

# THE CHEK REPORT

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## GRAINS

By Paul Chek

The story of grains is part and parcel with the story of bread, neither of which the human machinery is designed to function optimally on. While I'm sure this comment is a surprise to some of you, significant amounts of scientific evidence suggests that for all of human evolution, right up until approximately 10,000 years ago, the primary staple in the diets of most civilizations was animal meat. There were times when meat was scarce for a variety of reasons, yet in general, our consumption of fruits, vegetables, nuts and seeds was seasonal and supplementary. Most of the animals we preferred to eat, such as deer, were plant eaters. These animals served to condense nutrition in their meats, one pound of meat containing the nutritional equivalent of several pounds of vegetables. Such a dense nutrient source allowed us to have a sustaining food source during the winter months during the period in which we had minimal food storage methods other than the cold itself. Although many argue (mostly from an emotional bias) that we must have carbohydrate sources to function, current biochemistry reveals that we do have the capacity to convert some fat molecules (glycerol) into carbohydrate (*Exercise Physiology*, by McArdle, Katch and Katch).

While there are many controversial theories as to why we began farming, it is more commonly agreed upon that we began farming practices, or nurturing the growth of specific plant species and domesticating animals, no longer 20,000 years ago and more likely as recently as 10,000 years ago (*The Quest For Food*, by Crowe). During this time, there has been a progressive increase in the consumption of grains and grain-based products, yet this period is but a flash in the scope of human evolution, during which our digestive machinery was formed.

Before the advent of factory farming, grain was partially germinated (sprouted). This resulted from being sheaved and stacked in fields, which stood for several more weeks before threshing. During this period, the grain seeds were exposed to rain and dew which soaked into the sheaves. The grain could pick up this moisture and, with heat from the sun, conditions were ideal for favoring a degree of germination and enzyme multiplication in the grain (*Nourishing Traditions*, Fallon).

The process of sprouting not only produces vitamin C, it changes the composition of the grain in numerous ways that make it more beneficial as a food. For example, sprouting increases the content of such vitamins



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as B, B2, B5 and B6 Carotene, which is converted to vitamin A, increases dramatically – sometimes eight-fold. Even more important in today's climate of *indigestion*, is that phytic acid, which is a known mineral blocker, is broken down in the sprouting process. Phytic acid is present in the bran of all grains, and the coating of nuts and seeds, and inhibits the absorption of calcium, magnesium, iron, copper and zinc. These inhibitors can neutralize our own digestive enzymes, resulting in the digestive disorders experienced by many people who eat unsprouted grains; there are many scientific indicators linking grain consumption to rheumatic and arthritic conditions as well (“Cereal Grains – Humanity’s Double Edged Sword,” by Loren Cordain). Complex sugars responsible for intestinal gas are broken down during sprouting and a portion of the starch in grain is transformed into sugar. Sprouting also inactivates aflatoxins, which are toxins produced by fungus and are potent carcinogens found in grains.

By purchasing your own organic whole grains and sprouting them before making your own breads or cereals, you can save yourself from the unwanted effects of phytic acid. You can also buy sprouted breads in many health food stores. Phytic acid, as I mentioned above, is also present in the coatings of seeds and nuts. As I am sure you are aware, many health and nutrition experts advocate the consumption of nuts and seeds and they are prevalent in many *health food bars*. Unfortunately, eating nuts and seeds without soaking them for at least 8-12 hours to break down the phytic acid can produce the same enzyme and mineral blocking effects that eating un-sprouted grains can, which is one of the reasons many of my patients find great relief when removing grains from their diet, particularly those containing gluten.

As is the norm when studying scientific or lay literature on any topic, there is always opposition among experts – and so it is in the case of phytic acid (phytates) and the potential problems it can cause. Some experts claim that cooking and processing, as in the making of bread, breaks phytic acid down, nullifying its effects on those consuming processed grain products. While my clinical observations suggest the opposite, some interesting test results with regard to zinc deficiency support my contention that merely milling grains into flour and baking it may not break down phytates.

In 1964, it was found that boys in Iran and Egypt had severely underdeveloped testicles. Tests showed that they had extreme zinc deficiency, yet zinc was plentiful and widely consumed in those countries. It was discovered that *zinc was bound by phytates in the bread they ate, and while the bread contained a great deal of zinc, it was useless because it was locked up* (“Trace Minerals” by E. DiCyan, Ph.D) This important finding will become even more important in understanding the potential downfalls that come with over-consumption of processed grains as presented below.

While there is little argument that whole-grain cereals and breads are more nutritious, provide more fiber and aid detoxification, care must be taken to avoid consuming ill-prepared or processed grains. As you are surely well aware, we have not only deviated far from our ancestral dietary, but we in the era of *highly processed foods*. Food manufacturers have clung to public misperceptions with regard to *white foods*, particularly white breads, white rice, white sugar and white table salt, all of which are commonly referred to as *white death* by most nutrition experts and naturopathic physicians, *and for good reason!*



White flour became popular some time prior to 1872, at which time the roller mill began to replace the stone mills of old. White flour, known to be better for making pastries and baking in general, was only available to the rich prior to advent of the roller mill because its production required significant manual labor, which only the rich could afford. Stone mills have no mechanism to remove the germ from the flour, so the flour had to be sifted through silk filters over and over again until it finally reached a cream color, about that of milk. This labor-intensive process resulted in white flour, then a product perceived as one of *royalty*. The inability to afford white flour resulted in it being sought after by the poor, much the same as the chair was sought after by Egyptian peasants prior to their common use, as the chair was only used by royalty at one time.

While the poor had developed a taste for white flour and a desire for the sense of stature they must have felt it afforded them, they were nonetheless developing an attraction to a nutritionally deficient food source. With the advent of the roller mill, the baker was able to produce white bread at a cost most anyone could afford, all the while the nutritious portions, the bran and germ of the grain *were generally fed to pigs and other farm animals!* Not long after white flour was accessible to all classes, cereals began to suffer the same fate, losing their nutritional value due to processing. *Today, the nutritious portions of the grain are sold off to health food stores and supplement manufacturers, so in effect, many of you pay for the same grain two or three times in the form of flour, fiber to combat constipation and finally vitamin E supplements such as vitamin E from wheat germ.*

While there are a number of nutritional deficiencies in white flour when compared to its stone ground counterpart, I would like to share a few of the less technical ones with you here:

- Zinc, which naturally occurs in the outer portions of the grain is milled away in the production of white flour.

(Continued on page 4)

# Herbed Roast Turkey

and Brown Rice Dressing with Sausage, Mushrooms, and Leeks

Serves 10

Read entire recipe before starting.

