In Touch
Australian Kinesiology Association Issue #112 Summer 2014

Stress and Its Impact on Overall Health and Longevity
Focus on Histadelia and Poor Methylation
2014 AKA Conference Report

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The information contained herein is not intended to provide medical advice, diagnosis or treatment.

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Hello and welcome to the next chapter of the AKA!
The outgoing National Committee, with its Members and Subcommittees, made enormous impact on the future of the AKA. Undoubtedly, we can all be very proud to be part of a professional association that is responsive and future thinking enough to make big change.
I accept that this may not feel smooth for all of you, but I encourage you to please read the changes, to understand how they setup continuity and strength in our profession. Be proud to be a part of the AKA.
I am thrilled to be part of the new Management Committee, and to assist you, our members, with ongoing support for this fabulous Association, and assist you in applying, maintaining and excelling in the art of Kinesiology.
I firmly believe that each community that has a Kinesiologist is a more balanced, well-functioning, sustainable community.

I am honoured to be seeing this consciousness grow; communities into suburbs, suburbs into states, and states into the state of consciousness, so many people come to know as much about the role of the Kinesiologist in their community as they do about the pharmacist, the butcher and the baker. With strong foundations in place in our Constitution, we are in an amazingly unique position to make this change happen.

I am so pleased to be part of a team of fabulous, inspired and knowledgeable volunteers from our Kinesiology community. With this, I wish to acknowledge your Management Team for 2014-15; Gail Medland (Secretary), Barbara Jamesson (Treasurer), and Ewa Kapusniak, Lee-Anne MacLeod and Parijat Wismer. (Committee Members).

I look forward to providing clarity to those who may be feeling a little lost or confused. I will set about this with the passion that I feel for Kinesiology in our community, and with the purpose of sustaining a stronger AKA in the future.

I can't finish without saying ... what an amazing Conference! Clarity, Passion and Purpose through every session and so visible in the faces of all those attending. Whatever your reason for attending the Conference this year, I am sure you got more than you dreamed of. To those few who laboured to make it possible, a BIG Thank you!

Please make sure that you don't miss the 2015 Conference... Start planning your time away from the clinic now – don't be left behind, it will be too good to miss!

POSITION VACANT
IN TOUCH EDITOR REQUIRED

The editor is responsible for the end-to-end publication and development of the AKA’s quarterly magazine, In Touch. The editor works closely with the designer to create an interesting and professional magazine whilst ensuring AKA guidelines are adhered to.

The position is appointed annually by the National Committee of the AKA and commences with the Summer issue through to the Spring issue inclusive.

Requirements:
• strong computer skills
• sound written and communication skills
• experience in publications is a bonus but not essential
• kinesiology study or experience
• fast and reliable internet service

Location:
The Editor role is performed by email and phone, therefore location is not an issue.

Contact the AKA office for job description enquiries@akakinesiology.org.au
The 32nd Australian Kinesiology Association National Conference will be held in sunny Brisbane, Queensland. Friday 16th – Sunday 18th October 2015

Venue and further details will be announced in the Autumn issue of In Touch and posted on the AKA website.

Call For Papers

The AKA invites professionals interested in presenting at the 2015 conference to submit a topic and abstract for consideration.

Please note the following:

• Topics are to be of interest to Kinesiologists and to include relevant information, techniques and demonstration.
• Abstract to be 300-500 words; the full paper may be submitted.
• Abstract to state whether techniques will be shared and/or demonstration included.
• Include presenter bio (100 words) and photo.
• PowerPoint should not be the focus of the presentation.

Submissions close 30 April, 2015

Email submissions to Franca Wild, Conference Coordinator
AKAconference2015@kinesiology.org.au
Stress and Its Impact on Overall Health and Longevity

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This is Part 1 of this paper. Part 2 will feature in the Autumn issue.

ABSTRACT: The belief that adverse life stressors and the emotional states that can lead to major negative impacts on an individual’s body functions and hence health has been held since antiquity. Adverse health outcomes such as coronary heart disease, gastrointestinal distress, and cancer have been linked to unresolved lifestyle stresses that can be expressed as a negative impact on human survival and ultimately a decrease of the human life span. Psychological modulation of immune function is now a well-established phenomenon, with much of the relevant literature published within the last 50 years. Psychoneuroimmunology and psychoneuroendocrinology embrace the scientific evidence of research of the mind with that of endocrinology, neurology and immunology, whereby the brain and body communicate with each other in a multidirectional flow of information that consists of hormones, neurotransmitters/neuropeptides, and cytokines. Advances in mind–body medicine research together with healthy nutrition and lifestyle choices can have a significant impact on health maintenance and disease prevention and hence the prolongation of the human life span.

MIND–BODY MEDICINE

The concept of the mind and human thought is not a novel one. Many tentative explanations have been advanced, even in the form of art—notably in Michelangelo’s Creation of Adam, in which man’s mind and thought are depicted by a sagittal section of the brain that is strikingly similar to current anatomical drawings of the brain (FIG. 1). The most important factor in why a person becomes ill lies in the brain. Stress and pleasure play a critical role in wellness and disease, with stress contributing significantly to the risk of disease. It is becoming increasingly clear that pleasure is also important. Even if a person is stressed, if they are also feeling good, stress will have fewer ill effects. Other factors also play an important role such as diet, smoking, and genetics. An additional important factor seems to be the ability and opportunity that persons have to express their feelings about how stressed they are or how they are feeling about themselves. Stress is less likely to cause problems if a person has some form of emotional outlet for it. In many cases, people appear calm on the outside but they are in turmoil on the inside. This may then manifest as a disorder such as migraine, irritable bowel syndrome, rheumatoid arthritis, or multiple sclerosis.5–7

Evidence that has emerged within the past several decades and that continues to accumulate strongly indicates that the state of the human mind—which associates psychosocial factors with emotional states such as depression and with behavioural dispositions that include hostility and psychosocial lifestyle stresses—can directly and significantly influence human physiologic function and, in turn, health outcomes.8–11

Moreover, the placebo effect is further evidence that there is a significant connection between the human psyche and positive thinking. In a recent review, the placebo effect was investigated to determine wether the power of belief and
conscious expectation, to which the term placebo response has been applied, can change the neurochemical environment in key areas of the brain responsible for movement (corpus striatum), pleasure (nucleus accumbens), physical pain, and the psychological pain of human sadness stemming from separation (anterior cingulate). The authors concluded that the placebo response will tend to be relatively robust with pain disorders, depressive disorders, and Parkinson's disease. It was further hypothesized that the mesolimbic–mesocortical dopamine system also has control of the hypothalamic–pituitary–adrenal and amygdalalateral hypothalamus–locus coeruleus sympathetic nervous system stress response axes. This then suggests that belief and positive expectation can modify the stress response and thus may lead to placebo responsive-ness of many psychophysiological disorders such as hypertension, angina, inflammatory bowel disease, and asthma.

There is now clear scientific evidence that indicates that the brain regulates immune function through efferent autonomic and neuroendocrine pathways. Moreover, there are numerous afferent pathways by which the immune system modulates brain function. Psychoneuroimmunology, a term first coined by Robert Ader in the 1980s, refers to these connections between the psyche, the nervous system, and the immune system. The development of the science of psychoneuroimmunology provides an enormous opportunity to understand the role of the mind in the cause of disease. Psychoneuroendocrinology, which refers to the connections between the psyche and the endocrine system, is equally important. Thus, behaviour, the nervous system, and the endocrine system all influence the immune system. A feedback system also exists by which it is able to connect with all aspects of the brain. The details of the mechanisms involved in psychoneuroimmunology are the subject of much of the current research.

