lifestyle modification* the only elaboration involves "**three major ways to treat migraines**" :

- **Preventive** : "...take drugs regularly to reduce the frequency of the attacks."

- **Avoidance**: "take a drug at the first sign of the aura or the first sign of pain from an attack." This stops the onset of pain, or reduces the severity of pain.

- **Pain-killers**: Once pain is present, take one of dozens of drugs available, from nonsteroidal anti-inflammatory drugs (NSAID's), over the counter or by prescription, to Opioids, to local anesthetics, "Recently, the intranasal use of the local anesthetic, lidocaine, has been used to reduce the pain of migraine."

The Excedrin® Migraine home page boasts, "Excedrin® Migraine, the first over-the-counter pain reliever to treat mild to moderate migraine headache pain, was recently approved for marketing by the FDA. The new product contains the same formula as Excedrin® Extra Strength....'This is important news for the millions of migraine sufferers who self-medicate with over-the-counter products in a trial-and-error fashion, not...

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...knowing which medicines to use, or in what dosages' said Richard Lipton, M.D...."

"Now, people with migraine will have easy access to a clearly labeled, non-prescription treatment that has been clinically proven to relieve migraine headache pain."

What's Missing From This Picture?

The picture that emerges from all this is that a significant segment of the population is self-medicating, or receiving prescription medication, largely in a trial-and-error fashion to treat pain. This can be frustrating, can quickly become extremely expensive, and is fraught with risk of addiction, increasing dosage and potentially serious side effects. Alternative treatments or remedies include homeopathic, herbal, aromatherapy or other non-prescription medications as well as massage, relaxation techniques and prescriptive acupressure points.

What's barely hinted at around the edges of the discussion is the fact that each person is a unique and whole individual with whole life. The Pain is consistently treated as the central focus, while the Soul, the whole person, simply provides information about the pain. The TFHS is a holistic approach that helps to put Pain in the context of a the whole life of a whole Soul. When we balance for goals in a lived life that we WANT rather than simply striving for the absence of symptoms, we create a context in which to evaluate the relative cost/benefit of all of the help that may be available to us, whether it's energy balancing, friendship, prayer, fellowship, psychological counselling, massage, Over-the-Counter Pain Killers, or the strongest opiates. Any and all of these might be appropriate for YOU in YOUR LIFE, but you can't determine that until you consider your whole self, your whole life, and not just the Pain in your life.

Countless Souls who have been plagued by pain recount their stories of the "worst advice" they'd ever been given on "Ronda's Migraine Page" (<http://www.msn.fullfeed.com/~ronda/>) People say, "If you'd just take 2 aspirins and a coke, (or a coffee), if you'd dunk your head in hot/ice water, if you'd stand on your head, if you'd forget about it... ad nauseum.

The classic insult for someone suffering excruciating pain: "It's all in your head"

And the classic come-back: "Duh! It's not in my feet, although I sometimes get a pain in my ass!"

But the most important point is that the Pain is not all in your head. It's more than the obvious "total brain experience". The Pain is in your Life, it's in your Soul, and the most effective way to address it is to address your whole Soul through a holistic process such as TFH.

(For more information on migraines try the links on [@miningco.com](http://www.pharmacology.guide))

Caution Using Pain Relievers with Children

It is an awful feeling to have a sick child crying and feeling helpless in the middle of the night. Wanting to help the child and also wanting to get some sleep yourself can be a frustrating situation. Balancing and using ESR or other simple TFH techniques has helped thousands of children over the 25 years that TFH has been published and Instructors have been sharing this information. We need to have a safe intervention. Parents who can do a pain relieving energy balance which may allow a sick child to go back to sleep and recover even more quickly have a valuable intermediate alternative to giving medication that, in certain conditions, can severely damage a child's liver or even cause death.

"Nationwide, children have suffered liver damage and some even have died after accidental overdoses of acetaminophen, the active ingredient in Tylenol and some other pain relievers." Los Angeles Times, Monday November 3, 1997, *Parents Don't Always Understand the Difference in Concentrations*. Do you have a story where you have used the TFHK for a sick child?

