

SECTION V

SUMMARY

"It's supposed to be a professional secret, but I'll tell you anyway We doctors do nothing. We only help and encourage the doctor within."
---Dr. Albert Schweitzer

It has been a pleasure sharing this information with you. As those of you who know me are aware, I feel the concept of holistic health and personal responsibility for one's total well-being is an exciting one! I hope I have encouraged you to find your "doctor within", your inner wisdom.

Let's do a quick review of what this book has covered:

ACCEPT RESPONSIBILITY - KNOW YOUR OPTIONS

If your goal is total regeneration instead of symptom relief, then you must take charge of your own health program. You must empower yourself with information and knowledge to make decisions that are right for YOU. Each of you is a unique individual with your own menu of needs and requirements for your most effective functioning as a human being.

Health care providers, be they medical doctors, chiropractors, homoeopaths, therapists or others, can assist you with professional advice and expertise but they do not "heal"your own body heals itself. It is your responsibility to nurture this inner wisdom, to provide the optimal environment that will integrate body/mind/spirit. It is a commitment not always easy, but the rewards will be there if you stay the course!

Holistic health addresses the whole person, not his/her separate parts. Its practitioners believe the whole is more than the sum of parts. A perfect balance, a vibrant harmony, between the physical, mental/emotional, and

spiritual levels of one's being is the ideal. Many options are available to the sincere health seeker as individual goals are established and the pathways to reach them are investigated.

Such options often fall under today's popular catch-all...and too often dismissive...label of "alternative health care." But is this empirical body of knowledge to be shunted off as no longer viable in modern, mechanistic medicine? Many disenchanted patients and even medical doctors are looking with new interest at healing traditions of the past and the implications they point to; healing traditions that still occupy a place of honor in other than Western cultures.

TAILOR-MADE GOALS

Just as there is an innate capacity in your body for self-healing, there is an inner wisdom to assist you in answering your questions about your body's needs. What are its weaknesses and deficiencies? What nutrients does it require? Are there energy blocks that need to be moved out of the way of your life force?

Given just half a chance, your amazing, intricate body systems can correct imbalances (dis-eases). Even better, they WANT to achieve perfection. Their very reason for being is TO KEEP YOU ALIVE AND WELL. Isn't such devotion and willingness to serve worthy of your love and attention?

After your commitment to cooperate with the wondrously made organism you call your "self", there are diagnostic tools available to assist you in tailoring your personal wellness goals. These tools are not machines or laboratory paraphernalia. They are techniques that access the body itself for information. Non-intrusive, painless and reflective of only one person....YOU.

GETTING ACQUAINTED WITH YOURSELF

Are you an adrenal type, thyroid type, pituitary type or gonadal type person? These categories are the foundation of an assessing process called BODY TYPING. It is a theory used to distinguish between individuals based on their dominant gland. There is no one ideal body type. Each is just different from the other, no better or worse.

When you know your type, you have a key to your own individual nutritional profile, your body's metabolic pattern, its characteristic emotional and bio-chemical responses, and its exercise requirements. You have a huge file to work with about your personal and individual style of meeting life's challenges.

Is "The Force" with you? Is your chi.....or prana.....or ka..... free flowing on the meridian highway of your body? Or is something blocking traffic at certain points? I refer to the invisible-to-the-human-eye energy field(s) that surround the organic physical body, and if this energy is not freely moving from point to point in your body, you have a loss of power or become "out of balance."

Such a blockage or congestion can be detected with **MUSCLE TESTING**. The body has an ability to sense and feel harmonizing or conflicting energies, and it communicates this information via the muscles. You can use this muscle reflex communication system to assess the body's health, its nutritional needs, its emotional problems, if any.

What do your eyes reveal about your state of health, physical or emotional? Your eyes are a link between your inner and outer worlds. They furnish another large file of information that can be translated with the discipline known as **IRIDOLOGY**.

Each organ or system of the body has a corresponding locus within the iris, which reflects conditions and changes going on in the related area. Using these "eye maps" you can see imbalances or disease states, inherent weaknesses or positive signs of improvement and health. The eyes are a visual display screen of the owner's present state of affairs.

YOUR BODY - ITS CARE AND FEEDING

Your body looks to you to provide it with all the raw materials it needs to keep its systems ticking along at peak performance. All living things "live" because of cellular activity....multi-celled things such as trees, insects, animals, people, and one-celled entities such as bacteria and yeast. Each cell has its own requirements in order to do its job of fighting off attacking invaders as well as boosting your life force energy.

You must use the space in your stomach for nutrient-dense food and not fill it with "empty" foods which only add calories and no elements useful for rebuilding or regeneration. Nutritionally starved cells may limp along for quite some time before dying off, but why treat them that way?

Your cellular machinery requires a constant supply of biochemicals, amino acids, vitamins, minerals, fuel (carbohydrate and fat)....all in the correct proportions for your body type. And the food you consume to do this should be as free from unnatural chemical preservatives, additives, coloring, and sweeteners as possible.

Life can be supported without any food at all for surprisingly long periods, but your body cannot do without water for more than a few days. Water makes up 76% of your body weight. To determine how much water you need, divide your weight by three. The answer is the number of ounces you need to consume per day. It goes without saying that the water should be of the highest quality, free of environmental pollutants.

If you strictly follow your personal ideal food regimen, you will probably never have any dis-ease, but to be realistic...few of us in today's society escape upsets and distress entirely. At such times you can get help which your body finds natural and appreciates.

HERBS work naturally with the body's own healing wisdom. Herbs cleanse, feed the glands, and balance your body's natural chemical components without serious side effects. Working gently, they are not a "quick fix" but offer your cells and tissues components they can use to repair and rebuild.

There are four major categories of herbs: Bitters, Mucilants, Astringents and Aromatics. Each has its own properties that will either affect the structure of the body (by making it tighter or looser), or the function of the body (by speeding it up or slowing it down). What is needed in your

individual situation can be determined by "talking" to your body with muscle testing.

HOMEOPATHIC REMEDIES are substances from the plant or mineral worlds diluted in alcohol or distilled water. Their effectiveness in healing comes from the Law of Similars which states that a remedy can cure a disease if it produces in a healthy person symptoms similar to those of the disease. In Latin, *similia similibus curentur*...let likes be cured by likes.

The higher the dilution, the greater the potency of the mixture! Why does this age-old practice work? Modern electromagnetic technology may have an explanation. It is very possible the "magic" of homeopathy is the fact that in the process of dilution the plant's (or other substance) subtle energy qualities are imprinted into the water or alcohol. By matching the frequency of the plant extract with the frequency of the illness, the cells get a booster shot of appropriate subtle energy to get back in balance, "in tune."