**STRESS AND HEALTH**

The history of the concept of stress in relation to disease processes reaches back to the nineteenth century and through to the twentieth century and beyond. It has been and continues to be the subject of intense debate and research with reports that stress may have ameliorating or detrimental capacities. The pioneering work of Hans Selye is often credited with establishing the scientific fact that there is a significant relationship between pathophysiological processes and the onset of chronic diseases. Selye successfully advanced the concept that stress was critically important in physiology and medicine, and that today we recognize that many contemporary theories relating to the etiology of chronic diseases have a stress component as a significant precipitating variable. Moreover, recently it has been shown that stressful life events can have a significant negative impact on longevity, by playing an important role in

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**Professor Luis Vitetta** has research interests in nutrition, functional foods and immune function, as well as Mind Body Medicine. From 2007-2013 he was the Director and A/Professor of the Centre for Integrative Clinical and Molecular Medicine at School of Medicine, The University of Queensland. Contact details: l.vitetta@uq.edu.au
the onset of cardiovascular disease, immunological disorders, and pathophysiological consequences of normal aging.

Stress describes the effects of psychosocial and environmental factors on physical or mental well being. Stressors and stress-related reactions have been documented and recognized and exposure to chronic social stress has been associated with many systemic and mental disorders. Hypotheses from different research groups support the notion that health consequences are more likely to occur when unpredictable stressors of a social nature chronically induce physiological and behavioural adjustments that may create wear and tear on the underlying physiological functions. When stressors challenge an organism’s integrity, a set of physiological reactions is elicited to counteract the possible threat and adjust the physiological setting of the organism to the new situation. This has become known as the stress response.

The stress response that initiates the neuroendocrine system has been extensively studied in the sympathetic–adreno–medullary system, which is under the control of the central nervous system. A further component of the stress response is the hypothalamic–pituitary–adrenal axis, which is diagrammatically illustrated in FIGURE 2, and is an important modulator of the brain–immune–endocrine–neurotransmitter interconnection cycle.

These two systems are normally operating within a fine-tuned state of balance known as homeostasis, which is established in order to maintain the organism’s integrity even under extremely challenging conditions. Further, these two systems have a dependence on chemical transmitters for effective communication. This is observed when electrical signals along nerve pathways are converted to chemical signals at the site of synaptic junctions between neurons. The chemical message that is produced by the activity of immune-system cells can communicate not only with other parts of the immune system but also with the brain and nerves. Alternatively, chemicals released by nerve cells can act as signals to immune cells.

There is also an important endocrine component to these systems, where the brain has a central and prolific role as an endocrine organ in the body and produces many hormones that act both on the brain and on tissues throughout the body. In particular, a key hormone shared by the central nervous and immune systems is corticotropin-releasing hormone (CRH). CRH is produced in the hypothalamus and other brain areas and is essential in uniting the stress and immune response. Specifically, the hypothalamus releases CRH into a specialized bloodstream circuit that conveys the hormone to the pituitary gland. CRH causes the pituitary gland to release adrenocorticotropin hormone (ACTH) into the bloodstream, which stimulates

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**Fig 2. Diagrammatic representation of the inter-relationships between the hypothalamic–pituitary–adrenal axis and the immune–endocrine responses.**

Ach = acetylcholine; 5HT = 5 hydroxytryptamine; CRF = corticotrophin-releasing factor; GABA = gammaaminobutyric acid; A = adrenaline; NA = noradrenaline; IL = interleukin; TNF = tumour necrosis factor. (Modified from Song and Leonard.)
the adrenal glands to produce cortisol, an extensively studied stress hormone.\textsuperscript{16,17}

Cortisol is a steroid hormone that has many actions that include: increasing the rate and strength of heart contractions and sensitizing blood vessels to the actions of norepinephrine; it has effects on many metabolic functions as well. These actions assist the body in coping with stressful situations. Moreover, cortisol is a potent immunoregulator and anti-inflammatory agent. Cortisol also has a crucial role in preventing the immune system from overreacting to injuries and damaging tissues. Cortisol inhibits the release of CRH by the hypothalamus, thus keeping this component of the stress response under a fine control. Hence the body’s brain-regulated stress response and its associated immune response directly link the activity of CRH and cortisol. There are CRH-secreting neurons of the hypothalamus that send fibers to regions in the brain stem that help regulate the sympathetic nervous system, as well as to other brain stem areas such as the locus coeruleus. The sympathetic nervous system, which mobilizes the body during stress, also innervates immune-active tissue, such as the thymus, lymph nodes, and the spleen, and further assists to control inflammatory responses throughout the body. Stimulation of the locus coeruleus leads to behavioural arousal, fear, and enhanced vigilance. Other brain CRH-secreting neurons are present in the central nucleus of the amygdala and send fibers to the hypothalamus, the locus coeruleus, and other parts of the brain stem. These CRH-secreting neurons are targets of messengers released by immune cells during an immune response. The additional recruitment of these CRH-secreting neurons allows immune signals not only to activate cortisol-mediated restraint of the immune response, but also to induce behaviours that assist in recovery from illness or traumatic injury. Further, chemical transmitters are also involved in tensing muscles. Thus the tenser a muscle becomes, the more alert and stressed the brain becomes and the tenser the muscles become, which creates further stress. An additional and important connection is that CRH-secreting neurons also have connections with hypothalamic regions that regulate food intake and reproductive behavior.\textsuperscript{16,17}

The immune response is an elegant surveillance mechanism that is finely tuned in a series of cascade cellular events whose ultimate goal is to protect the organism from foreign substances, such as bacteria and viruses. The discovery of small protein molecules known as cytokines (e.g., interleukin-1 and interleukin-2), which are elaborated by different types of white blood cells, allowed for further understanding of how the immune response is structured and coordinated. Cytokines from the body’s immune system can send signals to the brain via several mechanisms, including crossing the brain–blood barrier via the bloodstream. This permeability is essential for communication with brain areas. Cytokines can attach to their receptors in the lining of blood vessels in the brain and stimulate the release of secondary chemical signals in the brain tissue around the blood vessels. Cytokines can also signal the brain via direct nerve routes, (e.g., the vagus nerve) and a multitude of connections with abdominal organs result. The activation of the brain by cytokines from the peripheral parts of the body induces the behaviours of anxiety and cautious avoidance associated with the stress response’s principle activity—maintaining the organism’s integrity during recovery from stressful activities or from traumatic injury.\textsuperscript{18}

The disruption of communication between the brain and the immune system leads to greater susceptibility to inflammatory disease and, frequently, to increased immune complications.\textsuperscript{18,19} Laboratory animals whose brain-immune communications have been disrupted (through surgery or pharmaceuticals) are highly vulnerable to lethal complications of inflammatory diseases and infectious diseases. Further, in studies with laboratory animals and in human pharmacological and surgical trials there has been evidence of a causal link between an impaired stress response and susceptibility to inflammatory disease.