6 Do you have stories from your Students/Clients/Patients? **Let me hear from you.**

Back Problems Linked to Smoking

NEW YORK (Reuters) In addition to lung disease, cancer and heart disease, cigarette smoking may also increase the risk of serious back problems. A review of the data available on smokers found that they are more likely than nonsmokers to have back problems such as pain, sciatica and degenerative disease of the spine.

In a study published in the July issue of the journal, *Neurosurgery*, two researchers reported that smokers were four times more likely than nonsmokers to require spinal fusion surgery, particularly for low-back problems. Compared with nonsmokers, the time to heal from the surgery was much slower for smokers and more likely to be fraught with complications.

Dr. Mark N. Hadley of the University of Alabama at Birmingham, and Dr. Sudda V. Reddy of Valley Medical Center in Fresno, California, concluded that chronic tobacco use leads to a weakening of the bones and a slowing down of the production of new, healthy bone cells.

These bone changes put people at risk for a number of back problems by causing an overall weakening of the vertebra (spinal column). Smoking may weaken bones by reducing the blood supply to the bone, by making the chemical environment around the bone more acidic, or by interfering with the activity of bone-forming cells called osteoblasts, the researchers wrote. Although nicotine is a likely culprit, Hadley and Reddy said the thousands of break-down products found in tobacco smoke may also play an important role in contributing to weak bones.

Studies have shown that smoking reduces the bone mineral content of individual vertebrae,

which causes them to become brittle and weak. Women are at particularly high risk of thinning bones after menopause because of reduced levels of bone-strengthening estrogen in their bodies. Postmenopausal women who smoke would appear to be at highest risk if they do not take estrogen-replacement therapy or stop smoking. Weak and brittle bones break easier than healthy bones and do not heal as fast. But the good news, according to the researchers, is that the rate of bone-loss slows down when people stop smoking. (Neurosurgery, 1997;41:116-124)

"A majority of elderly people experience pain that interferes with daily functioning,"

said Lucy Gagliese, PhD. and Ronald Melzack, PhD, of McGill University. According to Gagliese and Melzack, the elderly also do not receive appropriate treatment for this pain.

They list 3 causes for inappropriate Pain Management in the elderly:

1. Inappropriate assessment strategies do not identify important pain problems.
2. Pain is inadequately managed in older individuals due to worries about adverse effects of common pain medications. Though there is evidence that the elderly benefit from non-pharmacological treatments, these treatments are underutilized.
3. There is widespread misunderstanding about the relationship of pain and aging and the appropriateness of treating pain among the aged, "**... intense pain at a level which interferes with functioning is not a normal part of aging and should never be accepted as such.**"

I have repeatedly heard of great success among those using TFH muscle balancing with elderly parents, relatives and friends. **Energy balancing is consistently reported to reduce or eliminate the need for ongoing use of Pain Killers.** What has your experience been?

Roles in Relation to Pain and Illness.

It's important to know what role you are in when you are coping with pain or illness, and it's important for those who would assist you to be aware of this also. There's a tendency in any clinical setting to lump everyone into a single "Patient" category, but there's great potential benefit in making some finer distinctions. If someone is wheeled into an emergency ward in critical condition, it's clear that the doctors are now in complete control, but even so they may want to ascertain if the patient can speak or offer some kind of feedback. In critical situations, the surgeons will want to know to what extent the patient can participate and assist in the medical intervention, or conversely, if they should be prevented from attempting to do so. They may need to be sedated or restrained.

When we move from this dramatic setting to the mundane visit to the doctor's office, there is often less urgency and, surprisingly, LESS of a tendency to define the role of the "patient". Basically everyone is relegated to the Sick Role and it's left up to the doctor to work a cure. At times this is very beneficial as we all have times when we are in the true Sick Role. We are no longer able to take care of ourselves and we need another person to take over and tell us what to do. In this role we are expected to cooperate and do what the expert recommends, even if it may be painful and difficult. We are relieved of our normal responsibilities and all we are expected to do is to work through the process until we have recuperated from illness or injury. We are expected to "fight", or rest, or do whatever is necessary to stay alive and return to a productive Healthy Role.

