



VOLTMETER **and** **PSYCHOLOGICAL REVERSAL**

*An authoritative presentation
of vital and important information
on the accurate and effective use
of a voltmeter with*
Thought Field Therapy®
by

Roger J. Callahan, PhD
Founder, Thought Field Therapy®

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*This monograph is dedicated to my wife,
Joanne Somavia De Laveaga Callahan
whose love and support made the last
decade and a half of my work possible
and enjoyable. And to the grandchildren:
Jennifer Senn, Ryan Tanniscoli, Caitlin
Phillips, Haley DeMarco, Tessa DeMarco,
Charlie Callahan, Will Roger Callahan,
and last, for now, Jack Callahan.*

"I know about psychological reversal, but I do not believe for a minute that tapping on the body could possibly change polarity in the body."

Homeopathic veterinarian at a lecture attended by Joanne and I in 2005

"I haven't heard anything so bloody stupid in the 43 years I have been working in this electric shop!"

*Owner of Electric shop in the United Kingdom where Chris Milbank, Vice-President of ATFT, purchased his Voltmeter and explained how he intended to use it.
(See Appendix for Chris M's full report.)*

*Two atoms walking down the street.
One says, "I lost an electron!
The other says, "Are you sure?"
..... "I'm positive."*

CHRIS MILBANK

In August of 2005, I decided to buy a voltmeter. I had been influenced by Dr Callahan's latest research and was shown some interesting concepts by Alvaro Hernandez whilst working with him in Tanzania.

Having a small distaste for large stores, I decided to make my way to a small electrical shop of an independent nature. I noted a very old-fashioned shop. It was like going into a time warp. I stepped over very old radios and accumulators and old electrical goods left for repair covered in dust. I made my way over to a 1920's shop counter.

An old gentleman, named Stan, looked over the top of his half rim spec glasses and said, "Can I help you, Sir?"

"Yes," I replied. "I need a volt meter, however I know nothing about them or what to expect from one." As one of the shop keeper's eyebrows raised, he chuckled, "What the bloody hell do you want one for then?" I replied embarrassingly, "To check my own voltage."

Stan chuckled very loudly and replied, "I haven't heard anything so bloody stupid in 25 years I have owned this shop!" Then he added, "and the 18 years before that I worked here."

Now I knew that I had to explain a little. I then asked him if he had his own volt meter and if I could test him. Stan replied, "Of course, I have. This is a bloody electrical shop." Off he went, chuckling to himself, and came back with a volt meter. I placed one lead on his palm and the other to the back of his hand and found he was minus twenty-odd millivolts. Stan was shocked he said, "Well, in twenty five years I ain't seen nothing like it - - well, bloody hell bloody hell."

I then noticed the roll-up cigarette he had in the corner of his mouth. He was the type that seemed to be able to smoke without you knowing, kind of a part of this wonderful gentleman's nature. I asked Stan to remove his cigarette and put in the ashtray and retested him. This time he was positive + 14.

We repeated the test five times, each time positive with no cigarette and negative with cigarette. I bought my volt meter £8.99.

Stan called out to his apprentice boy, a man in his sixties (at least) and had probably worked there all his life, too. "Hey, Bob," he shouted. "Come here a minute. I want to test your voltage." As I left the shop, I just heard in the background, "What the bloody hell ... are you alright, Stan? What are you testing ME for?"

I am regularly passing my findings with the volt meter to Dr. Callahan and would urge all of you to take his next available volt meter course. I would not be without it.

Chris

Chris Milbank, VT
Vice President ATFT

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BACKGROUND

I discovered PSYCHOLOGICAL REVERSAL (PR) in 1979. In 1981, my first paper on the subject was published in the Collected Papers of the International College of Applied Kinesiology. My next discovery was how to cure most phobias within minutes. My biggest surprise was I found a way to eliminate all the negative emotional effects of trauma within minutes. The reason this was such a surprise to me was because, although I knew quite well that phobias, e.g., were a real and common psychological problem, I also knew that the upset from trauma was not a psychological problem but rather a perfectly normal response to a hideous reality experience. As a clinician, I was not only thrilled to find such problems could be so easily and completely treated but as a scientist I found it stunning since I considered “the problem” to be a perfectly normal and expected reaction and not actually a psychological problem.

I discovered that in the domain of a psychological reversal (PR) that treatment for the problem would be blocked. It was necessary to find ways to treat PR; I found several and it was a very special thrill to discover that PR could be treated.

I had a large private practice. I had about 10 clients who had cancer and were seeing if I could help them “deal” with this terrible fact. The trauma treatment and the PR treatments were indispensable. One of my earliest observations was that each one of the cancer patients showed what I called a massive PR. A friend, Dr. Lee Shulman, attended the first workshop on my discoveries. I mentioned in the workshop this high relationship between my cancer clients and PR. Dr. Shulman, a psychologist, reported that he was working with Dr. Carl Simonton who specialized in work with cancer and therefore all his clients had cancer. Shulman reported that he checked all his patients with my PR procedure (all had cancer) and that each one of them showed the problem I identified called PR. This was interesting but it gets much more interesting!

My experience over the years with PR was leading me to the belief that it was more than the metaphor I thought it was, and was rather a reality. For those of you familiar with my training, I showed this by placing a positive pole of a battery on a person and observing the testing result and then placing the negative pole and observing the opposite results. I showed that touching the top of the head with the palm, and testing “strong” was correlated with no massive reversal and touching the back of the hand and testing strong was associated with a PR.

VOLTMETERS, CANCER, and PR

The next part of this story came about when I first heard of Professor Harold Saxton Burr. He was a professor in the medical school at Yale University in the 1930’s, 40’s and 50’s. A very interesting finding of Prof Burr was that all living things, even a leaf from a tree, shows polarity and was demonstrated with an ordinary voltmeter. In the Appendix of Burr’s book, Louis Langman who became a gynecologist and a professor at New York University, presented some

spectacular results with his patients through the use of a voltmeter. (More on this exciting work below.)

I searched and found three copies (@\$350 each) of the identical voltmeters (vm) they used in their work. I found too many difficulties with the application of these vm's to rely on the readings they gave.

I then searched for a more sensitive voltmeter (vm) and found one that cost about \$1,000. It turned out to be so sensitive that it picked up every electrical signal in the area and I finally gave up on this vm.



Professor Harold Saxton Burr



PHOTO: Professor Burr's voltmeter, a Hewlett-Packard DC Vacuum Tube Voltmeter - Model 412A.

A Workable Voltmeter

When we did a Dx training in Mexico City we met with Alvaro and he demonstrated the VM. We were in the club room of our beautiful hotel high above the city. There was no obvious interference going on and we got very interesting readings on each of us. The readings were stable and significant and when PR was corrected, the VM indicated this important fact quickly by showing a neg polarity immediately changing to a positive. We then used the VM in the training with equally good results (see below).

SELECTING A VOLTMETER

It was Alvaro's discovery of an appropriate vm for our work (reported to us by Dr Jenny Edwards and Dr Luis Gonzalez, that revived my interest in vm work.

Engineer, Alvaro Hernandez of Mexico City recommended to us that we get our voltmeter from Radio Shack Model 22-812. This has an interface for a computer which allows one to record and view the measurement results. It must show positive (plus and minus) and negative polarity. The cost when we purchased this was in the neighborhood of \$70 to \$90. It is a digital reading and shows millivolts.

Special Note:***BLUNT THE ENDS OF THE LEADS IF THEY ARE SHARP!***

We noted immediately that the points on the leads were very sharp.
Ask the store to file off the sharp points so that no injury takes place
– or get a a file and do it yourself.

Kevin Laye in the UK recommends the following VM:

“The best one I have found is from Maplins, the Model is the UNI-T
UA60 Cost £29.99..... [It is] fully self calibrating with PC interface and
a good software package cables etc. included.”

Using the Voltmeter

There are two leads coming from the voltmeter – a red and black one.
After turning on the proper range take the black lead and place it on the
fingerprint of your thumb or on your palm.

Place the red lead on the part of the body you want to measure.

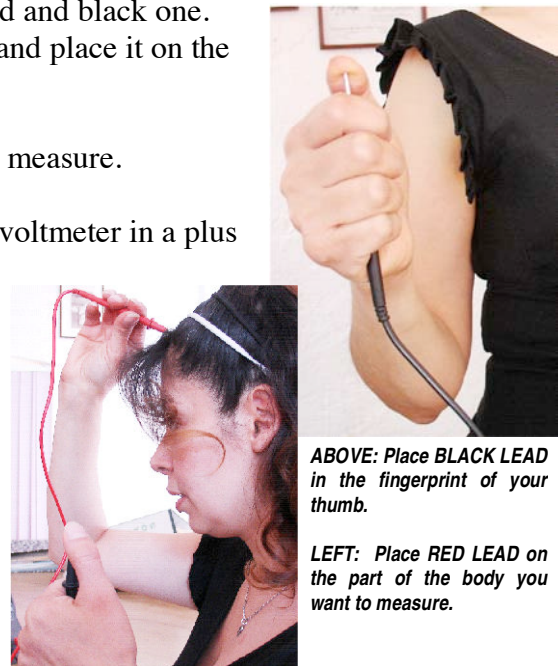
You should observe a rather steady movement of the voltmeter in a plus
or negative direction coming to relative rest at a
rather steady reading – some small variation is
tolerable but the trend must be quite clear to be
meaningful and the position of positive or negative
should also be quite clear and stable.

Too much variation

If you get sharp variations up and down, in a
seeming random sense it is likely **that you are in an
area or zone of local interference and must work
in another more stable location.** I now realize that
this was a problem in my early work when I
abandoned the voltmeter. For example, in our first training in our building, my voltmeter worked
great in my home but in my office the variation was extreme on the second floor. Despite this,
on the ground floor we saw good results with the VM reflecting the profound changes brought
about by TFT and the various reversal corrections. Since this time, I have found it worked great
in a hotel in Dallas, as well as, in Leamington Spa in Birmingham, England and an airport
Hilton hotel in Montreal. I expected great variation in the hotels but they worked fine. *[Note:
Our second floor had fluorescent lights which caused substantial interference.]*

**The majority of people you work with using the VM will be simple and straightforward
but as you know we can encounter an occasional complex case. Following is an example of
a very complicated case.**

A 43 year old professional woman had a severe back pain and the many treatments we have for
PR, including Rescue did not help. This took place in a Diagnostic Training and we got to the
part of Advanced TFT on the last day we found the PR that finally corrected. Immediately the



recalcitrant pain was gone. It is not often that we need to incorporate Advanced TFT but this was a clear example of its power.

It is important that the reader have a good idea of what I mean by the important phenomenon of "PSYCHOLOGICAL REVERSAL" - The following is from my Glossary. (*See end of monograph for the complete Glossary.*)

PSYCHOLOGICAL REVERSAL (PR):

Psychological Reversal is a state or condition which blocks natural healing and prevents otherwise effective treatments from working. Evidence for the state of PR is revealed when an otherwise effective treatment does nothing - then after the PR is corrected the same treatment, which did nothing the moment before, suddenly works. A person may be fine in most domains of his life and be PR in just one or a selected few.

The PR state is usually accompanied by negative attitudes and self-sabotaging behavior. A most interesting symptom of PR is that concepts are reversed 180 degrees; e.g., a person will say South when they mean North, but will not say East or West when they mean North. The implication of this reversal of concepts is quite profound and is in need of much investigation. It seems to relate to a fundamental aspect of direction (chirality, polarized light, etc.) in elemental reality.

A similar and related symptom of PR is getting numbers or letters out of order; a special proof reader's mark exists for this type of error which illustrates how common this reversal is. The upside down and backward writing of dyslexia is due to the PR. PR in most of us is a temporary condition and when we are PR and reverse concepts, letters and numbers, PR may be viewed as a kind of temporary "dyslexia". Interestingly, a form of speed is sometimes given to hyperactive youngsters to slow them down. The paradoxical effect may be due to this reversal phenomenon. A research study (Blaich) showed that of a number of rather complicated and specialized treatments designed to improve human performance; the rapid (10 seconds) and simple treatment for PR was by far the most effective in improving performance in reading speed and comprehension.

We find the presence of PR on treatment effect to be quite lawful and predictable. We have found a high correlation between presence of cancer and PR. In a highly significant study done at New York University back in the 1940's it was found that cancer patients had an overwhelming disposition to show a literal polarity reversal (as compared to normals) as measured by a sensitive instrument that measured body polarity (see Harold Saxton Burr, *Blueprint for Immortality: The electric patterns of life*; Neville Spearman, London, 1972).

The concept of PR is relevant to all applied fields. PR is a vital phenomenon to successful treatment. My treatments would be significantly less successful (by 30 to 50%) if we could not correct this condition. MASSIVE PR is a reversal in most areas of life. MINI-PR is a block which kicks in during treatment and prevents the treatment from being complete. RECURRING PR is a reversal which returns as soon as it is corrected. Each of these variations of PR require their own special treatment.

*The following has been modified and is taken from
Callahan and Callahan, STOP THE NIGHTMARES OF TRAUMA.*

PSYCHOLOGICAL REVERSAL (PR)

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“We have met the enemy and he is us.”

- Pogo (by Walt Kelly)

What is Psychological Reversal (PR)?

Psychological reversal (PR) is the single most important fundamental dynamic concept for health, human progress, happiness, and success that one may ever encounter. PR also blocks an otherwise powerful treatment from working. It is easy to learn how to treat for PR and to understand it. We also find that it is easy to take it for granted and to lose sight of its dynamic import for natural healing and for all kinds of various treatments. If it were not for the discovery of the PR, and how to correct the condition, in 1979, the success rate of TFT would be reduced by as much as 40 to 50%. Many people today who are quickly cured of intense psychological and other problems would be completely untreatable if we did not understand and know how to correct the important but seemingly simple phenomenon of psychological reversal.



Psychological reversal was the first discovery I made among the *numerous* discoveries that constitute TFT. Many people think of TFT as a unitary therapy but it consists of many quite separate parts, each one of which I proved to be effective and significant in helping people. The nine gamut treatments, for example, are nine separate treatments that I eventually combined into one since they were all treated on what has become the ubiquitous gamut point. In my first book, on the subject, Five Minute Phobia Cure, these treatments were all listed separately and were not joined until later.

I knew and I know there is a terrible penalty for making radical revolutionary discoveries. I have sometimes thought, if I had quit with PR it would have been easy for conventional therapists to incorporate a simple procedure that would increase their success rate and I would have avoided a lot of the pain and difficulty I had to go through. For example, Dr Gary Emery, a prominent clinical psychologist who co-authored a book on Cognitive-Behavioral Therapy with Professor Aaron Beck, quickly saw and publicly proclaimed the value of my discovery of PR, calling it “one of the most important discoveries in psychology.”

However, I would have missed the fun of it all and the fun and pleasure of discovery far out weighs the pain! I was reminded of this recently when I read the recent issue of the very interesting cancer newsletter (news@cancerdecisions.com) by Ralph Moss, PhD. One of Dr Moss’s mentors was the brilliant biologist Albert Szent-Gyorgyi who was quoted as saying “*It is fine to be one step ahead of everyone else – just don’t be two steps ahead.*” Of course, he did not follow his own advice.

I first discovered PR as a real phenomenon before I found a way to treat it. Not until a number of months later, after intensive searching and clinical research, did I discover a therapy for correcting PR; in my original article on PR I found several ways to correct it. Prior to the discovery of the treatment for PR, it was clear that PR was an undesirable state; it was also clear that it was associated with chronic problems and that it carried with it a disposition toward destructive and self-destructive behavior.

Psychological reversal is a state of being which is caused by a simple polarity reversal within a system. All of us at times can be and are in this state. When we are in a bad, destructive mood, this is almost always a sign that the PR state predominates.

When a new discovery is made it is a formidable problem to select a name for it that will likely endure into the unknown future as further discoveries are made. The name “*psychological reversal*” was first chosen because the state appeared to reverse the usual motivational state of the person. PR appeared to turn the person against self-interest and toward self-defeat. I first viewed PR as a reward-punishment system that resulted in stress if the person wished to do good and no stress if harm or a self-destructive path was followed. This would be an obvious *perversion* within a system.