By Andy Cowing



## INGREDIENTS:

1 15-16 pound free-range turkey	Corn starch	1 medium onion
Bell's poultry seasoning	Ground black pepper	1 stalk of celery
2 tablespoons chopped fresh thyme	1 ½ pounds of ground turkey	sea salt
1 cup organic short-grain brown rice	2 tablespoons chopped fresh sage	2 ½ sticks (1 ½ cups) butter
1 carrot	2 medium leeks	

## THE DAY BEFORE:

1. Un-wrap 15-16 pound free-range turkey. Remove neck and giblets and place in a sauce pot covered with 2.5 cups of water and 1 bay leaf. Simmer for 45 minutes then remove giblets. Continue simmering neck for 2 more hours to make broth. Occasionally check water level, if level is low, add a little more water, neck should be simmering completely submerged. When finished, remove neck. When neck is cool enough to handle, pull meat from neck and discard bones. Allow broth to cool down to almost room temperature and refrigerate. Chop giblets and neck meat into small dice with knife or food processor.
2. TURKEY SAUSAGE- Melt 4 tablespoons (1/2 stick) butter in a sauce pan, remove from heat. Add 1 teaspoon of poultry seasoning, (I prefer Bell's) 1 teaspoon of sea salt, and 1/2 teaspoon of black pepper to melted butter and stir. Place 1 ½ pounds of ground turkey in mixing bowl along with melted seasoned butter and mix well. Refrigerate sausage for two hours to allow flavors to blend.
3. BROWN RICE DRESSING WITH SAUSAGE, MUSHROOMS, AND LEEKS- Sauté 2 cups of chopped leeks (use only the white and light green part of the leeks and wash before chopping) and 12 ounces of sliced mushrooms in 4 tablespoons (1/2 stick) of butter in sauce pot until leeks are soft, add 1 cup of organic short grain brown rice and 2 cups of water or chicken stock, cover and bring to a boil, reduce heat and simmer for 50 minutes. Remove rice from heat. Sauté turkey sausage until cooked, add to rice mixture along with the chopped giblets and stir well. Taste, adjust seasonings. If you want to add more flavor, add more poultry seasoning, sea salt and pepper. Refrigerate
4. HERB BUTTER-Allow 1 ½ sticks of butter to soften at room temperature. Add 2 tablespoons chopped fresh sage (if using dried, use only 1 tablespoon), 2 tablespoons chopped fresh thyme (if using dried, only 1 tablespoon), ¼ teaspoon sea salt, ½ teaspoon ground black pepper, and mix well.
5. Rinse turkey in cold water, season inside cavity with sea salt and pepper. Starting at neck end, slide hand under skin between skin and breast and loosen skin. Spread herb butter over breast under skin. Refrigerate.

## SERVING DAY:

1. Preheat oven to 325 degrees F
2. Chop 1 medium onion, 1 stick celery, and 1 carrot into small dice.
3. Place turkey in roasting pan and roast for 5 hours (this is for a 15 pound bird, add or subtract 20 minutes per pound, (e.g. a 14 pound bird-4 hours 40 minutes, a 16 pound bird 5 hours 20 minutes). After 2 hours of roasting, baste turkey with juices from bottom of pan with large spoon. Add chopped onion, carrot, and celery to bottom of pan, continue roasting. When time is up, remove from oven, insert meat thermometer into the thickest part of the thigh, thermometer should register 175-180 degrees F. Remove turkey to platter and allow bird to rest at room temperature for 20 minutes before carving.
4. GRAVY- Add the reserved neck broth to roasting pan and scrape the bottom and sides of pan well with wooden spoon. Transfer dripping mixture to a sauce pot and simmer for a few minutes. In a small bowl, stir 1 tablespoon of corn starch with 1 1/2 tablespoons of cold water with whisk, pour slowly into simmering dripping mixture while stirring with whisk. Allow to simmer for 2 minutes, if gravy is too thick, add a little stock or water, if too thin, add a little more cornstarch and cold water. Adjust seasoning with sea salt and pepper if needed. Strain into gravy boat
5. Place rice dressing in pan and bake for the final hour of turkey roasting time. Either stuff roasted turkey for traditional appearance or serve separately on the side.

This disrupts the natural ratio of zinc to cadmium so that the zinc cadmium ratio is reversed. Any cause of a zinc shortage in the body is a cause for concern because this very important mineral is a catalyst to numerous enzymatic and hormonal functions, not to mention being essential to protein synthesis and reproduction; the importance of which will become evident below.

- White flour contains only 13% of the chromium, 9% of the manganese and 19% of the iron that is contained in whole wheat. Due to the fact that many of the B vitamins are concentrated in the outer parts of the grain, white flour is deficient in B vitamins (“Nutrition, A Holistic Approach” by Ballentine).
- White flour does not contain the germ of the wheat, which is a potent source of vitamin E, resulting in a high potential for vitamin E deficiency in those whose diet is inadequate for vitamin E sources and/or comparatively high in bread-stuffs (“Thoughts On Feeding” by L.J. Picton).
- Research shows that since as long ago as the 1950’s, conventionally farmed American grains have been low in protein quality and quantity. So much so, in fact, that whenever the US tried to give its surplus grains away to countries with starving populations, they would not accept US grains if any other country was offering theirs. They had found that the deficient US grains did little to maintain or improve the health of the starving (“E. Pfeiffer, Himself” audio lectures).

Here we are, after 130 years of consuming highly-processed grains in the form of breads, pastries and cereals, and chronic disease states are rampant among most industrialized nations, with the greatest prevalence in England, which has the greatest consumption of white flour, white sugar and tea per capita. ***The US running a strong second!*** Not surprisingly, we appear to be continuing another trend that began with the introduction of the steel roller mill – a declining birth-rate. The more bran and germ millers extracted from flour, the lower the birth rate per 1000 people there were in England between 1872 and 1945. Today, things are not much better. Artificial insemination is a big business, and if not for advanced medical technologies, we would be losing a huge amount of babies that wouldn’t have survived even 100 years ago. Additionally, there are significant reductions in sperm counts among males, which may well be the result of both over-consumption of highly processed foods and toxicity in our food supply and our eco-system.

According to a recent analysis by University of Missouri epidemiologist Shanna Swan (121. Organics Book), the average sperm count of men in the United States and Europe has plummeted by more than 50% since the late 1930s. This finding fuels ongoing concerns that male reproductive health may be deteriorating. Based on 61 studies published since 1938, involving a total of nearly 15,000 subjects, Swan found that average sperm counts among healthy American men have

dropped from 120 million sperm per milliliter (million/ml) of semen in 1938 to just over 50 million/ml in 1988, a decline of 1.5% per year. In Europe, sperm counts have fallen to roughly the same level, though twice as fast, at 3.1% each year between 1971 and 1990. While environmental chemical exposure is suspected, there is a very real possibility that malnutrition secondary to consuming too many processed foods is a possible cause. Francis Marion Pottenger, Jr., MD, demonstrated with his cat studies that feeding cats processed foods led to numerous disease processes, infertility and eventually extinction!

