

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



## As Alternative Health Care Expands Role, What Is The TFH/Kinesiology Mission?

**T**he world of alternative health is growing at an astonishing rate, comprising an "\$18 billion industry in the U.S. in 1996" (*LA Times*, 8/30/98, *Hope or Hype?*) and is rapidly moving into the main-stream.

However, some critics say these treatments often are not effective and sometimes are dangerous. The Los Angeles Times recently ran a 4 week series of articles looking into the merits of alternative medicine in its many forms, but almost all of the articles evaluated alternative health care from the perspective of modern western scientific medicine.

Yet the most powerful aspect of alternative health care, including Touch For Health, is not the specific different techniques for addressing disease, but

the different overall models of reality and the way that life is preserved and promoted.

**What is the purpose for living?** This is the fundamental question we must answer before we can decide how best to create health and wellness. From there we can determine what kind of approach we will take in coping with disease.

The leading non-pharmaceutical, non-surgical primary care providers in the United States are the chiropractors. My professional practice is chiropractic for 35 years. It is my belief that all the different health care practitioners use models of reality to help their patients. The dominant model in the U.S. is the biomedical model that uses drugs to attack diseases. **The chiropractic model is an energetic model** which seeks to restore communication through the nervous system so that the intelligent design will work effectively and restore health in a natural way. Both models work effectively with most patients. In the past there was much argument about the

(continued on page two)

mechanisms which were proposed to explain the results of the interventions. Both groups felt they had the "true" answer to everyone's disease/health problems. Today there is a rapid change taking place. Mechanisms are still being debated, however, efficacy has become more important. The outcomes of the interventions are being placed on the front burner.

The bio-medical profession is reporting more on the adverse results of drug interventions and, much to their credit, they are looking at alternatives to their model. The dangers of drugs and the disease-model are being debated.

Christopher Kent D.C. 1 reports:

"Recreational drugs, including cocaine and heroin are responsible for an estimated 10,000 American deaths per year. While this represents a serious public health problem, it is a 'smoke screen' for America's real drug problem."

"America's 'war on drugs' is directed at the wrong enemy. It is obvious that interdiction, stiff mandatory sentences, and more vigorous enforcement of drug laws has failed. The reason is simple, Cause and effect have been reverse. The desire to solve

product of our culture. When a child is taught by loving parents that the appropriate response to pain or discomfort is taking a pill, it is obvious that such a child, when faced with the challenges of adolescence, will seek comfort by taking drugs." (July, 1998 *Chiropractic Journal* )

"Drugs are dangerous, pushed or prescribed" (*JAMA*, 1998, 279:1200) An estimated 106,000 hospitalized patients die each year from drugs which, by medical standards, are properly prescribed and properly administered. More than two million suffer serious side effects."

Dr. Kent is doing an educational service for the patients of chiropractors by informing the DCs about the dangers of drugs. He is also pointing out that the biomedical model needs to be continually monitored for unintended adverse reactions. He further quotes, "...drug related "problems" kill as many as 198,815 people and put 8.8 million in hospitals, and account for up to 28% of hospital admissions" (January 15, 1996, *American Medical News*, page 11).

If these figures are accurate only cancer and heart disease kill more patients than drugs. No wonder the biomedical practitioners are looking at

They are finding alternative models not only interesting but adding them to their methods of helping people.

Dr. Kent quotes Lucian Leape M.D. of the Harvard School Public Health, "When you realize how many drugs we use, maybe those numbers aren't so bad after all." (*Newsweek* April 27, 1998 *When Drugs Do Harm*). However, Kent maintains that if you consider the number of people dying from diabetes, accidents, drunk driving and using illegal drugs, the number of deaths is appalling. All of these problems need be addressed by preventive measures, "The folly of such double standards should be obvious to all. It is time to address the real drug problem—the cultural notion that the first solution to suffering for relief of life's problems is a drug. That's the drug culture we need to address."

This all points to how important our work with TFHK is to the health of the world. We can help so many people who might otherwise turn to drugs. Our model is safe, simple and easy to learn. It does, however, require a different mind set; a different way to look at the problems of life. Our approach is to see how our muscles are effective and how using these muscles

(continued from page 2) as

indicators of energy imbalances, we can get a sense of the harmony of the whole. Restoring or enhancing harmony will allow the intelligently designed healing system to work effectively and may eliminate the need for drugs and surgery in some people.