The stress response hence represents a complex effector system that is susceptible to pathophysiological factors and conditions and has an input into many biological processes. Therefore the stress response can exert ameliorating or detrimental effects, where mediators of stress physiology can have both protective and harmful effects in organs such as the heart, the immune system, or the brain. Adverse effects on such organs may well have significant negative shifts in overall survival.\textsuperscript{16–19}

Humans living in the 21st century are subject to an ever-increasing degree of homeostatic control between the interrelationships of external/environmental and internal (behavioural, cognitive, emotional) stressors, the physiological responses to these challenges, and the prevalence of disease/illness. This dynamic balance of continual adjustment to stressors maintains stability. Also, the cascade of adaptive responses imprinted within the human genetic makeup may themselves turn into stressors capable of triggering and maintaining disease processes.


References
“If you are using priority mode, you are not getting accurate results if the client is in fight/flight/freeze or survival as this creates dehydration and magnesium deficiency. The body cannot give accurate results because the body may need magnesium and/or water for accurate feedback or the body could go into healing crisis.”

Philip Rafferty, AKA Conference, Sydney 2014

Kinesiologists are sometimes sceptical upon hearing this. However Philip is able to back up his statements by consistent results achieved nationally and internationally.

- **Demonstration August 2014 Denmark, average session 15 minutes**
  11 volunteers; 2 Multiple Sclerosis, 2 fibromyalgia, 6 chronic pain, 1 concussion. 11 videos of the results are on youtube.

- **Demonstration Crows Nest Sydney October 26, average session 20 minutes**
  20 volunteers; health problems ranging from arthritis to Parkinson’s. 15 videos of the results are on youtube.

**All corrections were the same:**
- Clearing reaction to homeopathic adrenal hormones (fight/flight/freeze or survival). Trauma (Kinergetics Unit 6) correction if needed.
- Reactive muscles (Upper body reactive muscles will be in the new Kinergetics Unit 3, lower body reactive muscles in the new Master Class).
- Kinergetics TMJ.

**Before the corrections, everyone:**
- Was in some degree of fight/flight/freeze or survival.
- Had some TMJ imbalance.
- Was dehydrated and magnesium deficient.

We do not treat disease, just correct the cause

**THE CHALLENGE**

If you are getting similar results, then video the results, and upload to youtube. It helps the credibility of kinesiology. If not, then you owe it to your clients to at least attend a one day ‘Balancing Nutrition and Toxicity’ workshop* or Kinergetics Unit 1, which now has an improved TMJ correction. I have regularly seen people with CFS improve dramatically in the BNT workshop, two of them in a few minutes! Most people with chronic pain improve during the workshop. *BNT is not yet AKA accredited, hours can be used for CPE only.

There are millions of people suffering in the world with MS, Parkinson’s, arthritis, Chronic Fatigue Syndrome, fibromyalgia, mercury toxicity, chronic pain, concussion and undiagnosed neurological problems. There are not enough Kinergetics practitioners to go around. They need you! Already you know many of the corrections!

After 30 years experience and hundreds of demonstrations worldwide, I believe I have found a way to test and correct some priority systems that have been missed.

**Check your TMJ correction**
Test Quadriceps, Sartorius, Psoas and Gluteus Medius. Balance if required.
Place two sticks (tongue depressors) between client’s back teeth.
Retest the four muscles.
Over 99% of new clients fail this test.
Kinergetics TMJ corrects this over 99% of the time. This dramatically improves hydration.

26 videos showing the power of Kinergetics TMJ and clearing fight/flight etc.
11 older videos - chronic pain, stress, hydration, magnesium, TMJ etc.
https://www.youtube.com/user/Kinergetics/videos

www.kinergetics-reset.com philip.rafferty@gmail.com
Focus on.....

This article is the third and final in the series of Histamine articles (starting in the Autumn 2014 issue of In Touch) and focuses on HIGH histamine.

In 1966 Dr Carl Pfeiffer and his colleagues at the New Jersey Psychiatric Institute found a method of accurately measuring histamine in tissue, and eventually blood. They watched 72 low histamine schizophrenics improve as levels were bought into normal range. So too, they found symptom improvement in normalising histamine in clients with high levels. They were the pioneers in orthomolecular psychiatry and the need for stabilising brain neurochemistry, starting with histamine.

WHAT IS HISTAMINE?
Histamine is an amine. It’s a messenger in the body that has the ability to communicate with many areas, from the stomach and skin, to the brain and nervous system. It is part of our immune inflammatory system and is the first chemical released in times of defence. It is a key mediator in allergic reactions. It helps regulate the body function of digestion, sleep, sexual function, blood pressure and the brain, where it is termed a neurotransmitter. Once it does its job it dies a sudden death, so it doesn’t build up in the body. In some people histamine is not broken down and excreted.

When histamine levels rise in the blood and cannot be excreted, a condition is produced that has been termed Histadelia by Dr Carl Pfeiffer. People with this over produce and retain excess amounts of histamine. The excess histamine occurs due to a metabolic defect in the methylation process.

WHAT IS METHYLATION?
The Methylation Cycle is a biochemical pathway that manages or contributes to a wide range of crucial bodily functions.

- Detoxification
- Immune function
- Maintaining DNA
- Energy production
- Mood balancing. Neurotransmitters such as serotonin, dopamine and melatonin are made by the methylation process
- Controlling inflammation

A ‘methyl group’ tags other elements in the body to keep them working properly. Histamine is one of these. Without methylation, it cannot be metabolised correctly. Therefore under-methylation of histamine results in a build up in the body.

The MTHFR gene begins the methylation process, as it is responsible for producing MTHFR. This enzyme metabolises folic acid into 5-methyltetrahydrofolate (5-MTHF), which is this vitamin’s active and usable form at the cellular level. 5-MTHF converts the amino acid homocysteine down into another essential amino acid called methionine, which is used by the body to make proteins, utilise antioxidants, and to assist the liver to process fats. Methionine helps with depression and inflammation. It also helps convert estradiol (E2) into estriol (E3). Methionine is further converted in the liver into SAM-e (s-adenosylmethionine), which is anti-inflammatory, supports the immune system, helps produce...
neurotransmitters including serotonin, dopamine and melatonin, and is involved in the growth, repair and maintenance of cells.

THE PROBLEM WHEN METHYLATION IS NOT WORKING WELL

If this gene is affected, it produces a defective MTHFR enzyme. This defective enzyme cannot convert folic acid into its active form well enough, causing high homocysteine levels, increasing the risk of heart disease and stroke. Homocysteine is poorly converted into glutathione, which is the body's chief antioxidant and detoxifier. You are then more susceptible to oxidative stress and toxin buildup. Homocysteine is poorly converted into methionine, which can increase your risk of arteriosclerosis, fatty liver degenerative disease, increased inflammation, increased free radical damage and produces less SAM-e. Less SAM-e may cause depression because of low serotonin.