Over the past 18 years that I have been consulting people with physical and dietary complications and challenges, I have seen a distinct pattern – the over-consumption of processed carbohydrates! Most people get their dietary education from watching TV commercials and reading magazines. These are the two worst places in the world to acquire nutritional information because this is exactly where big industry plants its hooks for you. Another problem was the boom in running and triathlons, which resulted in the production of numerous popular books on how to eat for success in these sports. The diet plans in these books commonly resemble the USDA Food Pyramid, which is commonly referred to as the ***USDA Feedlot Pyramid*** by nutritional experts such as Dr. Barry Sears, author of *The Zone Diet*, because such dietary proportions are far better suited to fattening both animals and people than they are to health and vitality! Unfortunately, the USDA food pyramid is used as a guideline by most school cafeterias preparing food for your children!

An additional problem that has come part and parcel with increased mechanization of food processing and the desire to increase shelf life of foods has been the addition of sugar to what was originally a potentially good food – natural unprocessed cereal grains. Consider that when ground to the particle size used to make white flour, the flour covers 10,000 times the surface area of the grain itself. The result is that when you eat a processed food product like white bread, cookies, donuts or classic boxed cereals, you are eating a high starch (high sugar) food that will be absorbed at almost the same rate as straight table sugar! While considering that, review these statistics from the recently published book *Crazy Makers*, by Carol Simontacchi, who compares the sugar content of 1 ounce of Pepsi (1.2 teaspoons) to common breakfast cereals:

- Lucky Charms = 2.8 teaspoons per oz.
- Froot Loops = 3.3 teaspoons per oz.
- Cinnamon and Spice flavored Quaker Instant Oatmeal = 4.3 teaspoons per oz.!

Additionally, in his book *Beating the Food Giants*, Paul Stitt shows us that the average breakfast cereal today ranges between 46% and 53% sugar! With this knowledge, watch to see how much sugar people add to their cereals before eating them and how much soda pop is consumed in concert with many of these non-foods!

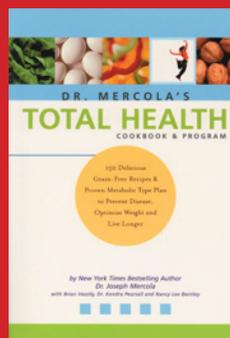
We have an epidemic on our hands with insulin insensitivity (Syndrome X), adult onset diabetes and obesity! We have children consuming massive quantities of sugar and food additives, most of which, like sugar, are stimulants. White flour is literally a sugar in itself, and where it is mixed with fats in processed foods, the fats are commonly hydrogenated and rancid, increasing your susceptibility to a number of disease processes! If you want to flatten your abs “forever!” I suggest the following CHEK Points:

1. Before entertaining grain foods, always exclude all grains except corn, rice, buckwheat and millet for two weeks. If you feel a noticeable improvement in your health and well-being, you are probably gluten intolerant. When you start eating grain foods again after two weeks off, start slowly and eat only one grain food to minimize the possibility of a potentially uncomfortable reaction by the body. Diarrhea and stomach pain is common among those that are gluten intolerant!
2. MINIMIZE all consumption of commercial, processed grains and grain-based products.
3. If you plan to eat any grains at all, restrict yourself to organic, unprocessed corn, rice, buckwheat or millet, rotating them on a four-day cycle. Eat them only after they have been presoaked for at least 12 hours to break down the phytic acid. After two weeks on this regimen, introduce one of any other grain to see if you have any adverse reactions. If you do, chances are good that you are gluten intolerant and should have a blood test done to confirm all food allergies and intolerances (see resource directory for test options).
4. If you enjoy grain-based breakfast cereals, purchase only whole organic grains, soak or sprout and make your own breakfast cereals. There are a few companies that make reasonable boxed breakfast cereals, although my suggestion is to stay away from any processed, cooked grain products whatsoever!
5. If you enjoy bread, buy only sprouted whole-grain breads that contain no additives or preservatives. Use the above cereal guidelines to choose your breads and determine if you are gluten intolerant.
6. Avoid any conventionally prepared pasta. Purchase only organic rice pasta or gluten free pasta if you are gluten intolerant. Pasta is considered to be one of the foods most heavily laden with pesticide residues!
7. Apply the soaking principle to all seeds and nuts. Pour the water off the nuts and replace it each day. Keep refrigerated while storing once soaked.
8. Never eat more grain-based foods than ideal for your metabolic type with regard to how much carbohydrate you should be eating.

-End

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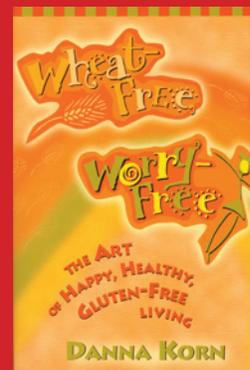
### Dr. Joseph Mercola's *Total Health Cookbook & Program*



150 Delicious Grain-Free Recipes and Proven Metabolic Type Plan to Prevent Disease, Optimize Weight and Live Longer

### *Wheat-Free, Worry-Free*

is a practical, comprehensive and inspirational guide to living a wheat-free, gluten-free lifestyle. Millions of people are choosing to eliminate wheat and gluten from their diets due to medical conditions such as



celiac disease (sprue), gluten intolerance wheat allergies, and autoimmune disorders. With its humorous, easy-to-read approach, *Wheat-Free, Worry-Free* is the perfect book for anyone interested in leading a happy, healthy, wheat free, gluten free life!

# DEVELOPING STRATEGIC ALLIANCES

By Paul Chek Jr.

1. Do you wish to be more effective in helping your clients achieve their goals?
2. Are you making the income you want?

I would guess that if you are similar to many of the health and fitness professionals I talk with on regular basis, then your answer to these two questions is “No!” Here are a few other questions that are important to consider:

1. Are you able to answer all of your clients’ questions? If not, do you know people who can?
2. Do you have clients who are not responding to or getting worse on their nutrition, lifestyle, exercise or stretching programs?
3. Do you have multiple sources of new referral business?
4. Are you currently operating at the limit or beyond your legal scope of practice?
5. Do you feel connected with the traditional and/or alternative medical community?

If you answered NO to even one of these questions, odds are you are suffering from a lack of Strategic Alliances (SA).

I do not need to lecture CHEK Report readers on how the modern world breeds orthopedic and physiological dysfunction, nor do I need to regurgitate well-known facts on the growing incidences of obesity, arthritis, diabetes, digestive disorders, etc. We know that the majority of clients coming to the gym today have problems, often multiple layers of symptomatology.

But does the average personal trainer really deal with them or do they often ignore key and obvious red flags, such as the avoidance of certain exercises, the need for excessively long rest brakes, complaints of digestive disturbances, unstable emotions, sleep disturbances, headaches, skin conditions, poor results or excessive muscle soreness to name a few?

Yet people are hiring personal trainers because no one else is giving them solid ways to get HEALTHY. Think about it. Who spends up to five hours a week with an individual client, who teaches them to move, who counsels and supports them? And whom does the client ask questions about what and how to eat? To whom do they reveal their concerns, and whom do they trust?