The term PR was first viewed as a metaphor. Years later it was exciting to discover that the term is much more than just a metaphor and actually refers to a concrete literal reversal of polarity. This was shown through the use of batteries and the hand on the head test – back vs palm. During the state of PR there is a literal reversal of polarity involved (see the work of Professor Harold Saxton Burr of Yale) who measured literal polarity in living things with a special voltmeter (Burr, H.S., 1972 *Blueprint for immortality: the electric patterns of life*, London, Neville Spearman. He points out that every cell is polarized and that the sperm polarizes the egg.

Once one grasps the fact of a literal reversal, I am sometimes asked, “Since the PR is literally a polarity block in a particular system, why do you still use the term psychological, why not just reversal?” This is a sophisticated question but the psychological part is an intrinsic factor when we wish to diagnose and or treat the PR. Having the person think of the problem is absolutely crucial in both diagnosis and in treatment of PR. Tuning the problem is, of course, a psychological process and is an essential element in both the diagnosis (see Causal Diagnosis) and the treatment of the condition.

Types of PR

Specific PR is the most common form and is limited to a specific area or areas of a person’s life. For instance, a person who has a mental block to learning computers might be reversed only in the area of computers. This condition will make him appear inadequate in this one domain while in other pursuits he may be quite accomplished.

¹ The body/mind contains many systems and PR typically is specialized within a system of systems.

Massive PR is a reversal that affects most areas of a person's life, rather than just one specific area. A person who is massively reversed needs to be treated for this condition in order for any treatment to work. Such people are often in a chronic bad mood and exhibit a negative attitude towards life. [I have found that not all systems are reversed even in what I call a massive PR; just most or many.]

Mini PR occurs when a treatment is partially, but not completely successful. For example, in doing the trauma treatment, the person's level of upset goes from a SUD of 9 to a 4, but does not go any lower (without PR treatment). Several years after discovering how to correct for PR, I identified this partial or mini PR.

Recurring PR is a psychological reversal that tends to return as soon as it is corrected. We have found that this is most often due to toxins (see "Cure and Time" chapter).

Behavioral Signs Which Reveal That PR is Present

Here are some common signs in everyday life that indicate a PR is present: Client shows no improvement after a usually effective treatment is administered. PR is corrected and then dramatic improvement takes place after a repeat of the very same treatment that *a moment prior to the PR correction did absolutely nothing*. This is a highly robust predictable observation and will be easily observable if you refrain from correcting PR routinely prior to treatment.



Person reverses the correct order of letters or numbers. This effect is so commonplace as mentioned above, that proofreaders have a special sign to indicate it. Whenever I find this or any other signs of PR in myself, I immediately correct my PR.

Person reverses directional concepts when in the PR state. For example, he will say "up" when meaning "down" or "right" when meaning "up" or "left;" "North" when "South" is intended. *Interestingly, they will not say "West" or "East" when they mean "North" but only the opposite, "South."* Actions can be reversed also when in the PR state; e.g., person puts a cooked turkey in the oven instead of refrigerator that was intended or vice-versa. I find these reversals, correlated as they are to what I call PR, to be most interesting from a theoretical standpoint.

Some Examples of Statements Which Feature Some Aspect of What I Call PR:

The phenomenon of psychological reversal can be readily inferred as expressed in the following statements:

“Did you ever feel that life is an obstacle course and you are the biggest obstacle?”

- Jack Paar, Original Tonight Show host

“It’s a pleasure to be here on the Larry **Queen** show.”

- Jerry Spence, Notable defense attorney

Guest host on the Larry **King** show

For the good that I would I do not: but the evil which I would not, that I do ...

I find then a law, that, when I would do good, evil is present with me.

For I delight in the law of God after the inward man:

*But I see another law in my members, warring against the law of my mind,
and bringing me into captivity to the law of sin which is in my members.*

Saint Paul, Romans 7:18; 20; 22; 23

An Incident of a Child’s PR

A beautiful young 4-year-old girl whom we shall call Judy had spent a long day with her parents riding on a boat, mixing and playing with a number of older relatives. Unexplainably, she suddenly began crying intensely kicking and screaming. Surprisingly, nothing seemed to be able to relieve Judy’s apparent agony, not to mention the agony of everyone in her presence.

Her mother reported that Judy had been screaming and carrying on for almost a straight hour, for no known reason. Mother looked over at me and asked, “Is there anything I can do?” I suggested that she do the simple PR treatment. With nothing to lose, her mother gently tapped the side of her hand and Judy suddenly became transformed. She abruptly stopped crying and began observing her surroundings and interacting with the dozen or so people present in the large summer cottage living room.

PR as a Block to Healing

The following is typical of the kinds of stories we hear all the time. I received a letter from Dr. John T. Hughes of Ashland Kentucky, a chiropractor and member of the International College of Applied Kinesiology. Dr. Hughes stated that in the 1980s, he was teaching a class of doctors and wanted to show them the phenomenon of PR that he learned from an article I had written (Callahan, 1981b). He used the TFT diagnostic procedure for PR with a volunteer, a wife of one of the doctors.

The diagnostic test for massive reversal showed that she had no reversal (see Callahan Techniques® Causal Diagnosis Home Study Course). Her husband, who had heard of my notion

² As is usual with PR, Spence showed no awareness that he had made this mistake.

of PR, asked Dr. Hughes to ask her specifically about her jaw. Dr Hughes then checked for specific reversal on her jaw by having her say: ***“I want my jaw to be healthy.”*** She then showed that she had a specific reversal that was mainly responsible for preventing the infection, as described below, from healing.

She had had a root canal performed on one of her teeth and developed a hole in her lower right jaw. This had continued to produce an exudate of pus for about a year and a half. She consulted another dentist but the condition continued for they did not know why she didn’t heal. Dr. Hughes then used my simple procedure for correcting reversal.

The treatment for PR occurred on a weekend and Dr. Hughes saw the doctor and his wife the following Thursday at a meeting. The doctor said, ***“I want to tell you what happened to my wife after you corrected her . That very evening the hole in her jaw really started to run and produce more exudate than ever before. Then it just stopped. They had the dentist examine the area and he said all the tissue appeared clear and healthy.”***

Dr. Hughes saw the couple a few months later and she said, “Do you want to see my scar?” The jaw was totally healed. This story fits the experiences of many doctors. A PR can prevent normal healing and the simple correction can often bring about dramatic changes.

A Recent Experience

I(RC) was flying home from the East Coast and I fell asleep with my right arm in a peculiar position. I awakened and the fingers in my right hand were all cramped. Rubbing the hand and arm and waiting for a time did nothing for this recalcitrant cramp. I tapped the PR point on the side of the hand, and immediately the fingers all relaxed and went to normal.

Fractures

A problem well known among those who work in the field of orthopedics is that a person may break a leg and have it set, but in a small number of cases the fracture will not heal. This is quite serious for the unhealed leg may need to be surgically removed. Interestingly, experienced orthopedic surgeons will sometimes put a battery or a magnet on the site of the fracture and in some cases; this will result in healing. When this works it would seem that the battery or magnet does something that corrects the literal polarity reversal in the healing system associated with the fractured leg (see Robert O. Becker; and Basset, Pawluk, and Pila; and also Nordenstrom).

My theory is that a psychological reversal is responsible for the lack of healing just as in the case of the jaw, and of course this is an easily testable notion. The PR treatment takes but seconds as you will see, and it would be easy to check out the theory on this. If the leg still does not begin healing immediately then we suggest that a diagnostically trained TFT therapist be brought in to investigate why the PR was not correctable, which is a rare event but has a known cause for one properly trained in TFT. Often, in such cases, a knowledgeable TFT therapist can find the precise reason for the difficulty and once found the PR can usually be corrected.

Incident

A young man recovering from a severe case of paranoia for which he had been hospitalized is a member of a therapy group. His example is instructive because whenever he was

psychologically reversed, it was obvious to all present from the expression on his face—this is not true of most people. When it is obvious, it is like neon sign reading—“I am psychologically reversed!” Members of the group would immediately urge him to correct his pr. The moment he did this, his face changed dramatically.

Dr. Robert Blaich is a leading Applied Kinesiologist (AK) practitioner. Applied Kinesiology is a method of diagnosis for chiropractic problems, which involves testing various muscles. AK was discovered and developed by Dr. George Goodheart, a genius chiropractor from Detroit.

Dr. Blaich and his colleague, Dr. David Walther, jointly taught the 100 hour course in AK that I attended. I had discovered PR prior to taking the course. Drs Blaich and Walther were the first health care professionals to see the value of my discovery of psychological reversal.

In his superb presentation of Applied Kinesiology, Walther (1988) states:

“Most practicing physicians can recognize psychologically reversed individuals in their practices. These are often the individuals who respond poorly to treatment: when there is some improvement in a condition, they will dwell on the negative aspects. Even when the improvement is pointed out, they will immediately change the subject back to the negative aspects.”

Dr. Blaich, also an outstanding chiropractor, specializes in high level human performances and works with a number of elite world class athletes. He told me he found the PR correction to be invaluable in helping these athletes to break their own and other world records.

Dr. Blaich (1988) did a most interesting research project wherein he attempted to improve the reading speed and comprehension of a group of professionals. The study used various treatment methods that might aid people, who were already high achievers, to improve their performances even more. He measured and demonstrated performance by using reading and comprehension skills. He found that the treatment for PR (which was by far, the most rapid and simple of the various treatments used) was the most effective of all the therapy methods used. Some required very high professional skills in order to do the complex procedures.

Blaich writes:

“Reading #4, which provided a 45% improvement over reading #3 and a 119% improvement over reading #1, followed the treatment for Psychological Reversal and exhibited the greatest single change in reading rate of any of the steps done. Dr. Callahan’s procedure seems to have a very significant impact on human performance as evaluated here” (p12, my emphasis).

[The PR treatment as now used , takes less than five seconds; and although other treatments were used, the PR treatment was the only TFT treatment used in this study.

PR and Cancer

Soon after I discovered psychological reversal I observed something interesting. My clients came to me because they had various psychological problems. During the period of 1981-83, I saw 8 clients who also happened to have cancer. I noticed that each of these clients showed massive PR. I thought this was an interesting finding but did not make much of it since the number of individuals was so small.

Around this time I gave a training on my procedures to some interested psychologists. One of these psychologists, Dr. Lee Shulman, specialized in working with cancer patients. When I reported my finding about cancer and psychological reversal he decided to check out my finding with his larger group of cancer clients. He was seeing more than 35 cancer patients at the time. Upon checking them for PR he reported that every one of these clients also showed the presence of PR. Over a longer period of time, Dr. Shulman reported that he continued to find this relationship between cancer and PR.

What does this mean? I am no expert in cancer and I know that there are numerous people who show PR who do not have cancer. Nevertheless, this seemed a rather curious finding. No other diagnostic category stood out so emphatically as far as the presence of psychological reversal is concerned.

A few cancer clients appeared to surprisingly recover from their cancer but there was no way to know if any part of their recovery was helped by our treatments or not. It would make some sense if the treatments, including the treatments for PR, did help eliminate their cancer but there is insufficient evidence at this time.

Professor Harold Saxton Burr

A few years ago, I was able to track down a book I had been searching for by Harold Saxton Burr. Professor Burr was a biologist at Yale University in the 1940's and did some very interesting work with a sensitive voltmeter. He demonstrated that all living things, even leaves, showed that they possessed a polarity on this meter (Burr).

In the Appendix of Burr's book, is a most interesting report of the findings of Louis Langman, MD, who had been a student of Dr. Burr. Dr. Louis Langman was a professor of gynecology at New York University and carried out a most remarkable study. He hypothesized that cancer is fundamentally an alteration of field forces in the body. To check this idea he examined cellular diagnosed cases of cancer under blind conditions; that is, the pathologist and Dr. Langman did not know who was who. He compared these cases (in measurements of body polarity by Burr's method, i.e., with a voltmeter) to normal individuals. [The measurement of polarity was done with a sensitive voltmeter placing the electrodes on different parts of the body.]

Those with NO GYNECOLOGICAL CONDITION		
Positive Polarity	-----	74
Negative Polarity	-----	4
95% of the normal group showed the measured polarity to be POSITIVE.		
<hr/>		
Those with MALIGNANCY		
Positive Polarity	-----	5
Negative Polarity	-----	118
96% of this group showed the measured polarity to be NEGATIVE.		

³ In earlier days, I used an affirmation along with the hand tap but I found that it was completely unnecessary and misleading and today we only tap the PR spot ten times.

⁴ There is some support for the idea that reducing psychological stress may be a contributing factor in helping some people with cancer. It has also been shown that it can be helpful for hopeless cancer patients if they can do something to help themselves. We recommend that every cancer patient correct their own PR numerous times throughout the day by simply tapping the PR spot on the side of the hand while thinking of the cancer problem.

Professor of Gynecology at NY University, Louis Langman, MD results:

The startling results were (briefly) as follows:

The cancer group has a striking preponderance of women showing a reversal of normal polarity. This correlates dramatically with what I found soon after my discovery of PR, and was later substantiated by Dr. Shulman. The Callahan results were measured with a muscle test and only recently have been confirmed by Voltmeter measurements.

Dr. Langman then studied an additional 737 patients who had a benign gynecological condition. He found that in this group 611 showed a positive polarity and 126 were negative; i.e., 83% positive and 17% negative.

Patients with Benign Gynecological Condition	
Total Number: 737	
Positive Polarity:	611 (83%)
Negative Polarity:	26 (17%)

A further confirmation of Langman's relationship between polarity and cancer received very strong support from the fact that when cancerous tumors were surgically removed the polarity changed from negative to positive (Langman, in Burr 1972, p144)

Statistical tests of significance are obviously not needed with differences as great as these.

Which comes first, cancer or PR? Langman believes cancer is caused by an alteration of field forces in the body. If future evidence supports this then it seems that PR, or the polarity reversal is primary in some important respect. We typically find that most chronic conditions, physical or psychological, have a PR associated with them. We know that most people who have a PR, we all do at times, do not have cancer but nevertheless the findings are strongly suggestive. If any published researcher with access to cancer patients would like to investigate this I would be happy to contribute my understandings and experience to the research.

Since we find that psychological problems cannot be successfully treated when there is a PR, (the perturbations, p's simply will not show) perhaps something similar exists with at least some cases of cancer. If there is a PR then healing may be unable to take place. This may make the cancer more strongly established in the system insulated from the ordinary healing system. Since we know very well that PR can block natural or controlled healing to take place it makes sense to assume that PR is a sign of potential trouble. Note in the Langman study of benign tumours, that most had a positive polarity but some showed a negative polarity, this is a sign of trouble brewing.

Control System and Direction

Burr (1972, p58) points out that *"In the growth and development of every living system there is obviously some kind of control of the processes."* He elaborates that control requires *direction*

and points out that one of the few things in the universe, which possesses direction, is the electrical property of things. He elaborates that even atypical growth (e.g., cancer) requires direction.

Sleep, Anesthesia, and PR

Robert O. Becker reports a very interesting finding and that is living creatures show a polarity reversal when they sleep and also when they are under anesthesia. I know from long experience with PR that a condition cannot heal if there is a PR present. Sleep and anesthesia represent two different degrees of lack of general awareness. It has been shown that some people show evidence of awareness even under anesthesia; this has been known for many years and has prompted those in the operating room to be careful of what they say in the presence of an anesthetized patient.

On this basis, I would predict that patients in a coma would also show a general PR but this has not been tested as far as I know.

It is interesting that the PR is an electrical, and, more precisely, a polarity phenomenon. Many systems in the body take advantage of polarities in order to operate effectively. If the proper polarity is incorrect then there is a blockage of flow (just like two north poles on a magnet repel each other, instead of attraction there is repulsion.) When such is the case in a healing system then we run into potentially serious problems. But remember many of the serious problems are quite correctable with the simple correction of the PR that will then allow healing to properly begin.