THE PROBLEM OF HIGH HISTAMINE

1. To have a high but normal level of histamine is a blessing. The danger lies in letting clients' large histamine pool raise to such levels as to cause their brain neurotransmitters to over-fuel and fire excessively. This can cause psychological, behavioural and cognitive symptoms, as well as physical symptoms including:

   • Poor sleep, severe insomnia, or sleeping lightly and requiring only a small number of hours sleep.
   • Addiction. With the high inner tension and manic behaviour associated with addiction to alcohol, sugar, caffeine, sex and other drugs, the cycle needs to be broken to provide some respite. Stimulating the release of high histamine also helps lift the black cloud of depression. Of course these substances present a whole new set of problems of their own:
      • Obsessive-compulsive behaviour, rumination, phobias and hyperactivity. This refers to the perfectionist personality who is constantly on the go and can't relax. These people burn calories easily and are often thin, as the histamine increases metabolism and body temperature. Later in life they may carry excess weight, coupled with food intolerances.
      • This high body temperature and metabolism explains why histadelics have characteristically long fingers, nose and toes, with often the second toe being much longer than the first. Less chest and body hair also helps dissipate the heat.
      • Suicide due to depression. These people have the energy, and can be quick to execute and take risks without sufficient thought. This is often seen in family history and does not respond well to drug therapy or shock treatment.
      • Low pain threshold, overreacting to pain.
      • Produce excessive bodily secretions, such as saliva and other mucus. This may explain why high histamine families produce boys. Mucous supports the smaller male sperm to win the race.
      • Seasonal affective disorder (SAD), seasonal allergies and asthma, allergic skin disorders, headaches and fatigue.
      • High libido and fast sexual response. Sex compulsion, engaging in the 'quickie' on the way home from work, the serial adulterer, excess pornography and the workplace harasser. They may also have post orgasmic illness syndrome.
      • Over competitiveness
      • “Oppositional defiant disorder” is often the label used for self-directed, motivated, high achieving children who resist being told what to do. These children are compulsive, which if channelled into sport may be a good thing, but often it is unfortunately into recreational drugs, computer games or the like.

2. Methylation is a process of phase 2 of the liver detoxification system. Methylation converts toxins of all kinds from insoluble, less soluble or fat-soluble compounds into water-soluble compounds. It tags toxins, and allows the
Histamine is stored in the white cell basophils, which is a cell range is 40-60 mg/ml.

If detoxification is hindered because of poor methylation, toxins such as heavy metals including mercury and aluminium will be trapped and build up in the body over years, creating ill health.

<table>
<thead>
<tr>
<th>Low blood histamine (histapenia)</th>
<th>High blood histamine (histadelia)</th>
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<tbody>
<tr>
<td>• Paranoia</td>
<td>• Obsession and compulsion</td>
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<tr>
<td>• overstimulation: low productivity</td>
<td>• Overstimulation, with productivity</td>
</tr>
<tr>
<td>• Excessive need for sleep</td>
<td>• Less than average need for sleep</td>
</tr>
<tr>
<td>• High tolerance for pain</td>
<td>• Low tolerance for pain</td>
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<tr>
<td>• Low tolerance for drugs</td>
<td>• Low tolerance for drugs</td>
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<tr>
<td>• Low libido, slow sexual response</td>
<td>• High libido, fast sexual response</td>
</tr>
<tr>
<td>• Easy frustration, mild depression</td>
<td>• Exaggerated depression</td>
</tr>
<tr>
<td>• Few allergic reactions</td>
<td>• Frequent allergic reactions</td>
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<tr>
<td>• Non-addictive nature</td>
<td>• High addictive potential</td>
</tr>
<tr>
<td>• Slow metaboliser of food</td>
<td>• Rapid metaboliser of food</td>
</tr>
<tr>
<td>• Tension headaches</td>
<td>• Migraine-type headaches</td>
</tr>
<tr>
<td>• Cry easily</td>
<td>• Chronic muscle-spasm syndrome</td>
</tr>
<tr>
<td>• Steatopygous body type-hirsute</td>
<td>• Tend to be thin, with little body hair</td>
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THE HYSTADELIC TYPE
Joan Mathews-Larson says that histadelics run in families, which may explain why some families seem to have extraordinary drive and energy. The Kennedys are an example. ‘They are aggressive, productive, Type A people who drive themselves obsessively toward attaining success.’ The natural energy and drive to succeed in life gives these people a competitive edge, as opposed to histapenics who may have grand plans but insufficient will power or energy to carry them out.

DIAGNOSIS
A blood test for whole blood histamine levels may be indicated if you checked off ten or more symptoms in the checklist. Normal range is 40-60 mg/ml.

Histamine is stored in the white cell basophils, which is a cell involved in inflammatory reactions in the body. A high basophil count is predictive of histadelia.

TREATMENT

Avoid Foods High in Histamine
Since the process of digestion itself releases histamine, it is wise not to focus on finding all food allergies or intolerances, but on eating a nutrient dense and histamine balanced diet. If you stopped eating all foods to which you reacted, you would not find yourself eating many foods at all. Cut out your obvious culprits. Stop eating a standard deficient and toxic diet of packaged and processed foods.

In an extreme situation, a low protein diet omitting meat may be an option for a time, as histadine in meat converts to histamine. If sleep is a concern, then eating protein for lunch instead of dinner can help.

Improve Methyl Group Deficiency
The first step in correcting a methylation deficiency is repairing the gut and improving the gut flora. I referred to fermented foods and beverages in a previous article. They are highly beneficial in healing the digestive system. However, and it is a big however, they are high in histamine. So go slowly, increasing in small degrees as you can. For some people, this may never be an option without removing other high histamine sources first, if at all. Remember that each individual is unique.

Eat natural foods that contain methyl groups, such as quinoa, spinach, kale, lamb, chicken and beets. Dark green cooked vegetables are a good source. Less is absorbed from raw foods, such as salads. A strict vegetarian diet and processed vegetarian foods are low sources, so finding a balance with animal protein is necessary. Look after the liver and rest.

Treating candida is especially important, as toxins released by overgrowth of candida inhibits proper methylation.

Treat Inflammation
Low to no sugar. Histamine is a part of the inflammation cycle, and methylation controls inflammation. Antioxidants are a necessary part of this regime.

Heavy metals, especially copper and mercury, need to be detoxed. Raising glutathione levels is also important. Avoid toxins in any form that affects the liver.

Balance Biochemistry
Using calcium morning and evening releases additional histamine stores. Methionine detoxifies histamine by methylation. Magnesium, zinc and vitamin B6 support the

Theresa Commadeur ND, Dip Hom, RN is a practicing Naturopath in Black Rock, Melbourne. She has studied many modalities of kinesiology and uses Meridian Tapping to consult with clients on a wide range of health concerns both here and internationally.

Contact details: www.healthnaturally101.com, healthnatutally101@gmail.com, 0417707805
nervous system. Phosphatidylcholine, found in lecithin, will stabilise brain membranes supporting mood. Tryptophan may be necessary for the low serotonin state of depression. Histadelics have high levels of folate and folic acid and B12 will make them worse.

Dilantin is used medically in very severe cases.

As always, see your doctor or qualified health practitioner for a clear diagnosis.

The following screen is used at Health Recovery Center to determine the likelihood of excessive blood histamine. Don’t expect to have all of these symptoms. Ten or more will warrant confirmation of histadelia by a blood test.

1. Do you tend to sneeze in bright sunlight?
2. Were you a shy and oversensitive teenager?
3. Can you make tears easily and are never bothered by a lack of saliva or dry mouth?
4. Do you hear your pulse in your head on the pillow at night?
5. Do you have frequent muscle cramps?
6. Do you have a high sensitivity to pain?
7. Do you have easy orgasms with sex, and high libido?
8. Do you get headaches regularly?
9. At times does your mind go blank?
10. Do you have seasonal allergies, such as hay fever?
11. Do you tend to be a light sleeper?
12. Do you need only 5 to 7 hours sleep nightly?
13. Do you burn up foods rapidly?
14. Have you thought seriously of suicide?
15. Can you tolerate high doses of medication or drugs?
16. Do you have large ears and long fingers or toes? (Is your second toe as long as your big toe.
17. Are you addicted to drugs, alcohol, or sugar?
18. Are you an obsessive, Type A person who feels driven or a perfectionist?
19. Are you impulsive?
20. Do boys predominate among your siblings?