They trust their personal trainer, and they trust their trainer often as much or more than

the doctor they see for ten minutes once every few weeks or less frequently. But personal trainers can open themselves up to problems if they start telling clients how to address health issues. Suddenly they are operating out of their scope of practice. (Which, incidentally is not clearly defined in the USA, but from my perspective appears to be to abuse people with poorly prescribed exercise, listen intently, count to ten and push the supplements in which they or their gym have a financial interest!)

So how can personal trainers really help clients and still operate within their own legal scope of practice? How can any fitness or health care professional fill the very necessary role of health coach without opening themselves up to a lawsuit, all while getting educated and getting people truly healthy? Strategic Alliances, that’s how!

The aim of this article is to break down the any mental barriers (because they are truly mental) to building such alliances so that you and your clients can reap all the benefits a network has to offer. There are hundreds of potential professionals who can be part of a SA: I only have space here to cover six, with another five included on the CHEK Report download

area on the C.H.E.K Institute’s website. The experts chosen for this article represent a typical selection of practitioners one might be able to find locally. In addition, the professionals interviewed here are also available for consultation. There are many ways you can use a SA, depending on your own profession and that of the people in your SA. This article does not go into detail as to how to use a SA, although you will have some good ideas by the end!

## Definition of Strategic Alliances

Strategic = Highly important to an intended objective  
Alliances = A close association of nations or other groups, formed to advance common interests (Ref: dictionary.com)

## Why are Strategic Alliances so Important?

Let’s start by having you repeat this sentence 10 times, or as many times as it takes to burn it into your subconscious mind.

SA are **mandatory** for those seriously concerned about, first and foremost, helping clients achieve all of their health goals.

There are five main reasons to consider SA mandatory.

1. Professionalism
2. Results
3. Legal
4. Monetary
5. Community

## 1. Professionalism

“Engaging in a given activity as a source of livelihood or as a career.” (Ref: dictionary.com)

Showing professionalism is much more than having a business card and brochure. A true professional knows when to refer a client 1) because they are not a good fit energetically (think personality); 2) because the client is not responding in a reasonable time frame; 3) because you see problems for which you have no clear answer; 4) because they are coming to you for one thing but after your initial consultation and paperwork review it becomes apparent they need something else entirely; 5) because the client is expressing interest in one aspect of your program (feldenkrais techniques for example) and you know someone locally who can teach them those techniques better than you.

To be a true professional you must associate yourself with those who compliment your strengths by providing the services you cannot or do not want to provide. To assist in this endeavor, we must ask what given activity or activities do you perform as your primary marketable source of income, whether you are a C.H.E.K Practitioner, CHEK NLC, CHEK Exercise Coach, Certified Golf Biomechanic personal trainer or in any other profession? This question is key to helping you define clearly what services

## -Developing Strategic Alliances-

you offer as well as services you will need to out source in order to maximize professionalism.

Write out a list of the key services that you feel comfortable charging your full rate to provide. Now write a list of services that you know you need to refer out to have completed with the most efficacy and professionalism. This is probably a longer list! If you are able, add the type of professional who *can* provide these services. You may benefit from doing this after reading this article! Take the second list and further include specialists who can assist or manage those odd cases that might come your way once in a blue moon (like a Naturopath specializing in cancer or an orthopaedic surgeon who can provide an x-ray assessment of leg length).

### 2. Results

Results speak for themselves! Nothing is more rewarding than being the one who helped the client achieve their goals or was the decisive referral source who set them on the path to recovery. You, as a professional, should be all about results. Results are what you offer other SA. That is why it is imperative that you choose the few key services you feel VERY confident offering and find others who are very confident in those services you prefer not to offer.

It is much easier to build SA when you can look the potential SA in the eye and tell them, for example, that you are the *best* in town at designing corrective and high-performance exercise and stretching programs, based on a thorough orthopaedic assessment. Although you might be pretty good at a bunch of things, you will find it is much easier, and less threatening, to only discuss with the potential SA what services you feel most confident in performing with a referral of his/hers.

Telling an HHP that you design custom exercise programs, are a life coach as well as a nutrition consultant in addition to your self-honed massage therapy skills could leave the HHP wonder why you need his/her services. When explaining yourself, use the KISS method: Keep It Simple Stupid!

### 3. Legal

Operating within the legal framework of your profession is VERY important. As a C.H.E.K Practitioner, CHEK NLC or CHEK Exercise Coach it is necessary to remember that you are already operating at the far end of the fitness profession - the medicinal end of the exercise industry, rather than the "meat-head" end! Because of the lack of a clear scope of practice for fitness professionals, at least in the USA, you often have to use the negative to determine what you are not allowed to do. For example, unless you have additional professional licenses, you should always remember not to "diagnose" or "treat" people. Helping people get over chronic back pain when their doctor has already failed might not always leave you the hero, in the doctor's eyes at least, but if you do not "diagnose" or "treat" and the client has confirmed that they have been cleared by their GP to exercise, then you should be covered.

Who is to stop you from taking an educated guess and then referring that client to someone who is legally able to confirm your hypothesis with a diagnosis? No one. Who is to stop you from saying that the paperwork the client presented seems to indicate a disruption of the X or Y meridian, that this could be an issue and you think they should consult a trusted doctor of Eastern medicine? No one. Who would object to a CHEK NLC referring a client to a licensed Chiropractor to run lab tests and work with you to design the client's program? No one. BUT, what if you do any of these things yourself? Well, in the absence

of the correct license, you are opening yourself up to litigation, which I am sure ranks next to burning in hell as one's least favorite uses of time and money!

To make a short story shorter, SAs provide legal, trackable, effective options for the enlightened health and fitness professional. If a client did pursue legal recourse you would be able to prove that you indeed got a diagnosis from a qualified medical practitioner who could back you in court and that you did design a safe and effective exercise or lifestyle program in conjunction with a medical practitioner.

### 4. Monetary

Money, lets face it, means a lot in our capitalistic society; so much, in fact, that many trainers would rather have teeth pulled than refer a client, if they think that this will result in a loss of money! This fear of lost income often makes a trainer apathetic toward client complaints, leading to poor service, increased risk of injury and a premature "results plateau." NO ONE SHOULD TURN A DEAF EAR BECAUSE OF FEAR.

How about charging what you feel you are worth? How many, deep inside, do not feel they are charging enough for their services? Why not? What if your next client was referred to you by a SA who has spoken highly of you and referred their client to you because of your unique services? Would you not feel more comfortable charging your full rate knowing that the client is essentially being instructed by a respected authority to not only to get the service you offer, but also to get it *from you*? I would hope so. I would hope that you would see the value in these sort of referrals and that you would want to have as many SAs as you can manage to have relationships with.

There should be no fear when dealing with clients. If your referral network is familiar with you then there should be no concern of "losing" the client or "losing face." You will know that the client is coming back, or that you will receive a new referred client according to the Law of Reciprocation. You will be confident that you made the best decision for the client. The worst thing that could happen is that your SA could not help them or may hurt them. But hey, although we never want that to happen, at least you will have learned something and hopefully another SA or your SA's network can refer the client to someone who can help.