The **BACH FLOWER REMEDIES** also belong to the family of natural healing methods. Flower essences are liquid concoctions simply prepared by immersing a flower into pure water in a glass container and exposing the mixture to sunshine or heat. Again, the flower's subtle energy properties are imprinted and retained by the water.

These flower essences do not address physical symptoms, do not operate under the Law of Similars, but deal exclusively with states of emotional disharmony in your subtle energy system. Since many health problems have their roots in unresolved emotional conflicts, the removal or cleansing of such "poisons" assists your natural healing wisdom's efforts to make a positive change.

YOUR MIND - BRAIN AND EMOTIONS

If your goal is total health regeneration, you will need to continue on beyond care for the physical part of your being into the area of emotions, body/mind patterns, and spiritual energy fields.

Memories and emotions are stored in your body cells and tissues. Feelings and attitudes are reflected by your body. You are a walking autobiography. Your posture, your movements, your facial expressions "speak volumes." The truth is you do not HAVE a body...you ARE your body.

Emotional energy is dynamic and must move through and on out of your physical body. If it is "frozen" before its rhythm is complete, muscles tightening against physical or emotional pain, you may experience tenseness and/or pain in the area involved or reduced mobility.

Such a reaction (sometimes referred to as "muscle armoring") can become an unconscious response to events similar to the initiating cause. Resistances must be broken down, buried cellular memories and repressed emotions must be released to get your vital life force back into a free-flowing pattern.

Bodywork, especially energy-based body therapies, offers you the means to "re-program" these unconscious restrictive habits, the means to break up energy blockages so your natural healing and maintenance processes can operate unhindered. Body/mind therapies used at Options are:

HEALING TOUCH - a therapy whose history goes back to the ancient practice referred to as the "laying on of hands." The power of touch to "establish rapport, comfort and enhance the healing process is one of the most effective uses of a behavioral medicine technique" according to the National Institute for the Clinical Application of Behavioral Medicine.

Once again, the energy fields are involved. Scientific tests in laboratories under controlled circumstances have proved that some sort of transference of energy from the "healer" and the receiver occurs, and measurable physical responses have been confirmed. The therapeutic connection can be likened to jumper cables between the giver's charged battery and the receiver's low battery...jump-starting and energizing the deficient system to handle whatever condition is causing distress.

POLARITY THERAPY's fundamental principle is that underlying what we call the material world there is an infinity of universal energy; that every living creature is engaged in an interaction with this force. The major energy movements follow channels or meridians within and around the body.

There is no manipulation of muscles or bones. There is a placing of hands on the body's energy centers (chakras) and "poles" designated as positively or negatively charged. Connecting certain primary currents and exchanging energy between positive and negative poles gets energy

free-flowing and the body is able to attract what it needs and to repel what is detrimental.

TRAGER® PSYCHOPHYSICAL INTEGRATION - a unique blend of psychological, physiological and spiritual theories. The manipulation is gentle and non-intrusive, reminding the body of what it feels like to feel good, re-educating the muscles to relax and function effortlessly.

This concept of moving effortlessly with a feeling of lightness, freedom, grace and pleasure is the basis of TRAGER hands-on work as well as its series of simple exercises known as **MENTASTICS®**.

The effective practitioner reaches a contemplative mental state as in meditation that Dr. Trager calls "hook-up"...which the client "will catch, like the measles!" He says this hook-up is with "the universal energy force that surrounds all living things." You get a convincing demonstration of how the mind and body are truly connected.

TOUCH FOR HEALTH - a holistic system of health care used by professionals of all persuasions...medical doctors, chiropractors, psychologists, dentists, physical therapists, educators, social workers, persons in the service of God, as well as athletes and their coaches, business people, and the average man/woman on the street. Its Foundation is a non-profit educational organization, available to all who are interested in holistic health care.

Touch for Health recognizes the concept of two polarities in the body that create dynamic energy which flows through channels known as meridians. There are fourteen meridians, each named after the organ, function, process or system it governs such as liver meridian, stomach meridian, etc. Meridian "points" are the most accessible aspects of your physical/etheric interface.

Muscle function is tested in order to get an indication of internal balance or unbalance. An imbalance is your body's warning signal of some malfunction or stress. With Touch for Health techniques, one or more correction procedures can be used to restore the uninterrupted flow of energy.

AURICULAR THERAPY - a close cousin to Chinese acupuncture. In the Yellow Emperor's Classic of Internal Medicine where all systems of acupuncture began over 2,000 years ago, the relationship between the ear, internal organs and meridian channels was noted: "The ear is the

place where all the channels meet." As in the iris, all parts of the body have a corresponding "point" in the ear.

Unlike body acupuncture points however, an ear acupuncture point can only be detected when there is some pathology, pain or tension in the corresponding body part. No sensitivity, no problem! This is an invaluable early warning system. Problems can be addressed of which you may be only marginally aware, problems that may have even been missed by other diagnostic tests.

If you have an aversion to needles, you can still take advantage of auricular methods of diagnosis and stimulation. An electric probe is used (painless) to both detect and stimulate ear reflex points.

BRAIN GYM® - a system of movements and activities used to integrate the three dimensions of the brain: laterality dimension, focusing dimension, and centering dimension. Originally created to be used with students in Education Kinesiology to enhance learning abilities, it is another form of balancing and can be used as therapy for health problems.

The body/mind connection is monitored or managed in large part by the physical organ we call our brain. Like any other physical component, the more you exercise it, the better it performs. Brain Gym® routines provide such exercise.

Your brain has two hemispheres...left and right...and you probably have a tendency to prefer one side or the other, which affects your approach to life and work. Ideally, you would move easily from one side to the other to the task-appropriate hemisphere as you tackle daily challenges.

Equally, you should move easily from the back occipital and frontal lobes to balance or unblock focus...to overcome fear of expressing yourself or the opposite of "trying too hard." Centering balances the handling of emotional or abstract thought.

Brain Gym® exercises stress whole body coordination, balance, flexibility and relaxation. The resulting improved posture, improved breathing, improved lower body coordination (especially after sitting too long), heightened energy level, improved hearing and vision, improved mobility and sense of balance, greater self-confidence and increased self-esteem all contribute to your sense of well-being.