The anesthesiologist, Stuart Hameroff, of Arizona State University, who along with the mathematical physicist Roger Penrose are major contributors to theories of understanding consciousness. Hameroff has pointed out the interesting fact that the gases used in anesthesia's are not from a common chemical category but rather seem similar in their electric effects on the system.

I find it especially relevant in this context that recent discoveries of the process of inebriation show that it is not the chemical effect of alcohol which results in drunkenness –the chemical effect *is* relevant, however, in understanding cell damage – but rather it is the electric effect of alcohol on the brain cells which causes drunkenness.

Alcohol's Electric Effects

No one has understood how intoxication takes place. It is known that ethanol does not appear to affect brain cells until the concentration is deadly and begins to destroy cells. It has been found that the body begins breaking ethanol down into fatty acid ethyl esters, these changes, it is reported, results in changes in calcium which in turn affects the electric activity of the cells.

This landmark finding is reported in a Science News article which states that “In the Dec 20, 1996, J of Biological Chemistry, Richard Gross and Rose A. Gubatosi-Klug, of Washington University, School of Medicine, Gross says: *Our report is the first to show ... these profound changes in the electrical functions of a [brain cell] at concentrations of alcohol which are present after people drink,*”

For many years I have observed that it is difficult or impossible to treat someone who is inebriated. In the light of these recent reports, it seems that not only is such a person not in very high state of awareness, but it now seems that the electric effects of alcohol may render them somewhat “asleep” and the PR may be mainly responsible for the lack of responsiveness to treatments.

Taking a cue from this, I (RJC) have speculated that any system in a state of psychological reversal may be considered non-functional or even “dead.” When I told this view to Joanne, my wife and co-author (STOP THE NIGHTMARES OF TRAUMA), she said, ***“No, it is more like the system is in a coma.”*** I believe that this is a more precise expression of the condition.

The important news about the PR correction is that it will revive the system to proper functioning so that healing may begin.

Dr Werner Loewenstein, Director of the Laboratory of Cell Communication at the Marine Biological laboratory, Woods Hole, Mass has recently published some very important findings on the communication of cells. [The maintenance of life requires enormous constant communication within the living body.] All of Loewenstein’s work is interesting and I recommend this work highly to scholars in this area. One of his findings coheres closely with my discovery of the effects of PR, which I found years ago.

Loewenstein says (p, 194-195):

“Let us check briefly on the performance of [these units of information reception and transmission] to see how well they measure up to that promise. First, their directionality. To get a message through a communication channel, the information flowing through it must have a direction (see Burr above). In the channels of our technology, the direction is given by irreversible (one way) transmission stations. This is also true for the intercellular channels, though there may be an occasional reversible demon too along the line. But it’s the irreversible ones who bring home the bacon – they are the ones who get the message through” (my emphasis).

James Clerk Maxwell proposed the demon as an entity, which (in imagination) might overturn the most sanctified law of modern science, The Second Law of Thermodynamics. The demon was proposed as a device to help Maxwell understand the Second Law (Von Baeyer author of Maxwell’s Demon). Maxwell, in the 1860’s is the famous scientist who created the theory of electromagnetism and Maxwell’s equations, among other things.

I am suggesting that PR may well be another meaningful name for a significant collection of “reversible demons.” When the PR is corrected, with my simple treatment, we then are in a position to witness the reversal being corrected and ***“the bacon being brought home.”*** Or, in other words, the healing system can now deliver the information required to heal a particular system.

Please do not allow the simplicity and ease of the PR correction mislead you to underrate its relevance and importance in all kinds of healing. Correcting PR by no means is limited to TFT but can add to the success of *any* treatment that is generally successful.

SOME OF THE TYPES OF PSYCHOLOGICAL REVERSAL

Breaking the lock -- Before I describe the various types of PR, I want to mention an important but rare phenomenon that can be an aid to successful treatment but actually is not simply a PR but has an interesting elaboration.

Readers trained in my Causal Diagnosis procedures may be familiar with a concept in TFT called “a resonance lock.” This lock on a thought field is due to the fact that when we tune a thought field, there is a lock on that field that remains throughout diagnosis and treatment. It is due to this lock that you do not have to keep reminding the client to think of the problem. In some rare cases, the person’s SUD remains the same even though you have administered a number of accurately diagnosed holons of treatment. In some rare cases it appears that the problem is that the lock is excessively rigid on the first tuned thought field and that related thought fields are waiting in the wings and cannot get through. Therefore no additional perturbations show.



PHOTO: Joanne Callahan demonstrating the SIDE-OF-HAND correction for PR.

I found the way to “break the lock” in such cases, is ask the client to say, “I want to be over ALL these problems.” Then diagnostically test. Confirmation that this is an instance of “resonance lock” is that immediately new perturbations and holons appear. If the muscle shows weak on this statement then a PR correction, tapping side of hand ten times is administered and then the phrase is repeated with increased muscle strength. The revelation of additional perturbations along with an accompanying reduction in the SUD (how the client feels) is confirmation that the problem was a problem in breaking the lock.

Massive PR – This is the classic original PR and is diagnosed with a purposefully vague general statement such as “I want to be healthy, or I want to be happy. Treatment has been typically the simple tap, ten times, on the side of the hand.

Specific PR -- “I want to be over this fear (depression, pain, etc).” Side of hand tapping is the treatment.

Mini PR -- This is a PR that kicks in during treatment and stops the treatment from working further. It is revealed by muscle (or voice



Tapping under nose is the usual correction for the PR2.

⁵ It is a very rare event when PR does not correct but we have discovered the cause for this and in our advanced work we know precisely what to do about it.

testing) the statement, “I want to be *completely* over this problem.” Treatment for the mini PR consists of 10 taps on the side of the hand.

The PR 2 – This reversal is revealed by testing the statement, “I *will* be over this.” **The PR 2 mini reversal** is revealed by testing the statement, “I *will* be *completely* over this.” Tapping under the nose is the usual correction for this PR.

The PR 3 – This reversal is revealed by testing the statement, “I want to be *even better*.” If there is a weak response, the usual side of hand tap is done.

Always be sure that the PR is corrected after the treatment. Sometimes it needs more than the simple treatment. In some cases, it is necessary to identify and perhaps remove, or at least treat a toxin that is on the person’s body, such as clothing with toxic laundry soap, skin cream, perfumes, etc.

If a PR does not correct when measuring through clothing, it is suggested that you place the red lead directly on the skin. It is rather common that clothing exposed to toxic laundry soap will generate a PR.



RECURRING REVERSAL is treated by rubbing the sore spot on upper left chest as shown here.

Recurring PR – This is a reversal that returns almost immediately after it is corrected. This phenomenon is revealed by the diagnostic test. The treatment is to rub the tender area in the upper left chest; the tenderness is acutely felt through probing. For years this was the treatment of choice for a recurring reversal. However, it is rarely used today for the cause of the recurring PR is now known to be a toxin, usually on the body of the client. Treating the toxin with my recent discoveries on this subject is more direct and superior. Correction of the PR is revealed by the diagnostic test and/or the voltmeter by the change in polarity to positive after treatment.

See also the **recent treatments** I developed as described below as “index and then side of hand” and/or “middle finger and then side of hand.” These treatments have a high success in correcting a recurring PR. One alone is usually successful and allows treatment to go forward when it was being held back by the recurring PR.

Advanced TFT

Advanced TFT is rarely required but in very complex cases it comes in handy. Advanced TFT goes beyond the scope of this work and can reveal at least 11 additional PR’s (not counting the possible recurring or mini-PR’s in this domain. Advanced TFT is now taught in our ADVANCED TFT, HRV, and VOLTMETER COURSES.

“Organisms are made up of strongly dipolar molecules packaged tightly together in regular almost crystalline arrays. Large voltages are present. Electric and elastic forces cause the molecules in these arrays to vibrate.”

Mae-Won Ho

World class Developmental Biologist

Some Quotations from Burr's Book (*emphases are mine, RJC*)

“For example, malignancy in the ovary has been revealed by L-Field measurements before any clinical sign could be observed.”

“In general, the electrode that is connected to the ground lead of the amplifier is usually put somewhere on the living system at some distance from the area which is being under investigation. The so-called “hot” electrode is placed as close as common-sense dictates to the area under investigation.”

“And so far as our present information goes, there is unequivocal evidence that wherever there is life, there are electrical properties.”

“These [are] voltage gradients, not current movement, not changes in resistance to the passage of current.”

“... since they are electrical they must have directional properties; in other words, polar properties, a positive and a negative aspect.”

“Since the evidence suggests a significant correlation between negative polarity and malignancy, then all patients with negative polarity should be suspect and followed with great care.”

“Follow-up indicates a reversal in polarity from negative to positive occurs after total hysterectomy for women who had a diagnosis of squamous metaplasia of the cervix.”

“Conversely, reversal (correction for) does not occur if the involved cancerous tissue is not totally removed. **This may prove useful as one of the criterion for cure.**”

VM REPORTS FROM COLLEAGUES

----- Original Message -----

From: [CHRIS M.](#)

To: ATFT-MEMBER-LIST

The Volt Meter day was also a huge success with many attendees being blown away. We all witnessed measuring reversals at Massive specific mini level two and levels three, some attendees had some incredible responses in clearing those reversals. That evening Alice's hands began to swell, I immediately tested her hands with a voltmeter and found a negative voltage PR state; we used some rescue which only temporarily improved PR state. We then tested for toxins and treated two of them, after doing this and correcting reversals with side of hand we found the reversal polarity had improved somewhat but there was still more room for improvement, we then added a little rescue remedy to the hands and waited for them to dry and we watched the swelling immediately go down and the slight reversed polarity go into a very positive polarity. Her hands felt immediately better and the volt meter confirmed the change as did the diagnostic testing (muscle testing). The test showed not only PR states but also the role of TOXINS creating PR states and how after the 7 second treatments and TFT PR correction methods reversed polarities corrected themselves. Further evidence of the importance of each and every elegant step in TFT treatments.

Please everybody take the next opportunity to take this course it is fascinating.

Chris Milbank, TFT- VT
Vice- President,
Association For Thought Field Therapy

Sent: Thursday, June 01, 2006 3:47 PM

Subject: Breast cancer - Voltmeter experience

Dear Joanne and Roger,

You asked for feedback when experimenting with the Voltmeter.

Last week - before the Voltmeter workshop and mini conference - I treated a client with breast cancer (stage 3, diagnosed in March). We treated several traumas successfully and she looked a lot better the next day when I saw her at school. I had asked her to be my "guinea pig" after the Voltmeter workshop and she agreed.

So, I saw her today again and she came with the whole list of chemotherapy treatments (intravenous products and tablets). We treated all of them. Now she knows what to do when she goes in tomorrow for her next shots.

This morning, before coming to me she saw a consultant at the hospital for blood tests and measuring the size of the tumor. *Before coming to see me last week the lump in her breast was still hard. She said she couldn't feel the same lump in her breast before seeing the consultant today. The consultant was going to measure the tumor, but much to his surprise it had gone soft, it was no longer hard like it was before; he couldn't gauge it. Could it be, that this one session of TFT has shifted the lump so much?*

I was very eager to test for the polarity and had my Rescue Remedy on hand. It took her a while to get the probe on the right spot. We measured minus - .025. We did the PR on the spot and measured again: minus - .012. Then we tested if Rescue is ok for her and as it was she sprayed it on the spot. We measured it again. We read plus + .016.

About 15 mins afterwards we Voltmeter-tested again and I was surprised to see that the reading had improved even more to + .036. I conclude it is best to wait a few minutes after the application of Rescue before measuring it again.

We took another reading about 1 hour after the first application and she was still in the positive: + .014.

As she could not stay any longer and I did not quite know for how much longer the polarity would still stay in the positive, I recommended to treat herself on the tumour and then apply the spray every hour.

I am very excited about this new tool and can't wait to hear how she's getting on with her next chemo treatment tomorrow. She was leaving very confident and promised to do the treatment. I have offered to go to the hospital with her next time when she will be getting a new drug cocktail. Thus I will be able to treat her instantly for the new drugs and I also hope to get to talk to some of the staff in the ward.

I had a friend round this afternoon who mentioned her teeth problem. At this time she was not in pain. I got my voltmeter out and tested her. The polarity was negative. I got her to tap on the side of her hand on her cheek and it measured around a 0. We did not have a lot of time. So I did not test if Rescue is fine for her. We applied it internally and externally on the cheek. All of a sudden the pain kicked in. We used the pain algorithm and dealt with the fear of going to the dentist before testing again. The neg. polarity had shot up to - .016. We muscle tested and realized she is intolerant to Rescue, did the 7 sec treatment and got the polarity back to a 0. Again I had her tap for PR on cheek and got it back in the positive. Amazing!

On Monday I will see a client with a stomach ulcer. It's so great to have this new tool!

Kind regards,

(Name omitted)

A big thank you to all those recent Diagnostic trainees, from Leamington Spa who have been telling me of their wonderful achievements with DX ALREADY.

There has also been an incredible amount of amazing stories re the volt meter.
A friend of mine with a wrist problem I found to have a reading of minus 37 milli volts at the wrist, a combination of correcting differing levels of reversal and treating a toxin corrected the polarity to plus 24 milli volts and the pain left. Four times a day he tested the wrist polarity once he was unable to correct and we diagnosed another toxin, once the toxin treatment was done we were able to correct PR and again the polarity went positive, his wrist is feeling very strengthened and no longer sore.
The use of a volt meter is a real advancement of TFT. Thank you for teaching us this seminar here in the UK.

Chris Milbank, TFT- VT
Vice- President,
Association For Thought Field Therapy

6-7-06

Dear Chris and all.

I am glad to hear about the use of the Volt Meter in TFT.

I am also using it regularly and I like to print the results to my patients, they also like to have them printed and see the changes after correct treatments

A recent case was one of a young lady that came to see me, and as I found that she had a negative polarity in her upper chest, and that this negative polarity was recurrent, that means that after correcting it, at the next session **it was reversed again, and taking into account that in cancer tissues there is negative polarity, I suggest her to visit her Gynecologist she did and found that she had Breast Cancer**, She decided to go for surgery immediately but at least we help her to detect the problem earlier.

Now I am using TFT to help her in the traumas and fears related with this issue and also for the side effects of the radiation with excellent results.

As expected, after her surgery the polarity in that area is now positive.

Best Regards

Ing Alvaro Hernandez TFT Dx

VM PR

4-11-06

I returned from Dallas where we had a Dx training.

We had superb results with the VM – there was no problem at all with fluctuating or error readings. The meeting was held near the Airport at the Marriott Courtyard.

We had many VM readings of PR and used the usual treatments to good effect. In difficult cases we used RESCUE with good results; the experience with the VM has revived Joanne's and my interest in Rescue Remedy.

Mrs Falb was testing the clerk at the hotel and found a VM PR that could not be corrected. She found, however, when the clerk moved away from the overhead fluorescent light the VM PR disappeared.

The most interesting demonstration was one person with a very complex problem who had a specific location on the body whose VM PR would not correct despite the identification and successful treatment of numerous toxins on the body. However, on the last day when the Advanced TFT was carried out, this recalcitrant VM PR immediately corrected under this level of treatment; it was quite dramatic!

I believe the VM PR will prove very helpful in the rare recalcitrant case and may prove very helpful in supporting cancer treatments and other difficult physical and medical problems.

Please keep me posted on your findings with the VM.

Best wishes,

Roger

From: "Dr. Roger Callahan"
 Subject: VM PR
 Date: Wednesday, March 29, 2006 9:23 AM

Greetings to VM PR Group,

On Sunday, Mary and I worked with the VM in my house and it worked fine. It showed polarity and polarity changes with treatment and Rescue.

I heard from Bob DiOrio and he also found the same as we. It did not work in office but worked at home. There must be some problem in offices - doubtless some kind of interfering power lines or such which makes the VM go Crazy.

I have been working regularly with it at home and it shows toxin effect and also effect of treating the toxin.

Sorry I did not know this before the training!

Please keep us posted on your experiences and developments. If you have trouble correcting a PR according to muscle test please call me and I will see what I can find with VT.