### 5. Community

Early in my career I often felt like a rogue practitioner, going against the grain of the fitness industry as well as the western medical model. I often felt alone in my approach. That is, until I started referring clients to holistic and alternative medical practitioners. Once I started to get a feel for the kind of results I could attain with my application of corrective exercise in concert with those who could do diagnostic testing, bodywork, joint mobilizations and dietary consulting, I began to gain confidence.

It always feels good to discuss a mutual client's case with a doctor or therapist knowing that I am perceived as a peer. Not to mention how much valuable knowledge I have gained over the years as a result of such interactions. Now that we have these five words: Professionalism, Results, Legal, Monetary and Community linked with the phrase, Strategic Alliance, I would like to introduce to you our panel of experts. As mentioned previously, six of the eleven interviews are printed here and the remaining five will be available for download at [www.chekinstitute.com/chekreport](http://www.chekinstitute.com/chekreport) using the login password "alliances" – all lower case.

(Continued on Page 11)

# Food Addictions: The Mask of Emotional Pain And EFT as a helpful Solution

By JP Sears  
C.H.E.K Practitioner Level 3, Nutrition & Lifestyle Coach Level 2



How often do you work with people who have some sort of chronic tendency to eat a specific type of garbage food? Most people that I encounter have a particular vice, whether it is chocolate,

potato chips, ice cream, candy, cookies, alcohol, or coffee. Unfortunately, this vice is quite destructive to their health. How much does this cost your client in terms of weight, hormonal consequences, and apparent results with you? Many times there are factors at play with food addictions that sneak under our nutritional coaching radars. In this article, we will explore one of the biggest elusive factors in food addictions, and that is one's negative emotions.

As health and fitness consultants, some of the more common issues that we associate with food addictions are blood sugar fluctuations and fungal and parasite infections. One of the very first steps we should take with these cases, to empower the client to give up their chosen junk food, is to get them regularly eating high quality food in accordance with their metabolic type, as well as eating an antifungal diet if you suspect a fungal infection. Many people encounter great success with this approach and nothing else is needed. There are plenty of others who still have a tendency to indulge, even though their nutrition and lifestyle factors are pretty well squared away. It's highly possible, and I urge you to consider, that these clients are likely eating their specific foods for emotional comfort.

You may ask, "But how could a chemically ridden, poisonous, immune suppressing piece of toxic garbage, like a potato chip or cookie, be emotionally comforting?" Perhaps it isn't actually the chosen food that is emotionally comforting, but what that food means to the person. To better understand what I mean by this, let's go back to your first hours in this world.

After being pushed out of your warm, comfortable, happy dwelling of nine months, you were scared, cold, and just down right not very happy. One of the very first emotionally comforting experiences that you had was suckling on your mother's nipple. It is here, from the ripe old age of about five minutes, that you began learning how to associate having certain things in your mouth with happy emotions, otherwise known as having oral fixations. When we got upset and began

to cry, the emotional comfort of our mother's nipple was never far away.

The nipple was the perfect emotional soother for us when we were young. But because it would be very socially awkward to continue breast feeding into adulthood, we learn to find new "nipples." Our new nipples often include junk food. Most especially those treats that mom or dad rewarded us with when we were good little boys and girls. So whether it is a nipple or a piece of chocolate, you may still be wondering how exactly the emotional connection is made with food.

When you have a given emotion, your hypothalamus creates a set of neuropeptides that are specific to that given emotion. These neuropeptides are released and plug into receptor sites in every single cell of your body, informing your cells of the emotion. Deepak Chopra, in his book, *Quantum Healing* (1), says that all 50 trillion of your body's cells learn of your emotion and tune in with it because of this neuropeptide messenger action. So when you are happy, you literally FEEL happy with every single cell in your body.

As an infant, when you were suckling, your hypothalamus was busy telling your whole body that it was happy. Similarly, if mom always made cookies on Christmas Eve, and that was a happy time for you, you are likely to experience happiness whenever you eat a cookie. This isn't because the good people at Nabisco blend happy juice with the hydrogenated oils in your Oreo's, it's because your hypothalamus is programmed to release happiness messengers anytime you eat a cookie due to your subconscious association.

It is important to remember that this phenomenon is not a one-way street of happiness. It works the same for negative emotions as well, such as fear, anger, anxiety, and sadness. With sadness for instance, can you imagine how painful it is having every single cell in your body feeling sad? I'm sure you can. We've all experienced it!



As humans, when something is extremely painful, we naturally learn how to avoid it. This is simply a form of self-preservation. If you touch a hot stove, you learn never to do it again. If, when you were younger, you got beat up by the bullies while walking to school, you learn to take a different route. We also do the same thing with emotional pain. When we are upset and angry with someone, this is actually quite a painful emotional state. If we need to grab a cookie so that our hypothalamus will release happiness neuropeptides to temporarily mask the painful emotion, then that is what we'll do. And because this is truly only a quick fix, most people return again and again to their comfort foods. Unless your client learned to associate happiness and pleasure with free-range beef and organic broccoli, they would likely benefit tremendously if they were empowered to move past their emotionally rooted addiction.

With all of this in mind, to truly understand one's emotional attachment to food, there is one more piece to the puzzle. Now we know that negative emotions are communicated to every cell in the body, and this may cause the person to seek out a specific type of food to temporarily create a positive emotional experience to mask the negative. But what causes the negative emotion in the first place?

According to world famous energy psychologist and originator of Emotional Freedom Techniques (EFT), Gary Craig, all negative emotions are caused by a disruption in the body's energy system (a.k.a. our meridians) (2). This implies that when we experience an event, situation, or set of circumstances, if our perception causes a blockage of energy in what would normally be a free flowing meridian, then the result is a negative emotion. For instance, if you were driving along the highway and somebody cut you off, if your perception is such that an energy disruption occurs in your system, then a negative emotion results (likely to be anger in this case). On the other hand, if you were in the same situation, yet your energy system remained steady, you would remain free from any negative emotions having to do with being cut off. This phenomenon is very evident when using EFT to correct energy blockages with someone who has very painful traumatic memories. After a series of EFT sessions, one can recall a potent memory, yet they'll no longer attach anger or discomfort with the memory.

Energy blockages and their resulting negative emotions often remain for prolonged periods of time. So one could be eating an Oreo cookie today because of pain that resulted from childhood abuse many years ago. The solution is fairly simple, correct the energy disruption that is causing their negative emotion, which is causing the craving and eat garbage to temporarily mask the negative emotion. EFT is one of the fastest, most effective ways to attain this freedom.

## HOW YOU ASK?

EFT practitioners guide their clients through various affirmations and visualizations to tune into their root issues while tapping on various meridian endpoints to send energy through the meridians to clear energy blockages.

There are different techniques of energy psychology, but many agree that the most effective method, as well as the simplest, is EFT. I have personally studied EFT extensively and find it to be extremely valuable at empowering my clients to move past food addictions by resolving their driving emotional issues. Any seasoned EFT practitioner can attest to the fact that anything from intense traumatic memories to daily stress can be melted away quickly and efficiently using these techniques.