YOUR SPIRIT - THE HIGHEST ENERGY

Spirit is probably the most difficult aspect to grasp of your body/mind/spirit equation, but acknowledged or not you do have a spiritual dimension. Human beings do have a connection with all the universe. Your spiritual abilities as well as your physical and mental abilities focus together to form your present experience and degree of well-being. Integration of all three components results in what has been described as "high-level wellness."

The drive of your spirit is toward a higher quality of consciousness, just as the drive of your body systems is to maintain stability at an optimal level. Each component of your self is dynamic and serves a purpose in your evolution as a human being.

There are many ways to access your Cosmic Consciousness (or whatever label you prefer), but it doesn't matter which door you use as long as you get into the room!

Meditation is one technique, as are visualization and imagery. Meditation teaches the body/mind to let go, to observe the self without interference from the busy, chattering conscious mind, to be receptive to inner wisdom and guidance. Visualization and imagery feed a desired goal into the receptive state produced by the meditation.

Raising your consciousness to universal truths, getting a different perspective of your problems and challenges, and realizing you are a loved and valued unique individual with all of life's energies available to you is the most powerful healing prescription you can give yourself.

"Work patiently and lovingly with your body and you will feel the results of your commitment in a very short time. No matter your age, your body will respond to direct communication with you in a form that will forever change not only your physical energies, but your profound sense of yourself as well. What a magnificent awakening to discover that this body you have been ignoring or trying to get out of, turns out to be the vehicle of cosmic energy to which you were unconsciously trying to return!"

-Chris Griscom, *The Ageless Body*, 1992.

APPENDIX

HEALTH AWARENESS ASSESSMENT

When it comes to health, many of us act like we are immortal and will have a high quality of life our entire lives. The truth is that health is something we rarely focus on unless it is life threatening. When is the last time, you have accessed your health? And, what is good health?

Take the following assessment to learn more about yourself and your attitudes.

Circle the statement that most closely reflects your belief and/or attitude on the following subjects. Then add all the circled numbers. Look for the analysis of total points at the end of this assessment. The analysis will help you better understand your attitudes about your health and what you might need to do to achieve better health now and in the future.

A. AGING- I believe as I get older:

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1. I believe I will acquire one or more degenerative diseases that will be the cause of my death.
 2. I know about degenerative disease prevention, but it is just too much effort to change my lifestyle, too expensive, too uncomfortable or not easily available.
 3. I do some things to prevent degenerative disease.
 4. I am regenerating and feeling better as I get older; I will choose a high quality of life even during my death process.

B. Regarding HEALTH CARE PROVIDERS:

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1. Modern medical professionals are my only health providers.
 2. I trust my doctor, but in the end will decide whether or not to accept his/her advice.
 3. I trust my own intuition and often go to health care providers that utilize alternative methods.
 4. I have completely accepted the responsibility for my own health. I always choose health care providers that participate in alternative health care, and only very rarely go to modern medical professionals that ascribe to standard or routine medical care.

C. DISEASE:

-
1. Disease is caused by germs only.
 2. Germs play a major role and stress a minor role.
 3. Stress plays a major role and germs a minor role.
 4. Mental beliefs/attitudes have produced the stress and therefore provide the medium for physical symptoms to occur.

D. PHARMACEUTICAL/PRESCRIPTION DRUGS:

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1. Are a necessary part of recovery and I trust my doctor's knowledge and advice.
 2. Can cause side effects and I want to be knowledgeable of the side effects before taking any medication.
 3. Probably do cause short and/or long term side effects and I would like to avoid taking medications if at all possible.
 4. I feel drugs are dangerous and will take them only as a last resort.

E. OVER-THE-COUNTER DRUGS:

-
1. I use frequently and get desired results (suppression of symptoms).
 2. I use occasionally and get desired results (suppression of symptoms).
 3. I am concerned about side effects and look for alternatives to drugs, such as herbs, vitamins and minerals.
 4. I am very concerned about side effects and always look for alternatives; I will also investigate the emotional and beliefs regarding my illness.

F. MIRACLE DRUGS:

-
1. I believe that someday there will be a miracle drug for cancer, AIDS, etc. just like penicillin was. I am willing to financially support this kind of research (American Cancer Society, American Diabetes, etc.).
 2. I am thankful for miracle drugs but probably won't financially support the research.
 3. I support research done showing that lifestyle changes in nutrition and stress reduction can aid in healing.
 4. I would financially support research showing that lifestyle changes in nutrition and stress reduction can aid in healing.

G. NUTRITION:

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1. I will only change my dietary intake from the Standard American diet to something else if my medical doctor tells me to do so.
2. I know I should improve my diet, but it's too hard.
3. I reduce my sugar, fat, and other "unhealthy" food intake on a daily basis.
4. I have eliminated sugar, white flour, white rice, refined oils, salt, preservatives and other chemicals from my diet entirely.

H. EXERCISE:

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1. I will only partake in a regular exercise program if my medical doctor prescribes it.
2. I know I need to exercise more, but it never works out (not enough time, etc.)
3. I enjoy exercise and will do it now and then.
4. I know that exercise is VERY valuable to my regeneration and do it on a consistent basis.

I. STRESS:

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1. Everyone has stress and if it ever gets too much, I'll talk to my doctor about it.
2. I know ways to reduce my stress but I can't/won't/don't feel bad enough to do anything about it now.
3. I am reducing my stress by breathing exercises, meditation, Yoga, etc.
4. I am reducing my stress by looking at repressed emotional trauma and self-sabotaging beliefs.

J. ENERGY FIELD:

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1. I've never heard of it.
2. I know that we all have one.
3. I do activities that will restore my energy field.
4. Daily I keep my energy field strong in order to prevent disease.

K. REPRESSED EMOTIONAL TRAUMA:

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1. If it's buried, leave it alone.

2. I believe that I may have some.
3. I have made some contact with my repressed emotional trauma.
4. I know I can't change facts, but I am re-creating my perception of those facts.

L. MENTAL COMPONENT:

-
1. My mental component is best left alone unless there are symptoms of mental illness.
 2. My mental component is composed of all my unconscious beliefs/attitudes.
 3. I make efforts to be aware of all my unconscious beliefs/attitudes.
 4. I am very dedicated to rewriting my unconscious beliefs/attitudes.

M. SPIRITUAL COMPONENT:

-
1. My spiritual life is my religion and takes place in or through the church.
 2. My spiritual life is composed of all my unconscious beliefs.
 3. I make efforts to be aware of all my unconscious beliefs.
 4. I am very dedicated to accessing the power of my spiritual self.