We need to resist the tendency to try to fit the TFH approach to the professional medical model. In one *Times* piece, (LA *Times*, 8/21/98, *Alternative Treatments: The Benefits and the Risks*), it's argued that "ineffective or unnecessary treatment can cause harm and waste money if used instead of a proven one". The assumption here is that the standard bio-medical treatment is the one that is proven and the alternatives are unproven and harmful.

Yet, it's common knowledge that as much as 80% of standard medical treatment remains unproven according to the accepted "scientific" standards, while the documented dangers of adverse reactions and side-effects are vast. "Most mainstream treatments have never been subjected to controlled trials. Instead they are used largely because they have withstood the test of time." (LA *Times*, 8/30/98, *Hope or Hype?*)

So called historians trace the beginning of the alternative health movement to the "natural" approach and import of eastern thought of the 1960's, but actually it is simply a return to the time-tested traditions that have thousand year histories, "...ancient healing systems have evolved gentle, effective methods overlooked by scientific medicine."

John Astin, Stanford University health psychologist points out, "the stance that there's nothing to [alternative medicine]" is in itself unscientific. "The Scientific position is to remain open-minded and examine whether the therapies are safe and potentially useful".

In the case of TFH, there is nothing that can be called dangerous, and hundreds of thousands of people have found it useful in improving their experience of life. There are those who would deny their own experience, like the anesthesiologist who told me, "It makes no difference what I feel. What you do can have no effect." There will always be those who complain, as did an expert in the *Times* article, "Physical harm is not the only risk, 'It's dangerous for the public to have false health beliefs... Even if (a treatment)

is harmless, it gets people involved in illogical thinking. It can mess up their ability to think logically later on." Yet another doctor is quoted as saying, "there is no question that people are putting too high hopes in alternative medicine...**having high hopes is the nature of healing**".

We need to evaluate whether there is more danger for people to have "false hope" or whether there is more danger for people to have "false despair". Another recent article in the *Times* extolling the high hopes for a preventive drug treatment for breast cancer exemplifies the horrendous nature of limiting hope to pharmacological or surgical treatment. Women said to be at "high risk" for breast cancer were said to now have a third choice rather than their previous options of either undergoing "preventive" mastectomy or remaining ever vigilant of the inevitable tumor in order to "catch it early". Women can now take a chemo-therapy drug as a preventive measure. The article briefly glosses the fact that the possible side-effects of this toxic drug include cancer of the uterus. What a bleak version of hope! What an arrogant assumption that genetics are the deterministic, 1:1 cause of disease and that drastic

(continued on page 4)

3

(continued from page 3)

surgical or chemical measures

are the only real hope!

Although TFH does not address diseases specifically, inherent in our belief is the possibility that any kind of healing can take place within the human healing system. We accept that there will always be some mystery in HOW people heal themselves, but we concentrate our efforts on learning and using safe methods that ANYONE can use to enhance their own health and that of those around us. When I first advocated the use of the TFH methods for lay people, there was a lot of opposition to this on the grounds that it would be dangerous for non-professionals to attempt to heal each other. Yet the safety of TFH was apparent then and has been proven safe for millions of lay people who have benefitted from its use. A parallel argument to that of the danger of lay people

practicing TFH was the idea that popping up all over with as many as four years of Kinesiology and related training, and have waiting lists as long as 3 years. With the development of professional TFH instructors, consultants, and Professional Kinesiology Practitioners, will we keep our training requirements to the MINIMUM needed so that these safe techniques can be spread widely and quickly as possible, or will we join so many other health professions in a process of ever increasing numbers of hours and years of study required to practice TFH? I hope that there WILL be ever increasing OPPORTUNITIES for study of Kinesiology and energy balancing, but I also hope that we will not REQUIRE ever more study. So people are most effective in healing by simply doing the healing which they were born to do. Others increase their effectiveness by in-depth study and practical experience. Let's allow opportunities for everyone