Changing Providers – It’s not as hard as you think

By Jaclyn Lees, OAMPS Insurance Brokers

We all know what it’s like when we change providers. It can be cumbersome and a hassle. I’ve been there! Recently I tried to change banks. It became such an issue that I have remained with the existing bank, although I am unhappy with their service.

Understanding the frustrations and having had bad experiences of my own, I asked myself, ”How can I make it easier for new clients of OAMPS to change their insurance?” At OAMPS, we’ve worked hard to put ourselves in your shoes when it comes time to switch.

First thing we require is a completed Proposal Form. You can get this by calling us on 1800 222 012 Monday to Friday, 8.30am-5pm. or requesting it via email specialtyrisks@oamps.com.au.

Once we have that form we take care of the rest for you, within 24-48 hours we will have set your policy up with OAMPS and emailed (or posted) you confirmation of your account with us. If we require more information for some reason we will call or email you to obtain.

If you your experience is less than desired, I invite you to escalate your query directly to myself Jaclyn Lees, just call or email and ask for me.

How do you make sure you have continuity when you switch?

Recently I wrote an article for AKA on ‘Retrospective Cover’. This allows OAMPS to pick up your policy like it was prior to joining OAMPS. All you need to do is provide the relevant dates on your proposal form when you apply with us, we will take care of the rest and until the 31 December 2014, AKA clients who join OAMPS receive this for free (a saving of up to $40).

We’re Changing Brand Names. OAMPS Insurance Brokers will be known Arthur J. Gallagher, effective 1 December 2015

specialty.risks@oamps.com.au
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Some of my other Favourite Muscles have already been taken, but Pectoralis Minor pops up regularly for me.

Its Latin derivation "pectus", meaning chest, denotes its location. Minor, as opposed to major, describes its relative size compared with PMS and PMC located superficially to it.

Pectoralis Minor (PM) is located on the chest wall. It comprises three heads with origins on the 3rd, 4th and 5th ribs near the costal cartilage and sharing a common insertion on the coracoid process of the scapula. Its action, therefore, is to pull the shoulder in the anterior, medial and inferior direction.

The meridian for PM is Stomach. The NL points are anterior immediately above xiphoid process and posteriorly at T8-9, T9-10, T10-11.

Posturally, hypertonic PM causes the shoulder to be carried in a forward and rolled inward position. Less commonly occurring hypotonic PM causes the shoulder to be carried in a posterior position.

Hypertonic PM inhibits full ventilation of the lungs reducing vital capacity and sometimes shortness of breath. More significantly though, imbalances in PM are central in setting up a phenomenon discovered by George Goodheart which he called "Retrograde Lymphatic Drainage". How does PM fit into this imbalance?

The meridian for PM is Stomach. The NL points are anterior immediately above xiphoid process and posteriorly at T8-9, T9-10, T10-11.

A LITTLE LOOK at LYMPH
Consisting of lymph, lymphatic vessels, lymph nodes and organs (Peyer’s Patches and tonsils for example), the lymphatic system drains protein and fat containing fluid with particles too large to be reabsorbed into the bloodstream by the capillaries. Transportation of fats from the digestive tract to the blood, nutrients to and toxins from the cells, and immunocompetence-lymphocyte and antibody production are its major functions.

Lymphatic vessels begin as blind-ended lymph capillaries in tissue spaces between cells which ultimately converge into either the thoracic duct or the right lymphatic duct.

Sluggish lymph flow causes the build-up of toxins in the interstitial fluid and the accumulation of proteins held in suspension around the cells compromising cellular function and downgrading immunocompetence. The backlog of lymph in the tissues is evident as oedema or swelling when there is an excess of 30% more interstitial fluid than normal. So many people may actually have very sluggish lymph without it being physically evident.

TOXIC OVERLOAD
Considering that most people are far too sedentary, carry a load of endogenous (gut dysbiosis, often accompanied by compromised liver biotransformation function) and exogenous toxins in the form of absorbed Persistent Organic Pollutants (POPS) from their burden of man-made chemicals and heavy metals, their lymphatic systems are constantly playing “Catch-up Rugby” and the toxic burden, to continue our little metaphor, may be seen as their lymphatic systems’ opponents - the All Blacks!

For these reasons among others, people these days carry a far greater toxic burden than they did in the 60’s, with the emergence of kinesiology and Goodheart’s discovery of RLD. This correction is therefore more relevant than ever in any detox protocol.

Is it little wonder, then, that very early in the development of kinesiology, the neurolymphatic reflexes were discovered to be so effective in balancing the meridian system, as according to the principles of TCM, stagnant Qi accompanies a stagnant circulatory system, which of course, includes lymph.
RLD AMPLIFIES the PROBLEM
If the left PM is either hypotonic or hypertonic, it inhibits lymph flow in the thoracic duct (about 90% of lymph flow in the body) prior to its drainage into the bloodstream at the junction of the subclavian and internal jugular veins. If pressure is present in the left side of the chest due to muscular tension and imbalance originating with the PM, this major lymph vessel with its non-muscular wall, is literally partially “squeezed off”.

The frequently occurring outcome of this is that an already toxic body with its lymphatic system “loaded to the gunnels” is made even more so, together with a depleted Immune system. It is little wonder that a primary result is the presence of both acute and chronic infection, particularly viral.

During many years of practice as a naturopathic kinesiologist, I have assisted many clients in recovering from ongoing URTI, acute colds and flu, and chronic viral infections by addressing retrograde lymphatic drainage as a priority if present (as it almost invariably is with these conditions), along with other suitable naturopathic strategies. It has also been my finding that if RLD is not addressed, many commonly used anti-viral, immune-enhancing, detoxifying natural medicines selected to treat the condition, may have little, if any, effect!

CORRECTING PM and RLD
With the various kinesiological approaches that the readers have available to them, procedures such as balancing the left PM and correcting its reactive muscle involvement, may fill the bill excellently in addressing RLD. That may be all that is required.

As above, so below!
Whatever imbalance is present in the physical body is often a reflection of an imbalance at a finer vibratory level, namely in the etheric, astral (emotional) and mental bodies i.e. the other components on the level of the personality (Theosophical model).

Much stress held in the physical body has its origins in the mind (lower concrete mind) i.e. in the mental and astral bodies. This stress (blockages of consciousness through entrainment with fear based emotions and thought forms) originates in the chakra system, affecting the acupuncture meridian and nadi systems, and manifesting as imbalances on the physical level.

With RLD, the heart chakra is invariably involved, usually along with the stomach meridian. It is occasionally the kidney instead of the stomach. The endocrine gland directly influenced by the heart chakra is the thymus, so it would seem that addressing imbalance at this level additionally supports immune function by upgrading T-cell production.