N. ACCIDENTS:

-
1. Accidents just happen.
 2. Accidents are caused by stress.
 3. I sometimes take steps to prevent accidents.
 4. I am very conscientious about minimizing my stress to reduce and/or prevent accidents.

ANALYSIS OF HEALTH AWARENESS SCORES

Total Points: 0 - 14

Category One

Unaware of health options - victim of degeneration beliefs. Believes a person will degenerate physically with age; that germs, not lifestyles, cause disease; relies on the medical profession as sole health care providers; believes medication is a vital part of a healthy life, and that someday miracle cures will be developed for diseases such as cancer and AIDS; not willing to change lifestyle or dietary habits unless prescribed by a doctor.

Total Points: 15 - 28

Category Two

Aware of health options but apathetic about pursuing them.

Knowledgeable about nutrition, exercise, stress reduction, etc. and believes they can be pursued without a medical doctor's supervision; believes such areas are important to health, but does not take an active role in changing lifestyle and dietary habits.

Total Points: 29 - 42

Category Three

Aware of health options and actively pursues many, but has limited commitment to total self-responsibility.

Believes nutrition, exercise, stress reduction, etc. are important to health and takes an active role personally to change lifestyle and dietary habits; however, has doubts when a health crisis occurs and abandons assumed self-responsibility.

Total Points: 43 - 56

Category Four

Actively involved in health regeneration at all levels of awareness - body, mind and spirit.

Has taken sole responsibility for own health, believing in regeneration at all three levels - physical, emotional and spiritual; defines spiritual as a belief system, not religion or doctrine; believes in the energy fields; understands that healing must occur there before physical changes are apparent; believes it is possible to assist one's own healing process.

NUTRITIONAL & HEALTH HISTORY QUESTIONNAIRE

Date: _____

Name _____

Home Phone: _____ Work Phone: _____

Address _____

Birth/Date _____ Birth/Time _____

Birth/Place _____

All information that you volunteer will remain confidential. If any question offends you or you feel it is an invasion of your privacy, just leave it blank.

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How did you hear of Helen Cox and/or Options Center for Health and Education?

What is your reason for seeking holistic health care? Your goals?

Briefly list your main health problems:

Problem

Date Symptoms Began

- 1.
- 2.
- 3.
- 4.

List any minor problems:

Problem

Date Symptoms Began

- 1.
- 2.
- 3.

4.

How would you evaluate your general sense of well-being?

How would you evaluate your stamina or general energy level?

Does it vary with the time of day: Yes____No_____Explain:

Does your energy level have any relationship to eating? Yes___No___

Explain:

Please write down two samples of your daily meals. (What is typical for you every day or nearly every day.) Include desserts and what you drink with meals.

BREAKFAST: 1.

2.

LUNCH: 1.

2.

DINNER: 1.

2.

What do you usually snack on every day between meals?

Do you drink milk and/or eat cheese and other dairy products daily?

What percentage of your daily food intake is uncooked or raw?

How many glasses of water or other fluid do you drink daily?

If other than water, what kind of fluid?

How often do you eat fried food?

Which of the following do you eat?

	How Often?	How Much?
Pastries	_____	_____

Cakes	_____	_____
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Ice cream	_____	_____
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	How Often?	How Much?
Candy	_____	_____

Soft drinks	_____	_____
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Sugar in coffee or tea	_____	_____
------------------------	-------	-------

Pie	_____	_____
-----	-------	-------

Sweet rolls	_____	_____
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Cookies	_____	_____
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How much alcohol do you use per day? Per week?

How much coffee do you drink per day? Per week?

What kind of cooking or salad oil do you use?

Do you use margarine? What kind?

Do you eat grains? Which ones?

Do you eat butter? How much daily?

Do you use table salt? How much?

Do you smoke? How much?

How is your appetite?

How often do you have a bowel movement?

Do you need to strain to have a bowel movement?

Is your elimination bulky and soft? Or loose?

Are the feces small, hard pieces?

Do you have hemorrhoids or any other rectal or bowel problems?

List any drugs or medications you presently take or have taken recently. Include prescription and non-prescription products such as diet pills and birth control pills, aspirin, laxatives, sleeping pills, etc.:

List any vitamins or food supplements you are taking. Show quantity in mg., if you know, and brand name:

List any allergies:

Have you ever gone on a fast?

For how long?
What kind?

FEMALES ONLY

How regular are your menstrual periods?

Are they painful? If so, please describe:

How many pregnancies have you had?

MALES & FEMALES

List all surgeries and hospitalizations:

Describe any past illnesses or problems not listed above. Include injuries and falls, especially head, neck or back injuries:

Are there any significant health problems in your family? (Include grandparents, aunts and uncles.) List briefly:

What is your weight?

How much sleep do you normally get? Is it restful?

How much time do you spend indoors every day?
Outdoors?

How much physical exercise daily or weekly?
What kind?

How do you relax? How often?

How do you feel about your home and living situation? Be as brief or as lengthy as you wish:

How do you feel about your working situation?

What do you love to do?

How often do you do these things?

Do you have any goals or ambitions? Please share them with me.

What negative emotions or feelings or thoughts do you commonly or repeatedly have?

Please add any other information about yourself you feel might add to this evaluation:

KEEP TRACK OF WHAT YOU EAT EVERY DAY

Meal	Monday Food:	Tuesday Food:	Wednesday Food:	Thursday Food:	Friday Food:	Saturday Food:	Sunday Food:
Breakfast	_____	_____	_____	_____	_____	_____	_____
	_____	_____	_____	_____	_____	_____	_____
Snack	_____	_____	_____	_____	_____	_____	_____
	_____	_____	_____	_____	_____	_____	_____
Lunch	_____	_____	_____	_____	_____	_____	_____
	_____	_____	_____	_____	_____	_____	_____
Snack	_____	_____	_____	_____	_____	_____	_____
	_____	_____	_____	_____	_____	_____	_____
Dinner	_____	_____	_____	_____	_____	_____	_____
	_____	_____	_____	_____	_____	_____	_____
Snack	_____	_____	_____	_____	_____	_____	_____
	_____	_____	_____	_____	_____	_____	_____
Supplements AM	_____	_____	_____	_____	_____	_____	_____
Supplements Noon	_____	_____	_____	_____	_____	_____	_____
Supplements PM	_____	_____	_____	_____	_____	_____	_____
Glasses of Water	_____	_____	_____	_____	_____	_____	_____

FEMALE
BODY TYPE CHECK LIST

Circle the letter a, b, c or d for the statement most nearly descriptive of yourself; then circle its corresponding code in the right-hand column. Add code numbers and enter totals at the bottom of each section. Bring section totals forward to final page to figure Grand Total and see Analysis.