At this point many Kinesiology programs, including TFH, are looking at the fact that "Kinesiology" has become a profession for many people. Some have state recognition, state exams, and requirements such as 4 years of college and 500 hours of additional training in order to be licensed as a "kinesiologist". In other places, insurance payments can cover "sessions" with practitioners who have as little as 60 hours of training. Schools are

## Email from Alex Frigino, Humble Servant of Mankind

Date: Sun, 28 Jun 1998 11:48:35 -0700 (PDT)  
From: alessandro frigino <afrigino@yahoo.com>  
To: thie@touch4health.com

Ciao Dr.Thie! Greetings to you and your family! Since I studied TFH with you last August I have been getting some really nice results! After returning to Venezia I applied my new TFH skills in my capacity of massage therapist on the 2300 passenger luxury cruise ship the *Costa Victoria*. An intensive practicum experience! I had the impressive TFH charts up on the wall and was balancing away for a multitude of goals and various complaints of all sorts. The feedback was overwhelmingly positive and I have some great offers from around the world to visit (and balance) my happy clients!

My bodywork practice is on land now (well sort of, because in Venice the sea is under the feet)

and I'd like to share a recent success story! Recently, a friend was very ill - for over 10 days and desperate for help - red hot rashes all over the body with a lot of swelling especially on her face and legs. Two different dermatologists were unable to treat her- nor arrive at a satisfactory diagnosis - except to give her some minor relief with allergy medication and topical ointments.

She agreed to try a TFH balance. She tested weak on all muscles and after corrections one by one tested strong. It took about 45 minutes to get her balanced, then she got up, said she felt much stronger, went to the bathroom and puked long and loud. I knew she was going to be fine now as the toxins were on their way out. The next morning all symptoms were gone. I feel **TFH is the ultimate barefoot doctor skill** (in the humblest possible service to mankind meaning of the term) for ease of use, learning, and applicability. Grazie, Dr.Thie! :) --Alex Frigino

## Episodic Acute Care Is That What Is Best?

The *Journal of the American Medical Association (JAMA)* recently reported that the U.S. health-care system, including health insurance, is designed to provide episodic, acute care--that is, to look after sick people who get well, rather than those who stay sick. This may change as managed care organizations look at the bottom line profits. It is less expensive to care for chronic problems at home than in a formal health-care facility. Touch for Health is the kind of effective home care system that more and more people will need to use to maintain health and to optimize wellness when coping with chronic conditions. It is now estimated that 13 million Americans need assistance to carry out such simple activities as eating, dressing or bathing: 57% are over 65, 40% between 18-64 and the remaining are children. As more people are in the over 65 category, more will need care. The numbers are staggering. TFH training could enhance the effectiveness of both the informal care giver (the person who performs care without pay) as well as the paid professional assigned by a social service agency. TFH can also serve as a bridge and common language for people serving in these different roles.

We have a responsibility to make this training more accessible to both professionals and lay people. Goal balancing can do so much for our quality of life, whatever our age or condition. We can learn to care for ourselves more easily and continue enjoying the simple acts of daily living well into our old age. And we can develop a system and a language that allows others to assist us in the most effective way.

**I see neighbors who know TFH balancing methods not only supporting the chronically ill, but getting balanced in return to be better and more effective care givers, and to enjoy their lives more.** Informal and professional care givers need to work together and get support from each other. TFH is a one method that could allow them to have that support.

## Patient Centered Care

Advocated by D.A. Versendaal, DC,CRA

"In order to achieve patient-centered care, a system of patient education must be an integral part of the specially tailored plan. If patients are to be at the center of the health care process, and if they are to maximize their healing and recovery potentials, they must certainly understand the basics of their syndromes and understand the potential for their recovery. **They must also understand the alternative treatments and associated solutions, weighing the benefits of treatment against non-treatment.** In this day of health care reform, this educational process also allows patients to understand their own individual illnesses and, in broader social issues, the position of the alternative provider, insurance carriers, managed care entities and clergy. All of these entities have a direct impact on the patient and his or her family, and all play a role in this system--one that should be collaborative and not adversarial." -- (D.A. Versendaal, *The American Chiropractor* March/April 1997)

D.A. Versendaal founded Contact Reflex Analysis which he developed out of his chiropractic and Applied Kinesiology background. CRA is used with an emphasis on supplemental nutrition. This quote is part of a major article which challenges the chiropractic professional to look at the costs (economic issues) and outcomes (benefits in the patients' lives). The entire population must understand that clinical decision-making must weigh economic as well as the experiential outcomes for the individual and the community as a whole. Education is a major portion of the shifting of the paradigm.

