

STRESS AND ITS ENERGETIC EFFECT IN TEENS

by Annette C. Goggio, M.P.H., E.E.M.C.P. and Benjamin G. Cohn

ABSTRACT

Numerous studies have confirmed the existence of electromagnetic and proposed subtle energy fields within and around the physical body. Structures such as meridians and chakras associated with these fields have been identified. Experimentation within the past 100 years in particular served to illustrate a vast array of patterns and behaviors of those electromagnetic and subtle energy fields, which in turn, gave rise to theories of energy-based therapies such as acupuncture, homeopathy and hands-on healing. Some practitioners of energy-based medicine such as Caroline Myss, PhD, and Richard Gerber, MD, have directly linked dysfunction of chakras and meridians to the development of illness in the physical body. If a link exists between the behavior of energy in the body and manifestation of physical or psychological distress, it should be possible to demonstrate such an association in a carefully constructed study. This paper describes such a study, in which selected indices of stress were positively correlated with irregular energy flows within the energy systems of a sample of teens. It was hypothesized that when an individual experiences stress, the energy flows in his/her body becomes disorganized and this disorganization is associated with commonly accepted symptoms of physiological and psychological distress. Further, the more disorganized the energy in the body, the greater the number and nature of symptoms. Thirty-two teens, aged 15 to 19 completed a self-administered questionnaire, an in-depth interview and examination of the body's energy systems. Though most teens exhibited disorganization in several of their energy systems, some of the teens, who presented the greatest disorganization also exhibited the greatest number of physiological and psychological symptoms. Chi-Square tests showed that a significant relationship exists between self-reported stress level and irregularity in specific energy flows, as well as for energetic irregularity and self-reported mental and physical health ratings. When teens were grouped by the presence (or absence) of Triple Warmer Reactivity and/or Frozen energy, the correlation between physiological or psychological symptoms and energetic irregularity was even more demonstrable. Triple Warmer Reactivity appeared to affect strongly teens' physical and mental well-being. Assuming a link between the energetic and physical body, intervention at this age with specific techniques to correct energy irregularities could mitigate potential future, physical and mental issues. These results are preliminary and need to be replicated and extended to include objective measures of stress, health and other potentially related variables with a larger sample of teens.

Keywords: stress, irregular energy, aura, meridian, chakra, polarity, teenager, physical health, mental health

Teenagers are at risk. They are subject to a number of new academic, environmental, social and economic challenges that either did not exist or were not as prominent in our society a few decades ago. Today, teenagers are pushed hard to achieve the highest grades within a curriculum that has increasingly become college level work, the highest scores on college entrance exams and aptitude tests, the greatest number of awards (for scholastic achievement, sports acumen and community service), and greatest number of leadership titles (whether in student government, school plays, music programs, social clubs or independent volunteer programs), all in an effort to obtain a place in a name school (or *anyschool*) for their post-secondary-education. Though there have been remarkable improvements in air quality and the availability of whole and organically grown foods, there remains a high level of pesticide use in sports fields and in our neighborhoods, our oceans, rivers and lakes have become polluted from poor waste water management, and most of all, the world has become heavily congested with information-carrying energy waves. Further, the programs on television, the songs of pop culture and the images on YouTube speak to a generation consumed with risk-taking, pessimism and humiliation. With the latest, unsettling developments in their economic future, teenagers, though still hopeful, are realistic about the lack of opportunity they face in creating a satisfying life for themselves and their families. Stress is a big part of their lives.

Scientific experimentation in the past century has confirmed the existence of electromagnetic and subtle energy fields in and around the physical body.¹⁻⁴ Some studies have identified specific anatomical structures that provide a physical interface with these energy fields such as microtubules of the meridian system and the “living matrix,” described as the continuously interconnected, supramolecular webwork of filaments and integrins that make up the material substrate of the body.^{5,6} Sheldrake’s work explored the interplay of physical and etheric aspects of the body in his concept of nonphysical, nonlocal morphogenetic fields, and their role in providing the blueprint for morphogenesis of the physical body.⁷ Joy and Motoyama found chakra

points closely associated with specific organs of the body.^{8,9} Goswami found that wellness was not just homeostasis of physical and vital (energetic) body functioning, but also of the “vital body movements,” which he recognized as “feelings.”¹⁰

These findings collectively present a picture of the human body as a completely interactive physical/non-physical structure, one that is in constant neural, chemical and energetic communication. Given this interactivity, disturbances in any part of the physical/non-physical body, affects all others. For example, disturbances in the non-physical body would affect the morphogenetic field, and consequently, impair the essential functions of regeneration and repair of the physical body. Some practitioners of energy-based medicine such as Caroline Myss, PhD and Richard Gerber, MD have directly linked dysfunction of the chakras and meridians to the development of illness in the physical body.^{11,12} A study, at the macro level of this interplay of physical/non-physical structures, would lend greater evidence of such a relationship.

This study is intended to shed light on the state of today’s teen: physically, mentally and energetically. By getting specific information on various aspects of life, as a teen experiences it, the teen’s physical and mental health, and specific measurements of the teen’s energetic patterns, one is able to present a reasonably comprehensive picture of teen health. With historical findings suggesting a link between the physical and energetic aspects of the body, one could set out to measure the correlation between these aspects and in doing so, set forth new territory of investigation. Given a correlation, and a precarious environment to which teens are subject, specific energetic interventions could be justified in existing or future programs designed to reduce teen stress.

METHOD

PARTICIPANTS

Thirty-four teens participated in the study, but only 32 teens completed all aspects of assessment, so only

32 teens were included in the data analysis. Of the 32 teenagers, 15 were boys and 17 were girls. The ages ranged from 15 to 19. Three percent of the study participants (n=1) were in the 13-15 age category, 88% (n=28) in the 16-18 category, and 9% (n=3) were 19 years of age or older. The median age was 18. The study took place in a private office in San Diego, California, between June 2008 and August 2009. Twenty-eight of the energy exams were performed in the months of June, July and August, the remaining four during the school year.

Teens were recruited by the secondary investigator by in-person and email contact, announcements on Facebook, as well as placement of flyers at community gathering places and direct solicitation of parents by the primary investigator. Most of the participants (n=25) attended a private high school in San Diego, California. Of those 25 participants, 16 were seniors or had just completed their senior year, 6 were juniors or had just completed their junior year, 2 were sophomores, and 1, a freshman at the high school. Three participants were attending college. Three participants were attending high school in a different area. One participant was a professional athlete. Of the 32 in the study, three participants were non-U.S. citizens, in San Diego as students or temporary visitors.

STUDY INSTRUMENTS

Information was gathered through four means: 1) a self-administered questionnaire; 2) an in-person interview; 3) an Intake Sheet that recorded medical history and perception of physical and mental health; and 4) an examination of energy flows. The questionnaire solicited information about physical and mental health concerns and conditions, the quality of their relationships with family and friends, their lifestyle, including their use of various media, exercise, recreation, sleep patterns, drug and alcohol use, as well as their perceived stress level. In addition, teens were asked to rate themselves along a number different personality attributes and to describe their emotional history for the two week period prior to the exam appointment. The in-

person interview at the time of the exam clarified information and elicited additional pertinent information regarding wellbeing.