Here’s a brief summary of an esoteric way of balancing PM and RLD:

- Check for RLD either by
  - Indicator change with tip of thumb to middle of distal joint crease of middle finger, or
  - Indicator change after client has given themselves a “big hug”.
- Identify the primary fear/s in the heart chakra contextual to RLD, and the conflict dichotomy (higher vs lower thought form) set up by the fear/s. Identify the meridian involved (usually stomach) and obstructive thought forms affecting the meridian. Identify the obstructive (of higher consciousness) thought forms effecting the physical/etheric location (left side of chest). Identify the issue (stressor) through discussion with client. Identify any surrogate obstructive energies from other people (both living or deceased) that may also be aligned, further adding to the imbalance.
- With focused intent (you and client), release the identified obstructive pattern from the bioenergy field of the client.
- Check for correction of PM and RLD. Attend to anything else required, although there is usually nothing else needed in the context of kinesiological balancing.
- If indicated, with client’s assistance if possible, construct a description of “Negative Core Belief ”taken from the nature of the negative energies concerned with the conflict dichotomy, the chakra, meridian and physical/ etheric obstructions.
- Then similarly construct description of “Positive Core Belief”, based on a contextual counteractive higher order statement, replacing the negative one.
- In his/her own time, the client with repetitive emotionally focused visualisations of both core beliefs, replaces the negative with the positive. This creates a more permanent “fix”, entrenching into the subconscious mind a more powerful programme, preventing further imbalances triggered by negative inherent core beliefs setting up RLD around the stressor.

It has been my experience that often, not only are all manifestations of a PM imbalance and resulting RLD cleared, and the client benefits in terms of immune system support and reduction or elimination of infection, but the client is also able to move beyond the entrenched psych-emotional stress setting up the overall imbalance. This process of identifying and clearing as far as possible all recognisable blockages to the inflow of consciousness profoundly negatively impacting our Triangle of Health has a great many applications beyond this example.

Greg Graiton RSKP has almost three decades of experience with Kinesiology, and practises on the Sunshine Coast. He continues to develop and teach his courses, among the more recent being Modern Complementary Kinesiology.

Contact details: sunshineholistic@bigpond.com (07) 5476 3400
Conference Report

One hundred and twenty six Kinesiologists from Australia and around the world met in Sydney for the three days of the 31st AKA Annual Conference. The venue was the Harbourview Hotel in North Sydney, which has extremely helpful staff, where the catering was superb, and the view east of a morning was a brilliant way to start the day.

The mini workshops were held on the Friday and proved popular again this year. It was a great opportunity to be inspired by three wonderful presenters. It is many years since Ian White has presented at an AKA conference, Charles Krebs had not presented in Sydney this century, and Patti Leahy-Shrewsbury brought her wealth of knowledge east to share with Sydney siders and visitors alike. The mini workshops raised nearly $3,000 for the AKA; a huge thank you to the presenters and delegates.

We were fortunate to have so twenty wonderful local and international speakers to share their vast range of knowledge in many areas of kinesiology and natural therapies. Ann Parker came from New Zealand and John Maguire and Charles Krebs from the USA to present.

The Skills auction was a highlight for many delegates, many thanks to Michael Wild and Brendan O’Hara, for keeping us in stitches while raising valuable funds for the AKA ($4,989 in total!).

Brendan also did a group didge on the Saturday afternoon. It is always an amazing experience. The original journal cover artwork was much admired and auctioned. Three fortunate people have a lovely memento of the conference to keep. Michelle Huntingdon who is Helen Stafford-Osborne’s daughter painted the journal covers.

The Saturday night dinner dance was the perfect opportunity to catch up with kinesiology friends old and new. “Radio Smash” provided the music and the dance floor was packed. The lead guitarist of the band is a kinesiology success story and so was a surprise for Janet Taylor and Bernard Carson to catch up with their old client. The AKA recognised many of the long standing AKA members and awards were presented.

AKANSW will be wound up in the next few weeks, so the 2014 conference was our farewell piece as a state association. Thank you to the volunteers who helped in so many ways leading up to and during the conference.

Brendan O’Hara and Michael Wild raised nearly $5,000 for the AKA from their usual antics and the generosity of delegates.

Claudia Rodino’s talk on Dancelosophy had delegates sassily moving their bodies to the rhythm of the music, pumping lymph, integrating the brain and having fun.

Claudia Rodino's talk on Dancelosophy had delegates sassily moving their bodies to the rhythm of the music, pumping lymph, integrating the brain and having fun.
Congratulations to the following members who were acknowledged at the 32nd AKA National Conference in Sydney

Long-standing members who were acknowledged and awarded a Certificate of Acknowledgement

30 Years Membership
Andrew Verity  RSKP

Recipients of special awards for service to the AKA

Service to the AKA

Annie Mitchell
Outstanding service, commitment and dedication to the AKA through her roles of Secretary and Chairperson of the Management Committee and Group Leader of the Training Package Review for Kinesiology.

Kathy Carmuciano
Service to the AKA in developing guidelines for graduate assessments and evidence based research validating the efficacy of Kinesiology.

Susan Koschel-Gatenby
Exemplary service to the AKA through her role in the Training Package Review.

Nadine Bertalli
Service to the AKA in the field of evidence based research validating the efficacy of Kinesiology.

20 Years Membership
Janice Bann  RAKP
Elizabeth Briggs  RKP
Jenne Burns  RSKP
Kathy Carmuciano  RAKP
Derek De Bradley  RSKP
David Everett  RKP
Graciela Guardia  RKP
Anke Koelman  RAKP
Wendy Nash  RKP
Susan Probert  RSKP
Shauna Shaw  RSKP
Gillian Stuart  RSKP
Loreto Whitney  RAKP
Charlotte Wirthsberger  RAKP

Andrew Verity
Susan Koschel-Gatenby
Kathy Carmuciano
Do you have a hobby or passion that inspires you and keeps you grounded? Are you a musician, artist, community worker, athlete, gardener, volunteer, hobbyist or do you excel in a particular area? In Touch would love to share your story with others. Contact intouch@akakinesiology.org.au for details.

I have so many other lives, so which one to choose. I am a writer, Marriage Celebrant, Yoga teacher, fledging artist ... I also make little creatures out of wool using needle-felting technique. That's what I'm going to talk about.

So first of all, what is needle-felting? The “official” definition is “using a single, barbed needle borrowed from commercial felting machines, wool fibres are tangled and compacted by repeatedly jabbing the needle into the fibres, creating 3-D felt structures bound only by the imagination of the artist.”

Sounds a bit boring when you put it like that, but basically it's sculpting in wool - it's so much fun! You can make anything. I love to make puppies, rabbits, bits of forest habitat, like mushrooms and faeries and goddesses as well. I'm working on a puppy for my grandson, and currently formulating the idea of a dragon in my head. That's for my son, as he loves dragons.

I love working with wool. It feels good, smells good and is such an excellent versatile fibre. It's hard to describe the feeling of creating with wool. I have been a knitter since I was five, and later a hand spinner. Both activities have always been a meditative experience for me. Sadly, my spinning wheel was lost on Black Saturday, so I guess I was looking for something to replace that. With needle-felting I found that meditative place again. The quiet crunching noise of the needle poking in and out of the wool is very soothing (punctuated by the shrieks of pain and gush of blood when I miss the wool and stab my finger instead.)

The thing I love most is when that pile of fluff suddenly morphs into a cute little character looking back at me. The piece hardly ever ends up being what I expect. My first little person was going to be an old woman, but as I worked it became clear that he was male, younger ... a punk, with receding hairline and a bright orange plait. His name is Sid. The piece takes on a life of its own and it guides you down a path you weren't expecting, so that you end up with something quite different to what you had in mind. Each piece has its own charm and character, inevitably different from the original idea. That's the nature of the medium and I guess it's why I love it. It's always full of surprises.