I agree and I feel that the TFH/K approaches must maintain their educational emphasis as more collaborative functioning is taking place around the world. The patient must be informed of the outcome potentials, both good and bad. People need to be part of the decision making process, knowing what their individual goals are and whether they are compatible with the goals of the interventions *with the possible side effects*. If the goal of the patient and the healer are not the same then this needs to be discussed in advance and decisions made together.

## Cooperation Urged by Head of NIH OAM

Wayne B. Jonas, MD, director of the Office of Alternative Medicine of the National Institute of Health said, "I think it's especially important that patients involve conventional physicians in their care. These physicians have the greatest amount of training and they can assist guiding the decisions in the context of accepted care. It's important that patients look to their doctors for guidance and work with them to provide information about complementary and alternative medicine."

(July 1997, *Complementary & Alternative Medicine*)

How can conventional physicians know about Touch for Health Kinesiology, Applied Kinesiology and Specialized Kinesiology? How do they get accurate information to "...assist guiding decisions in the context of accepted care."?

Many of the medical schools are now offering courses in Alternative Medical methods. Is that the way that they will be receiving the most accurate information?

I believe that the best way for conventional practitioners to receive accurate information is for the local kinesiologists to give that information directly to the local physicians.

**Will you take on this responsibility to personally inform a local physician about what you are doing if you are practicing as a kinesiologist?**

If you are using these methods as a lay person in your family, **will you take the responsibility to inform your personal conventional physician about what you are doing and have a discussion with that practitioner?**

You need to have a person that knows you in case of emergency and you need to be admitted to a hospital. That person should know what your desires are for care in an emergency and acute medical circumstances. In case of grave injuries, what do you want done as far as life support? **It's important to have an advocate within the medical model approach who understands your goals.** I urge you to have this arrangement made now. Will you?



## Self-Rated Health An Accurate and Useful Measure

For all of my career I have had my patients and students rate themselves and encouraged them to learn about themselves by paying attention to how they feel. This has been part of the TFH program's strong emphasis on goals and analog scales, especially in the past few years. Now a new study of Australian women gives further evidence of the value of these methods. Bruce Shadbolt, PhD, Bsc reports, "Self-rated health reflects a complex process of internalized calculations that encompass both lived experience and knowledge of disease causes and consequences. Women seem to take into consideration a broad range of factors, including lifestyle, vitality, mental attitude, and age and if they have a health condition, the chronicity of their disease, duration since diagnosis and treatment." These women were asked to rate their overall health as good, fair or poor and it is again argued that global self-ratings of health are valid and reliable indicators of health-related quality of life.

Another article about the effectiveness of hospitals states, "Care must be judged against the standard set by the hopes and expectations. In their most fundamental form, these expectations consist of postponement of death, reduction of morbidity, and improvement of functional status, achieved with the imposition of the least economic burden on the patient and/or his surrogate payer...Much of the practice of medicine however, consists in accepting trade-offs among these components to achieve an optimal or, at least, tolerable mix. One approach often used is to obtain the patients' evaluation of how satisfactory the resulting state of health or outcome is. Although this approach has the advantage of calibrating the outcome against expectations, the subjectivity of the judgments introduces a layer of variability that is not easily controlled for in analysis." What this seems to be saying is that having a goal agreed upon by the patient and the doctor or hospital and the third party payer is not necessary. Letting the patient's subjective experience into the equation makes it difficult to analyze. But is ease of analysis the important criteria? Isn't it more important to have happier and healthier people than reliably "objective" analysis?

I feel that with every balance, having a goal will give you a much better chance of reaching that outcome. Recalling when you had the feeling or experience before of what you want to feel now makes you able to subjectively know if it has been reached. In addition, if you have made an analog chart you will be able to make a concrete measurement of your subjective outcomes. If you have made a physical or physiological measurement, such as range of motion, postural analysis, etc. you will also have a more "objective" measurement. Both objective and subjective measurements add to the benefits of energy balancing. The experience of the change in muscle facilitation during pre and post tests is a very powerful reinforcement of the benefit of the energy reflexes and contributes greatly to the effectiveness of the TFH system.