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Section I - Body Shape and Appearance

1. *Look at yourself straight on in the mirror, focusing on the overall outline and shape of your body.*

- a. My body is at least a full size smaller above the waist than below. G - 2
- b. My body is stocky and full-figured, without a pronounced curve at waist or hips. A - 2
- c. My body is curvy but much fuller through the middle (waist, hips and upper thighs) than at the extremities (neck and head, lower arms, calves, ankles). T - 2
- d. My body is childlike in outline, with small breasts and "baby fat" all over. P - 2

2. *Now turn sideways to the mirror and focus on the line of your back.*

- a. My back is slightly "swayed" and my buttocks sticks out prominently. G - 2
- b. My back is straight and my buttocks appears flat and "tucked under." A - 2
- c. My buttocks is round but not extremely pronounced; T - 2
my lower back is straight.
- d. My buttocks is small and childlike, my shoulders are round and my head comes forward from the line of my back. P - 2

3. *Next, focus on the shape of your head and its relation to your body.*
- a. My head is slightly small for my body size. G - 2
 - b. My head is squarish and I have a square or round face. A - 2
 - c. My head is long and I have a slender face. T - 2
 - d. My head is slightly large for my body size. P - 2
4. *Examine your hands and feet. They are:*
- a. Average in size, small fingers and toes. G - 2
 - b. Square, with small fingers and toes. A - 2
 - c. Long, with tapering fingers and toes. T - 2
 - d. Small, delicate. P - 2
5. *Focus on your teeth. They are:*
- a. White, medium-sized, uneven. G - 2
 - b. Large, slightly yellowish. A - 2
 - c. Small, white, even. T - 2
 - d. Large, especially front center. P - 2
6. *Look at the shape of your mouth. It is:*
- a. Thin, well-shaped. G - 2
 - b. Full. A - 2
 - c. Wide, mobile. T - 2
 - d. Rosebud. P - 2
7. *Look at your skin. It is:*
- a. Smooth, oily. G - 2
 - b. Oily, slightly coarse. A - 2
 - c. Smooth, of normal oiliness. T - 2
 - d. Dry, delicate. P - 2

8. *Finally, think back to when you were at your ideal weight, or try to imagine how you would look at your ideal weight based on what you have already observed about your present shape. At your **ideal weight** you would be:*

- a. Slim, but with curvy hips and rear. G - 2
- b. Slender but full-figured and strongly built. A - 2
- c. Very slender and fine-boned. T - 2
- d. Slender, childlike and undeveloped. P - 2

Section I Totals:

G _____
A _____
T _____
P _____

Section II - Fat Distribution

1. *Look at yourself in the mirror, focusing on your excess weight. Where is most of your fat?*

- a. On the buttocks. G - 2
- b. Across the stomach and upper back. A - 2
- c. Around the middle....waist, hips, upper thighs. T - 2
- d. All over, no single location. P - 2

2. *Look at yourself from the back, or ask a friend to look. Do you have more fat:*

- a. Below the waist. G - 2
- b. Across the upper back. A - 2
- c. Around the waist. T - 2
- d. All over....not more above or below. P - 2

3. *Still looking at yourself from the back, do you have "saddle-bags" (pockets of fat on the outer thighs)?*

a. Yes. G - 1
T - 1

b. No. A - 1
P - 1

4. *Turn back to look at yourself from the front again. Do you have a "spare tire" (a roll of fat around the middle)?*

a. Yes. A - 1
T - 1

b. No. G - 1
P - 1

5. *Focus on your hands and feet. Do they have an accumulation of fat?*

a. Yes. A - 1
P - 11

b. No. T - 1
G - 1

Section II Totals:

G _____

A _____

T _____

P _____

Section III - Cellulite Distribution

To check for cellulite, examine the area in question. Does the fat there appear to be wrinkly and "cottage cheesey"? If so, the area has cellulite.

If the area appears to have fat but the fat is not wrinkly, then gently squeeze about an inch or so of the fat between two fingers, or have a friend do so. When the fat is examined in this way, you may find wrinkles that were not apparent without squeezing. If you do, the area does have cellulite, although it is cellulite at an early stage. You should evaluate yourself as having cellulite in that location.

1. *Check your upper arms. Do you have cellulite?*

- | | |
|---------|----------------|
| a. Yes. | A - 1
T - 1 |
| b. No. | G - 1
P - 1 |

2. *Check your upper hips. Do you have cellulite?*

- | | |
|---------|-------------------------|
| a. Yes. | T - 2 |
| b. No. | G - 1
A - 1
P - 1 |

3. *Check your lower hips. Do you have cellulite?*

- | | |
|---------|----------------|
| a. Yes. | G - 2
T - 1 |
| b. No. | A - 1
P - 1 |

4. *Check your upper thighs. Do you have cellulite?*

- a. Yes. T - 2
- b. No. G - 1
A - 1
P - 1

5. *Check your knees. Do you have cellulite?*

- a. Yes. P - 2
- b. No. G - 1
A - 1
T - 1

6. *Check your upper back. Do you have cellulite?*

- a. Yes. A - 2
- b. No. G - 1
T - 1
P - 1

7. *Check your buttocks. Do you have cellulite?*

- a. Yes. G - 2
- b. No. A - 1
T - 1
P - 1

8. *What is your main area of cellulite?*

- a. Buttocks, outer thighs G - 2
- b. Stomach, back A - 2
- c. Upper thighs T - 2
- d. Knees, breasts P - 2

Section III Totals:

G _____
A _____
T _____
P _____

Section IV - Food Preferences

1. *Of the following foods, which do you love the most?*

- a. Rich or spicy foods. G - 1
- b. Steak, salty foods. A - 1
- c. Bread, sweets. T - 1
- d. Dairy products. P - 1

2. *At a party, which of these foods would you find hardest to resist?*

- a. The creamy dips. G - 1
- b. The hot dogs, salami or peanuts. A - 1
- c. The cakes or candies. T - 1
- d. The ice cream or frozen yogurt. P - 1

3. *How much coffee, tea or cola do you drink each day?*

- a. One or two cups. G - 1
- b. Three or four cups. A - 1
- c. Five or more cups. T - 1
- d. None or maybe one cup. P - 1