Generally, we immerse from the "Sick Role" into a functional but "Impaired" Role. This is when we may not be operating at full speed, but we are able to be responsible for ourselves and work within our limitations,

stopping to rest more frequently, refraining from activities which cause us pain, or exacerbate a condition, following prescribed diets or taking special medications. We probably don't see the doctor very often in this role. Indeed, we may be functioning in an impaired way, but aren't "sick enough" to feel the need to see a medical expert, and the medical expert may in turn have little to do for us other than dispensing some pain-killer or "stress-reducing" pill (a sedative). Our Western wonder medicine is great in the crisis, when lives must be saved from imminent death, but in the day to day struggle with stress and dis-ease we're largely in denial. So too at the other end of the spectrum when fighting death is no longer an appropriate goal. The Western medical profession has great difficulty with this role. ***The unspoken assumption of "scientific medicine" is that given enough money and use of scientific know-how, you really will never have to die.***

Many doctors still feel that any death is a failure on the part of modern medicine. People are put on machines, and given drugs even though there is no scientific study that has shown that those methods will be of benefit, and they may even make the dying process much more painful and prolong the suffering of the dying person.

When we are dying, we need to have an opportunity to fulfill our "Dying Role". This is when we have given up the fight to stay alive, and our desire is to have enough comfort and compassion to have a "Good Death." The dying role is where the life-saving experts withdraw and those that care for the Soul in the Dying Role help to manage pain and discomfort so that we can say our final good-byes, finish our business, tie up the loose ends and have our family and friends around us. This role needs to be developed more in our Western societies. The International Hospice Program is the leader in developing an understanding to this role.

CrossCrawl/Walking For Energy Pick Up

We advocate that walking is the best exercise, much preferred to jogging because you have a rolling action with one foot on the ground when walking and do not jar your spine and other aspects of the whole person as you do running or jogging.

A new study reports that you can lose 18 pounds in a year walking four times a week for 45 minutes. This also reduces risk of heart attacks and strokes in women by 40% according to a Harvard Medical School study of 84,000 women ages 40-65.

Our recommendation is to walk with your head and chin level, ears over your shoulders, hips, knees and feet. Your arms should swing freely, with elbows at about 85% and close to your body. Your hands should cross the mid line but not go much above the mid chest and not below the hips.

If your energy level is down, you could take a walk or a nap or both. **If you are sleeping less than 8 hours and not awakening refreshed, take a nap first and then take a walk.** If you are sleeping 8 hours and awakening refreshed, but lose energy as the day goes on, try walking first. Both adequate sleep and exercise are necessary for the fulfilling of your goals.

The Dark side Of Immunizations

The scientific community is questioning what to do about new information that has come out of New Zealand and Britain. "In the November 1997 issue of *EPIDEMIOLOGY*, a report says that a review of 1265 people born in 1977 shows that 23 didn't get any early childhood vaccinations. Of these people none suffered childhood asthma. Of the remaining 1242 who received polio and diphtheria-tetanus-pertussis vaccinations, more than 23 percent later had asthmatic episodes. "Similarly, a 1994 survey of 446 British children with an average age of 8 showed that 91 received no vaccinations in early childhood. Of this group, only one got asthma. About 11 percent of the children who had been vaccinated with pertussis and other vaccines had asthma." (From the November 22, 1997 *Science News*, Vol. 152) The article also goes on to point out that juvenile diabetes also seems to be associated with vaccination of children.

There is a very large number of chiropractors and other natural healers that are opposed to vaccinations due to the serious side effects of the process. I am a member of that group and my children were never vaccinated and have seemed to have done just fine without them.

The article concludes, "...public health authorities may someday have to consider stopping some vaccination programs...The benefit of vaccination is strong, but compared with some disease, such as meningitis, the vaccination risk of diabetes may exceed the risk of an adverse reaction to the infection itself...diabetes may be a marker for other auto immune diseases..."