For examination of energy flows, the primary investigator used the principles and protocols of Eden Energy Medicine, a discipline of hands-on healing, organized and codified by Donna Eden with David Feinstein, PhD.¹³ Eden Energy Medicine recognizes nine separate yet intertwining systems of energy within and around the body, they are: the Aura, Electrics, Meridians, Chakras, Radiant Circuits, Celtic Weave, Triple Warmer, Grid and Five Elements. Six of the nine energy systems as described by Donna Eden were investigated, they included: the Aura, Meridians, Chakras, Celtic Weave, Radiant Circuits and Triple Warmer. Eden Energy Medicine was employed in evaluating the energy systems of teens for two reasons: 1) its recognition of a number of discrete energy systems in the body and, 2) its use of protocol-driven energy testing and correction techniques.

STUDY PROTOCOL

Completion of Consent Form

The Consent Form described the purpose and process of the teen study and required the signature of the teen if 18 or older, or parent if under the age of 18.

Development and Administration of Questionnaire

The primary investigator developed a set of questions based on her knowledge and experience in the field of energy medicine and specifically her experience in treating teens to learn about each teen's current and historical lifestyle and perception of self. The secondary investigator, a teen himself, reviewed and made suggestions for enhancements to the questionnaire to more accurately capture and elicit important facts about teen health. The secondary investigator actively recruited teens for the study.

Teens responding to the outreach efforts were emailed a questionnaire, Consent Form, David Feinstein's paper on energy healing entitled, *Principles of Energy Medicine* and Intake Sheet.¹⁴ Each questionnaire was assigned a

random identifying number. The teen was instructed to complete and return the questionnaire, Consent Form and Intake Sheet prior to the exam appointment. Once received, either by mail or electronically, the teen was scheduled for the energy exam within a few days.

There were two versions of the questionnaire, one with a picture of a boy (for the males) and one with a girl (for the females). The questionnaire began with a request to rate oneself on a scale of 1 to 10 (10 being the most stressed, upset or uncomfortable they've ever been) regarding one's current state of being. Then the questionnaire asked the teen to write about the following aspects of their life: academic work, social scene, extracurricular activities, relationship with mother, relationship with father, relationship with brother(s), relationship with sister(s), relationship with other in-home dweller(s), relationship with pet(s), number of hours TV watched/week and favorite programs, number of hours read/watch TV regarding the news/week, number of hours and name of video games played/week, number of hours and type of exercise/week, frequency and type of meditation/relaxation exercise performed/week, number of hours sleep/weeknight, number of hours sleep/weekend nights, sleep pattern (through the night or trouble falling asleep/staying asleep), use of recreational drugs, type used, use of alcohol to point of getting dizzy, unable to walk/drive a car, angry in past two weeks, sad in the past two weeks, happy in the past two weeks, anxious/scared in the past two weeks.

The teen was then asked to rate him/herself on a scale of 1 to 10 (10 being very, very, very much this way) for the following personality attributes: joyous, positive, negative, hopeful, fearful, anxious, angry, hopeless, overwhelmed, resentful, jealous, suspicious, argumentative, analytical, free spirit, secretive, numb, bored.

In the last section, the teen was asked to write how he/she asks for help when feeling stressed and what that person(s) does for the teen to help him/her. Then, whether he/she takes prescription drugs (drugs prescribed by a doctor or mental health professional), if yes, the name of the drug, how much, and how

often. The same question was asked regarding the use of vitamin supplements, homeopathic remedies and herbal medicines. Finally, the teen was asked if he/she would describe him/herself as more stressed, as stressed or less stressed than his/her friends, and to explain their answer.

Administration of Intake Sheet

The Intake Sheet asked for information about current and prior medical conditions, significant illnesses, hospitalizations or surgeries. It also asked for a history of allergies to foods, medicines or other substances. Detailed information was requested on the following medical conditions: ADHD, Anxiety Disorder, Asthma, Autoimmune Disease, Back Pain, Cancer, Chronic Fatigue Syndrome, Diabetes (Type I or Type II), Drug/Alcohol Abuse, Epilepsy/Other Nervous System Disorders, Heart Problems, Hepatitis A, B, or C, High Blood Pressure, HIV/AIDS, Migraine Headache, Musculoskeletal Disease, Phobia, Psychology Disorder (depression/anxiety). The teen was then asked to rate him/herself on a scale of 1 to 10 (10 being the best health) regarding their physical and mental health. The final part of the Intake Sheet allowed the teen to add anything they thought the primary investigator should know that had not been specifically asked, or any questions they would like to ask.

In-Person Interview/Energy Demonstration

If a teen was less than 18 years of age, they had to be accompanied by a parent, otherwise the teen was given the option of bringing a parent to the appointment. In those cases involving a minor, the parent was asked to stay in the room during the process of reviewing the Intake Sheet (for accurate recording of medical history) and the signing of the Consent Form. Questions regarding energy healing or the study were addressed at that time. To ensure confidentiality, the parent was excused from the room while the teen's questionnaire was reviewed. After the review of the questionnaire, the parent was invited back into the room to watch the energy demonstration and exam part of the study if they wished to do so.

Before beginning the energy examination, the primary investigator delivered a short lecture on the topic of energies in the body and invited the teen to participate in a demonstration of energy flow. This demonstration involved minimizing the light in the room, draping a black cloth over the lap of the teen and instructing the teen to draw his/her attention to the hands, palms facing toward each other on the lap. After a short amount of time the teen was instructed to try to move the hands closer together very slowly (could feel the resistance or pressure on the palms). Then the teen was instructed to point his/her two index fingers toward each other, tip to tip, approximately two inches apart from one another and to gaze gently at the space in-between the two index fingers (a cloudy grey band of light extends between the two fingers). Once the band of grey light is seen, the teen is instructed to fan out the fingers of both hands, palms up and to move the hands, slowly, one hand away from the body while the other hand is moving toward the body, while gazing softly at the space between each of the finger tips (lots of grey and yellow colored bands stretching across opposite finger tips as hands move, and later, colored light around each finger or a ball of colored light in the space between the hands).

EXAMINATION OF ENERGY FLOWS

Eden Energy Medicine employs the use of muscle-based energy testing to ascertain the character of a specific energy flow. In conformance with Eden Energy Medicine protocols, the primary investigator performed muscle tests on specific muscles associated with target areas and the energy flows involved, or if indicated, utilized a General Indicator muscle such as Pectoralis Major Clavicular. Prior to beginning the main energy exam, the primary investigator conducted a series of “pre-checks,” first, to certify a qualifying muscle (the General Indicator) and second, to determine if the teen was indeed “testable,” in other words, energetically stable enough to produce an accurate and reliable test result. A muscle was certified and the teen determined “testable” if the muscle became “weak” when manipulated by pinching it and then “strong” when stretched back out. A corroborating test was

also administered. If the muscle became “weak” when the teen made a false statement, and “strong” when making a true statement, such as stating his/her own name (“I am _____”), this second test demonstrated reliability of muscle test results.

After establishing the testability of the teen, the primary investigator performed one additional test to see if the teen was dehydrated. Dehydration is a cause of inaccurate test results. If, by pulling on a lock of hair and immediately muscle testing, using a General Indicator muscle, the muscle was “weak” the teen was considered dehydrated. The teen was told to drink approximately one-half glass of water. After drinking the water, the teen was re-tested. When a “strong” test was obtained, the primary investigator proceeded with the exam.