4. *Which of the following would you prefer for breakfast?*

- a. French toast. G - 1
- b. Bacon and eggs. A - 1
- c. Toast and jam. T - 1
- d. Fruit and yogurt. P - 1

5. *Ideally, when would you like to have your biggest meal?*

- a. Breakfast. G - 1
- b. Dinner. A - 1
- c. Lunch. T - 1
- d. Prefer no big meal...just lots of snacks. P - 1

Section IV Totals:

G _____
A _____
T _____
P _____

Section V - Energy Patterns

1. *Ideally, how many hours do you sleep each night?*

- a. 8-9 hours. G - 1
- b. 4-6 hours A - 1
- c. 5-6 hours when feeling good, 9-10 hours when tired. T - 1
- d. 7-8 hours. P - 1

2. *When does your highest energy period occur?*

- a. Late in the day. G - 1
- b. Energetic all day. A - 1
- c. Following meals. T - 1
- d. First thing in the morning. P - 1

3. *Do you have trouble sleeping at night?*

- a.. Rarely. G - 1
- b. Often. A - 1
- c. Occasionally, but only for one night at a time. T - 1
- d. Occasionally, but when I do it happens every night for a while. P - 1

Section V Totals:

G _____
A _____
T _____
P _____

Section VI - Bodily Responses

1. *How much do you perspire?*

- | | |
|---|-------|
| a. Moderately, with exertion. | G - 1 |
| b. Quite a bit, even at rest. | A - 1 |
| c. Variably. Very lightly when slim, more when heavy. | T - 1 |
| d. Lightly. | P - 1 |

2. *Are you prone to colds and allergies?*

- | | |
|----------------------------------|-------|
| a. Not usually, only when tired. | G - 1 |
| b. No, almost never | A - 1 |
| c. Yes, quite a bit. | T - 1 |
| | P - 1 |

3. *Are you prone to upset stomach or diarrhea?*

- | | |
|---------|-------|
| a. No. | G - 1 |
| | A - 1 |
| b. Yes. | T - 1 |
| | P - 1 |

4. *Are you prone to headaches?*

- | | |
|------------------|-------|
| a. Rarely. | G - 1 |
| | A - 1 |
| b. Occasionally. | T - 1 |
| c. Quite a bit. | P - 1 |

5. *Do your hands and feet feel cold at night?*

- | | |
|-------------------------------|-------|
| a. Sometimes in cold weather. | G - 1 |
| | P - 1 |
| b. Rarely. | A - 1 |
| c. Often. | T - 1 |

6. *When you are ill, which parts of your body are most likely to ache?*

- a. Hands and feet. G - 1
- b. Lower back. A - 1
- c. Neck and shoulders. T - 1
- d. Knees. P - 1

7. *Which of your senses is the most important to you? That is, the one you use most in making up your mind about the qualities of an object?*

- a. Touch. G - 1
- b. Hearing. A - 1
- c. Taste/smell. T - 1
- d. Sight. P - 1

8. *Which of your senses is the least important to you? That is, the one you weight the least in judging an object?*

- a. Sight. G - 1
- b. Taste/smell. A - 1
- c. Hearing. T - 1
- d. Touch. P - 1

9. *Are you prone to cramps during your menstrual period?*

- a. First day only. G - 1
- b. Rarely. A - 1
- c. Yes, quite badly. T - 1
- d. Very little. P - 1

10. *If you have been pregnant, which of these best describes your experience?*

- a. Delightful...enjoyed it. G - 1
- b. Easy, comfortable. A - 1
- c. Felt heavy and uncomfortable. T - 1
- d. Didn't like it much. P - 1

11. *Ideally, how often would you like to make love?*

- | | |
|---|-------|
| a. Every day. | G - 1 |
| b. Twice a week or so. | A - 1 |
| c. Erratic. A lot for awhile, then not at all for awhile. | T - 1 |
| d. Once a week or less. | P - 1 |

Section VII - Personality Traits

1. *Is it easy for you to laugh at yourself? (Be honest now!)*

- | | |
|---------|-------|
| a. Yes. | G - 1 |
| | T - 1 |
| b. No. | A - 1 |
| | P - 1 |

2. *Which of these subjects do you most enjoy discussing or thinking about?*

- | | |
|---|-------|
| a. Sex, home, family, food. | G - 1 |
| b. Business, money, practical things. | A - 1 |
| c. The arts, current events, your latest project. | T - 1 |
| d. Philosophy, ideals. | P - 1 |

3. *Which of the following best describes your disposition?*

- | | |
|-------------------------------------|-------|
| a. Sensuous, warm and comfortable. | G - 1 |
| b. Friendly, open and practical. | A - 1 |
| c. Artistic, lively and changeable. | T - 1 |
| d. Intellectual, cool and detached. | P - 1 |

4. *When you feel negative, you are most apt to become:*

- | | |
|---------------|-------|
| a. Weepy. | G - 1 |
| b. Irritable. | A - 1 |
| c. Depressed. | T - 1 |
| d. Neurotic. | P - 1 |

5. Which of the following best describes your temper?

- | | |
|--|-------|
| a. Quick-tempered but easily distracted from your anger by flattery apologies. | G - 1 |
| b. Slow to get angry, but once you are, you stay mad for awhile. | A - 1 |
| c. Quick-tempered over small matters, inclined to get depressed when irritated. | T - 1 |
| d. Slow to get angry and quick to get over it once you have a chance to think things over. | P - 1 |

Section VII Totals:

G _____
A _____
T _____
P _____

ANALYSIS OF BODY TYPE SCORES

Bring total points forward from each Section and record grand totals:

G _____ (Gonadal)
A _____ (Adrenal)
T _____ (Thyroid)
P _____ (Pituitary)

The category with the highest number of points indicates your Body Type.

SPECIAL INSTRUCTIONS:

If you have a tie:

A tie indicates that your body type is well balanced. However, you do have a dominant gland. In this case you should use only your answers from Sections I, II, and III since appearance is more clearly indicative of body type than any of the other factors.

For Gonadal Types:

If your score indicates that you are a G-Type but your ovaries are no longer active (either because you have passed the menopause or because of surgery), you should consider yourself as being the body type with the next highest number of points. However, if you are taking female sex hormones, you should still consider yourself G-Type, since the supplementary hormones take the place of your body's natural ones and this enables you to retain the metabolism of a G-Type.

MALE
BODY TYPE CHECK LIST

Circle the letter a, b, c or d for the statement most nearly descriptive of yourself; then circle its corresponding code in the right-hand column. Add code numbers and enter totals at the bottom of each section. Bring section totals forward to final page to figure Grand Total and see Analysis.