The author ends by saying "*...halting vaccinations is heresy in the biomedical community.*"

Pain Control with Touch for Health

(continued from page 12) ...this conflict? in sorting out your confusion? In standing still?" The process of making choices that are truthful for the Soul, by being curious about what might be their purpose and meaning in life starts the flow. Harmony and balance return more quickly to the soul. But we also need to recognize that not everything can be dealt with at once. You may not need to deal with every question in a particular person. You can stop at any time and do the balance with or without a spoken goal. There is a great benefit in balancing without orally speaking the goals, allowing the soul (the whole person) to silently know why they are asking for the intervention by you.

The efficacy of what happens is more important to the intervention than the mechanism which allowed it to happen. We want favorable outcomes for the lived life of the people involved more than we want to understand the mystery of how it happened. We honor the mystery of this healing system that is designed into the soul. We do not need to know and we acknowledge that we will not fully know how the healing really takes place. We hold that a soul will spontaneously reorganize its cycles in the direction of health when enough of the right kind of information becomes available. We are interested in the mechanisms of how things happen, but we also recognize that the mystery of how the healing system actually functions will never be completely known.

Pain Control with Touch for Health

Whenever we begin a touching relationship with another person, we need to establish boundaries and safety. We need to ask, "Is there any reason I cannot muscle test you?" Establish the idea that it's okay and a good idea to stop immediately if you feel pain, or feel uncomfortable at any time. Decide on a preset signal, like "STOP" (or another agreed upon signal) to use anytime you want to pause and re-evaluate what you're

doing. Any other body language is not as effective as us having the agreement that the one word, "stop", will mean that we don't do anything further until we've discussed what we need to do to proceed.

Use any Pain Increase as the same as a Muscle Inhibition when making TFHS energy assessments. When I have found a person complain of pain when putting the extremity used in the muscle test into position, I consider it an indication that there is an imbalance in that meridian. I then use the appropriate balancing method and notice the change in pain as an indicator instead of the muscle test. It is important to remember that pain from our view is seen as a friend rather than an enemy. It is a "wake-up call" to changes that need to be made so that the natural healing system can function.

Points to consider in Taking a Case History:

1. Know Your Pain

Where exactly is the pain located? Is the pain deep or superficial? Is it sharp, dull, aching, stabbing, burning? Even emotional pains usually have a strong physical component. Locate your feelings. Do you feel it in your stomach, heart, head? What movements/activities are inhibited? Does it seem to change with activity? What activity? Where does the pain seem to be coming from? What is the Cause? You may know specifically, have a vague idea, or maybe just an inner knowing, or no idea at all.

What does the pain look like?

Relating the pain to a metaphor, activating the imagination and intuition relating to the pain, allows a more holistic sense of the pain as it relates to all aspects of the soul.

Describe the pain if it were a color, a sound, a smell, a taste, etc.

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Spinal Cord Stimulation Possibly Correlates with Spinal Reflex Technique

"Spinal cord stimulation (SCS), which uses implanted electrodes to stimulate back nerves, may be an effective treatment for chronic back pain that persists despite surgery, according to a study in the *Journal of Pain and Symptom Management*. Researchers interviewed 69 patients with 'chronic failed back surgery syndrome', who received SCS over 13 years; 43 patients reported good pain relief."

This may give another view of why the Spinal Reflex technique for bilateral muscle inhibition gives relief for patients who have pain in the back. Our idea is that anytime you change anything you change everything in the whole person, the soul. Using muscle evaluation and spinal reflexes for restoring the meridian energy balance would be valuable to anyone with back pain, especially those with "failed back surgery syndrome." ***Please let me know what results you have had with anyone that has this biomedical diagnosis.***

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2. Duration Of Pain

When did you first notice the pain? Did it come on suddenly, gradually? When was the first time you ever had a pain similar to this present pain? Is this a new or an ongoing pain? Have you ever been without the pain since it began? How long did the pain last, and how long did you remain pain-free? What brought it on again? What aggravates the pain? When the pain leaves, does it leave suddenly or is it gone after sleeping, or doing something that lets you forget about it?