It was great seeing you all again and I look forward to hearing from you with questions and/or information.

Warm regards,

Roger
 Roger J. Callahan, PhD
 Founder, Thought Field Therapy
Announcement for VM Workshop (Mentions salient points)

[Following is a brief notice presented here for the concise summary of relevant information]

Dr. Callahan Invites You

I have experimented with voltmeters over the years but did not find consistency in the outcomes. For example, a too sensitive VM picks up too much noise. Alvaro Hernandez, TFT practitioner and Engineer from Mexico City has found some suitable voltmeters; his findings have been very important in the development of my recent work.

In the 2004 Causal Diagnostic training in Mexico City, Alvaro and I did a bit of work with the VM that was interesting. The VM showed that the polarity *literally* changed after correction for PR. We found the vm, in some cases, would show the role of toxins in causing PR. It is exciting for both therapists and clients to see rapid, objective evidence of the phenomenon of PR as well as nearly immediate results in the dramatic change in polarity after a rapid TFT treatment. There are some new findings with the VM that we will demonstrate such as the *degree* of PR being an important factor.

In Mexico City 2004 Causal Dx Training - Alvaro Hernandez helping with his voltmeter.

Volunteer client had a PR that would not correct and hence received no help. Alvaro H showed she had a PR on the voltmeter. She was wearing a jacket with fur on it. I tested jacket and found it was

toxic. When she removed jacket, the voltmeter's negative polarity immediately changed to positive. The volunteer was now easily helped.

[Nurses in a hospital reported that they found when they treated mother for breeched baby, they witnessed the baby change position immediately after the PR correction. I hope some day we can get a video of such an effect.]

9-9-04

More Examples from my Notes

Joanne and I just returned from Mexico City and while there we met with Alvaro. He showed us his procedure with the voltmeter and Joanne and I were very impressed.

Evening of 9-3, at our hotel, we met at the 40th floor lounge and here is what followed:

Alvaro took my measurement and polarity was + 24mv. Treat for PR (even though dx test as well as VM showed no PR and measure went to +48mv! Joanne immediately commented that this shows PR possesses a *degree* of polarity!

Joanne was then checked and she showed +4mv. After PR tx, +64.

Joanne's glass of wine, Zinfandel arrived and she took a very small sip. Polarity immediately went to a MINUS -320mv! Toxin tx was done on the wine and J went to a +64mv on the VM.

Alvaro checked and was -40. PR tx done and went to +44.

Alvaro **thought about** cheese, which he assumed was OK and polarity went to -48mv. DX test confirmed most cheeses toxic for him.

Next day in training: A volunteer (complex demonstration case) showed PR on dx test. Polarity measured -54. Her jacket was tested and found toxic. Removal of jacket resulted in a +12. After toxin tx, with jacket back +27. Thereafter, treatment was completely successful, Numerous confirmations of above found throughout training.

Joe came (to pick up Honey) and he got out his \$200 voltmeter (with blunted leads, which help a lot in eliminating pain of sharp leads. (Fluke 83 Voltmeter).

Joanne showed a +60. Joe showed a -15. Upon dx he showed a difficult pr. After index finger and side of hand treatments, polarity went to a + 1 within 2 mins. A little later, polarity showed a PR (confirmed with dx) and could not correct.

Called for VT with RC. Checked breakfast and OK. Celebrex tested and showed toxic. Treated with 7 sec and PR gone. VM reading showed an immediate improvement to +10!

Sweater toxic - PR reading all over body. Check sweater – tests toxic. Remove sweater and PR gone - Positive reading all over body. It is a special thrill to see our toxin tests validated in this manner. (see previous page as well)

Person has swelling in lower left throat. VM shows a PR in this spot. –minus 1200.

Treat with side of hand a number of times; PR remains but degree of PR is lower - minus 800.

Continue tapping side of hand and watch for next few hours and PR goes down further to - 600; -400; -300; - 70; -60 and then PLUS 500. Throat finally feels better. Only PR correction used.

Trainee finds massive PR. PR shows on all spots on body where red lead touches. Muscle test shows PR. Tests for air conditioning. Shows as toxin. Treated and now no PR shows in muscle test nor on VM. Takes another HRV and SDNN increases from 55 to 83. LF/HF ratio goes to 1, after being at 5. [LF stands for the sympathetic branch of the autonomic system while LF stands for the parasympathetic branch.] When the sympathetic dominates it is a function of stress such as fear, trauma, depression, worry, etc.

The voltmeter use makes us more aware of the physical side of PR, i.e., the fact that PR is a literal reversal in the body.

Rescue Remedy

One of the early treatments I discovered for PR was Rescue Remedy. This is one of the famous Bach remedies that consists of a combination of five remedies. This treatment for PR was mentioned in my first article on PR (Callahan, 1981). Even though it worked well I abandoned this treatment for many years, relying on the side of hand tap. Like any other substance it does need to be tested for toxicity. A small amount of brandy is used for a preservative and I suspect that when it tests toxic it is likely due to the brandy.

Since we are using the VM we find Rescue comes in very handy, especially in the correction of recalcitrant PR's. Rescue often seems to be a greater help in such cases and we are using it a great deal now. Rescue can be purchased in most health food stores and comes in the form of drops, spray, and cream. We recommend the TFT practitioner obtain all three forms. **ALWAYS TEST ANY SUBSTANCE BEFORE USING IT.**



SOME NOTES ON ENERGY AND ELECTRICITY IN THE BODY

1. Most characteristic aspect of energy is that it is transformable; mechanical to electric, etc.(Bohm, 1965) This fact provides a possible basis for the mechanical energy of treatment; i.e., tapping on specific points may initiate a subtle electro-process within the energy control system of the body. The points used in treatment which contain specific information basic to healing, have been known for about 5 or 6 thousand years.

[See Bohm's text book on Relativity. The most characteristic aspect about energy in physics is that it is transformable - mechanical to electric, etc. Energy is not a substance that anyone has ever seen. Einstein showed that energy can be equivalent to mass. $E=mc^2$]

2. Bjorn Nordenstrom of famed Karolinska Institute in Sweden has been a creative, innovative and highly regarded radiologist for decades. In his thorough book (another rich source of biologically relevant energy research [p318 Nordenstrom in BIOLOGICALLY CLOSED ELECTRIC CIRCUITS [BCEC] points out that in 1920, "Ingvar showed that external electric fields are capable of *orienting growing structures in vitro*. This fact led Burr and Northrup to formulate an "electrodynamic theory of life" based on interdependence between biologic particles." [Burr, H. and Northrop, F. The electro-dynamic theory of life. Quart. Rev. Biol. 10: 322, 1935.]

3. Birds take into account the movement of the planets and the stars (Young, 1976). Birds navigate great distances with unerring accuracy, salmon find the spawning grounds where they were born. Sharks detect prey by receptors which are sensitive to the subtle electromagnetic field which surrounds fish, and other living creatures.

4. It has recently been established that sharks select their prey based upon the electromagnetic field radiation surrounding a living body. Further evidence of the fact that animals have an energy system is shown by very interesting research on the duckbilled platypus, a curious monotreme mammal. The platypus discovers prey in muddy waters, where vision is useless, by detection with electromagnetic receptors located on the top of their strange duck like bill. There is slight evidence [see The Compass in Your Nose] that humans may have vestigial receptors of a similiar type which still might possess subtle navigational properties.

For years it was thought that the platypus found its food by touch or "chance". Since the platypus must eat up to half its weight in food each day the platypus expert Henry Burrell believed that they must have some extra sense.

Burrell wrote in 1927, "My opinion is that this animal must have developed some extraordinary means of finding its prey, apart from the sense of touch, and that the sensory apparatus through which this acts is connected in some way with the fleshy nature of its bill" which resembles an artichoke. Gregory (1991) notes that we are just beginning to understand how right Burrell was.

In 1986, a group of Australian and German scientists found that the platypus investigated live batteries hidden in rocks and they ignored dead batteries (Gregory, 1991).

p35 Gregory (1991) found that the platypus has special receptors on the bill. When the receptor is magnified it looks very much like an artichoke. **The receptors are so sensitive that they react to electric fields of only two thousandths of a volt; which is comparable to hooking up a flashlight battery to each side of a 250 foot wide river.**

Colleagues were quite skeptical of Gregory's claim so they did a number of tests which supported his claims.

Professor Kirschvink, a conservative geobiologist at Caltech has reported discovering that the human brain possesses numerous magnetite particles. Joanne and I attended a lecture in 1992 at Caltech and Kirschvink demonstrated this fact on a huge screen which showed a microscopic cross section of a portion of a human brain. To demonstrate the presence of magnetite he placed a magnet adjacent to the brain section and the audience could see the immediate palpable effect on the small magnetite particles as they were drawn toward the magnet. It was quite dramatic! The usual frugality of nature makes one wonder: "What is magnetite doing in the human brain?"

NY ACADEMY SCIENCE REPORTS (see references below)

p 5 Physicist A.R. Liboff says "First, electrical potential differences, of the order of tenths of volts, impressed across living tissue have marked effects on healing and growth. Second, the intrinsic physical properties of tissue are such that under mechanical or thermal stress, potential differences are readily obtained. ... the simplest hypothesis is that living systems are designed to employ local currents to repair, regenerate, remodel, and perhaps grow tissue and that these currents normally have as their source the tissue itself."

p 6 "The piezoelectric effect is a property of acellular material and, in fact, can be found equally well in living tissue or even in dead vacuum-dried bone.

Athenstaedt, Herbert Pyroelectric and Piezoelectric Properties of Vertebrates. p68-94.

p89 "The human spinal cord constitutes a permanent electric dipole in the direction of its physiologic longitudinal axis; the negative pole lies cranially, and the positive pole is oriented caudally. ... it is likely that the dipole direction that I established in the spinal cord is common to all vertebrates."

[These facts appear to cohere very well with those of Professor H.R.Burr who found that all living things showed evidence of polar qualities which seem to determine which turns out to be head or tail and root or shoot. See References]

Pilla, A.A. Electrochemical Information Transfer at Living Cell Membranes. pp149-169.

p 149 "A variety of in vivo studies have established that it is possible to influence biologic growth and repair processes by an artificial change in the electrical and/or magnetic environment of the site in question. Prevalent among these investigations have been those concerned with bone repair. It has been shown the osteogenesis may be influenced by direct and pulsed current via implanted electrodes in limb regeneration , wound healing, carcinosarcoma regression, and thrombosis."

Digby, P. Potentials and Calcification in Mammalian Teeth and Artery: An electrochemical basis. 202-216.

p 205 Found electric potentials in the teeth which dropped to zero or to negative values upon death.

Becker, Robert O. The Basic Biological Data Transmission and Control System Influenced by Electric Forces. 236-241.

"Over the past decade, there has been a growing awareness that electrical and magnetic forces have specific effects on living organisms. These effects are produced by forces of very low magnitude and are not explainable in such simplistic terms as Joule heating. They appear to indicate sensitivities on the part of living organisms several orders of magnitude greater than predictable by omnipresent concepts of cellular or organismal physiology."

Becker, an orthopedic surgeon and researcher lists numerous factors affected by electromagnetic sensitivity including bird, homing pigeon and eel navigation; the extinction of species due to reversals of the earth's magnetic field, the stimulation of bone growth, **and the inhibition of tumor growths.**

Electric measurements in his laboratory concerning the very old acupuncture points support the indicated locations from ancient texts.

He concludes this article with the suggestion that there is sufficient evidence "**to consider the possibility of an underlying biological control system of considerable import.**"²³⁹

[refers to Presman, A.S. Electromagnetic Fields and Life. Plenum Press. NY, 1970.]

Frey, A. Differential Biological Effects of Pulsed and continuous Electromagnetic Fields and Mechanisms of Effect.
273-279

"We found that human subjects report `sounds similar to buzzes and hisses when they are illuminated with pulsed but not with continuous electromagnetic energy. Perceptions occurred when the subject was illuminated with energy from approximately that portion of the electromagnetic (em) spectrum defined as the uhf band, that is, from 0.3 to 3 GHz. This portion of the spectrum is that at which em energy passes into and through the head.

C., A., Berger, T., Mitchell, J., Duhacek, B., and Becker, R.O. Electric Field Effects in Selected Biological Systems. 436-443.

Unique to living systems, the authors say, "... the electromagnetic energy *does not supply the energy for a given process but merely furnishes the energy to control or trigger it.*" p.436

[Arthur M. Young points out that a photon can trigger an atomic device resulting in a very large energy controlled by a very small, minimal energy source. He also uses the example of an elevator which comes to you by the slight pressure on a small button.]

[This type of mechanism seems to fit quite nicely with how I understand the results of my subtle treatment of energy and the powerful result of TFT due to the specific information contained in the treatment points I have selected.]

" ... appear to affirm unequivocally the existence of ESF-induced trigger phenomena in biologic systems. The phenomena certainly are not energetically driven by the externally applied field but instead must be initiated by information transmitted by the applied field and recognizable by the system that itself is the ultimate source of the necessary energy." P443

MAGNETIC RESONANCE IMAGING

It works because organ tissues have a magnetic resonance signature as distinct as a fingerprint. Tissue's fields respond at different rates when in magnetic field and exposed to pulse of radio energy.

A perturbation is not a random disturbance in a field nor is it a block in a meridian; quite the contrary, it is a highly specific trigger of a defensive emotion such as fear. The P governs and controls the physiologic, neurologic, and chemical aspects of a negative emotion. A mere random disturbance could not carry out these complex physical responses. The need to state this specification is that the meaning of p is more related to the psychological aspect of "perturbation", i.e., "a cause of mental disquietude" than to the direct disturbance of a field. The correlation between the two meanings is probably more than coincidental. (RJC)

FIELD is a complex of forces that serve as causative agents in human behavior.
Webster's New Collegiate Dictionary. 1977, Merriam, Springfield, MA.

Popp, F.A., Warnke, U., Konig, H.L., and Peschka, W. Eds. Electromagnetic Bioinformation. Urban & Schwarzenberg., Baltimore 1989

They claim that *fields are more basic than chemistry*. This certainly coheres with my own findings; e.g., that my treatments are far more effective than tranquilizers or other drugs.

p 5. *"Now there is evidence that it is the informational aspect of biological systems that characterize the essential view of life. And this is less reflected by biochemical findings, but rather by a level beyond the domain of chemical reactivity, namely that of electromagnetic fields."*

K.H. Li - *Inst of Physics, Chinese Academy of Sciences*
Beijing, People's Republic of China

From:

Nordenstrom, B. Biologically Closed Electric Circuits: Clinical, experimental, and theoretical evidence for an additional circulatory system. Nordic, Stockholm, 1983.

vii Professor of Biochemistry Jacques C. Hauton, writes in the Forward:

"With profound conviction, I dare assert that no vital process can be fully understood without considering this new electrophysiologic theory. and

"Bjorn Nordenstrom found himself led beyond the concept of the biologically closed electric circuit to predict the existence in organisms of an electrical circulatory system - a system not only as complex as the circulation of the blood but also one which intervenes in all physiologic activities."

and Professor of Medical Electronics Bernard W. Watson
of St. Bartholomew's Hospital, London comments:

p viii Nordenstrom's research "...indicates that electrical forces must be of fundamental importance to maintain, e.g., homeostasis."

Nordenstrom, p1 [Injury to tissue leads to structural modifications in tissue] "These modifications are of considerable interest because they represent a result of the process of healing." This is of interest in psychotherapy since positive results are examples of healing.

p 318 Nordenstrom quotes work of Ingvar who "showed (in 1920) that external electric fields are capable of orienting growing structures in vitro. This led Burr and Northrop (of Yale) to formulate an "electrodynamic theory of life" based on interdependence between biologic particles."

p 319 "... vascular-interstitial closed electric circuits (VICC) represent energy pathways available in all vascularized tissues.

p 326 treating inoperable lung cancers "These attempts to induce healing by direct current of non-operable, but relatively small cancers in the lung have shown encouraging results."

p 328 "Recent reports by scientifically trained, western physicians support the idea that acupuncture can not simply be dismissed as psychological hocus-pocus." [He believes his work offers the possibility for a scientific rationale for acupuncture thus making it more acceptable to scientific physicians.]

p 336 "BCEC systems should be regarded as an additional circulatory system for selective transports and modulation of biochemical reactions within the circuits.