.....

Section I - Body Shape and Appearance

1. *Look at yourself straight on in the mirror, focusing on the overall outline and shape of your body.*
 - a. My body is square and sturdy...a football stereotype. A - 2
 - b. My body is long-limbed...a basketball stereotype. T - 2
 - c. My body is boyish and looks much as it did when I was fourteen. P - 2

2. *Now turn sideways to the mirror and focus on the line of your back.*
 - a. My back is slightly "swayed" and my buttocks appears slightly rounded. A - 2
 - b. My back is straight and I have practically no rear end. T - 2
 - c. My back is curved and my head comes forward from my neck. P - 2

3. *Next, focus on your head's shape and its relation to your body.*

- a. My head is squarish and I have a square or round face. A - 2
- b. My head is long and I have a slender face. T - 2
- c. My head is round and slightly large for my body size. P - 2

4. *Examine your hands and feet. They are:*

- a. Square, with short fingers and toes. A - 2
- b. Long, with tapering fingers and toes. T - 2
- c. Small, delicate. P - 2

5. *Focus on your teeth. They are:*

- a. Large, slightly yellowish. A - 2
- b. Small, white, even. T - 2
- c. Large, especially front center. P - 2

6. *Look at the shape of your mouth. It is:*

- a. Full. A - 2
- b. Wide, mobile. T - 2
- c. Curved, well-shaped. P - 2

7. *Look at your skin. It is:*

- a. Oily, slightly coarse, ruddy. A - 2
- b. Smooth, of normal oiliness. T - 2
- c. Dry, sensitive. P - 2

8. *Finally, think back to when you were at your ideal weight, or try to imagine how you would look at your ideal weight based on what you have already observed about your present shape. At your **ideal weight** you would be:*

- a. Substantial and strong looking. A - 2

- b. Rangy and fine-boned. T - 2
- c. Boyish and slender. P - 2

Section I Totals:

A _____
 T _____
 P _____

Section II - Fat Distribution

1. *Look at yourself in the mirror, focusing on your excess weight. Where is most of your fat?*

- a. Across the stomach in a "beer belly", or across the upper back. A - 2
- b. Around the middle in a "roll." T - 2
- c. All over...no single location P - 2

2. *Look at yourself from the back or ask a friend to look. Do you have more fat:*

- a. Across the upper back. A - 2
- b. Around the waist in "love handles." T - 2
- c. All over, not more above or below the waist. P - 2

3. *Focus on your hands and feet. Do they have an accumulation of fat?*

- a. Yes, bones are not clearly outlined. A - 1
P - 1
- b. No, bones are clearly outlined. T - 1

Section II Totals:

A _____
 P _____
 T _____

Section III - Food Preferences

1. *Of the following foods, which do you love the most?*

- a. Steak, salty foods. A - 1
- b. Bread, sweets. T - 1
- c. Dairy products. P - 1

2. *At a party, which of these foods would you find hardest to resist?*

- a. The hot dogs, slami or peanuts. A - 1
- b. The cakes or candies. T - 1
- c. The ice cream or frozen yogurt. P - 1

3. *How much coffee, tea or cola do you drink each day?*

- a. Three or four cups. A - 1
- b. Five cups or more. T - 1
- c. None, or one or two cups. P - 1

4. *Which of the following would you prefer for breakfast?*

- a. Bacon and eggs. A - 1
- b. Toast and jam. T - 1
- c. Fruit and yogurt. P - 1

5. *Ideally, when would you like to have your biggest meal?*

- a. Late in the day. A - 1
- b. Early in the day. T - 1
- c. Prefer no big meal, just lots of snacks. P - 1

Section III Totals:

A _____

T _____

P _____

Section IV - Energy Patterns

1. *Ideally, how many hours do you sleep each night?*

- a. 4 - 6 hours. A - 1
- b. 5 - 6 hours in good periods, 9 - 10 hours when tired. T - 1
- c. 7 - 8 hours. P - 1

2. *When does your highest energy period occur?*

- a. Energetic all day. A - 1
- b. Following meals, especially breakfast and dinner. T - 1
- c. First thing in the morning. P - 1

3. *Do you have trouble sleeping at night?*

- a. Often. A - 1
- b. Occasionally, but only for one night at a time. T - 1
- c. Occasionally, but when I do it happens every night for awhile. P - 1

Section IV Totals:

A _____
T _____
P _____

Section V - Bodily Responses

1. *How much do you perspire?*

- a. Quite a bit, even at rest. A - 1
- b. Variably. Very lightly when slim, more when heavy T - 1
- c. Lightly. P - 1

2. *Are you prone to colds and allergies?*

- a. No, almost never. A - 1
T - 1
- b. Yes, quite a bit. P - 1

3. *Are you prone to upset stomach or diarrhea?*

- a. Rarely. A - 1
T - 1
- b. Yes. P - 1

4. *Are you prone to headaches?*

- a. Rarely. A - 1
- b. Occasionally. T - 1
- c. Yes, quite a bit. P - 1

5. *Do your hands and feet feel cold at night?*

- a. Rarely. A - 1
- b. Often. T - 1
- c. No. P - 1

6. *When you are ill, which parts of your body are most likely to ache?*

- a. Lower back. A - 1
- b. Neck and shoulders. T - 1
- c. Knees. P - 1

7. *Which of your senses is the most important to you? That is, the one you use most in making up your mind about the qualities of an object?*

- a. Hearing. A - 1
- b. Taste/smell. T - 1
- c. Sight. P - 1

8. *Which of your senses is the least important to you? That is, the one you weight the least in judging an object?*

- a. Taste/smell. A - 1
- b. Hearing. T - 1
- c. Touch. P - 1

9. *Ideally, how often would you like to make love?*

- a. Three times a week or more A - 1
- b. Erratic. A lot for awhile, then not at all for awhile. T - 1
- c. Once a week or less P - 1

Section V Totals:

A _____

T _____

P _____

Section VI - Personality Traits

1. *Is it easy for you to laugh at yourself? (Be honest, now!)*

- a. No. A - 1
- b. Yes. T - 1
- c. Usually, but not when I am tired. P - 1

2. *Which of these subjects do you most enjoy discussing or thinking about?*
- a. Business, money, practical things. A - 1
 - b. My latest project...it varies. T - 1
 - c. Philosophy, the arts. P - 1
3. *Which of the following best describes your disposition?*
- a. Friendly, open and practical. A - 1
 - b. Artistic, lively and changeable. T - 1
 - c. Intellectual, cool and detached. P - 1
4. *When you feel negative, you are most apt to become:*
- a. Irritable A - 1
 - b. Depressed. T - 1
 - c. Neurotic. P - 1
5. *Which of the following best describes your temper?*
- a. Slow to get angry, but once I am I stay mad for awhile. A - 1
 - b. Quick-tempered over small matters, inclined to get depressed when irritated. T - 1
 - c. Slow to get angry and quick to get over it, once I have a chance to think things over. P - 1