3. Effect of Pain on Living and Working

How does having this pain keep you from having health; an experience of joy and well-being? How is pain keeping you from performing duties either at your job, in your family, as a husband, etc.? Does it affect your sex life? If pain or disability were to disappear instantaneously, would that solve the problem? How do you feel about resuming the pain-hampered tasks at home, at work, or socially? Perhaps your pain is a means of survival, or avoidance of some emotionally painful situation. Is there another way of coping with these issues other than becoming crippled with pain? What would you truly love to be doing that you are not doing either because of the presence of pain or because you are afraid to cause more pain? What do you really desire to do, whether pain is stopping you or not. Perhaps pain is nudging you away from something you don't want, and if you turn in the direction of your true goals, you will feel better. The soul is made to be itself, understanding what is your unique purpose. You have power when you know your purpose and have the enthusiasm to pursue it.

4. Environmental Issues

What in the CONTEXT of your lived life has interfered with your living a whole healthy life and/or contributing to your pain? Work situations, Relationships, Climate, Air Quality, Urban Chaos, Suburban or Rural Doldrums? What else was happening in your life when the pain occurred?

5. H.P. - Hereditary Possibilities

What do you believe about your own genetic, inherited predispositions? Have members of your family suffered from similar pain? To what extent do you behave or function like your family, parents or role models? Do you feel like your genes or the influences of significant others determines your experience of life, or do you have significant choices which can change your life? To what extent does this relate to your pain?

6. Surgery, Falls and Accidents

Have you had any surgery, whether or not you relate that to your pain? Do you have any scars from surgery or other injury, whether they are physical or emotional scars, related to trauma of injury, or context of trauma. What falls, accidents, mis-steps have you had whether physically or metaphorically? Have you slipped on the ice, or taken a wrong turn in your career or relationship? Wound up on the rocks?

7. Doctors, Diagnosis, & Treatments

What have you been told is wrong with you? What has been done/ is being done about it? How do you feel about the people who you have sought help from? What is your belief about the effectiveness of treatments/hope for recovery? How are you doing in terms of complying with recommendations (medication, exercise, diet, etc.)?

It's important to note that TFH does not "treat" any diagnosed or named disease. We use TFH to work with whole Souls (whole persons, including the mind, physical body as a whole, the emotions, and the volition). We balance energy for improvement of the life of the person, not to cure any condition or disease.

8. Privacy Issues

It is important to be aware of what information is appropriate to share or not share given the context of your balancing. It is NOT appropriate to keep a secret from a person who is touching you if this might result in some exacerbation of an injury or medical condition. On the other hand, if you have some bad news to break to a partner, the context of an energy balancing might not be the most appropriate time to first mention it.

Consider the possibility that there are some aspects of your life that are personal or secret. Be aware of what subjects you feel you cannot or will not or are forbidden to talk about. Consider thinking about them during a balancing session and see what imbalances may be revealed to you. Perhaps there is something that you DO want to share, or there is important information regarding your health that may or may not relate directly to your pain.

9. Remembering Wellness

When was the last time that you felt really good, whole and in harmony with your environment? Have you ever had those feelings? Can you imagine it? How do you want to feel? How will that change your life? How Will it Feel? If you could do it today, would you? If not why not? When you no longer have the pain, WHAT WILL YOU DO?

10. Set it up

Set a goal that you are excited and enthusiastic about. Decide how you will measure your improvement and how often you will get an assessment and a balancing. Planning the goal and desired outcome is more important than any other part of the entire balancing technique and intervention.

Using analog pain scales is an important method of understanding the pain phenomena. These scales are useful in noting the differences in the pain and how much improvements have been made. We can rate the pain today on a continuum from "no pain" on one end of the scale and "the worst pain ever experienced" at the other end. It's very powerful to have the person experiencing pain rate themselves by marking on the scale where the pain is prior to beginning the intervention, and again after the intervention.



Touch For Health and Relief From Pain

A Different Model for Helping People Understand and Manage Pain and Suffering.

The following is a very brief outline of the Touch For Health approach to pain as I've been teaching it in my Pain Control Seminars. It will be discussed in much greater detail as a chapter in my forthcoming book, **Remembering Wellness**.