Koenig, p 63 "One can, therefore, conclude in agreement with Pressman that enough direct and indirect evidence now exists to support the claim that electromagnetic forces in general must

play a role of an as yet incalculable importance in the information transfer between or to living organisms." and

p 72 "If a living organism picks up information, however small in energy content, but which it can process and react to, it will do so in an extremely energetic way because its *internal reaction-mechanism will act as an amplifying system.*"

He gives example of horse at twilight, a few photons showing an obstacle reach the eyes. The horse jumps over the obstacle - energy of photons which give obstacle information is very low - the activity of the horse's jumping amplifies the photon energy by a factor of billions.

and also in EMG INFORMATION

Fischer, H. A. p193 "There is good reason for believing, however, that in addition to mechanical and chemical forms of communication, there are more, biophysical ways of communication."

p195 "... single photons of the optical range of the spectrum influence physiological processes." and

"If the nervous system were not responsive to photonic stimulation vision would never have evolved."

Zimmerman, J.T. and Roger, V.J. Biomagnetic fields as external evidence of electromagnetic bioinformation. in Popp (below)

p228 " The weakest biological fields yet recorded are those of evoked cortical activity. It is about a billion times less than the magnetic field of the earth."

TAPPING

Burr, H.S. book

p78 "*Unlike the nervous system, however, there seemed to be a fairly close correlation between the strength of the tap and the electro-metric response of the protoplasm. A weak tap produced a relatively small change in voltage gradient, whereas a heavier one increased the magnitude of the electrical response.* There was, however, obviously, a plateau of the response beyond which the protoplasm showed no further increase in voltage output. This, of course, is unlike the all-or-none phenomena to be found in neural protoplasm."

MORE NOTES FROM BURR ...

10-22-93 POLARITY

Burr's extraordinary work and that of his students took place in the 40's and 50's. I was led to this work out of the attempt to understand the dynamics of why my therapy works so well. If it weren't for my therapy findings and the obvious fact that they relate in some way to body information and energy in a fundamental way, I never would have encountered this most interesting and exciting work.

Burr makes a prediction on p110 which I can resonate to: "As the scientists of the future acquire a more comprehensive knowledge of L-fields, they will gain a greater understanding not only of man's body, but of mind and behavior ..."

You were so right Professor Burr.

112 Burr makes the wise observation that anyone who predicts the end of science will be shown to be mistaken as a new discovery in the science is made. Bohm also makes the same claim and documents this fascinating fact throughout his work. There are conventional scientists who have proclaimed that science has ended. WRONG!!!

As Sheldrake points out, Burr equates what he calls the L [life] fields with morphogenetic fields and they can be considered to be separate. According to Sheldrake they exist apart from energy but when they enter living systems they do indeed take on energy from the living system.

CHEMISTRY AND BEHAVIOR

p 121 "Chemistry, whatever its origin, is a consequence - and not the cause - of behavior."

"Chemistry cannot help us. It is true that we can destroy - or produce a malfunction of - parts of the nervous system by means of drugs. They can often modify behavior to some extent but this is only because they knock out one component so that another component can take over." [I love this guy! He comes to similar conclusions which I have reached through my therapy. Tranquilizers for example, make numb certain aspects of awareness, as alcohol can do.] Most drugs make HRV worse.

Langman reports that upon removal of malignant tissues through hysterectomy, measured polarities changed from negative to positive.

p 68 "One of the few things we know of in the Universe that has direction are the electrical properties of things, in general. ... The organism, as a whole, depends on such directions.

p 60 Burr explored the electrical properties to a strain of cancer susceptible mice. Actually there were four groups of mice a/normal control; b/a strain known to have high rates of spontaneous mammary cancer; c/ a strain prone to atypical growth following carcinogens exposures; D/ a strain which readily accepted implanted malignant tissue.

The control group showed a different electrical pattern from the other groups. Measured from axilla to mouth; tissue implanted on one side so measures on both axillae allow control.

24 to 28 hours after implantation changes were observed in voltage gradients. Difference increased steadily to maximum of 5 millivolts on or about the eleventh day, following which it decreased.

p 60 "In all of these measurements, the axilla containing the implanted foreign material was negative to the opposite axillary region."

p 68 "These experiments on mice, of course, offered valuable confirmation of our findings that atypical voltage-gradients in the fields of women are associated with malignancy."

p 107] **CHEMISTRY AND ENERGY [OR FIELD FORCES**

"To be sure the chemistry is of great importance, because this is the gasoline that makes the buggy go, but the chemistry of a living system does not determine the functional properties of a living system any more than changing the gas makes a Rolls-Royce out of a Ford."

ANALYSES OF PROTOPLASM

p 108 The rather amazing thing about protoplasm, which is the constituent of all life, is that there are fundamentally only four chemical substances involved - carbon, oxygen, hydrogen, and nitrogen.

DIRECTION OF MOVEMENT IN NATURE

p 108-109 "Among the aspects of nature capable of introducing direction are electrical properties - electromagnetic, electrodynamic, electro-static. With these, there is always a direction in which the particles move. The motion is always between one pole and another of the environment.

CANCER AND POLARITY

p 54-55

Malignancies were indicated by negative readings not only on the site of the electrode but throughout the generative tract including the ovary.

Even though the active electrode was in contact with the cervix which was several centimeters distant from the malignant tissue - the results are in line with EEG and the EKG. The magnitude was such that it ruled out changing pH of the generative tract.

p 55 "Surprisingly enough, these findings were never picked up in the literature and have not been extended further or repeated under other conditions ." Probably because it is difficult to recognize that these changes represent changes in the FIELD of the system and, therefore - as in the case of the EKG and the EEG - the active electrode need not be indirect contact with the tissue which is showing the greatest changes in voltage gradient.

"It took over 30 years before the EKG was perfected to the point where it could become a useful adjunct in the clinician's office. ... The explanation of the EKG, however, has never been really unraveled satisfactorily. The fact that the ***electrodes do not have to be in contact with the heart, that the change is exceedingly rapid and cannot be explained by electro-phoresis or***

any of the other simple answers to the transmission of changes of voltage gradient, was finally ignored because of the value of the empirical results.

"Similarly, in the case of the electrical ovulation changes and the malignancy changes in the generative tract of women, it is not necessary for the electrode to be in direct contact with the tissue showing the great change. But the voltage change is transmitted over a distance promptly and in such a form that at present the only successful explanation is that the electrometric characters of tissue, in general, and of the generative tract, in particular, are transmitted by the primary electrodynamic field."

M FIELDS

p 12-13 He discusses the life or L fields and it is clear he believes that these electrical fields ARE the m fields. There is a fine line where I think Sheldrake's point is well taken and that is the shapes are probably not governed by the electric field although they are a result of the living energy of life itself which is electrical. It is not mystical as the "life force" was believed to be because it can be seen with instruments and measured.

Hyland, G.J. From Theoretical Physics to Biology: The forward path of theory with Herbert Frolich. in Barrett, T.W., and Pohl, H.A. (eds) Heidelberg, NY, 1987.

p 158

"... certain collective concepts that are already familiar in physics have found some surprising applications to biological systems, entailing, for the first time, the possibility of a non-chemical control of the whole system, and one which can be switched on and off according to the level of metabolic activity. It is, of course, precisely this activity that distinguishes animate and inanimate matter.

Basset, C., Pawluk, R. Pila, A. Acceleration of Fracture Repair by Electromagnetic Fields. A Surgically Noninvasive Method. 242-261.

"During the past 15 years, a variety of biological systems have been found capable of transducing mechanical to electrical energy." 242 [This could explain the effects of my therapeutic tapping on selected points of the body.]

An orthopedic surgeon who took my Causal Diagnostic training reported that he had a patient whose leg fracture would not heal. After tapping the PR point he observed healing begin; it was not necessary to remove the leg as if usually is in such cases. This experiment confirmed something I have believed possible for many years; the easy and simple treatment for PR can perform wonders.

LIFE AND ENERGY

When modern scientists speak of body energy they are referring to ordinary physical or electric energy which is a concomitant of life (see references for numerous examples).

We live in a virtual sea of electric and other energy. There is the commonplace pervasive electricity evident when there is a violent thunderstorm. Modern physics has revealed that even in the vacuum, i.e., a restricted area removed of all matter, air and radiation, that there remains an unbelievable amount of what is called in physics, "zero point energy." Eminent theoretical physicist David Bohm (author of standard text books on relativity and quantum theory) estimates that according to quantum physics there is more energy in one cubic centimeter of empty space than in all the known matter in the universe (Bohm, p191, 1980). It is no exaggeration to say that we are living in a virtual sea of energy. Like fish who live in the actual sea, we are usually unaware of the constant surrounding of electric energy.

EARTH AND ENERGY

Thunderstorms create electric fields. Water flowing over rocks in rivers and falls creates weak electric fields; ocean currents generate weak fields by passing through the earth's magnetic field. Local chemical variations in water creates weak fields. The Italian, Volta discovered electricity in the leg of a frog.

Dr. Bjorn Nordenstron, a creative and well known radiologist of Karolinska Institute in Sweden, has written an exquisitely detailed book of his brilliant scientific investigations into the electric energy systems of the body - "Biologically Closed Electrical Circuits: clinical, experimental and theoretical evidence for an additional circulatory system," published by Nordic Press, Stockholm, 1983. In the April, 1986 Discover magazine he was the subject of the cover article. This article is an excellent introduction to his work.

Another good introduction of body energy is "The Body Electric: Electromagnetism and the foundation of life" by Robert O. Becker and Gary Selden. Dr. Becker is an orthopedic surgeon who has pioneered the scientific investigation of the body's energy system. Orthopedic surgeons are aware that broken bones do not always knit and it is a tragedy which can cause an otherwise healthy young person to lose a limb. Sometimes the placement of a battery or electric device at the site of the fracture will cause the bone to knit.

For an additional major source of information about body energy and its effects: See the Annals of the New York Academy of Sciences vol 238, Oct 11, 1974.

FIELD

The British biologist Sheldrake defines field: (The Presence of the Past, Vintage, NY, 1989, page 367 "A region of physical influence. Fields interrelate and interconnect matter and energy within their realm of influence. Fields are not a form of matter; *rather matter is energy bound*

within fields. In current physics, several kinds of fundamental fields are recognized: the gravitational and electro-magnetic fields and the matter fields of quantum physics." In Webster's New Collegiate Dictionary, I came across a definition which seems applicable to our therapy: "a complex of forces that serve as causative agents in human behavior."

If we go to the deep level of quantum theory, David Bohm an eminent theoretical physicist states that quantum theory implies that " *... even an electron has at least a rudimentary mental pole, represented mathematically by the quantum potential.*" and further "*even subtle mental processes have a physical pole.*" *Certain experiments in quantum physics give strong support to Bohm's notions.*

Psychological Reversals (PR) Block Emotional, Physical and Spiritual Healing

Joanne Callahan, MBA

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Emotional Healing and PR

This has been well documented during the course of Dr. Callahan's discovery and development of Thought Field Therapy (TFT). The TV segment he appeared on with Tom Snyder was a very clear example of how a PR can block the healing of a phobia (*Introduction to TFT* video).

Physical Healing and PR

Dr. Callahan has had numerous reports of physical problems "spontaneously" healing after the correction of a PR.

My first visual experience with a reversal on a physical problem was about 17 years ago. Roger and I were walking along a beach, on vacation, in San Diego, CA and I stepped on a bee. Immediately, my foot began to swell and was very painful.

I told him the last time I had been stung by a bee (10 years ago) I had needed an allergy shot to reduce the swelling. Bee allergies ran in my family, with both my brother and grandmother severely allergic.

As we were some distance from an urgent care or hospital, and, on vacation, he said let me treat it. He tested me and a PR was present. We corrected it (tapping the side of hand) and immediately, the pain began to subside and the swelling started to go down. I thought, great, and we continued our walk. Apparently, the simple PR correction allowed my body to fight the bee toxin or venom and heal.

It was very interesting, as over the next few days, while the venom was slowly leaving my system, my foot would occasionally start hurting and swelling. I would correct my PR and the pain would go away and the inflammation dramatically decreased. Each of these reoccurrences was with less intensity. It was a great visual demonstration of the healing process and PR correction.

While we knew that PR could block physical healing, we mostly worked with emotional problems so did not often have the chance to observe this happening. We did get reports from practitioners from various fields, also trained in TFT, as to their experiences in PR and the healing of physical problems. We have reports that include:

Chiropractor
Orthopedist
Priest
Dentist
Nurse
Psychologists
Patients

adjustments holding
bones knitting
malaria symptoms
abscess healing
dengue fever symptoms
cancer tumors eliminated
poison ivy rash disappears

We heard this kind of reports regularly but had not focused on physical problems until more recently, 2001, when we were faced with helping me get over a Stage IV Non-Hodgkins Lymphoma. We found that I had many levels of PR both for the cancer and at each tumor location. We tested and corrected these reversals many times, each day during my recovery. Note: I did not have any chemotherapy, surgery or radiation but only a course of treatment with the Burzynski Clinic, Houston, TX. I have been cancer free for three and a half years now (last PET Scan 9/06). No reversals show at the old tumor locations or for the disease.

When Alvaro introduced us to an effective voltmeter for measuring PR we began exploring its use with emotional and physical problems.

I read in the publication, *The Whole Dog Journal*, *A monthly guide to natural dog care and training*, that holistic veterinarians had reported eliminating cancer tumors on dogs by spraying on Rescue Remedy directly on the tumor location.

This report was very interesting as it fit in with Dr. Callahan's theory that cancer tumors had a negative polarity, his early finding that Rescue Remedy corrected reversals, and our treatment and correction of reversals during my cancer treatments.

I immediately purchased all three forms of Rescue Remedy and began experimenting with them and the voltmeter. I tested any kind of condition I could find to see if there was a reversal present and then tried both tapping and Rescue Remedy for corrections.

My investigation into physical PR's and correction has led me to believe that most aberrant conditions, not healing or chronic, involve a reversed polarity at some level and that correction of that reversal will allow a healing process to begin. I will list some of the conditions I have tested and am testing with this theory.

Testing Method

I hold the black electrode on my thumb and the red electrode on the area that is to be measured. I then turn on the voltmeter to measure millivolts and let the measure stabilize within a range.

I then move the red electrode to another, close by but healthy, location to see if there is a difference. If all locations are negative there is a massive reversal and/or strong toxin present which should be addressed before going further.

Arthritis

I have an arthritic joint in my foot, big toe area. When it is inflamed, it measures a negative polarity while a couple of inches away; the measure shows a positive polarity. I sprayed the negative joint area with Rescue Remedy spray and took another measure. It was then positive.

I found that this correction would hold about 12 hours and the pain and swelling would subside rather quickly. I repeated this daily for about a week and then the stayed positive. It didn't go back into reversal until a few weeks later when we went on a trip. Perhaps this was caused by

toxins from eating out, fatigue, travel, etc. I then used the Rescue for a few days and it has held up again.

The joint is no longer painful and the swelling is gone. You can still see the enlarged joint. I am waiting to see if it merely stopped the process or will reverse the arthritic process as well.

Mosquito bites

I am very sensitive to mosquito bites. They swell, itch and remain bothersome for quite a long time. Based on my previous experience with my bee sting and our recent work with malaria, I thought perhaps mosquito bites would respond as well.

I measured directly on the bite and found that it was negative while the surrounding tissue was positive. I tried the Rescue Spray but the correction did not seem to last very long. The Rescue Cream, however, when applied, corrected the PR and seemed to last much longer. The itching and swelling would go away and the bite just seemed to heal very quickly without a reaction.

Leg Cramps

I occasionally get leg or foot cramps at night. When this happens I would have to get up and continually correct the PR, do the floor-to-ceiling eye roll and walk around a bit until it quit.