In all, 33 separate energy flows were evaluated. The specific energies selected for study represented Eden Energy Medicine’s suggested scope and sequence of testing and correction of energies for use by a practitioner in a therapeutic session, known as “Energy Tracker.” Energy Tracker gives the practitioner a protocol-driven method of balancing energies in a way that addresses basic energy irregularities first before the more complex testing is performed. The primary investigator, trained and certified by the Eden Energy Medicine program, utilized this testing protocol with all study subjects in exactly the same sequence. This testing protocol, Energy Tracker, can be found in Appendix A. The testing protocol included energy running up the middle of the body, around and within the head, within the Aura, across the body, in specific points and along the Meridians, as well as inside the Chakras. The exam elements relating to the six general energy flows indicated in *Study Instruments* above, comprised the following:

Aura: “Collapsed Aura” (the Aura is not positioned outward from physical body the normal 8 to 10 feet), “Detached Aura” (Aura has detached from the physical body)

Meridians: “Meridians Not Forward,” (meridians

are flowing partially or fully backward), “Scrambled Brain Energy,” (meridians not flowing across hemispheres), “Irregular Polarity,” (meridians are scrambled causing de-polarization of North Pole at top of head and/or South Pole at bottom of feet in orientation to the earth’s axis), “Central and Governing Meridians Not Hooked Up,” (two sentinel meridians not connected up in front and back of physical body), “Central Meridian Not Zipped Up,” (insufficient flow strength in sentinel meridian up front of body), “Ileocecal Valve Out,” (Kidney meridian blockage, right side of body), “Houston Valve Out,” (Kidney meridian blockage left side of body), “Vivaxin Syndrome,” (meridians scrambled facing specific direction(s) on earth’s axis due to magnetization), “Frozen Energy,” (thick, extremely slow, barely moving energy), “Irregular Meridian;”(any meridian showing too much energy or too little energy in it, or reversed flow)

Chakras: “Crown Chakra Closed,” (energy build up at Crown Chakra), “Irregular Chakra (spin locked in place, reverse flow, weak spin)

Triple Warmer: “Triple Warmer Reactivity,” (fainting, emotional breakdown, repeated confounding, inconsistent test results, positive test for condition), “Homolateral Patterning” (alteration of flow from cross pattern to open-side pattern)

Radiant Circuits: “Diaphragm Out” (build up of energy in diaphragm, reduced distribution of oxygen)

Celtic Weave: “Tibetan Rings Out” (energy connections across body weak or missing)

A detailed description of each of the above tests can be found in Appendix B. For each teen in the study, the primary investigator corrected the energy irregularities where indicated, in accordance with the protocols of Energy Tracker. All study subjects were, thereby, at the end of the testing process, balanced energetically to the extent possible.

RESULTS

To determine if there was an overall association between the manifestation of stress and energetic disorganization, the primary investigator looked at the relationship between the independent variable of self-reported stress level and three sets of dependent variables: physical, mental and energetic status. The primary investigator also examined inter-correlations among the dependent variables. For this paper, these variables were chosen for study in order to determine first, whether there was an association between stress and physical, mental and energetic health and if an association were found, then future analyses would investigate how other aspects of teen life might also contribute to these health effects.

Some energy exam data could not be collected on 15 of 32 teens. Of the 15 teens for which data are incomplete, four represent a group of teens whose energies were so “irritable” that testing or manipulation of their energy required postponement of the exam. Of the four teens in this group, one was able to return and complete nearly all of the remaining energy exam elements. Of the other three, some data were captured on two of the teens, and one could not continue with the exam process. Six teens were not tested for two of the energy flows (Tibetan Rings and on Vivaxin Syndrome) because these tests were added to the protocol after these teens participated in the study. Some data on the remaining five teens were inadvertently missed while conducting the exam protocol. These omissions and changes occurred randomly or occurred as a function of study conditions, none of which contaminated data or materially affected the likelihood of finding significant results.

PERCEIVED STRESS LEVEL, PHYSICAL AND MENTAL HEALTH

Thirty-one teens reported their perceived stress level:¹⁶ 14 rated themselves in the 5 to 7 (medium to high medium) range, and 17 rated themselves in the 2 to 4 (low to medium) range. Many of the teens indicated

that they would have reported higher levels of perceived stress if the study had taken place during the school year rather than during their summer or vacation when the study actually took place. On a relative basis, these teens regarded their perceived stress level to be of low to medium levels at the time of the study.

Thirty teens responded regarding their physical health, while 29 teens reported on their mental health. Using the same scoring system of 1 to 10 (10= highest, 1=lowest), 73% of the teens (n=22) rated themselves in the 8 to 10 range for physical health, and 27% (n=8) rated themselves in the 5 to 7 range. In terms of mental health, 72% (n=21) rated themselves in the 8 to 10 range, while 28% (n=8) rated theirs in the 5 to 7 range. These results indicate that these teens regarded themselves as being generally in fairly good mental and physical health.

SIGNIFICANT MEDICAL CONDITIONS

Of the 30 teens for which there is data, 80% (n=24) reported one or more significant medical conditions. The constellation of significant medical conditions is as follows: six reported anxiety disorders, five reported having asthma, seven reported significant back pain, four reported taking medication for or were recently treated for depression/anxiety disorder, three reported debilitating migraine headaches, two reported chronic pain in the musculoskeletal system, two were diagnosed with ADHD, two reported debilitating phobias, one reported both abnormally high sugars (type II Diabetes) and an abnormally high heart rate, one reported having chronic fatigue and a history of autoimmune disease of the musculoskeletal system (Enthesitis), one presented evidence of brain injury from repeated head trauma, and one admitted to being a drug addict. In addition, one teen reported long-standing serious circulatory problems in the hands and feet and hyperkeratotic ridges on the fingers and palms of both hands suggestive of an active autoimmune disease, though not diagnosed. Several teens presented multiple medical conditions.

ENERGY SYSTEMS

Upon initial examination, 50% of the 32 teens were

dehydrated (n=16). After hydration, tests of the energy systems were performed. Results of these tests are presented in Table 1. Tests showed that high percentages of teens exhibited energy irregularity. All 29 teens tested (100%) presented irregularity in at least one meridian, and nearly all (94% of 31 teens) exhibited Meridian Energy Not Forward. Homolateral patterning was also evident in a large percentage of the teens (91% of 32 teens). In contrast, only 9% (of 23 tested) exhibited Vivaxin Syndrome, and 11% (of 28 teens) exhibited too much energy in the Diaphragm area.