Because you will always have the clients who, despite the best nutritional plan you provide, continue to sabotage their results by bringing on specific junk foods, you may be interested in finding an EFT practitioner who can assist your client in resolving the underlying issues causing their junk food addiction. Though many psychologists readily use EFT because of the unparalleled results it offers, EFT is free to be used by anyone. In fact, some of the most well known EFT practitioners around the world have no traditional psychology training whatsoever.

To find an EFT practitioner in your area, you can visit the directory found on Gary Craig's website [www.emofree.com](http://www.emofree.com), or Dr. Mercola's website, [www.mercola.com](http://www.mercola.com), which also has a listing of EFT practitioners. These sights also have a wealth of information on EFT if you are interested in learning how to use the technique on your own.

So whether you desire to begin learning how to apply EFT yourself, or to find a practitioner in your area, this is one tool that you and your clients can't afford to miss out on!

1. Chopra, Deepak, M.D. Quantum Healing: Exploring the Frontiers of Mind/Body Medicine. Bantam Books, 1989.
2. Craig, Gary. The EFT Course. [www.emofree.com](http://www.emofree.com).



### JP Sears

C.H.E.K Practitioner Level 3, Nutrition & Lifestyle Coach Level 2

While working at the C.H.E.K Institute, JP empowers clients to gain freedom from chronic pain, enhance their health and vitality, and achieve their ideal weight.

# CHEK Report Quiz

To earn CHEK points, good toward renewing your CHEK Certification(s), you must read the entire content of this issue and complete the quiz, answering at least 75% of the quiz questions correctly. Select the best answer and write in the corresponding letter on the answer sheet (page 11). Return a copy of the answer sheet to the C.H.E.K Institute via fax (760.477.2630), e-mail (educate@chekinstitute.com) or post (Sycamore Business Center, 2105 Industrial Court, Vista, CA 92081). You may also create your own answer sheet as long as you include your name, address, phone number and e-mail, along with the answers and quiz number. Always save a copy of your answers.

You will earn 1 point with a passing mark on this quiz. You will need to save your returned certificate to submit when you renew your certification. The C.H.E.K Institute will not automatically apply the credits toward your renewal. You must submit your answer sheet before January 31, 2005 to receive points.

- \_\_\_\_\_ inhibits the absorption of calcium, magnesium, iron, copper and zinc.
  - Folic acid
  - Amino acid
  - Choloric acid
  - Phytic acid
- Swan found that the average sperm counts among healthy American men has dropped from \_\_\_\_\_ of semen in 1938 to \_\_\_\_\_ in 1988.
  - 120 million sperm per milliliter to just over 50 million/ml
  - 110 million sperm per milliliter to just over 40 million/ml
  - 100 million sperm per milliliter to just over 30 million/ml
  - 130 million sperm per milliliter to just over 60 million/ml
- Grains should be pre-soaked for at least \_\_\_\_\_ hours in order to break down \_\_\_\_\_.
  - 10 hours/amino acid
  - 12 hours/phytic acid
  - 8 hours/folic acid
  - 12 hours/choloric acid
- When you have a given emotion, your \_\_\_\_\_ creates a set of \_\_\_\_\_ that are specific to that given emotion.
  - Pituitary gland/neurons
  - Thyroid/peptides
  - Hypothalamus/neuropeptides
  - Brain/endorphins
- EFT stands for \_\_\_\_\_.
  - Emotional freedom techniques
  - Effective feeling techniques
  - Emotional fighting techniques
  - Empowerment freedom techniques
- \_\_\_\_\_ has placed ten low-emissions, hybrid electric delivery vehicles in New York City this holiday season.
  - UPS Expedite
  - FedEx Express
  - TNT Global
  - DHL Express
- What is the law of reciprocation?
  - When the antagonistic muscle turns off while the agonist muscle is working.
  - When someone is treated by an EFT their healing is dictated by what they put into their healing.
- When someone helps another, the universe returns to that person an equal or greater benefit.
  - When someone balances their body the negative cell energy will be replaced by an equal amount of positive cell energy.
- The process of sprouting grains produces which of the following vitamins:
  - C, B, B2, B5 and carotene
  - A, D, E, K and niacin
  - B1, A, C, B5 and folic acid
  - E, C, B, B1 and biotin
- The USDA Food Pyramid is the most effective dietary program for all individuals.
  - True
  - False
- What led to mass public accessibility to white flour products?
  - Germ milling
  - Sprouting
  - Stone milling
  - Roll milling
- Emotional comfort has its roots in?
  - Candy as a reward during childhood
  - Negative treatment as an infant
  - Breast feeding as an infant
  - Energy blockages as a toddler
- Food cravings are usually caused by \_\_\_\_\_.
  - Energy disruption
  - Gluten intolerance
  - Low blood sugar
  - Positive emotions
- The average breakfast cereal has approximately \_\_\_\_\_% of sugar.
  - 20%
  - 50%
  - 30%
  - 60%
- According to Yogic philosophy, we all have \_\_\_\_\_ koshas.
  - 3
  - 6
- Spiritual healing can have a profound effect on the physical body.
  - True
  - False
- Approximately \_\_\_\_\_ of US corn is genetically engineered without being labeled as such in the marketplace.
  - 1/2
  - 3/4
  - 1/4
  - 1/3
- In order for a fitness professional to stay within their scope of practice they must not \_\_\_\_\_.
  - Refer out to other professionals
  - Diagnose a given ailment
  - Recommend R.I.C.E.
  - Ask personal health questions
- Strategic Alliance is defines as?
  - The ability to align oneself with other personal trainers who offer similar services.
  - A trainers strategy to become proficient in as many allied health disciplines as possible.
  - A highly important association of groups formed to advance common interests.
  - The ability to create an alliance with clients in order to convince them you need to raise your rate.
- What is one of the greatest advantages C.H.E.K Practitioners have over medical professionals?
  - Exercise education
  - Time to spend with clients
  - Knowledge of the body
  - Reducing prescription drug consumption
- Referring a client to a NUCCA chiropractor is an example of:
  - Standard of care
  - Negligence
  - Standardization
  - Professionalism

1. Dr. Oliver, DC, RN
2. Sam Visnic, NMT, C.H.E.K. Practitioner Level 3
3. Dr. Kalish, DC, expert in laboratory testing and balancing female hormones
4. Sheri Dixon, D.N.Th. M.A BANT, Metabolic Typing instructor and Comprehensive Level advisor
5. Matt Brown, NLP master practitioner
6. Dr. Shepard, DC, N.U.C.C.A.

**Dr. Clifford Oliver**



PC: What is your title and what do you do?

Oliver: I'm a chiropractor and I'm also a registered nurse. I have a four-year Bachelor of Science degree in nursing from University of California San Diego, so I interface with the medical population well. I've lectured at UCSD Neurological conferences, at the Sharp Hospital Scripps Institute, Scripps Memorial and Scripps at Green Hospital where I used to do rounds.