Section VI Totals:

A _____
T _____
P _____

ANALYSIS OF BODY TYPE SCORES

Bring total points forward from each Section and record grand totals:

A _____ (Adrenal)

T _____ (Thyroid)

P _____ (Pituitary)

**The category with the highest number of points
indicates your Body Type.**

SPECIAL INSTRUCTIONS

If you have a tie:

A tie indicates that your body type is well balanced. However, you do have a dominant gland. In this case you should use only your answers from Sections I and II since appearance is more clearly indicative of body type than any of the other factors.

ASTRINGENT HERBS

All of the following herbs exhibit some astringent properties. They vary widely in strength and uses, but all will have the tendency to contract and harden tissues and restrain functions. This list is by no means complete. Also, it is recommended that you study more about any particular herb to understand its specific nature before you use it, or seek the advice of an experienced herbalist.

Alum root	Sage (wild, garden) leaves
Amaranth herb	Sanicle leaves
Avens root	Self-heal herb
Bayberry rootbark	Silverweed herb
Beth Root	Solomon's Seal root
Bistort root	Southernwood herb
Black Alder root	Sumach rootbark, leaves
Black Walnut leaves, hulls	Sunflower leaves
Blackberry rootbark	Sweet Fern herb
Bugleweed herb	Tag Alder bark
Cinquefoil herb	Tamarack bark, leaves
Comfrey leaf	Tormentilla root
Eyebright herb	Gravel plant leaves
Ground Ivy leaves	Uva Ursi leaves
Hemlock (Spruce) bark	Wild Geranium root
Hops flowers	Willow bark, leaves
Hyssop herb	Wintergreen leaves
Oak leaves, bark	Witch Hazel bark
Pine bark	Wormwood leaves
Plantain leaves	Yarrow herb
Raspberry rootbark, leaves	Yellow Dock root

AROMATIC HERBS

The following is a partial listing of aromatic herbs. All of these herbs contain volatile oils and have antiseptic and stimulating qualities. Some are better at stimulating one part of the body than another, but they all activate body processes. It is recommended that you study more about any particular herb to understand its specific nature before you use it, or consult an experienced herbalist.

Angelica herb

Anise seeds

Bay leaves

Capsicum fruit

Caraway seeds

Catnip herb

Celery seeds

Chamomile herb

Cinnamon bark

Clove buds

Coriander seeds

Dill seeds

Elder flowers

Eucalyptus leaves

Fennel seeds

Feverfew herb

Garlic cloves

Ginger root

Hops flowers

Horehound herb

Horsemint herb

Horseradish root

Jasmine flowers

Juniper berries

Lady's slipper root

Lavender flowers

Lemon balm herb

Lemon verbena leaves

Lemongrass herb

Marjoram leaves

Onion bulb

Orange flower

Oregano herb

Passion flower herb

Pennyroyal herb

Peppermint leaves

Pine needles

Rosemary herb

Rue herb

Safflower flowers

Saffron flowers

Sage herb

Savory herb

Scullcap herb

Spearmint herb

Thyme herb

Valerian root

Watercress herb

Wintergreen herb

Wormwood herb

Yarrow herb

BITTER HERBS

The following herbs all contain bitter principles. They will tend to be alkaline and detoxifying in nature. However, owing to the wide variety of actions in bitter herbs we highly recommend you study any particular herb carefully before using it, or consult an experienced herbalist.

Agrimony herb	False Unicorn
Alfalfa herb	Fringetree bark
Aloe leaves	Gentain root
Angelica root	Golden seal root
Asparagus root	Lobelia herb
Barberry rootbark	Mandrake root
Beet root	Marigold flowers
Black alder root	Myrrh gum
Black cohosh root	Orange peel
Black walnut hulls	Oregon grape root
Blackberry bark	Parsley root
Bladderwrack seaplant	Peach bark
Blue cohosh root	Peony root
Blue flag root	Poke root
Blueberry leaves	Prickly ash bark
Buckthorn bark	Rhubarb root
Burdock root	Sage (wild) leaves
Butternut rootbark	Sarsaparilla root
Cascara sagrada bark	Saw palmetto berries
Cedar berries (red)	Spikenard root
Centaury herb	St. Johnswort herb
Chaparral leaves	Violet leaves
Dandelion root	Wild cherry bark
Desert or Mormon tea	Wormwood herb
Echinacea root	Yarrow herb
Elder leaves, bark	Yellow dock root
Elecampane root	Yucca root

MUCILANT HERBS

The following is a list of herbs which have mucilant properties. Many have properties from other categories as well. Some are in wide use, many are not. Many are mild foods, but a few possess some very strong bitter principles as well. All of these herbs tend to possess properties of being soothing, softening, protecting, lubricating, absorbing, anti-inflammatory and healing. Again, know and understand a particular herb before using it, or consult an experienced herbalist.

Acacia or Gum Arabic	Carnation flowers, herb
Agar Agar seaweed	Carob pods
Aloe Vera leaf	Catechu gum
Almonds (sweet nut)	Chickweed herb
Althea (marshmallow) root	Coltsfoot leaves
Arrowroot	Comfrey root, leaves
Asafoetida gum	Cornsilk
Barley grain, straw	Couchgrass roots
Bladderwrack seaplant	Dandelion root
Burdock root	Okra leaves, fruits, root
Dulse seaplant	Olibanum gum
Fenugreek seeds	Pipsissewa herb
Fig fruits	Prune fruits
Flax seeds	Psyllium seeds, hulls
Ground ivy leaves	Pumpkin leaves
Guaiac gum	Quince seeds
Hollyhock flowers, leaves	Rice grain
Iceland moss lichen	Sesame seeds, leaves
Irish moss seaplant	Slippery elm bark
Licorice root	Squash leaves, flowers
Malva (mallow) root, herb	Tapioca rootstarch
Mastic gum	Uva Ursi or Bearberry leaves
Mesquite gum	Wheat grain, straw
Mullein leaves	White pond lily root
Oatstraw	

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