I started back in March 2012. I had a quiet month and was looking for something to fill my time. I wanted to try wet felting, but in my Google search of how to do that I discovered this other technique I'd never heard of – needle-felting. I watched YouTube videos, joined a forum and the rest is history. I discovered that there were very few suppliers of the paraphernalia in Melbourne, but the main one was only ten minutes from my place. That was the clincher.

Making my little creatures takes me to another world. This is my escape place and I love to go there.

If you're interested in this delightfully relaxing technique, try YouTube and Google for a wealth of information. I am completely self-taught using these resources. There are also plenty of online suppliers.

If you'd like to see more of my little friends, then visit my Facebook page - "Nette’s Enchanted Wildwood".

Lyn Jordan is a Kinesiologist from the North Eastern suburbs of Melbourne.
BOOK REVIEW

Danny Liddell, well established Kinesiologist and ICPKP faculty member from Brisbane, has written a cosy and readable ‘What is Kinesiology’ style paperback. The good thing about this book from a local perspective is that it is ‘Australian’. Most of these types of books come from Europe or the US, and references made therein are often related to local scenarios.

Having said that, the book as a whole certainly compares to its overseas counterparts in respect to the depth and broadness of the content covered. It is easy to read, practical and a great introduction to the Kinesiology field for the beginner and interested public.

Typically, the book starts off with a basic history of Kinesiology and muscle testing. In then goes on to explain how it works, how it can help and what to expect. Areas covered are pain, posture, sports and injuries, goals and how it works, how it can help and what to expect. Areas

Different types of Kinesiologies are explained and there is a chapter on what techniques can be used to help oneself. The book concludes with testimonials and interviews.

Although there are many ‘Introduction to Kinesiology’ types of books, this is none the less a notable resource that is pertinent to the industry in Australia. ‘How Kinesiology Works’ is an excellent text for the lay person and a worthy book for the clinic coffee table and bookshelf.

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Counselling Kinesiology – “Happier Families, Healthier Relationships, More Vibrant Lives”
Emotional Meridian Harmony Kinesiology has been evolving with passion since 2007. The course covers in-depth physical and emotional properties of the meridian energy system, including acupressure points and the 5 elements, enabling practitioners to bring deep healing awareness and clear blockages using natural remedies. A comprehensive, easy-to-use 180+ page manual is also included. This course builds an appreciation of Traditional Chinese Medicine and the body's amazing meridian energy system.

Course Outline and Content
• Willingness statements
• Connection to Spirit / Body (Heart) / Mind / Earth
• Age recession
• Muscle testing for involvement of self, others, circumstance, spirit
• Finger modes for more, priority, time, suppression, meridian/acupressure point, crystal, essential oil, colour, sound, flower essence, affirmation, oracle/healing cards, nutrition, scan, ESR
• All fourteen meridians in detail including location, related organs, organ energy, element, peak hours of day, paired organ, colour, physical branches, attributes, related indicator muscles and its function.
• Physical and emotional indications of an imbalanced meridian
• How to test and identify when a meridian is out of balance through muscle testing
• How to collect information on the meridian and relay to the participant
• Remedies used including Meridian lines – trace, walk, stroke, warm, hold, flush; Acupressure points; NE points; Essential Oils; Crystals; Colour; Nutrition; Affirmations; Other Activities; Sound; Flower Essences; ESR; Oracle/Healing Cards; Energy Healing; Moxabustion; Tiger Warmer; Elephant Warmer.
• Full step by step balancing procedure, including an easy to follow session template

In depth look at the Traditional Chinese Medicine (TCM) Five Elements (Fire, Earth, Metal, Water, Wood) and its constitutional type including traits, body type, physical indications of imbalance, possible life issues, common self-talk, emotional/spiritual indications of balance/imbalance.
• How the Five Elements relate to the Meridians and how to use the Hara to test for Element imbalance, plus a detailed 5 Element balance procedure.
• A guide to additional acupressure points, including Source Points, Jing Well Points, Accumulation Points, Association Points, Tonification Points, Sedation Points, Influential Points, Master Points, Contraindications, 8 Extra Meridians.

Competency Requirements and Outcomes
Students are required to demonstrate competency in oral, written and practical assessments. Eight case studies and a take home assessment are completed post course. A Certificate of Attendance for 32 hours is issued after completing class hours. Once competency requirements have been met, a Certificate of Proficiency for 44 hours is issued.

Recommended for Kinesiologists, Kinesiology students, Acupuncturists, Massage Therapists and other natural therapy practitioners.

Prerequisites
Cat A course; Touch for Health or equivalent.

Trainers/Teachers
Denise Robinson, Vic; Fiona Guest, Gold Coast. Currently sourcing teachers for other states, Please contact Denise if you are a Level 2 practitioner and interested in teaching this course in other states/regional areas.

Availability

Cost of Course
$875 inc. GST

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Kinesiologists, Kinesiology students, Acupuncturists, Massage Therapists and other natural therapy practitioners.

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Availability

Cost of Course
$875 inc. GST

Duratin of Course
44 hours (4 days)

Accredited Category
This course is fully accredited with the AKA as a Category B course for 44 hours.
COURSE ACCREDITATION BOARD (CAB)

This Report was presented at the AGM in Sydney 2014

The CAB members are Julie Gunstone Chair, Peter Morningstar, Toni Lilley, Lyn Jordan, and Jacque Mooney. We meet monthly, using Skype as members are from Victoria and Queensland. The Skype system works well and opens up the possibility of more AKA members from around Australia participating on the Board.

We maintain security for course authors by using Dropbox. Relevant documents are dropped in by the Chair just before the meeting, and then taken out straight after the meeting.

Now that we are having regular meetings, we have caught up and can process courses efficiently - as long as they are straightforward. We have ratified around 35 courses, both new and resubmissions.

As well as processing courses, there are always administration tasks to complete:-

- We have reviewed and updated Non-Kinesiology Guidelines.
- We have examined more closely copyright regulations and a new policy will be forthcoming.
- We liaise closely with the NC and make recommendations as requested and report in a timely manner.
- We are also looking at how to maintain the workshop model and how it can segue into the RTO model.

Julie and Lyn are able to go into the AKA office to organise correspondence and handle pressing matters. We appreciate their efforts, as well as the ongoing assistance Emily and Franca give us.

In closing, the team is hugely grateful to Julie who organises and runs the meetings, as well as handling the follow up. We would like to acknowledge the amount of time and effort that she spends on making the CAB run smoothly.

SMEG REPORT

This Report was presented at the AGM in Sydney 2014

This year has seen a slow progression in developing the required training units. This is partly because the national training packaging rules changed since the last review in 2007 and our industry has been faced with the challenges of how that impacts the different areas within the kinesiology industry - especially referring to the RTO and workshop model of training – and in particular the AKA Subcommittees of Course Accreditation and Practitioner Registration. No area has been exempt from the impact of the new packaging rules.

The qualification and units of competence are still in draft form. The SMEG committee has formed consensus on three of the six units. The remaining three units are not yet completed and the Committee is working together to refine the units in accordance with feedback. The draft unit on nutrition, the skill set and companion volume are still being developed.

Future meetings have been set between October and November 2014 to complete all the SMEG tasks. In December 2014, CS&HISC are due to release the qualifications for Quality Audit and they remain in that process until June 2015.