During the energy exam process, several of the teens exhibited what is called “Triple Warmer Reactivity.” Triple Warmer energy is the energy responsible for initiating the “fight, flight or freeze” response in the body. It surveys the external and internal environment of the body for possible threats and reacts by mobilizing various neural, chemical, and energetic components for the body’s protection. When this sentinel energy frequently perceives external or internal threats, it becomes highly *reactive*, such that normal stimuli, innocuous stimuli are also perceived as threatening, and the body responds accordingly. In the study sample of 32 teens, 13 presented Triple Warmer

Table 1. Percentage of Teens Presenting Energy Dysfunction

Energy Test	N	Total Exams	Percentage Dysfunction
Irregular Meridian	29	29	100
Meridians Not Forward	29	31	94
Homolateral Patterning	29	32	91
Not Zipped Up Central	24	30	80
Irregular Polarity	24	31	77
Irregular Chakra	20	29	69
Not Hooked Up	20	30	67
Brain Scrambled	20	31	65
Tibetan Rings	15	23	65
Closed Crown Chakra	18	31	58
Collapsed Aura	15	31	48
Frozen Energy	15	32	47
Triple Warmer Reactivity	13	32	41
Ileocecal Out	4	28	14
Houston Out	4	28	14
Detached Aura	4	30	13
Diaphragm Out	3	28	11
Vivaxin Syndrome	2	23	9

Reactivity. This energy condition was made known when test results were inconsistent with other findings or changed upon repeated testing, or the teen felt suddenly weak, dizzy, or became very emotional. In each case, a confirming test for Triple Warmer Reactivity was applied to definitively designate the reactive status. Individuals put into this reactive category were believed to exhibit a particularly strong tendency toward energetic dysfunction and manifestations of physical or mental distress.

A different condition, that of “Frozen Energy,” was observed in a number of teens, which also represents a response to long term Triple Warmer hyper-vigilance. In contrast to energies moving around the body chaotically with lightning speed as in Triple Warmer Reactivity, the energies of the body constrict, harden into a shield-like barrier within and around the body, rendering the physical body more vulnerable and less flexible to deal with life’s challenges. Observationally speaking, the individual presenting Frozen Energy typically appears physically rigid and complains of numerous aches and pains. In this study, 15 teens presented Frozen Energy.

Given the high number of teens exhibiting either Triple Warmer Reactivity and/or Frozen Energy, the primary investigator segregated the study results according to the presence or absence of these two overarching dysfunctional energy patterns. Teens were therefore grouped as follows: Triple Warmer Reactive and Frozen (n=7), Triple Warmer Reactive only (n=6), Frozen only (n=8), and Neither Triple Warmer Reactive Nor Frozen (n=11). The primary investigator looked at differences in energy irregularity, perceived mental and physical health, perceived stress level and the presence of significant medical conditions between the groups. Table 2 shows the results of these comparisons.

Comparing teens across groupings, the group containing teens who were both Triple Warmer Reactive *and* Frozen had markedly higher percentages of irregularity in their polarity and their chakras and also tended to have detached auras, in contrast to the group of teens with neither Triple Warmer Reactivity

Table 2. Relationship Between Triple Warmer Reactivity/Frozen Energy and Energy Irregularities

Group Membership	TWF	TW	F	Neither	Chi-Square Stat	Significance
N	N=7	N=6	N=8	N=11		
Ileocecal Valve	0	50	13	0	8.60	p<.05
Houston Valve	0	50	13	0	8.60	p<.05
Irreg Polarity	83	100	88	55	5.62	
Diaphragm	0	33	0	9	4.55	
Detached Aura	40	17	0	9	4.53	
Irreg Chakra	100	80	63	55	3.60	
Scrambled	33	67	75	73	3.26	
Vivaxin	0	25	0	17	2.84	
Crown Closed	50	33	75	64	2.75	
Not Hooked Up	60	50	88	64	2.45	
Not Forward	100	83	100	91	2.13	
Homolateral	100	83	88	91	1.19	
Tibetan Rings	75	50	67	75	0.87	
Collapsed Aura	33	50	50	55	0.72	
Not Zipped Up	80	83	88	73	0.68	
Irreg Meridian	100	100	100	100	N/A	

Note: TWF = Triple Warmer Reactivity and Frozen Energy, TW = Triple Warmer Reactivity only, F = Frozen Energy only, and Neither = neither Triple Warmer Reactivity nor Frozen Energy as conditions present in the teens.

nor Frozen Energy. The group of teens with Triple Warmer Reactivity *only* (not Frozen) showed higher percentages of Irregular Polarity, Ileocecal and Houston Valve blockages and to a lesser extent, Irregular Chakras when compared to the group that presented neither condition. Looking at the impact of Frozen Energy, when not a co-condition with Triple Warmer Reactivity, the only differences between the group with Frozen Energy and the group with neither Triple Warmer Reactivity nor Frozen Energy were in the Ileocecal and Houston Valve tests and to a lesser extent, Irregular Polarity. Utilizing Chi-Square analysis the differences between the groups with regard to the Ileocecal and Houston Valve tests were significant when either the condition of Triple Warmer Reactivity or Frozen Energy was present.

Table 3 presents reported physical, mental health perceptions as well as perceived stress levels for each group. Considering reported physical and mental health levels, teens with neither Triple Warmer

Table 3. Relationship Between Group Membership and Reported Mental, Physical and Stress Level

Individual Groups	N	Mean	Stand Dev	Between/Within Groups			Significance
				Analysis	Sum of Squares	df	
Health Type							
Physical Health							
TWF	7	7.86	1.35	Between	7.99	3	1.66 .20
TW	5	7.30	2.17	Within	41.76	26	
F	8	7.75	0.93	Total	49.74		
Neither	10	8.70	0.82				
Mental Health							
TWF	7	7.17	1.72	Between	6.76	3	1.18 .34
TW	5	8.00	1.87	Within	47.71	25	
F	8	8.13	1.10	Total	54.47		
Neither	10	8.50	1.08				
Stress Level							
TWF	7	6.50	2.14	Between	29.83	3	2.99 .048
TW	5	3.75	1.67	Within	93.16	28	
F	8	4.38	2.00	Total	122.99		
Neither	10	4.41	1.55				

Note: TWF = Triple Warmer Reactivity and Frozen Energy, TW = Triple Warmer Reactivity only, F = Frozen Energy only and Neither = Neither Triple Warmer Reactivity nor Frozen Energy.

Test is One-Way ANOVA.

Significance at p<.05 in bold.

Reactivity nor Frozen Energy scored themselves higher (higher physical or mental health) though not significantly higher than those with either or both conditions. In contrast, teens with Triple Warmer Reactivity and Frozen Energy scored themselves significantly higher on stress level (more perceived stress) in comparison with teens of all other groups.

Looking at significant medical conditions between the groups, the two groups of teens presenting Triple Warmer Reactivity with or without Frozen Energy *all* reported medical conditions, as opposed to the two groups not presenting Triple Warmer Reactivity. As shown in Table 4, this difference between groups was significant utilizing the chi-Square Likelihood Ratio test. A test of direct one-to-one correlation with specific medical conditions was not conducted, however, future analyses may elicit associations between Triple Warmer Reactivity and the conditions these

Table 4. Group Membership and Reported Medical Conditions

Group Membership	N	Number Reporting	Medical Conditions	Value*	df	Significance
TWF	7	7		8.93	3	0.03
TW	5	5				
F	8	4				
Neither	10	8				

Note: TWF = Triple Warmer Reactive and Frozen Energy, TW= Triple Warmer Reactivity only, F = Frozen Energy only, and Neither = Neither Triple Warmer Reactivity nor Frozen Energy.

*Chi-Square Likelihood Ratio Test, 2-sided.