Recently, I got a foot cramp during the night so grabbed the Rescue drops and put a couple of drops on my foot. The cramp just melted away, instantly as I rubbed the drops in. What a relief!

I have had this happen one additional time and did not have the drops handy, only the spray. It too worked but I had to spray several applications to get a complete elimination of the cramp in my leg.

As these were both in the middle of the night I did not get a voltmeter reading but would guess it would have been negative initially and gone positive after the Rescue application.

Joint and Muscle Pain

We have tested joint and muscle pain and found it to have a negative polarity. Spraying Rescue Remedy would correct the PR but only briefly and the pain continued. After much testing and correcting, we found my jacket to be toxic and creating the PR and block to healing. Upon removing the jacket, the PR stayed corrected and the voltmeter measured a positive polarity. The pain also subsided.

Skin Abnormalities (perhaps pre-cancerous)

These patches of skin, including some known skin cancer lesions have respond to both tapping and Rescue Remedy PR corrections. I have only had the opportunity to measure some of them

with the voltmeter but all showed a negative polarity pre-treatment and a positive on post measurements. These corrections needed to be repeated about every twelve hours with the Rescue Remedy and several times daily with tapping. The skin problems cleared up in about a 5-7 day period each time.

Warts

I have just started looking at this problem. I have found that it tests negative on the wart and positive on the surrounding tissue. The PR correction seems to hold best with the Rescue Drops and lasts about 12-24 hours. The discomfort has gone so we are watching the wart development. Perhaps the body will now have ability to heal this wart. Who knows!

Caution:

Always test a substance for toxicity to the individual before you use it on someone. Rescue Cream, e.g., has shown toxic for some people.

Spiritual Healing and PR

I believe TFT removes our blocks to a more spiritual being. The corrections of all levels of reversals from massive reversal to that of a mosquito bite, removes the blocks for us to become more in one with nature and our higher power, to do good and be positive in this stressful world.

Summary

I believe we are learning how to have more control over our ability to start the healing process and polarity and psychological reversal play a key role in any healing.

I think we are just on the tip of the iceberg with this material and an exciting road to improving all healing. Please test, measure and correct reversals as you find them and then report back to us.

REFERENCES

Basset, C., Pawluk, R. Pila, A. Acceleration of Fracture Repair by Electromagnetic Fields. A Surgically Noninvasive Method. 242-261. in Liboff, A. R., and Rinaldi, R. A. (eds) Electrically mediated mechanisms in living systems. Ann. N.Y. Acad. of Sci, 238:1, 1974.

"During the past 15 years, a variety of biological systems have been found capable of transducing mechanical to electrical energy." p 242 [This could explain the effects of my therapeutic tapping on selected points of the body.] These are critical findings lending support to the theory of TFT.

SOME ADDITIONAL ENERGY QUOTES

Dyson, Freeman J. (1953) Field Theory. *Scientific American*, April, pp 57-64.

p 58 "All fields in nature are quantum fields."

p 59 "Atoms are held together by electric fields, therefore it makes no sense to try to explain the electric fields in terms of mechanical models."

p 59 "To a modern physicist the electric field is a fundamental concept which cannot be reduced to anything simpler."

p 61 "There is nothing else besides these [quantum] fields."

King, Gilbert W. (1952) Information. *Scientific American*, Sept, pp 132-148.

p 133 "A fundamental property of information: in any physical system - it is never available without some noise or error."

p 133 Mathematical physicist L.N. Brillouin has shown that information is in fact, negative entropy.

p 133 Information can be sampled in finite time intervals and an exact reproduction can be made from these samples [Fourier transforms, Gabor, hologram]

Bohm quoted in Talbot, M. Holographic Universe p 179 "*We do not know what ANY field is ... we name a new field, use it and it no longer seems mysterious. But we still do not know what an electric or a gravitational field really is.*"

RJC 9-30-03 - After using such concepts for a while, we simply get used to them and they no longer seem mysterious.

CALLAHAN TECHNIQUES®
THOUGHT FIELD THERAPY®

GLOSSARY

(c) 1996
 revised 1997
 revised 2003
 revised 2006

Roger J. Callahan, PhD

ADDICTION An addict does the same thing that most modern psychiatrists recommend - “when anxious take a tranquilizer”. The typical addict chooses from a far wider variety of tranquilizers than the psychiatrist. A very powerful (compulsive) urge or overwhelming desire to consume some substance (heroin, nicotine, sweets, cocaine, tranquilizers, etc.) or engage in some activity (nail biting, hair pulling, counting, hand washing, etc.). The substance or the activity is in some degree (mild to severe) harmful for the individual and his interest.

ADDICTIVE URGE The immediate desire, urge or compulsion to engage in consuming an addictive substance or engaging in an addicted behavior. It is powered by a growing intensity in anxiety and the consequent need for a tranquilizer. It is the TFT theoretical position that all tranquilizers merely mask anxiety they do not eliminate the cause. An effective masking tranquilizer becomes addictive.

ADDICTIVE URGE TREATMENT The thought field therapy procedure for reducing intense anxiety and thereby reducing or eliminating the withdrawal symptoms associated with addiction.

ALGORITHM The general definition of an algorithm is (Youngson, R. M. (1994) The Guinness Encyclopedia of Science, Guinness, Middlesex. England; p. 232) “A sequence of instructions to be followed with the intention of finding a solution to a problem. Each step must specify precisely what action is to be taken, and although there may be many alternate routes through the algorithm, there is only one start point and one end point.” The start point in TFT is usually a SUD of 10 and the end point, hopefully, is a 1. In TFT an algorithm is a recipe or formula for treatment of a particular problem discovered by TFT diagnosis which has been tested on many people and has been found to have a high success rate. An algorithm permits an untrained person to enter the domain of TFT treatment success without the necessity to learn the more complex diagnostic procedures which permit a higher success rate.

ANECDOTE A disparaging term used against reports of therapy success or even therapy success which is witnessed by many professionals. Used in contrast to anecdotes of “controlled re-

search” which consists of stories told of “research” carried out in secret and about which the readers fervently hope is honest and reliable. [It is, alas, established that scientific research may be fraudulent.] If the research does not support the favored idea perhaps the researchers have not been sufficiently well-trained or did not carry out the proper protocol. [See 4-25-96 Wall Street Journal, page 1. Bitter Pill is headline] The makers of a popular drug found that a study they financed did not report the findings they wanted to have [The study showed that cheaper versions of the drug had as much effectiveness as the more expensive drug.] Although the research passed peer review it was withdrawn. Reminds me of the very controlled drug study, the first double-blind study ever done on psychotropic meds, in which I was one of the authors and researchers, where much to our surprise we found no support for the drug. Although the study was reported in an AMA journal, the company gave us no more money. Some researchers might be compared to rats in this respect - they quickly learn what response receives the reward.

ANXIETY A type of vague intense fear which is pervasive, non-focused, and extremely unpleasant.

ANTICIPATORY ANXIETY A myth. There is no special character to “anticipatory anxiety.” It is identical to tuning into a perturbed thought field (see below) - it may be called anticipatory when the tuning takes place immediately prior to engaging in a feared situation.

APEX PROBLEM The apex problem is when a treated client accurately reports that the problem is gone but is unable to see that the therapy did the job. It is a robust tendency, it could be called a compulsion, for treated clients or even scientific observers of therapy, to give "explanations" of the treatments which careful thought reveal to be totally inappropriate and irrelevant. The common “explanations” are “distraction”, “hypnosis”, “exposure,” or “placebo”. Many therapists who observe TFT will say that the treatment works by suggestion, placebo, or hypnosis even though there is no basis in reality for such a claim. Typically, professional observers of the phenomenal demonstrated results of TFT will not **ask** but rather will compulsively **tell** the therapist their (usually totally irrelevant) version of what took place. A good example was a host of a radio show which had a river boat theme, and he called himself “Captain Andy”. He asked me to demonstrate my treatment on his teenage daughter who had been quite bothered about something for some years which, we did not go into. I guided her through some treatments and took her from a SUD level of 10 to a 1. She was quite naturally pleased by this result. Captain Andy then accused her of lying. Many TFT trained therapists insist on recording a therapy session because some clients “forget” that they had a problem after the rapid successful therapy. We call this phenomenon the “apex problem” since the mind is not operating at the apex or top level. When confronted with something as strange and revolutionary as TFT, the mind has trouble shifting out of the inertia gear. Mental work at the apex of the mind is required to grasp and understand these new treatments. Most of us attempt to avoid such work and mistakenly attempt to fit our observation into something we **believe** we understand. As mentioned, many therapists who witness dramatic rapid changes appear to be compelled to give an “explanation”. It is the rare and, we must add, wise therapist who **asks** “why”? The identification of the apex problem has scientific utility in that it refines prediction, i.e., we predict that the client will report improvement and further predict that he is not likely to credit the therapy for the improvement. The apex problem is a form of cognitive dissonance or “left-brain interpreter” which is common in split brain research.

AMYGDALA An almond shaped portion of the brain which is receiving much attention by some of the most accomplished researchers in psychology. They believe that this portion of the brain will ultimately be shown to be the basis for controlling anxiety and other problems (LeDoux). There is no current support for this promise of ultimate control and there is not likely to be any since, like the chemical theory, the researchers we believe, are looking in the wrong ball park. The meridian system can be readily shown to be the fundamental control system for the negative emotions.

ATAVISM A term in biology which refers to a throwback to an earlier ancestral form; e.g., a human baby born with a tail or extra nipples. In TFT the term refers to the return of a psychological problem, within the individual's lifetime, which has been eliminated by therapy or has been subsumed naturally due to maturity (see NEOTENY). Biological atavisms have been shown to occur under toxic influence, radiation, anesthesia, etc. In a similar fashion, we find that toxins can generate the return of a problem which has either been successfully treated or eliminated through maturation. An example of the latter is a person who through normal development outgrew the fear of heights which is universal in crawling infants (indeed, is universal in all land-based chordates) but the fear suddenly return at some later point in life. This is analogous to a successful treatment that is undone.

CAUSALITY *"The most practical and the only foolproof method of scientifically testing a causal connection between A and B is 'wiggling' one of them and watching the response of the other. We are not interested here in what might be called 'historical causality' (establishing a causal connection in a single chain of events) but in 'scientific causality' (establishing such a connection in repeatable events) ... It is the external control of A together with the correlation with B that establishes, in a good Humean sense, the causal connection between them, as well as the fact that A is the cause and B, the effect."*

Newton, R. (1970). Particles that travel faster than light? *Science*, 167, (3925), pp 1569-74.

This principle illustrates the fundamental TFT finding of the isomorphic and causal relationship between the perturbations in the thought field and their bodily counterparts as revealed by TFT diagnosis and the powerful, and almost always immediate treatment results that are achieved when proper TFT treatment is done..

CHEMICAL THEORY The theory which holds that chemical changes in the brain and body are the **basic** or fundamental causes of disturbed emotions. Although there are certainly chemical hormonal facts concurrent with negative emotions, I propose that the chemistry is secondary or tertiary to the more fundamental perturbations (see below). The positive treatment effects in TFT are too rapid to be fundamentally chemical.

COMPULSION A powerful urge or desire which is extremely difficult or impossible to resist.

CONCATENATION To link together in a link or chain. Codes for subsumption of perturbations are concatenated by diagnosis. This is a big word that accurately describes what is done in TFT causal diagnosis.

CONTROL SYSTEM A small system which governs or controls a larger system. The control systems on an automobile consist for example, of the accelerator, the steering wheel, the gears, and the brake. The control system for the negative emotions resides in the body's little known but demonstrably palpable and real energy or meridian system.

CRITICAL EXPERIMENT If a person has tried a number of different treatment programs for a problem and none have helped and then when TFT is used the person is cured of the problem; this is what I call a *critical experiment*. For example a student was fooling around with a bunch of random treatments and claimed to have high success with them. However, the student then had a terrible panic attack and tried all the presumably successful "random" treatments and none helped. This left the student in an ever greater panic. I was called to do VT on this student and I found he was getting even more panicky because he just had an HRV done and the score was the worst he ever had – the SDNN was a low 38ms. VT elicited two brief holons and the the panic was completely gone in about 7 minutes. Another HRV was done and the SDNN was now a healthy 140 ms. Critical experiments can tell us a lot about various theories and especially the effectiveness of certain treatments.

CURE The eradication or significant reduction of a problem. A complete cure means that *no* symptoms or aspects of the problem remain after treatment. After a cure it is relevant to track for endurance. If there is no toxic exposure, or other extreme stress, the cure will likely endure. A very important discovery of mine is that a cure can be undone by a toxin or IET to be more specific.

DIAGNOSIS The art of discovering the fundamental causal conditions responsible for a problem. Conventional psychological diagnosis is typically directed toward classifying a person according to symptoms with little or no direct implication for treatment. Diagnosis in TFT is directed toward identifying the specific causes of the problem for the purpose of treatment (p's - see perturbations below). TFT diagnosis does not consist of bestowing mere descriptive terms but rather is a *dynamic revelation of causal constituents*. Diagnosis may be considered to be a translation of the encoded language of the negative emotions (information) into a form which can be addressed in treatment. (See Language of negative emotions below).

ENERGY SYSTEM A palpable, tangible, series of electric or electromagnetic circuitry or meridians throughout the whole body which act as a governing force in healing and growth. These electric systems have been scientifically established at various research centers. The energy or meridian system acts as a control system for the negative emotions by hypothesis. The reality and powerful relevance of these systems is made quite apparent with TFT.

FEAR A highly focused unpleasant emotion which provokes avoidance. It is a natural capacity of higher chordates which helps protect the individual by influencing the avoidance of danger (see Anxiety and Phobia).

FIELD The (regular) dictionary defines field as "*a complex of forces that serve as causative agents in human behavior.*" More generally a field is an invisible non-material structure in space which has an effect upon matter. "Field" was introduced to science by Michael Faraday the brilliant self-educated genius of science. Einstein gives credit to Faraday, in his Nobel ac-

ceptance speech, and states that if Faraday had gone to college he probably never would have been able to invent the revolutionary concept of field which is fundamental to Einstein's and (also) Maxwell's work in physics. For example, the gravity field is seen to cause the ocean to curve around the gravity curved earth. In the psychological realm the thought field is considered to be more like an electromagnetic pattern on video or recording tape; i.e., it is not chemical nor cognitive in its basic constituency. Today, many scientists consider that everything is composed of fields. **"The visible world is neither matter nor spirit but the invisible organization of energy."** Heinz Pagels (physicist). The term morphic field was introduced into biology (to explain the shape and form of living things by Alexander Gurwitsch (Russia) in 1922; and independently in 1925 by Paul Weiss (Vienna). Waddington in England, in the 1950's, added the concept of the "chreode" (necessary path) to the biological field which incorporated time in embryological development. Rupert Sheldrake introduced the concept of morphic resonance between similar fields which can account for how instinctual information is transmitted - such information cannot be contained in the DNA but can only be learned in interaction with the environment. In 1991, I introduced the concept of **perturbation** (see below) to account for the fundamental causal aspect of negative emotions. If a bee is placed in a strong magnetic field his hive mates will no longer recognize him.

GAMUT SPOT A commonly used treatment spot in TFT which is located on the back of either hand.

GAMUT TREATMENTS A series of nine treatments which are done while tapping the gamut spot on the back of the hand. This series of treatments, which is useful to see as a unit, is used for treating most problems. The nine treatments were originally conceived separately and later added into a new unit now known as the "nine gamut treatments."

HABIT An automatic behavior routine carried out without conscious awareness; similar to instinct. Allows us to focus our attention on other issues. Confused with addictions but distinguished from addiction by being **relatively** easy to change if conscious attention is focused on the issue. Addictions are difficult and habits are easy but the latter requires continuing conscious attention over a period of time in order to be modified.