The skill set will be released from 1 July 2015. The New Diploma Qualification can take effect from 1 July 2015, however current RTO’s are able to claim a “teach-out” period for the current Certificate IV and Diploma of Kinesiology until June 2016, and each RTO may apply for a further “teach-out” extension of six months ending in December 2016. This means that from 1 January 2017, the new qualification, Diploma of Kinesiology, must be delivered by RTO’s. The existing qualification cannot be awarded. This stands unless the rules change, which they may do.

The Committee has also agreed on the number of Supervised Clinic Hours based on the clinic standards of other
Complementary and Alternative Modalities, supervised clinic standards, and the consensus among three associations, the AKA, AIK and ATMS. The hours put forward are 200 hours. For kinesiology, we have added a two-tier approach to this. The first tier is a requirement of 50 hours supervised face-to-face with the assessor, and the second is 150 hours mentored supervision. The qualification allows for the mentoring aspect of clinical supervision to be completed via electronic, phone or face-to-face debriefing, with those mentoring sessions being logged as evidence for assessment.

There has also been consensus on the requirements for the practical components of kinesiology balancing. It currently states that at least 40 different clients need to be balanced and of those 40, ten must be balanced at least three times. This allows students to build knowledge and improve performance of writing up case studies.

The recent AKA survey on nutritional balancing is being used by the SMEG committee to assist CS&HISC and the Committee in drafting a knowledge unit on nutrition, and define the types of nutritional balancing required within the qualification. Thank you to members who participated for honest input, as this has assisted the AKA in putting forward a proposal to CS&HISC, the ATMS, the AIK and other SMEG Committee members.

While I give you this update, nothing is set in concrete until the documents are released for quality audit in December 2014.

To date, the process has had many twists and turns with stakeholders struggling with the required change. On the other side, the SMEG Committee has prepared a qualification based on stakeholder and public feedback that places our industry at a professional level in today’s market.

The outgoing Management Committee has prepared for this change by including generous grandfathering, recognising both the length of membership and the number of years active in clinic. These are effective from the date of this AGM. In addition we have formalized the new structure for practitioner registration, to align with the new Training Package Qualification. The scope of this new structure allows us to keep all three existing levels – L1, L2, and L3 – and include two new levels. This is not only to align us with the new diploma qualification, but also to prepare us for the next review.

So in a nutshell, from the AKA position - some things have remained the same, some things have been upgraded, some things have been added, and we have included enormously generous grandfathering periods. We have planned not only for today’s market, but also for the expansion of kinesiology in tomorrow’s market.

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**EVIDENCE BASED RESEARCH GROUP**

The EBR group has work very hard over the last 12 months to write the AKA EBR guidelines and checklists, as well as a variety of other documents and assessment tools.

These documents are as follows:

- Case study guidelines, that enable members to fully understand the process of conducting case studies, and what is expected of them when presenting a case study in written form.
- Case study checklist, a condensed version and quick reference of the case study guidelines.
- Case study consent form, to enable the case study to be published in In Touch and on the AKA website, so the general public has access to the research. In addition, case studies can be presented to complementary and alternate medicine journals for publication, enabling Kinesiology research to be available to other health professionals.
- Client feedback form, a reflective and qualitative tool for the client to complete, to give the practitioner and readers of their case study, an understanding of their perspective on the experience of Kinesiology and its efficacy.
Are YOU ready to assist the AKA in validating the efficacy of our great modality?

Log in to the AKA website, and download the case study template that will assist you to document your results. Write your case study report.

When you have completed the case study, send it to the EBRG research@kinesiology.org.au who will assess and provide feedback.

Once approved, and with client permission, case studies will be placed on the AKA website for the public to view and will be available to health funds and government bodies to review when requiring research results from the AKA.

Your contributions are VITAL in assisting the EBRG to provide the research required.

• Time line grid, to map out significant physical, social and emotional periods in the client's life. This grid is very helpful if the client's history is complex. However it need not be used if a single trigger is related to what is being managed in the Kinesiology session.
• Case study example, to assist practitioners in the process of writing up a case study. The example provided is from the history of an actual client who suffered from Irritable Bowel Syndrome (IBS). In this case study, practitioners will see how assessment tools and charts were used pre and post the Kinesiology session.
• Nineteen assessment tools, for members to use both in their clinical practice and in their case studies. A client who calls for an appointment can be asked the reason they are coming. If it appears to the practitioner that some of the assessment tools may be able to assist them in getting a better idea of the severity and frequency of the client’s physical or emotional symptoms, the client can be asked to complete the assessment form for a week, then email it back before the first session. They can also be asked to complete it for a week after the session. This is a very useful way for both practitioners and clients to see the efficacy of Kinesiology practice, and it is TRUE EVIDENCE. Once practitioners are accustomed to doing this, then the writing up of a case study report is only one further step.

I understand that many Kinesiologists feel it is unnecessary to have evidence to support Kinesiology practice, but the Department of Health and Aging (DOHA) is requesting evidence be provided by Complementary and Alternative (CAM) therapies. In addition, health funds, other health care professions, and the general public, will increasingly demand of us at least some basic evidence based research to underpin our practice.

I feel we owe it to ourselves to begin to gather at least some basic evidence. I also believe we should be excited about proving what many of us already know, that Kinesiology is powerful (beyond belief) and is an effective health care modality that should be taken seriously by the general public and the others within the wider health care sector.

All of these documents are now available to AKA members on the AKA website. Members would have received email notification on this with information on how to proceed.
**HUMOUR IS GOOF FOR THE SOUL Take #3**

**How NOT to write case notes**

These are actual writings from various hospital charts.

- The patient refused an autopsy.
- The patient has no previous history of suicides.
- Patient has left white blood cells at another hospital.
- She has no rigours or shaking chills, but her husband states she was very hot in bed last night.
- Patient has chest pain if she lies on her left side for over a year.
- On the second day, the knee was better, and on the third day it disappeared.
- The patient is tearful and crying constantly. She also appears to be depressed.
- The patient has been depressed since she began seeing me in 1993.
- Discharge status: Alive but without permission.
- Healthy appearing decrepit 69year old male, mentally alert but forgetful.
- Patient had waffles for breakfast and anorexia for lunch.
- She is numb from her toes down.

- While in ER, she was examined, x-rated, and sent home.
- The skin was moist and dry.
- Occasional, constant infrequent headaches.
- Patient was alert and unresponsive.
- Rectal examination revealed a normal size thyroid.
- She stated that she had been constipated for most of her life, until she got a divorce.
- I saw your patient today, who is still under our car for physical therapy.
- Both breasts are equal and reactive to light and accommodation.
- Examination of genitalia reveals that he is circus sized.
- The lab test indicated abnormal lover function.
- Skin: somewhat pale but present
- The pelvis exam will be done later on the floor.
- Patient has two teenage children, but no other abnormalities.
AKA OFFICE CLOSURE

The AKA office will close at 5pm Thursday, 18 December 2014 and reopen at 10am Monday, 19 January 2015.

AKA NOTICEBOARD

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AKA NATIONAL CONFERENCE
16-18 Oct 2015 Brisbane

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17 Jan 2015 Lisbon

IKC
23–26 Sept 2015 Banff National Park, Alberta Canada

LAPSED MEMBERSHIP

The AKA will be advising insurance providers of practitioner members whose membership has not been renewed.

Insurance companies do not provide cover unless you are a registered practitioner of an industry body.

CORRECTION

In the last issue In Touch, the article on Heart Integration, Meridian Integration and Meta-Integration Exercises was copyright 2014 by Steven Rochlitz. He can be reached at info@wellatlast.com

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