Table 5. Correlations Between Perceived Stress, Physical Health, Mental Health and Energy Dysfunction

Energy Systems	Perceived Stress	Physical Health	Mental Health
Dehydrated	-.02	.38	.13
Not Forward	.22	-.09	-.08
Scrambled	-.39	-.10	-.05
Crown	-.23	.01	.03
Irregular Polarity	-.27	-.19	-.33
Not Hooked Up	.01	.08	.09
Not Zipped Up	-.43	-.08	-.02
Collapsed Aura	-.21	-.02	.06
Detached Aura	.23	.07	.05
Homolateral	.34*	.26	-.16
Tibetan Rings	-.31	-.15	-.27
Illosecal Out	-.03	-.44	-.28
Houston Out	-.03	-.44	-.28
Diaphragm Out	-.15	-.21	-.03
Vivaxin	-.31	-.35	.01
Irregular Meridian	N/A**	N/A	N/A
Irregular Chakra	.23	-.01	-.21

Note. *Significance is at the p < .058 level, otherwise numbers in bold significance is at p<.05 level.

** Irregular Meridian could not be calculated because 100% of the teens exhibited dysfunction.

teens presented with such as asthma, depression/anxiety disorder, migraine headaches and autoimmune disease.

When considering the variables of perceived stress level, physical and mental health, and their correlation with specific energy irregularities, some interesting relationships emerged. As seen in Table 5, reported stress level was negatively correlated with Scrambled Brain energy and Central Meridian Not Zipped Up, but positively correlated with Homolateral patterning. Physical health levels were positively correlated with dehydration, but negatively correlated with irregularity

in the Ileocecal and Houston Valves. Given a scoring system of 1 for a positive test of irregularity and 0 for no evidence of energy irregularity, these correlations suggest that as scores in stress level and physical health rise, the evidence of irregularity decreases or increases depending upon the nature of the correlation. The meaning of these correlations will be discussed in the next section. No significant correlations were found in the pairing of mental health scores with individual energy irregularities.

In determining relationships between individual energy systems, the primary investigator found that no significant associations existed for closed Crown Chakra, Central and Governing Meridians Not Hooked Up, and Detached Aura status. On the other hand, Vivaxin Syndrome appeared to be associated with Homolateral patterning, irregular energy in the Diaphragm and Meridians Not Forward, while Homolateral patterning was associated with Vivaxin Syndrome and irregular energy in the Diaphragm only. Scrambled Brain energy was correlated with Collapsed Aura, Central Meridian Not Zipped up, and being Not Zipped Up was associated with Irregular Polarity. Irregular energy in Houston, Ileocecal and Diaphragm areas were mutually associated. Irregularity in Tibetan Rings appeared to be associated with Collapsed Aura.

Table 6 displays these inter-relationships using Pearson Correlation Significance tests (two-tailed).

DISCUSSION

With historical research pointing to the existence of a link between the physical and energetic body, a study that examined the effect of one upon the other could be very instructive and further, useful in developing new strategies and therapies for better overall health. The intent in conducting this study was to take a sample of teens in the throws of dealing with all the myriad challenges they are subject to, and examining their responses to these challenges, physically and energetically, such that if patterns emerged, those patterns could serve as examples of how the physical and energetic body might inter-relate. Though limited to only four indices (given the breadth of data collected), this first study demonstrated a relationship between perceived stress level, physical and mental health, and importantly, energetic functioning. As was shown in numerous analyses, irregularity in the energetic aspects of the body corresponded to distress in the physical body. Though most of the teens presented highly disorganized energy systems, the teens with the greatest adaptation to long-standing stress,

Table 6. Intercorrelations Between Energy System

Energy Systems	Not Forward	Scrambled	Crown	Irregular Polarity	Not Hooked	Not Zipped	Collapsed Aura	Detached Aura	Homolateral	Tibetan Rings	Ileocecal Out	Houston Out	Diaphragm Out	Vivaxin	Irregular Meridian	Irregular Chakra
Scrambled	0.29	N/A	0.07	0.19	0.29	0.06	0.01	0.47	0.19	0.47	0.75	0.75	0.96	0.33	N/A	0.93
Crown	0.28	0.07	N/A	0.96	1	0.59	0.1	0.53	0.13	0.83	0.77	0.77	0.74	0.24	N/A	0.57
Irreg Polarity	0.35	0.19	0.96	N/A	0.14	0.01	0.25	0.19	0.34	0.67	0.28	0.28	0.36	0.51	N/A	0.9
Not Hooked	0.32	0.29	1	0.14	N/A	0.35	0.8	0.72	1	0.83	0.43	0.43	0.96	0.58	N/A	0.37
Not Zipped	0.48	0.06	0.59	0.01	0.35	N/A	0.01	0.8	0.38	0.14	0.28	0.28	0.36	0.51	N/A	0.9
Collapsed Aura	0.14	0.01	0.1	0.25	0.8	0.01	N/A	0.89	0.06	0.05	0.23	0.23	0.48	0.08	N/A	0.11
Detached Aura	0.12	0.47	0.53	0.19	0.72	0.8	0.89	N/A	0.49	0.18	0.57	0.57	0.63	0.76	N/A	0.24
Homolateral	0.65	0.19	0.13	0.34	1	0.38	0.06	0.49	N/A	0.22	0.34	0.34	0.01	0.01	N/A	0.93
Tibetan Rings	0.33	0.47	0.83	0.67	0.83	0.14	0.05	0.18	0.22	N/A	0.54	0.54	0.37	0.32	N/A	0.1
Ileocecal Out	0.57	0.75	0.77	0.28	0.43	0.28	0.23	0.57	0.34	0.54	N/A	0.01	0.01	0.26	N/A	0.15
Houston Out	0.57	0.75	0.77	0.28	0.43	0.28	0.23	0.57	0.34	0.54	1	N/A	0.01	0.26	N/A	0.15
Diaphragm Out	0.63	0.96	0.74	0.36	0.96	0.36	0.48	0.63	0.01	0.37	0.01	0.01	N/A	0.01	N/A	0.96
Vivaxin	0.01	0.33	0.24	0.51	0.58	0.51	0.08	0.76	0.01	0.32	0.26	0.26	0	N/A	N/A	0.84
Irreg Meridian	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Irregular Chakra	0.34	0.93	0.57	0.88	0.37	0.9	0.11	0.24	0.93	0.1	0.15	0.15	0.96	0.84	N/A	N/A
Not Forward	N/A	0.29	0.28	0.35	0.32	0.48	0.14	0.12	0.65	0.33	0.57	0.57	0.63	0.01	N/A	0.34

Note: Pearson Correlation Significance (2-tailed) in bold at $p < .05$ in bold and highlighted, tests near $p < .05$ highlighted only. Scores for Irregular Meridian not included because 100% of study subjects exhibited this condition.

those with reactive Triple Warmer energy in particular, were the same teens with the greatest number of medical conditions, the highest reported stress levels and, although not statistically significant, lower scores of perceived physical and mental health than the group of teens with no adaptation. Had the teens with the greatest disorganization (Triple Warmer Reactivity and Frozen Energy) been able to complete their energy exams, the pattern might have been more demonstrable.