**(continued from page 8)** broken bones, severe infections, acute stuff. But anything minor, let me try the minimum first. Drink more water, get a little more sleep, a TFH balancing, maybe a massage, some yoga. Try things that enhance my life rather than kill my disease. After all, "the body heals itself". We can only choose to do things that facilitate that process or hinder it.

This is, of course, easier to exercise in a field where remedies or preventative practices are very safe. Many "alternative" practices are popular because they literally "can't do any harm", and they may do a lot of good. My worldview includes "placebo effect" as yet another beneficial tool to use to enhance wellness. Suggestion, good intentions, bedside manner, love, prayer-- these are all things that can enhance life, and counteract dis-ease.

Indeed, Dr. Kat Kit Hui, Director of the UCLA Center for East-West Medicine points out that the "placebo response ...is central to the body's ability to heal itself, and alternative practices that trigger the response should be cultivated, not dismissed." (*LA Times*, 8/30/98, *Hope or Hype?*)

This brings me to another common aspect of many alternative therapies, that of the Wellness orientation rather than the disease centered approach. Prevention is the watchword here, and so diet, exercise, mental attitude, and human relationships become at least as important as blotchy skin, back pain, and prescription medications. Obviously we will always want to be aware of remedies for those who are suffering from illness, but if we are only focussing on what disease we have, and how to get rid of the disease (with acupuncture, homeopathy, prayer, drugs, surgery, or whatever) We may never bother to contemplate what about our life is out of balance that allowed us to become sick in the first place. Are we sick because some germ attacked us, or is it that when we are out of balance, certain germs thrive to a detrimental extent?

The TFH system is based on the meridian energy and natural recuperative powers inherent in human beings. It is a methodology that does no diagnosis or treatment of diseases or physical injuries, but rather enhances the flow of energy in the whole person to facilitate the inner healing functions. TFH muscle testing is used to assess energy balance through bio-feedback. A variety of simple reflexes are used to enhance energy balance, and a reassessment and reinforcement of improvement is also done with muscle testing. We utilize goals, subjective feelings/sensations and manual muscle tests to determine the outcomes of our work.

If you have no medical condition which precludes isometric exercises and massage, the TFH system may enhance your experience of wellness. It can be used as an alternative first step in dealing with minor ailments, often reducing or eliminating the need for pain-killers for stress-related headaches, exercise-related aches and pains, etc.. It can be a supplement to medication or other treatment, increasing benefit, and reducing recovery time, or a complement which provides additional benefits not produced through regular treatment and as an integral part of treatment, producing better outcomes overall in the fields of medicine, psychology, and the practices of faith and prayer.

## If you're a Physician or Lawyer you get less Surgery!

Doctors have been found to have few surgeries than the general population. Also, the families of doctors are found to have fewer operations. It seems that the better informed you are, the less likely you are to ask for, or agree to, elective surgery. Lawyers also seem to have a special immunity to operations. The elective operations, gall bladder removal, tonsilectomy, hysterectomy and hemorrhoid operation as well as hernia repairs, all have a significantly lower rate among physicians and lawyers and their families than the general public, according to researchers who compared surgical rates for physicians, lawyers and their families to the general public in a large population in Switzerland. (*Mind/body Health Newsletter* Volume VI#2 , 1997) If it is better information that causes physicians and lawyers and their families to save health dollars and avoid the inherent risks by having fewer operations, then we have an obligation to inform *all* the people about these facts and about alternatives to surgery. Where surgery is not an urgent necessity, it makes sense to try minimum interventions designed to improve the quality of life as TFHK methods do. There are definitely times when surgery is life saving but the information that seems to be growing is that surgery is often not the intervention of choice for the well informed public. Why should it be for the less informed?