HEART RATE VARIABILITY (HRV) HRV is a very important medical test that measures the intervals between heart beats and yields information that gives an index of the person's general health or closeness to death. It is the very best predictor of death there is. For example, a big problem is the death of seemingly healthy people who suddenly drop dead with no warning. In a special study carried out in the famous Framingham collection of studies, it was found that HRV was the only test that could predict those who succumb to sudden death with no other warning. The test measures the intervals between heart beats in milliseconds and gives a score called SDNN. SDNN means standard deviation in the intervals normal to normal meaning the program omits very atypical beats from the computation. HRV was discovered about 40 years ago at Yale University Hospital by a Dr Hon in the maternity ward. It was discovered, much to the surprise of cardiologists, that if the intervals between beats becomes lower and lower it is a sign that the baby may be born dead. This would allow the doctors to abort the infant so its death might be prevented. When they checked on HRV in geriatric wards, they found the same result. When the intervals between heart beats in older people become more and more even,

then this is a sign of danger in the elderly as well. I believe HRV is the very best measure of health that we have and it is known as a means of assessing the degree of success of different treatments.

The results with TFT in improving HRV are unprecedented. No treatment, so far, shows a bigger impact on HRV than TFT.

HOLON Holon refers to an architectural feature of TFT which refers to the structure of the therapy sequence - majors - 9 gamut - majors. Most problems require but one holon but some complex problems may require 40 or more holons before relief is experienced. Each gamut can define a holon.

HOW LONG WILL THE TREATMENT LAST? Sometimes asked with a sneer and intended as a derisive comment but strictly speaking it is a relevant question which only the passage of time for an individual can answer. Prior to doing TFT no one ever asked the author how long a treatment would last since not much was taking place in the treatments - in other words there was nothing **to** last. The question, whether intended or not, is always an implied compliment since it acknowledges by implication that *something* significant happened (as it usually does with TFT done correctly.). Orville Wright's first controlled flight in an aircraft **lasted but 12 seconds and traveled but 40 yards** but it was the start of a radical revolution in transportation. Interestingly, a week before the brothers developed a control device, Orville had a terrible crash and in despair, echoing his many critics, cried out in deep frustration, "Man will never fly in a thousand years!" This shows the natural tendency for discouragement which the brothers overcame. Important discoveries must break through the obstacle of discouragement as did the Wright brothers. For a therapist who is well-trained in Causal Diagnosis, the undoing of a cure is not a tragedy but is an opportunity to discover the **cause** of why the cure is undone. Through diagnosis, the toxin can be discovered, treated, and avoided until the cure is stabilized for over two months.

IET (Individual Energy Toxin) IET's are distinguished from the more general toxins such as lead, mercury, cadmium, arsenic, by the fact that they represent an **individual's** sensitivity to certain common foods such as wheat, milk, eggs, etc. It can be demonstrated that such foods affect the energy (testing) system first. IET's can be treated (usually **not** cured) by treating the individual and this evidently lowers the threshold for a while of the toxin. See Seven Second Treatment and the seven second plus treatments.

INERTIAL DELAY This term refers to an unusual situation in TFT treatment where the client shows no further perturbations in diagnosis and yet the problem or some degree of the problem remains. After the passage of time, varying from minutes to hours, the client then reports the problem gone. Since we expect a problem to be gone almost instantly in TFT, we take special notice of delays. It is audacious that we expect problems to be completely gone so quickly but that is our common experience.

INSTINCT Sometimes called "knowledge at a distance." The distance is usually expressed in time. Instinct is the only way to account for the complex navigational skills used by butterflies, salmon, and birds. Instinct is a set of complex behaviors which have not been learned by

the individual but which obviously required learning in interaction with the environment by living creatures over a period of millions of years. I have evidence to believe that this kind of complex information is not carried by the DNA (see *Stop the Nightmares of Trauma*). The theory of morphic resonance of Rupert Sheldrake offers the most likely explanation of the transmission of information over great distances of time and space..

ISOMORPHISM Isomorphism is defined in dictionaries (math) as: a one-to-one relation onto the map between two sets which preserves the relations existing between elements in its domain; something identical with or similar to something else in form or structure. This term in TFT clearly summarizes and expresses the basic finding that there is a strong one-to-one relationship between the perturbations (which are diagnosed or assumed to exist) in the thought field and specific median points on the body. [See the Callahan/Leonoff data as well as the VT demo audio tape for strong support of this fundamental hypothesis in TFT.] A “wiggling” of the appropriate meridian point or points (in proper order) will result in an immediate reduction or elimination of the disturbing emotion. It is from this strong relationship that we derive our causal notions.

LANGUAGE OF NEGATIVE EMOTIONS The causal aspect of the negative emotions exist in encoded form. Refers to the particular perturbations (p's), in their specific discrete order, which generate negative emotions. The requirement for specific order is similar to a combination lock; if the wrong order is offered it doesn't work. P's are often contained in certain common orders for specific problems which makes it possible to determine algorithms or common recipes for many psychological problems. Each negative emotion exists in encoded form which accurate TFT causal diagnosis reveals. Another language appearing in nature is that of DNA which determines the structure of proteins.

LEVELS OF TFT PROFICIENCY The lowest level is the algorithm which is quite simple and can be learned by video and/or better, by a course or seminar and can be done by anyone who studies the material carefully. Teachers of our algorithm courses must meet certain qualifications of training in TFT. The next level is indicated by the individual who has taken an **approved algorithm training seminar by a certified TFT instructor**. We also recommend that anyone who works with people study the relevant algorithm video. The next higher level is what we call the diagnostic level where the individual is trained in the more complex TFT diagnostic procedures and becomes certified after completion of diagnostic training. This level trains the practitioner to diagnose and treat, with greater success, and to address a much greater number of problems in the office than the first or algorithmic level can successfully do. Training at the diagnostic level is done through a combination of video, and audio tape instruction, writings and hands on in-person instruction and supervision. This program requires for would be algorithm trainers six months of devotion to learning and includes six months of VT support in working with difficult cases. The certified diagnostic level person also gains a much higher degree of understanding of theory and is empowered to causally diagnose and treat most psychological problems with a high degree of success. The highest level is the voice technology which requires training and equipment beyond the diagnostic level but requires the diagnostic level of training before becoming eligible. This level is a significant advance above the previous two levels. The voice technology training goes on for three years as needed. It is open only to those certified at the diagnostic level. The voice technology has the highest precision and success rate and allows

one to treat effectively by telephone which opens up world-wide potential markets for practice and consultations. As in all professions those who **practice** the treatments gain the highest degree of competence.

MAGNETITE Joseph L. Kirschvink, Professor of Geobiology at Caltech surprisingly discovered the presence of magnetite throughout the human brain. On November 5, 1992, Joanne and I saw him demonstrate this startling fact in a lecture. A magnet brought near brain samples under the microscope clearly showed the particles of magnetite. Keeping in mind that nature is rarely frivolous one wonders: what is magnetite doing in the human brain? Could it be there to be responsive to emg fields? We don't know but it is an interesting, little known, and surprising indisputable fact.

MAJORS A term which refers to the treatments which use standard meridian points such as under the eye, under the arm, beginning of eyebrow, etc. The term "majors" distinguish this aspect of the treatment procedure from the 9 gamut, floor to ceiling eye roll, and the psychological reversal treatments. The major treatments occur before and are typically repeated after the 9 gamut procedure

NEOTENY A problem or condition due to immaturity or the lack of full development. For example, all infants (and all land-based chordates) are born with an instinctive fear of heights which ripens when the neonate begins to crawl or move under its own power. The fear (acrophobia) is usually outgrown with normal development. A person who has been afraid of heights since childhood is considered "neotenus". A fear of heights which suddenly develops (returns) in adulthood would be considered atavistic (see above). I believe that such an atavistic phobia is very similar in principle to a person who has a phobia cured but sometime later it returns. The cause, I believe, in all instances is the presence of what I call an IET, or "toxin."

PERTURBATION (P) A perturbation, is an entity in the thought field. The p is viewed as the fundamental and basic cause of all negative emotions. A perturbation is **the unit** of fundamental causation of a negative emotion and correlates in a spectacular isomorphic relationship with specific alarm and treatment points on the body. Successful therapy subsumes or reduces the impact of p's in the thought field (see below). A p is a subtle, but clearly isolable aspect of a thought field which is responsible for triggering all negative emotions. No p, no negative emotion. The p is the generating structure which determines the chemical, hormonal, nervous system, cognitive and brain activity commonly associated with, and an intrinsic and necessary part (but not the fundamental cause) of the negative emotions. The perturbation contains the **active information** (see Bohm and Hiley) which triggers negative emotions. Bohm and Hiley describe their pivotal concept in quantum physics: *"... we have introduced a concept that is new in the context of physics - a concept that we shall call active information. The basic idea of active information is that a form having very little energy enters into and directs a much greater energy. The activity of the latter is in this way given a form similar to that of the smaller energy."* (Bohm and Hiley, p 35). The process described here for quantum theory appears to fit the notions of numerous investigators into the bio-energy realm as the process by which biological control systems operate. One may understand the relevance of the TFT usage of "active information" in that the microstate of the perturbations generate the macro state results in the person feeling depressed, angry, anxious, etc. Successful psychotherapy is the transformation (or sub-

sumption) of this active informational microstate (perturbation) which results in the commonly observed and successfully predicted elimination of the negative emotions in TFT. *A perturbation (p) is the fundamental and easily modifiable trigger containing specific active information which sets off and guides and controls the physiological, neurological, hormonal, chemical and cognitive events which result in the experience of specific negative emotions.*

The need for, and the evidence supporting the concept of perturbation is demonstrated, e.g., in my television treatment of a woman in Baltimore who was terrified of driving on freeways and over bridges. Every person treated will demonstrate this but the tv demo dramatically reveals the process and can be seen by everyone. First, she is calm and speaking to me in a highly relaxed manner appropriate for a mild social encounter in the comfort of her own home. She shows no signs of anxiety. However, in preparation to my treatment I ask her to think about the driving situation. Immediately, she is intensely anxious and breaks down with tears and obvious upset. Next, you see her driving a car on a freeway with no trace of fear. She then goes over a bridge with no problem. What happened? In order to answer this question seriously and with depth one needs to understand the concept of a perturbation. It obviously exists in the thought field. Why is this obvious? Before tuning the problematic thought field she had no anxiety. As soon as she thought of driving the perturbation generated the extreme fear. Obviously, the perturbation is not present when she is actually driving. I saw the evidence of the collapse of the perturbation as I treated her. In a few minutes, she could not get upset thinking about the problem. This meant, since she got very upset prior to this that the perturbation was completely subsumed. The acid test occurred as she was actually driving with no trace of fear. This is a fairly representative case.

I knew for years that there was an entity in the thought field that caused emotional upset and that this entity could be completely collapsed with our typical powerful treatment. For years I did not name this entity. One day it hit me all of a sudden that the name "perturbation" might be appropriate as a designation of this causal entity. I immediately got out my (regular) dictionary and the last definition thrilled me. It said, "Perturbation is a cause of mental disquietude." I jumped for joy because that is exactly what I was looking for. I changed the "a" to **THE** cause of mental disquietude. Some assume that emotional and other problems are caused by blockages in meridians and psychological reversal can cause a blockage but a perturbation is not some random disturbance in a meridian but rather is a highly specific bundle of critical information that has the marvelous capacity to control all the chemical, hormonal, and neurological phenomena that we see and know take place in anxiety, depression, and other disturbing emotions. The term "isolable" refers to the marvelous fact of nature that the problem is gone without disturbing or removing necessary information from the thought field. For example, it is known that LSD can eliminate the fear of heights, however, it also removes vital information about the danger and hazard of heights. This has been tragically demonstrated over the years when young people are known to jump out of windows after trying LSD..

PHOBIA A persistent fear of a harmless object or situation.. Most people with phobias are very much aware of the irrationality of the fear; which only adds to their difficulty. The knowledge that the fear makes no sense does not reduce the fear but merely adds embarrassment to the bad feeling. The commonly held idea that the problem is due to a lack of courage is without

foundation and shows a fundamental lack of understanding (see, e.g., Chopra, who like some others, wrongly believe phobias to be due to a lack of courage).

PSYCHOLOGICAL REVERSAL (PR) A state or condition which blocks natural healing and prevents otherwise effective treatments from working. Evidence for the state of PR is revealed when an otherwise effective treatment does nothing - then after the PR is corrected the same treatment, which did nothing the moment before, suddenly works. A person may be fine in most domains of his life and be PR in just one or a selected few. The PR state is usually accompanied by negative attitudes and self-sabotaging behavior. A most interesting symptom of PR is that concepts are reversed 180 degrees; e.g., a person will say South when they mean North, but will not say East or West when they mean North. The implication of this reversal of concepts is quite profound and is in need of investigation. It seems to relate to a fundamental aspect of direction (chirality, polarized light, etc.) in elemental reality. A similar and related symptom of PR is getting numbers or letters out of order; a special proof reader's mark exists for this type of error which illustrates how common it is. The upside down and backward writing of dyslexia is due to the PR. PR in most of us is a temporary condition and when we are PR and reverse concepts, letters and numbers, PR may be viewed as a kind of temporary "dyslexia". Interestingly, a form of speed is sometimes given to hyperactive youngsters to slow them down. The paradoxical effect may be due to this reversal phenomenon. A research study (Blaich) showed that of a number of rather complicated and specialized treatments designed to improve human performance including my treatment for PR. The rapid (10 seconds) and simple treatment for PR was by far the most effective in improving performance in reading speed and comprehension. Today, the PR treatments are routinely used in many elementary schools. We find the presence of PR on treatment effect to be quite lawful and predictable. We have found a high correlation between presence of cancer and PR. In a highly significant study done at Yale University back in the 1940's it was found that cancer patients had an overwhelming disposition to show a literal polarity reversal (as compared to normals) as measured by a sensitive instrument that measured body polarity (see Harold Saxton Burr, *Blueprint for Immortality: The electric patterns of life*; Neville Spearman, London, 1972). The concept of PR is relevant to all applied fields. PR is a vital phenomenon to successful treatment. My treatments would be significantly less successful (by 20 to 40%) if we could not correct this condition. MASSIVE PR is a reversal in most areas of life. MINI-PR is a block which kicks in during treatment and prevents the treatment from being complete. RECURRING PR is a reversal which returns as soon as it is corrected. Each of these variations of PR require their own special treatment or action. We are now using voltmeters to show the presence of PR and we have robust evidence that when we treat the PR, the reversal on the voltmeter literally changes from negative to positive before your very eyes! The introduction of the voltmeter to our work is resulting in better and more thorough treatments. One of the treatments I found to help PR in 1979 was the use of the Bach Rescue Remedy and our recent use of voltmeters has resurrected my interest and use of Rescue.

PSYCHOLOGICAL TRAUMA A psychological trauma is an experience or event which engenders significant emotional upset. The upset seems reasonably based. Examples of trauma are: rape; robbery; friend murdered; mugging; loss of a loved one, through death or perhaps even worse, through rejection; loss of a cherished job; child is kidnapped; etc. One of the worst traumas is when the person you love rejects or leaves you. These are the types of experiences

which we label traumas. It seems perfectly reasonable and appropriate for one to be upset in response to such events. The appropriateness of the disturbing emotion accompanying the event appears to be a hallmark of the notion of trauma. One might not expect trauma to be so responsive to therapy as it is to TFT. This surprising fact carries important theoretical significance. If someone loses his pen and is obsessed and very upset over this event, has nightmares, etc. it is not considered a trauma though it is an obvious psychological problem. In other words it is not the upset per se which is relevant but the appropriateness of the emotion to the event which is relevant.