Whereas these relationships could be observed, not all relationships could be explained. For example, though it was clear that there was a statistically significant difference between the group of teens that were either Triple Warmer Reactive or Frozen and those who were neither of those conditions when looking at Ileocecal and Houston Valve irregularity, these groups were also significantly different from the group presenting *both* Triple Warmer Reactivity and Frozen Energy, suggesting some kind of mitigating factor at play, or random coincidence. Too, the meaning of negative correlations between the indices of perceived stress, physical and mental health with several energetic test results, such as the relationship of higher perceived stress and the lower likelihood of having Scrambled Brain energy or Central Meridian energy Not Zipped Up could not be readily explained. Other relationships, positively correlated, such as higher perceived stress and Homolateral patterning make sense, since stress causes a slowing of the energy that crosses in front of the body and diverts it to a parallel, circling pattern for energy harvesting (for fight or flight). A different measuring method would have been helpful to better clarify relationships where they existed.

In terms of correlations between individual energetic tests, the patterns are not clearly supportable by one theoretical construct. It would be reasonable to assume that disorganization in one test representing the Meridian System would be reflected in at least many if not all tests related to the Meridian System. Such was not the case. However, since all energy systems are connected to one another, disorganization in one

system could easily manifest in another, such as a Collapsed Aura affecting the chakras, but irregularity in the chakras seemed not to be correlated with any other form of disorganization, statistically speaking. What can be said of these findings is that certain forms of disorganization, such as Vivaxin Syndrome, which affects all energy systems of the body when it is facing a certain direction relative to the earth's axis, seemed to affect more energy systems, the meridians and the energy of the Diaphragm. A Collapsed Aura would also affect a number of energy flows, with its constricted posture, which is reflected in the study in its correlation with Scrambled Brain energy, Central Meridian Not Zipped Up and irregular Tibetan Rings. These findings, though statistically significant, cannot be reasoned in a coherent way. More data input, more analysis is necessary to see if these relationships hold.

Problems with the tools of measurement limited the strength of relationships and potential relationships as well. The rating system used for stress level and perceived physical and mental health were inadequate in truly representing the teens' physical and mental state. Using the scale of 1 to 10 and a purely subjective input, teens either didn't have the self-awareness, or lacked sufficient context with which to rate themselves more appropriately. Most rated their physical and mental health high, in spite of troubling evidence of stress and existence of substantial discomfort and distress. Those in the greatest distress did rate themselves higher on stress level and lower on physical and mental health but the spread in ratings did not accurately reflect their condition. More objective measures when paired with the more subjective ones would have given a better understanding of the teens' condition and perceptions of self. In general, a bigger, more diverse sample of teens would have produced greater variance in the results, especially in the more subjective measures of the study.

To determine if the relationships that were demonstrated in this study are true to the general teen population, replication of this study, with improved, more objective measuring tools, along with larger samples, would be required. Multiple replications of

the study would validate observable associations. In addition, further study incorporating other aspects of teen life such as quality of relationships with peers and members of the nuclear family in conjunction with energy systems may shed light on a number of collaborating circumstances that may mitigate or enhance perceived stress and its effect on the energetic body. Better understanding of the human condition, in this more holistic sense, could very well benefit whole generations to come.

Acknowledgments

I gratefully acknowledge Dr. Cristina Banks of the Haas School of Business, University of California, Berkeley, and Chester Hanvey of Lamorinda Consulting LLC for their assistance with data analysis.

Correspondence:

Annette C. Goggio, A Quantum Moment™ LLC
 Fax: 858-367-8587 Tel: 415-328-3316
 Email 1: agoggio@aquantummoment.com
 Email 2: annegoggio@san.rr.com

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APPENDIX A

Exam of Energy Flows

Forward Moving Kidney Energy:

The first test was to determine if energy was moving up the body in a “forward” direction, from the bottom of the foot (K-1) up the middle of the body and out the crown of the head and around back to the earth in a circular pattern. The teen was asked to walk forward a few steps and was immediately muscle tested. Then the teen was asked to walk backward a few steps and immediately muscle tested. If walking forward produced a “strong” test, it was determined that indeed the energy was undisturbed as walking forward moves energy up the body. A “weak” test determined that the energy was disturbed because the energy of the body was moving in the opposite direction from the top of the body to the feet (which is appropriate at night, but not during the day). Similarly, if walking backward produced a “strong” test then it is concluded that the energy is not disturbed and running from the head to the foot, a “weak” test indicating a disturbance since walking backward is counter to the normal forward (foot to head) flow of the energy.

Scrambled Energy in the Brain:

The teen was given something to read aloud (left to right) and then immediately muscle tested. If a “strong” test was obtained, it was concluded that the energy of the brain was not disturbed and therefore crossing hemispheres left to right and right to left properly. If a “weak” test was obtained, the conclusion was that the effort of reading disturbed the energy of the brain as it was not highly organized and deemed “scrambled.”

Closed Crown Chakra:

The Primary investigator touched several areas of the head and immediately muscle tested starting along the midline of the head and proceeding to the back and then to the sides of the head. If any areas touched produced a “weak” test, it was concluded that there was too much energy in the head area and moving sluggishly. If a “strong” test was obtained it was concluded that energy was flowing well in the brain and not disturbed by the Primary investigator’s hand.

Polarity:

Given the premise that the body is polar, meaning, the top of the head is negatively charged (north pole) and the bottom of the feet are positively charged (south pole), and the hands are also polar, the palms positively charged (south pole) and the top of the hands negatively charged (north pole), placing the hand on the top of the head, either palm down or top of hand down should produce a certain effect (positive to negative or similar charges together). The primary investigator placed a hand palm side down on the head of the teen and immediately muscle tested. A “strong” test indicated a connection between the negative charge or north pole of the head with the positive charge or south pole of the palm, and the energy flow was undisturbed. A “weak” test indicated a lack of connection, a stopping of flow, indicating that the top of the head was not truly north pole or negatively charged, but partly or completely positively charged. The primary investigator then placed the top of her hand on the head of the teen and immediately muscle tested. If a “strong” test resulted, this indicated a connection between the negative charge or north pole of the hand with a positive charge or south pole of the head, which is the opposite of what is considered normal. If a “weak” test resulted, it was concluded that the negative charge of the top of the hand or north pole and the negative charge or north pole of the top of the head did not make a connection and therefore disturbed the flow, indicating the correct orientation of the top of the head as north pole. If results indicated that the top of the head was both north and south pole in orientation, the conclusion would be that the axis of the body was tilted sideways. According to the principles of Eden Energy Medicine, the bottom of the feet must be south pole in orientation in order to pull up energy from the earth, as earth is “north seeking” and to run up toward the head for that same connection. The significance of polarity is the ability to draw upon an important energy source: the earth’s surface. If there is no connection with the earth’s surface there is a depletion of energy in the body, as it is not replenished throughout the day.

Central/ Meridian Hook-Up and Central Meridian Zip Up:

The Central Meridian energy flows up the center of the front of the body, from the pubic area to just under the bottom lip where it enters the body. The Governing Meridian energy flows up the center of the back up to and over the head, down the nose to just above the upper lip where it dives into the body, the two connecting at the soft palate in the mouth. To test the strength and vitality of these two energy flows, the primary investigator first pushed on the tip of the nose of the teen and immediately muscle tested. Then the primary investigator “looked down” the teen starting from the top of the head down the center of the body to the feet and immediately muscle tested. If after performing either of these tests, there resulted a “weak” response, it was concluded that the energy flow of the

Governing Meridian flow (in the first test) and/or the energy of the Central Meridian flow (in the second test) were not sufficiently strong or vital to withstand the challenge of either pushing on the flow itself or using the eyes to reverse the flow. If there resulted a “strong” test result, it was concluded that either or both as the case may be, were sufficiently strong and vital to withstand such a challenge to the energy system.