Western cultures tend to divide the person into parts which seem to be distinct and replaceable. Although this approach has some benefits and may prolong life, this is a limited approach to pain and suffering. We tend to use medical terminology to describe illness as some force from outside the body which we must kill. Where a disease entity cannot be killed or cured, the person then often takes on the name of a disease. People are labeled as diabetic, drug-addict, hypoglycemic. They come to see their lives, and their very being in terms of disease, and the assumptions of pre-defined limitations.

When using TFH for relief from pain, we may delve very deeply into an individual's actual experience of pain. However, our focus remains on the whole person, the Soul, and the meaning that pain has within the context of a lived life. In order to learn what the pain is communicating to our consciousness we may use all of our senses, emotions, thoughts and intuition to become very aware of the full experience and influence of pain. This is in almost diametric contrast to the popular culture of pill-popping, in which killing pain is seen as the only real objective. When we ignore or mask our physical pain with aspirin-type drugs, and our emotional/mental/spiritual pains with socially acceptable drugs such as alcohol, tobacco, or other "recreational" drugs, we only succeed in killing our own awareness of a signal that some danger is present.

In TFH we Look at pain, acknowledging that it has an important and useful role in our lives, and search for its' meaning. The TFH approach is an ongoing process of developing our awareness of what is happening in our lives, and in that context, pain is a very useful indicator. The TFH concept of health is more than the absence of pain, or other disease and symptoms. It is more than the biostatistical parameters of normalcy.

Health is the promise everyone is born with, a birth right of having meaning in the lived life of a real person, a Soul. Health is a process of experiencing well-being, physically, mentally, emotionally, spiritually, socially in the context of a lived life, which allows realization of goals and a sense of fulfilling one's mission with at least minimal happiness. Pain and suffering are seen as blocking of the life energy which allows Health and Wellness. Lack of happiness is a kind of pain, but since our culture demands a "stiff upper lip", we often wait for pain to become physically debilitating before we consciously acknowledge it.

However, the Soul often reflects our condition in the physical posture before we are consciously aware of it in the intellect, emotions, and spirit. The Touch For Health system allows us to use bio-feedback (or Soul-feedback) to become more aware of the various aspects of the Soul, even those which are generally thought to be beyond conscious perception. Muscle-testing and energy balancing provide us with a concrete awareness of change in the Soul, and is instrumental in improving both our Soul-awareness, and the quality of our life experience. Using 5 Element and other metaphors often "rings a bell" and gives us surprisingly meaningful insights into our own experience.

Pain Relief from Postural Improvement

In the memory of past pains are emotions, volition, memories of the context which the pain occurred and the other factors shown in the pyramid of health. Each of these factors can have a postural adaptation. The shapes, attitudes, postures we assume for defense are necessary at the moment. It is when we remain in these when they are no longer appropriate or assume them habitually that they do cause imbalances and inhibit appropriate adaptations and balance of the cycles of life. When we assume a defensive posture that was once appropriate for our survival, but is now a habit, pain may be a signal to re-evaluate our situation. Energy cycle imbalances are written in the physical as well as other aspects of our souls, in our expressive movements, in our attitudes, postures and beliefs. In order not to feel pain and survive, any of the aspects of the soul can be denied, or blocked from our awareness. When this has occurred, a balancing of the energies will change the posture so that the adaptation will be more effective and old unhealed wounds can be healed either instantaneously or in a series of slow steps.

Each unique soul can be thought of as a set of metaphorical thermostats with the upper and lower limits set by our experiences and design. When we have been injured in any of the aspects of our soul, in order to adapt, we can set our thermostats to narrower limits and reduced sine waves of functioning. Using muscle tests to determine imbalances is an effective way of changing the metaphorical thermostat setting to allow for a greater range of functioning, greater adaptability and more "peak performances" and "personal bests."

Goal setting allows greater healing than digging out "what is wrong". We want people to really wonder and make choices about what they really want. We want them to wonder about the meaning of life and what would give their lives meaning. One question is "What would you be doing with your energy if you were not using it on ...

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