## Be Sure To See A Professional If:

When using TFH as home care, **pay attention to any unusual, unabated, or severe symptoms.** If TFH energy balancing does not alleviate your symptoms, if your symptoms get worse or keep returning, if you have severe symptoms such as sudden pain or high fever, or your intuition tells you that something more needs to be done, *see a professional.*

TFH balances can be repeated often and with different goals. This allows rebalancing of different energy patterns which often helps enhance recovery. If you have a chronic medical condition, you may find that TFH energy balancing can facilitate the natural healing system with dramatic health improvement. However, you may need to allow yourself plenty of time for recovery, or simply aim for small improvements in quality of life. If you find muscle weaknesses and the TFH rebalancing techniques result in improved muscle facilitation, enhanced sense of balance, increased energy, clearer thinking, emotional relief, etc., then TFH may be something you want to practice in conjunction with medical treatments. Remember that the TFHS methods are complementary methods of helping people with injuries, illnesses or diseases. TFH may provide additional benefits not achieved through medical treatment, but does not replace medical treatment. TFH is not a cure-all, or a complete treatment system. Medical treatment may be necessary for the full realization or recuperation of health. However, when you do consult a physician, it's very important to be assertive if you want a minimalist approach.

### If You See A Professional, Know What You Want

Part of the bind that doctors are in today is due to malpractice litigation. To cover their butts, they are essentially required to do a maximum of TESTS and dispense HIGHLY POTENT

DRUGS, yet these drugs are by their nature some of the most dangerous remedies that exist. Likewise with surgery.

On the other hand, within the realm of "alternative" medicine (or alternatives TO medicine), which are fast becoming supplementary, complementary, and integral to traditional Western medicine, there exists something called the self-responsibility model. In this model The physician is not held as a priest whose instructions must blindly and unquestioningly be followed, and who must therefore be infallible. Rather, the individual is seen as the authority in the context of their own experience of life, and any healing practitioner is consulted to ASSIST in their fulfilling of their life's goals. In this model, the individual, (or their advocate, if they are not well enough to think for themselves) must exercise informed consent.

It will always be a matter of "buyer beware" as there are unscrupulous or incompetent types in every field- traditional or alternative medicine alike. 12 years of expensive and arduous education does not necessarily make a healer. And some people who are born healers are perhaps better off without the hampering limitations of the dogma of medical schools and pharmaceutical corporations. Word of mouth is one of the best ways to find what you're looking for, but one man's miracle worker is another's charlatan, so be clear about the outcomes you want, and your beliefs about what is possible.

My personal bias is that if I am in some dire need, where imminent death seems likely, please break out the high powered medical warfare. Car accidents, **(continued on page 7)**

TFHE NEWSLETTER, official organ of  
Touch for Health Education, Inc.  
6162 La Gloria Drive., Malibu, CA90265  
(310) 589-5269, FAX(310) 589-5369  
Website: touch4health.com  
e-mail: thie@touch4health.com

#### STAFF

Publisher/Founder: Dr. John F. Thie  
Masthead Design: C.W. Scott Rubel  
Editing/Layout: Matthew Thie

Permission to reproduce articles not copyrighted is hereby granted by TFHE by observing the following:

1. Provide credit stating: "This article is reprinted by permission of Touch for Health Education from the (Volume/Issue/year)" with address.
2. Send two copies of the reprint to the Editor of TFHE Newsletter at the address above.

## Uniting the World of Kinesiology - Thanks for Sharing the Vision!

I've Just returned from a week in Orlando, Florida, Where the Touch for Health Kinesiology Association of North America hosted a wonderful gathering.

I was honored with an award in recognition of the 25th anniversary of the Touch for Health book, and many other pioneers who have worked to share TFH and Kinesiology energy balancing throughout the world were also honored for their many efforts and successes. So much is happening! And it was great to see so many of the Kinesiology programs that have grown out of Touch for Health and/or Applied Kinesiology represented at this gathering.

The theme of the program was "Uniting the World of Kinesiology, Share the Vision" and I'd like to thank all of those who were able to attend and everyone else who is out there making a difference in the world. I hope that the shared vision of this gathering will expand exponentially so that we can cooperate to increase access to this safe, effective techniques in all of the areas: lay, paraprofessional and professional and in the educational model, the self-responsibility model, the energetic model, the therapeutic model and even the bio-medical model.

There will be appropriate requirements for people practicing within each of these arenas and health-care models. Let's help to develop these guidelines so that everyone can be successful in their chosen approach without limiting the ability of others to function differently under