Aura:

To assess whether the aura was sufficiently large around the body (at least eight to ten feet out), the primary investigator traced the outline of the top of the body from the top of the head, down and off the tip of the fingers of outstretched hands, “chopping” the air at the ends to disturb the energy there. If, upon pushing down on the outstretched arms, the arms yielded to that pressure and flopped down to the sides of the body, it was determined that the energy in the aura at that distance was not sufficiently vigorous or strong enough to withstand such a “challenge” and was therefore at the border of the aura (approximately 3 feet or less in diameter). This test result would indicate that the aura was “collapsed.” If the arms remained strong in place, it was then concluded that the border of the aura was farther out from that point. In this case, the primary investigator would continue “chopping” at the air at succeeding distances from the fingertips until the arms yielded to the pressure and flopped down to the subject’s sides. The distance at which the arms became “weak” indicated how large or how far out the aura was from the body. The primary investigator also checked to see that the aura was contiguous with the body and not “detached” from the physical body. To assess whether or not there was detachment present, the primary investigator, coming from the side of the upper body with a closed fist, opened the hand quickly close to the sternum of the subject and immediately muscle tested with both arms as in checking the size of the aura. If the arms remained strong in place, it was concluded that no detachment was present. If the arms were weak and yielded to the pressure, it was concluded that the energy in that area was thin or non-existent and therefore detached from the body.

Homolateral Patterning:

Energy is supposed to cross in a pattern much like a caduceus, in front of the body. If the teen has been unduly stressed for a prolonged period of time, this pattern is altered, the energy slowed, in order to provide the Triple Warmer energy flow additional energy with which to ensure survival of that teen. The altered pattern is that of a circling up and down at the sides of the body, therefore not crossing at all in the center of the body, leaving the organs without a full complement of energy with which to execute their specialized functions. To test for this condition, the primary investigator showed the teen a diagram of a symbol, first an “X” and then a diagram of two parallel vertical lines. In the first case of the “X” the teen studied the symbol and then the Primary investigator performed a muscle test (the teen holding in his/her mind the image of the “X”). If the test result was “strong” the test indicated that the energy was crossing in front of the body and the body was not disturbed by the image, the image was “true.” If the test result was “weak” the test indicated that the body was temporarily disturbed by the image, that crossing over energy in the body was not present or not true. When shown the symbol of two parallel vertical lines, and tested as above, and the test result was “strong”

the test indicated that the energy of the body was not disturbed by the image and the energy was moving in a homolateral pattern, the image was true for the body. If the image produced a “weak” test result, the test indicated that the energy of the body was momentarily disturbed, indicating that the homolateral pattern did not reflect the flow in the body and was therefore not true. If the Primary investigator got a weak test on the “x” or a strong test on the parallel vertical lines, it was concluded that the teen’s energy was in a homolateral pattern.

Ileocecal Valve, Houston Valve:

These valves pertain to the digestive system, and if they are not opening and closing properly they can set up a toxic condition in the body and mimic a number of serious maladies. To assess whether these valves were functioning properly the primary investigator placed a “three finger notch” (three fingers together) on each area and muscle tested. A “strong” test indicated a properly functioning valve, a “weak” test one that was not functioning properly.

Diaphragm:

The diaphragm is responsible for distributing oxygen throughout the body. When stressed, the diaphragm conserves the energy needed to do its job therefore less oxygen is distributed. The primary investigator checked for an over-abundance of energy in the area of the diaphragm by putting two fingers under the rib-cage to the right of the Xyphoid Process and hooking the middle finger on the diaphragm and immediately muscle testing. If a “weak” test resulted, it was concluded that there was an over-abundance of energy in the diaphragm and indicated a situation of high stress. If a “strong” test resulted, the conclusion was that the diaphragm was functioning properly.

Vivaxin Syndrome:

Due to the vast difference in the environment of the womb from the electromagnetic saturated environment outside of the womb, the body, at the moment of birth, creates a protective energy field around it, aligning the body’s physical direction at birth with the planet’s axis. This protective electromagnetic field is designed to protect the infant for approximately three months, however, if the infant is stressed continually during those three months and throughout childhood, the protective energy field does not fade away as it should. When this happens, the direction in which the infant first faced at time of birth (in degrees) will always be problematic for the person, affecting the energy systems of the body for it will be dysfunctionally magnetized. The energies of the body collapse, become homolateral, slow and shrink. To assess whether this was the case in a given teen, the Primary investigator muscle tested both outstretched arms simultaneously (as in the test for the aura) as they moved by small increments in a circle (360°). If at each increment of movement around the circle the arms remained strong in place, it was concluded that no such condition existed. If the arms yielded to the pressure and flopped down to the sides of the body, it was concluded that the magnetized field was still present in that particular direction. The magnetized field could be present in more than one direction and was typically at opposite sides of the circle, for example, at 90° and at 270°.

Meridians:

The first set of tests were conducted to determine if there was a condition of “under-energy” in any of the 14 meridians, by way of muscle testing the muscle associated with a specific meridian. In all, Central, Governing, Spleen, Heart, Small Intestine, Bladder, Kidney, Circulation-Sex, Triple Warmer, Gall Bladder, Liver, Lung, Large Intestine and Stomach meridians were muscle tested by positioning the arms and legs pertaining to a given meridian and testing for a “strong” or “weak” response. If a “strong” response resulted, it was concluded that the condition of “under-energy” was not present. If “weak” response resulted, it was concluded that the condition of “under-energy” was. The primary investigator challenged the muscle meridian test whenever it was “strong,” by pinching the muscle being tested to ensure a reliable test as strong. If by pinching the muscle the test result was weak, and then strong after stretching the muscle, the primary investigator could conclude that the original strong test result was a reliable one.

To determine if there existed a condition of “over-energy” in any of the meridians, the Primary investigator utilized the Pulse Test procedure. The teen was instructed to first wrap the index, middle and fourth fingers of the right hand around the left wrist and placed along specific points on the side of the arm next to the wrist. The teen was instructed to hold the fingers there with a very light touch. With the light touch, the Primary investigator used the Circulation-Sex muscle meridian test technique to determine if any of the Yang-oriented meridians contained the condition of “over-energy.” If a “strong” test resulted, the conclusion was that the condition of “over-energy” did not exist in any of the meridians that this test represented. If there resulted a “weak” test, the primary investigator proceeded to test each finger individually to determine which of the Yang-oriented meridians had the condition. The teen was then instructed to hold the fingers against the arm firmly while the Primary investigator repeated the test, to determine if any of the Yin-oriented meridians had the condition of “under-energy” and, as in the case of a strong test result in the Yang-oriented meridian test, each finger was tested to pinpoint which one(s) had the condition. Prior to the testing of the meridians the Circulation-Sex muscle meridian test was verified as a reliable testing method by pinching the muscle and testing and then stretching the muscle and testing to see if the results were appropriately weak and then strong. The same procedure was conducted with the wrapping of the index, middle and fourth finger of the left hand around the lower arm next to the right wrist and testing as described above.