My office is rather eclectic and it's divided into many facets, but the main two are structural, where chiropractic comes in, and then also into nutritional lifestyle factors. It's spread about 50/50 between the two, with the nutritional lifestyle taking about 70 percent of my total time, because it's a little bit more challenging. That's how I run my practice, and in there would be various structural items and various nutritional approaches, lifestyle management, etc.

My approach is rather unusual. I use a lot of the osteopathic techniques of Robert Fulford. He developed several tools, one of which is an arthrostim and another is called a percussor. We use these tools to help mobilize soft tissue and can take strain and stress out of the system. So it brings alignment that is gentle, yet rather quick. It's wonderful stuff yet it's very gentle and it's profound. What you do is go from the feet to the knees to the hips to the diaphragm release, to the shoulders and spine and you look for any areas of constriction or restriction. It can go all the way back to birth; you can actually point it back to birth, and then removing that restriction. It's a really wonderful technique.

We use many other techniques. We have special table called a Leander Table, for doing intersegmental traction throughout the whole spine. We do different taping, kinesio-taping, and all different soft tissue modalities. I have two ladies in my office who specialize in soft tissue techniques, cross-fiber, and drainage and they work on the clients we see.

PC: So you're considered a true medical practitioner. You're able to do things that no practitioner from the C.H.E.K Institute's certification programs will be able to do.

Oliver: Right, unless they're already licensed in one of those fields. But the majority of people in the C.H.E.K Institute's programs are not licensed physical therapists, MDAs or DOs, they're typically in the trainer category.

PC: So that's why they potentially might want to seek you help, because you have a lot of services to offer that they can't do and that they need.

Oliver: It's actually a two-way street. Practitioners from the C.H.E.K Institute have a certain skill set. One of the great advantages, and I think this is something they really need to tout, is that they really have the ability to spend time with a person, and with all practitioners time is a premium. There are very few medical practitioners who have built into their programs the ability to spend time, at least time enough to get a change. The C.H.E.K-trained professional can build coaching into their program, usually 30-60 minutes long, and within that time frame they can really share and empower people to a tremendously greater degree than someone who's a licensed practitioner who has to see a certain number of patients a day. So to me the role of the C.H.E.K Practitioner

(Continued on page 12)

# Quiz Answer Sheet (Quiz #1004)

Name: \_\_\_\_\_

E-mail\*: \_\_\_\_\_

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

4. \_\_\_\_\_

5. \_\_\_\_\_

6. \_\_\_\_\_

7. \_\_\_\_\_

8. \_\_\_\_\_

9. \_\_\_\_\_

10. \_\_\_\_\_

11. \_\_\_\_\_

12. \_\_\_\_\_

13. \_\_\_\_\_

14. \_\_\_\_\_

15. \_\_\_\_\_

16. \_\_\_\_\_

17. \_\_\_\_\_

18. \_\_\_\_\_

19. \_\_\_\_\_

20. \_\_\_\_\_

\* If you do not have an e-mail address, we will mail you your results. Please include your mailing address with your answer sheet.

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in really interfacing with a licensed professional is to build the foundation of what they have to offer, and one of the great things they have to offer is time, training and teaching. And the medical practitioner really doesn't have that ability.

PC: Can you think of a case example where you can explain, in your words, how you've worked with a C.H.E.K Practitioner in the past in a way that benefited the client, yourself, everyone involved?

Oliver: I'll give you a case we just had. We had a lady come in to the office who was a star tennis player in San Diego County. She was rated number one in San Diego. She went to UCSD to be on the team there and she had a wrist injury and she had to sit the season out. She came to see me because she was involved in an auto accident and she was getting ready to make her first start of the season. So she was unable to train because of the auto accident and she was just coming off a year of rehab for her wrist injury. So here's this lady, she's been getting into shape, working out, very excited about the new season, great attitude, and then she gets into this auto accident that creates back problems, etc. So she comes in to see me and I tell her we can offer this kind of therapy, we can help get her in line, we can help with some physical therapy, we can do some soft tissue work, but I really don't have the time to do what she really needs. And what she really needed is core stability. So we called up one of the C.H.E.K Practitioners and had them do a core stability evaluation. She went through the evaluation and got into doing exercises, and in four sessions she had greater improvement than she had in over a year of therapy.

PC: In terms of her back pain?

Oliver: Not just in terms of her back pain but in her power, coming back, with less discomfort and improved performance.

PC: So while this Practitioner was working with this client on core stability, you were doing soft tissue work, I imagine.

Oliver: Yes, we did soft tissue adjustments and things like that.

PC: So let's say a C.H.E.K Practitioner has no strategic alliances, he doesn't know anybody, how would you suggest he approach you?

Oliver: I think the best way for someone who has no alliances with any licensed people is, number one, check their client base as it is now, and ask each client who their medical practitioners are. Then what they do is make up a postcard that folds in half. The outside has a place to address it to, and it has their name and information on it. It folds so that the inside information is confidential, and there's space included to write in the client's name, and a place to write Dear Dr. So-and-So, and then underneath you can tell them what you're doing with their patients. I did this for years when I started my practice. I developed strategic alliances with all sorts of professionals that have stayed strong to this day. And it works well because every one of your clients has some sort of medical practitioner and it gives you a ready prospecting list. What you can do is say, "Look, I'm seeing your patient, so and so, and for that person I'm doing core stability, I'm doing a nutritional

evaluation, we're getting your patient to eat whole foods, real foods, and then just outline briefly what you're doing, and that you're spending six to 10 hours with this person. And what you'll see is how medical practitioners love that. They like to see that their people are getting that guidance, because it saves them wear and tear. It saves them what's called capitation fees, and it brings about a great report, and after you get three or four of the cards in, they'll start calling you up.

PC: Let's say someone doesn't have a client of yours, and you happen to just be across the street from them. How would you suggest they approach you other than working through point of contact, or is it just not advisable?

Oliver: It's a lot more challenging. Two things you have to do is first get past the front office person, and you have to show that you have some skills to offer. I think the best way to do that is to have some sort of letter or brochure describing what you do, and include some testimonials from people that they can contact.

For instance, let's say you're working in a gym and a chiropractor's across the street. If you have the gym owner or someone knowledgeable in the community that you're working with, write a short paragraph saying they've worked with you and that you do core stability, nutritional evaluation with basic lifestyle management, that kind of thing lends credibility. Give that to the chiropractor and then ask for an appointment to talk with him. And then let them come visit you to see what you're about. Offer them a complimentary session. I've had many people over the years offer me complimentary sessions. I've probably had at least ten yoga studios over the years. I've gone to at least three Pilates studios when it first started, and you know, they came in, talked to me, showed me what they had to offer, and I ended up recommending those people that had the right skills and could demonstrate them.

PC: Is there anything else you'd like to mention to a relatively new practitioner or an older one who just hasn't been doing this stuff?