PUBLIC DEMONSTRATIONS In the early days of psychotherapy treatments were secretive. Even today one can hear strong claims for success but it is rare that public demonstrations are given. A gentleman in his late 80's went for a physical examination since he was losing interest in sex. His doctor pronounced him in good health and told him that his decline was a normal function of aging. The man said, "But doctor, my friend Sam is 90 years old and he says that he has sex every night!" The doctor replied, "You can say that too!" In secrecy it is safe to make strong claims. I have done public demonstrations since TFT was first discovered. Recently, for the first time, I read an acknowledgment which recognizes the relevance of a public demonstration. The Wall Street Journal of Monday, January 29, 1996, page A9A mentions public demonstrations in an article on the controversial subject of cold fusion: A new claim which purports to create more energy than goes into a reaction (which if true will be revolutionary and doubtless nuclear in reaction) received the attention of Jerry E. Bishop, a writer for the Wall Street Journal in the article "A Bottle Rekindles Scientific Debate About the Possibility of Cold Fusion". The gadget, called the Patterson cell, after its inventor. Bishop points out **"The Patterson cell might have been dismissed as easily as other reputed 'cold fusion apparatus. But Mr. Reding and his colleagues have been bold enough to demonstrate it at three technical conferences in the last nine months. Most cold-fusionists are reluctant to show off their devices, because they are never sure whether or when they will work."**

There it is - a statement, the first I have ever seen in print, that acknowledges the significance contained in a willingness to publicly demonstrate one's revolutionary claims. I have been doing such demonstrations on behalf of TFT for over a decade and a half (see the Callahan/Leonoff data, e.g.) and to all appearances, either the professionals are unable to see what they are shown, or they do not realize the significance of being willing to put one's discoveries to a public test. The public, of course, is almost always skeptical.

QUANTUM LEAPS IN THERAPY It was apparent from the outset with TFT that not only is the therapy rapid and effective but the manner of progress is unique; i.e., the progress takes place in large definite leaps with the client evidently not necessarily passing through intermediate stages of the problem. My first case, Mary, for example, moved from a 10 to a 1 instantly and did not pass through intermediate stages of the problem. One would expect that a life-time and very intense problem would not only be slow but might necessarily entail necessarily passing through a number of intermediate stages on the way to getting well. The typical case that begins with a SUD of 10 progresses with each stage of therapy to a 7, then a 4 and then a 1. The intermediate stages are typically bypassed.

REPRESSION A habit of avoidance of awareness of a painful emotion to the extent that the choice to be aware is lost. The repressed person usually remains unaware of the extent of emotional pain present unless the pain is overwhelming. A repressed person is as easily diagnosed and treated as anyone else except they do not know how they are doing, e.g., as in a phobia until they are in the phobic situation. The majority of people are not repressed and are aware of emotional pain when they attune the relevant thought field. We have demonstrated that a repressed person will show evidence of the repression through the use of HEART RATE VARIABILITY. The pre-treatment score may be SDNN=80 as the person thinks of the terrible event over which they feel nothing. Then the traumatic event is treated and the person's SDNN jumps up to 120.

RESONANCE (see Tuning) The process that brings about attunement. A kind of physical bond which is brought about by a non-physical connection and may be operative in memory and tuning into a thought field. Proposed by Ninian Marshall in 1960 (ESP and Memory: A Physical Approach. The British Journal for the Philosophy of Science. vol X, February, 1960, No 40, pp265-286.) The concept provides the foundation for Rupert Sheldrake's notion of morphic resonance. Resonance is commonplace in the use of tuning forks and oscillating circuits used in radio and television; the oscillating circuitry in the receiver is adjusted to that of the transmission and when they resonate, the program enters the receiver. When a person attunes a perturbed thought field they become disturbed. For an excellent example see the case of driving phobia demonstrated on the national television show called "Evening Magazine." When the poor woman thinks about driving on freeways or over bridges she can be seen to become immediately and severely upset – see Perturbation above.

REVOLUTIONARY EXPERIMENT An experiment in science which reveals new facts which cannot be explained by conventional or accepted notions current at the time of the experiment. For example, the clinical psychologist, Martin Seligman, director of clinical training at the University of Pennsylvania in his book "What You Can Change and What You Can't Change" states on p.253, "*There are no quick fixes.*" and, "*Optimism is necessary for change to take place.*" Our reproducible experiment (therapy) overturns both these cherished common sense notions as well as many others. It is absolutely impossible to explain the results of TFT with conventional ideas in psychology. TFT may be seen as a repeatable revolutionary experiment in clinical psychology which many people can carry out on their own.

SCIENCE The proper function of science is to respect facts and to revise theories in the light of new facts. Science is by nature conservative and therefore slow in carrying out its proper function. It is typically difficult for conservative scientists to be able to **observe** easily demonstrable new facts (see apex problem).

SEVEN SECOND PLUS TREATMENTS These are treatments for toxins which have been added to what I initially called the "7 sec treatment" but now take a little longer and is far more powerful than 7 second treatment. The modifications include suggestions by Joanne Callahan including the addition of our reversal corrections as well as including collar bone breathing treatment for specific toxins.

SUD SUD is an abbreviation for the useful term "subjective units of distress" (introduced by Wolpe) which is a way to quantify the degree of stress, pain, or disturbing emotion experienced

by the client. In TFT the SUD is considered the “bottom line” by which therapy is evaluated for success. SUD may be 0 to 10 or 1 to 10. Behavioral indices may be quite misleading since many people can do things when pushed but if their suffering remains intense we do not consider this therapy. Many people in conventional therapies learn that they can withstand a great deal more suffering than they thought they could. Successful therapy removes all traces of suffering.

THERAPY Therapy or rather effective therapy, results in the bottom line which is dramatic improvement in the client. The improvement referred to here is not merely behavioral change which is relatively easy to obtain, but the removal of all traces of a psychological problem. We believe that effective therapy is a result of the subsumption (this appears to be the most appropriate term in this context), removal, collapse, elimination, or reduction of p's in a thought field, resulting in the elimination or reduction of negative emotions whether relevant to reality (emotions which may be considered appropriate and normal) or not ("neurotic"). The difference, after treatment, must be **clinically**, and not merely statistically, significant in order to qualify as therapy. (see November, 1993, APA MONITOR, report of the Science Directorate; and Psychology Today, Feb/March issue with article called "Oops! A most embarrassing finding."). TFT is typically saltatory in its progression (saltus is a leap) or discontinuous in movement - it develops in leaps. This fact has led us to investigate quantum theory since the jumps are quantum like. We currently believe that the actual treatment occurs at a quantum level. Presently it seems likely that a molecular bond is either broken or connected by the treatment or by natural maturation or healing. It is interesting that I discovered how to cure phobias during a time when it was believed impossible.

THOUGHT FIELD (TF) Albert Einstein, in his Noble Prize acceptance speech thanks Michael Faraday, the brilliant British scientist who never went to college. Einstein conjectures that if Faraday had gone to college he never would have been able to come up with the concept of a field. Of course Einstein uses the concept much in his theory of relativity. The concept of thought field is the distinguishing characteristic of TFT. Other professions such as acupuncture, acupressure, chiropractic, medicine, dentistry, etc, involve performing on the rather static body or being of the person. The dynamic and limitless potentiality of the thought field is what makes TFT a **psychological** treatment. When one is trained to diagnose TF's it becomes immediately apparent that the structure of the TF creates dynamism in the individual. For example, it makes no difference to a dentist what one is thinking about when working on the teeth. For the TFT clinical psychologist, it makes all the difference in the world what is attuned. When the relevant TF is attuned it brings to the fore the specific p's and related information which are active in a problem and vital to understanding what is called for in the treatment situation. In order to diagnose and treat effectively the appropriate TF must be attuned. Not attuning to the proper TF is equivalent to asking a tailor to alter your trousers without bringing the trousers. The notion of a thought field is an imaginary scaffold upon which one may project or imagine causal entities such as a perturbation. Empirical tests and clinical experience reveal the relevance and power of such imaginings; i.e., we then discover whether our imaginings are “on” or “off-line” with reality. There is overwhelming evidence for the “on-line” nature of our theoretical speculations. All human invention and discovery are initially in the human imagination and must be reality tested to determine ultimate status. Young children and animals do not have the ability to volitionally attune a thought field and for such cases the term "**perceptual field**" is appropriate. In order to

treat young children or animals they must be exposed to the situation so the appropriate perceptual field is attuned and thus treatable.

TRACKING Tracking is the procedure of observing the duration of a completely successful TFT treatment to see if any part of the problem returns. It is very important that a client call the TFT trained therapist immediately should a problem which has been eradicated, return. We find that generally this rare occasion is due to an ingestion of or exposure to, an exogenous substance. A therapist trained in TFT diagnostic procedures can usually determine the substance. After the substance is absent for a period of two months, giving the system a chance to heal, a repeat treatment will usually hold and then, after that time, the offending substance may no longer regenerate the psychological problem

TRANQUILIZERS A means of blocking awareness of anxiety without addressing the cause of the problem; they appear to help by temporarily masking or hiding anxiety from awareness. It is my thesis that all addiction is addiction to some form of tranquilizer - whether chemical or behavioral.

TRAUMA A trauma is due either to a direct horrible experience leading to severe emotional upset (due to the generation of perturbations) and or pain or due to witnessing a terrible experience of another or others. Trauma entails certain sequelae in addition to the direct pain and suffering; these sequelae consist of obsessive thoughts regarding the incident as well as repeated bad dreams or nightmares. If one is familiar with Rupert Sheldrake's theory of morphic resonance, TFT™ proposes that these sequelae are the central source of relevant information fed into the morphic field (collective unconscious - Jung) which allows for the inheritance of what we call phobias (McDougall). The sequelae fulfill the dictum of Shannon, who introduced information theory, that a message will come across no matter how much background noise as long as sufficient repetition of the information is carried out.

TUNING (see Resonance) The process of bringing a particular thought associated with a problem into awareness. For example, a trauma victim will be asked to think about the trauma. Often trauma victims and obsessive-compulsive disorder, addicts, and anxiety clients have **INTRUSIVE** TF's that enter under their own power and require no attunement. There can be no diagnosis or therapy without appropriate tuning. Animals or infants who have no choice in tuning must be **in** a situation which generates the appropriate TF in order to be diagnosed and treated effectively.

VOICE TECHNOLOGY™ The proprietary technology which allows for the rapid and precise diagnosis of P's by telephone through an objective and unique voice analysis technology. The relevant (P) information can be demonstrated to be contained in holographic form within the voice. VT allows diagnosis to be done with only a fraction of a second of the voice available. Language, inflection and content are totally irrelevant to the process. The encoded information is then decoded with precision and the empirical effectiveness of the discoveries so obtained is quite easy to demonstrate. This is not stress analysis since stress is too vague to be useful in this context and can be assumed when a client requires help; it is rather a rapid decoding process of the relevant p information in the attuned thought field and contained within the voice. The VT™

allows the TFT trainee a unique kind of experience wherein the trainee can obtain almost immediate consultation and help with difficult clients, in the trainee's office, through the medium of the Voice Technology™. This on the spot availability in supervisory help offered as a part of training is unprecedented.

VOLTMETER Harold Saxton Burr, a former professor at Yale Medical School did interesting experiments using a voltmeter back in the 1930's through the 1950's. One of his students, Louis Langman, went on to become a Professor of Gynecology at NY University Medical School. Prof Langman used the voltmeter on his patients and found that cancer was highly associated with a negative polarity. This was a strikingly similar finding to mine in 1979. I discovered what I called "psychological reversal" and found a high correlation between this state and the presence of cancer. Interestingly, when surgery was carried out on the cancer patients, Langman found that the polarity went back to positive. Evidently, they knew of no way to correct the polarity reversal other than surgery. I believe that my methods of correcting reversal which are supported by voltmeter readings may prove very helpful in the treatment of cancers.

WITHDRAWAL The acute anxiety experienced by an addict when deprived of their favored tranquilizer. Withdrawal can be viewed as anxiety unmasked. Even heroin addicts may be totally relieved of all physiologic (and, of course, psychological) symptoms with the TFT treatment for addiction. A chain smoking cigarette smoker may be entirely unaware of the anxiety which powers the need for cigarettes because the cigarette continually masks the anxiety. The chain smoker never has a chance to experience withdrawal. However, when deprived of a cigarette the smoker becomes acutely aware of the underlying anxiety. One may therefore gauge the degree of an anxiety problem by the number of cigarettes smoked per day. The same reasoning applies to all addictions. The TFT algorithm for addiction withdrawal has a very high success rate, by which we mean the treatment eliminates the desire to consume a substance or engage in a behavioral addiction about 90% of the time. The TFT treatment is very effective in helping individuals addicted to prescribed tranquilizers but this should always be done under the supervision of a knowledgeable professional.

----- Original Message -----

From: [Roger Callahan](#)

To: [ATFT-MEMBER-LIST: Private use only.](#)

Sent: Friday, June 23, 2006 7:18 PM

Subject: ATFT-MEMBER-LIST: swelling arm WATCH FOR MONOGRAPH ON VOLTMETER AND PR

Dear Stig,

I have had no experience with this problem.

If you would like to explore if any help is possible I recommend the following:

1. Get a voltmeter (VM). We are finding that the VM can sometimes show reversals of polarity when our tests do not; this can extend the possible range of our potential help.

Kevin Laye recommends the following VM for UK (and perhaps Europe). See below:

re Voltmeter

The best one I have found is from Maplins

the Model is the UNI-T UA60 Cost £29.99.....

fully self calibrating with PC interface and a good software package cables etc. included.

Kevin

2. With the VM test all parts of the bodily symptoms - i.e., put the red lead on all parts of the arm, underarm, and shoulder. When you encounter a PR, correct it and measure again.

3. Keep the Bach Remedy RESCUE handy for recalcitrant PR'S. Due to our experience with the VM we have enthusiastically re-embraced this aid to PR correction. Be sure and test Rescue and make sure it is not a toxin for her,

Be sure and test and treat for all levels of PR.

My Monograph (small book) on the VM and PSYCHOLOGICAL REVERSAL will be ready in about a week.

It will cost \$79 and be available from the health section of our web. For a period of two months from the date of release of the Monograph, VOLTMETER AND PSYCHOLOGICAL REVERSAL, ALL THE PROCEEDS, I.E., THE TOTAL AMOUNT, WILL GO TO THE ATFT FOUNDATION.

Please keep me posted on your findings.

Sincere best wishes,

Roger

Roger J. Callahan, PhD

Founder, Thought Field Therapy

Chairman, Board of Directors

Association for Thought Field Therapy

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VOLTMETER and **PSYCHOLOGICAL REVERSAL**

*An authoritative presentation
of vital and important information
on the accurate and effective use
of a voltmeter with*

Thought Field Therapy®

by

Roger J. Callahan, PhD
Founder, Thought Field Therapy®



Roger J. Callahan, PhD
Founder and Developer of
Thought Field Therapy®

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Dr. Roger Callahan discovered psychological reversal in 1979. Months later, he found several ways to correct it. Dr. Callahan and those who have taken part in his voltmeter trainings can now confirm the presence of Psychological Reversal (PR) and a literal reversal of polarity.

In this monograph, Dr. Callahan show you that an appropriate voltmeter can confirm your finding of PR. It can also show that your treatment for PR can change the polarity reading on the voltmeter from NEGATIVE to POSITIVE. It's true! When properly treated with Dr Callahan's methods, the literal body polarity can change from negative to positive.

It may be hard to believe, but see it for yourself when you learn how to properly obtain and use an appropriate voltmeter.

A well-known professor of gynecology at New York University has demonstrated that almost all (95%) cancer patients show a reversal of normal polarity. He also showed that women with non-cancerous tumors show polarity to be normal (positive).

Voltmeters have been used to confirm another exciting finding. That is, when a cancerous tumor is surgically removed, the negative polarity immediately changes to normal. However, researchers found that if it is not completely removed, the polarity reversal will remain.

At New York University, they knew of one - *and only one* - way to correct the wrong polarity - radical surgery. Surgery was the only means researchers knew that would correct the negative polarity.

Where Psychological Reversal is concerned, proper use of the voltmeter can tell you *how much* a person is reversed. It can also sometimes show the need for treatment that will not show on a muscle test. This is very helpful in developing more thorough and complete treatments.

And, the voltmeter, *though not the way to test for toxins*, can often show if an item or object is toxic. How? Because a toxin can create an immediate reversal of polarity. Of course, it is visible on a voltmeter.

The use of a voltmeter helps you to make your diagnosis even more objective and treatments even more successful.