Chakras:

Each of the seven chakras was tested. The energies of the chakras can become imbalanced, their spin altered or “locked” in place, or toxins accumulated in them. To test for these conditions, the primary investigator instructed the teen to place both arms upright, 90° from the body (from a supine position), with the back of the wrists held together, then the Primary investigator tapped on the chakra, beginning at the first chakra (Root Chakra) and with both hands, exerted pressure against the wrists to attempt to pull the arms apart. If the arms stayed strong in their original position or moved only a small distance, it was concluded that the chakra was not imbalanced. If, however, the arms of the teen gave way easily, the conclusion was that there existed an imbalance in the chakra. To ensure that an especially “strong” test result was reliable, or that

an especially “weak” test was reliable, the Primary investigator twisted a clear crystal above the chakra and then re-tested. This procedure was conducted to “unlock” any chakra that might have been locked and therefore giving a false test result.

APPENDIX B

The Energy Tracker’s Manual (©2008, Innersource, Inc., EEMCP, Class 6, Page 9)

I/ Qualify a “General Indicator” Energy Test (do energy pre-checks, etc.)

II/ Test & Correct for Energy Disorganization

A) Is client’s energy running forward?

1) Test: have the client walk backward and energy test, then forward again and test. If walking backward produces a stronger energy test than walking forwards, then meridians may be running backwards, and you need to correct.

2) Correction: Rub K27s and retest (this is a good time to do the 3 Thumps).

B) Is client’s energy scrambled?

1) Test: Have client read from a book while you energy test using the general indicator. If weak, then you need to correct.

2) Correction: Do Wayne Cook procedure, then retest.

C) Are client’s energies crossing over?

1) Test: Energy test while client looks at an X and again while they look at parallel lines. If they are stronger on the parallel lines, then you need to correct.

2) Correction: Do 2 to 4 patterns of homolateral cross crawl, then retest.

D) Is client crown energy blocked?

1) Test: Put a finger on the client’s crown chakra while you check energy test. If it is weak, then you need to correct.

2) Correction: Do a crown pull, and when you reach the power point, really push in before you pull apart, then retest.

E) Does the client have a Vivaxin Syndrome?

1) Test: Test the client as they make a complete 360 degree circle, testing a least once every 20 degrees. If the person loses their strength in one of the 18 directions, they have a Vivaxin Syndrome in that direction.

2) Correction: Place client on the floor or table with their feet in the direction they went weak, and spin a magnet over the

beginning and end points of each of the meridians. Have them stabilize the shift with a baking soda bath for 5 days. (this is very important.)

F) Are client energies hooked up?

1) Test: energy test while “smashing” (gently pressing) the client’s nose. If test is weak, then you need to correct.

2) Correction: Do the Hook-up, then recheck.

G) Is the client’s Ileocecal Valve functioning properly?

1) Test: Push in up gently just inside the client’s right hip bone, and energy test. If it is weak, then you need to correct. Do this with the Houston Valve correction, below.

2) Correction: See below under Houston Valve, as you can correct Ileocecal and Houston Valves at the same time.

H) Is the client’s Houston Valve functioning properly?

1) Test: Push in gently just inside the client’s left hip bone, and energy test. If it is weak, then you need to correct.

2) Correction: Have client place their right hand inside the right hip bone and their left hand inside their left hip bone and push their fingers in. on a deep breath in, pull the fingers up towards the waist, then release and exhale. Repeat this several times. To end, take thumbs and starting at the waist, stroke down the hip areas once. Retest both valves. If one weakened and the other strengthened, that means that either the belt flow is out and need to be corrected or the diaphragm isn’t functioning properly and it must be corrected (below). Figure 8s over the area are often helpful in “cementing” the new habit.

I) Is the client’s diaphragm functioning properly?

1) Test: Push in up under the rib cage (just slightly down and on the client’s left from the location of the xiphoid process) then pull down, and energy test. If it is weak, then you need to correct.

2) Correction: Have client place their left hand over this area, then the right hand over the left hand, and bring their elbows back along the body. Take a deep breath in and hold it while they push the body out against the hands and pull the hands in against the body. Then exhale and let go. Repeat this two more times and retest.

J) Is client’s polarity balanced?

1) Test: Place palm of hand over client’s head and test. This should test strong. Place back of hand over client’s head and test. This should test weak. Any variation indicates a problem with their polarity.

2) Correction: Using a stainless steel spoon, rub back of spoon

over bottom of client's feet for several seconds.

K) Is client's basic Auric Field balanced?

1a) Test to determine if the aura has collapsed in on the client: have the client lift arms up and out to the sides. Using both hands simultaneously trace the energies around the client's head and out to about an inch beyond their fingertips. Energy test both arms. This should test strong. If not, you will need to correct the auric field.

1b) Test to determine if the aura is detached from the person: start close to the body--you don't want to push the aura in--it is not necessary to test from more than one inch away. Slip your hand from below to about an inch from the body. Energy test by using a General Indicator muscle. This should test strong, if not, you will need to correct the auric field.

2) Correction: For both Auric Field issues, the correction is the Celtic Weave.

III/ Assessing the Meridian System and Chakras

A) Alarm Points (check and record any that are out) touch alarm point with thumb, index, and middle finger held together, or simply with one finger, if desired. Alarm points can be held by client or practitioner.

Governing: tip of the nose

Central: center of the chin or under the chin

Circulation Sex: centered between the nipples

Heart: bottom tip of the sternum

Stomach: slightly above halfway between the bottom of the sternum and the navel

Triple Warmer: end of meridian, at neurovascular in front of ear, or one inch below navel

Small Intestine: two inches below the navel

Bladder: three inches below the navel, over the pubic bone

Lungs: swing your thumbs up to where they naturally land on the upper outer edge of the chest near where the arms are attached to the torso

Liver: directly under the nipple straight down to one rib beneath the breast

Gall bladder: drop about another inch or two to the edge of the rib cage

Spleen: with your hands on your rib cage at the sides of your body, take your hands straight down until you reach the tip of the 11th rib

Kidney: follow the rib cage about another inch toward your back, to the top of the bottom (12th) rib

Large Intestine: move your fingers to the navel and come out one inch to either side of it

B) Check alarm points for Irregular Energy: checking for frozen alarm points would be indicated if one gets an apparent positive test with the alarm points that seems suspect (does not match physical or emotional symptoms, etc. the test is done with a magnet on the alarm point, as follows:

1) Test each alarm point using a magnet (or your hand, if client cannot tolerate magnets). Alarm point is frozen when test results are strong/strong or weak/weak.

2a) Corrections for a single frozen alarm point include pushing in with a three finger notch and twisting the alarm point to open space. Then repeat pushing in and twisting with a magnet on each side. If this is not enough, try other correction options, including spinning the magnet over the alarm point. Any anchor and wander technique on any radiant circuit will correct the alarm point disconnect, and the anchor point can be the alarm point. Sometimes this is a quick fix and you don't have to keep wandering. Sometimes it takes longer.

2b) Corrections when all alarm points are frozen include doing Belt flow Exercise, TW/Regulator Technique ("Cover the Eyes," Separating Heaven and Earth). If these do not correct, can use Star Diagnostic to determine, via element test, which element contains original problem, and make individual meridian corrections as above. Finally, if Star Diagnostic does not show anything, try Starfish Connection and work with the control cycles.

3) Recheck body polarity.

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