Oliver: Don't be frustrated. You're going to come up on many situations where you won't get feedback. But persistence pays off. Try to find medical practitioners who have a reputation for being involved in something you want to be involved with. Ask your clients who they go to, what acupuncturist they use, what chiropractors, and then find the people you want to work with and spend time building a rapport with those people. I wouldn't just go out there and shotgun it, I'd focus. And I'd focus it by asking people in the community who they go to, what they like about them, what they like about them, and what is it they like about that person. Then focus your energy by going out, showing them what you do, and offer to treat a client for free if you want to. Show what you have to offer.

### Sam Visnic, NMT, C.H.E.K Practitioner Level 3



PC: What do you have to offer as an NMT and why do you think the clients of a C.H.E.K Practitioner or CHEK Exercise Coach might be better off working with someone such as yourself?

## -Developing Strategic Alliances-

SAM: Our primary job to release soft tissue spasms, adhesions, scar tissue and to break that up and try to make changes in the nervous system and help coax the body to start operating properly again. Most NMTs are primarily massage therapists who embark upon correcting mechanical problems using massage therapy. Massage therapists generally know very little about exercise. Usually they know their clients need it but they generally don't have anyone to refer to. Most NMTs are fairly good at identifying postural imbalances and noting which muscles are weak, which muscles are tight and can address all of those, but frequently we find after releasing soft tissues that there are still weaknesses that need to be addressed through exercises.

PC: Where do you see a C.H.E.K Practitioner coming into the picture?

SAM: A C.H.E.K Practitioner can perform a very thorough assessment and that actually helps the NMT by directing him/her to the key muscles needing to be treated to help that person's condition.

PC: How did you end up working with C.H.E.K Practitioners?

SAM: Well it's a natural relationship. Jae Sabol a C.H.E.K Practitioner Level 3 had been working with clients for whom, stretching had not been effective. Stretching had little to no effect on their pain syndromes so they continued to get pain, ischemia and so forth. My job was to address the fibers that needed work.

One of the areas in which a C.H.E.K Practitioner Level 3 or higher is highly effective is in the neck, such as the sub-occipital region. By working first with an NMT and then applying appropriate exercise, you can get a much better response to the exercise because the facilitated muscles have been shut off or essentially detonified, which can allow better posture while training, which in turn helps the client better learn the correct form and maintain the strength and stability gains.

PC: You mentioned you work with Jae Sabol. Could you give us an example of a case that you worked together on and achieved some profound results?

SAM: Recently, he referred me a client who had been suffering from chronic shoulder pain for a long period of time. Jae had been unable to address the pain through a specific stretching program and referred him to me to perform a shoulder routine on him. Right away we found some pretty vicious trigger points in the sub-scapularis, which is in an area that is pretty difficult to stretch and is adhered to the rib cage. So I released the trigger points and almost immediately it increased his range of motion. Within a short period of time, about two sessions, he was able to perform the same exercises, which previously had caused him pain.

It's a very good "win, win" situation. The clients will get better much, much faster. Soft tissue work alone is not incredibly effective, nor is doing exercise alone. So working together is only logical, particular with the neck, shoulders and low back. It's really difficult to gain strength in a muscle when it is

ischemic and loaded with trigger points.

PC: You mentioned the word ischemic. I am wondering if you can tell us what exactly that means?

SAM: Sure! Ischemia is a lack of blood supply to tissues, which leaves them very sensitive to touch. Ischemic tissues do not refer pain and may not be painful until pressed upon. It depends on the area. For example, if less than 10-15 pounds is applied to an area and is found to be tender than the tissue is said to be ischemic.

PC: How would you prefer to be approached or contacted by someone who doesn't know you but wants to possibly establish a relationship?

SAM: The best way I can think of would be to contact the therapist directly and discuss with them a case you would like to refer. Tell them about the work you have been doing and what concerns you have. Ask them if they would be willing to work with you on target areas or to achieve a desired outcome. One of the easiest ways to work with me is to tell me what specific areas need to be treated. You want to make sure to establish that there is an assessment process being done, because most St. John therapists are trained to perform their own type of assessment on clients, so there needs to be the understanding that either one or the other is doing the assessment and guiding the treatments. Since the C.H.E.K Practitioner will generally have more training in this regard, it is usually they who make the decision as to what gets treated.

There is no reason why, after you have established a relationship, that you guys could not cross refer to each other and utilize each other's services; the relationship is almost "hand and glove."

PC: Is there anything, as an NMT, that you would like to share with the world or at least to the C.H.E.K Practitioners out there? Any pearls, any final comments?

SAM: We're all in this together. We're all looking to help change peoples lives, fast and effectively. By working together we can produce results and give clients exactly what they need.

### Dr. Daniel Kalish



PC: Tell us about yourself.

Kalish: I am a chiropractor by training and most of the work I do is oriented around functional medicine lab tests where we order different types of labs to determine different types of body level imbalances in hormonal systems, digestive systems and detox systems.

PC: When you're referring to labs, can you define labs for the general audience?

Kalish: Yes. Labs analyze different types of tests including blood tests, saliva tests, stool tests - those that look at all the body functions. Part of my program always includes diet changes

## -Developing Strategic Alliances-

and exercise, and for that part of the program I recommend for people to use C.H.E.K Practitioners and CHEK NLC's.

- PC: So you already have established relationships with these practitioners. How did you go about initially getting connected with C.H.E.K Practitioners in particular, or any alternative practitioners?
- Kalish: All by word of mouth, really.
- PC: So someone approached you at some point?
- Kalish: I guess through mutual clients.
- PC: How would you best see the practitioner working with you ideally?
- Kalish: The best way it seems to work is if I have a client and I act as the case manager, and I refer that person out for nutritional counseling and exercise programs with an NLC person. That NLC person handles all aspects of the care, I don't really get involved. I handle the nutritional supplement program.
- PC: If a practitioner were approaching you for his first strategic alliance, how would you like to be approached? What would be the best way someone could get your attention?
- Kalish: I think the best way is to offer your services for free, to show what you can do. So find a chiropractor, an osteopath or a medical doctor that has some kind of health problem, you know, some kind of structural problem or nutritional problems, or find a practitioner that's interested in doing this himself. That's how I met Chris Maund, C.H.E.K Certified Practitioner.
- PC: So he approached you and said, hey, I'm Chris, this is what I do, I'd like to show you more about what I do by offering you a free exercise program. So you took him up on it and that got him in the door with you.
- Kalish: Yeah, and now I refer him patients every week.
- PC: What do you refer patients to Chris for?
- Kalish: Complicated orthopedic cases. People that are trying to avoid surgery because of nerve problems, disc problems, bad knees, bad shoulders. For people who don't really have major complaints I use my in-house C.H.E.K Practitioner, who is highly trained.
- PC: So you have an in-house C.H.E.K Practitioner?
- Kalish: We have our own gym and clinic, and Nancy Parker works with me. I refer to Nancy for either nutrition or exercise programs.
- PC: Let's talk about a case that you've worked with a practitioner or many practitioners on.
- Kalish: There's a couple I can think of. And it works both ways, too. Chris has referred me a lot of clients as well, for nutritional

workups. That's another way to get referrals, is to give referrals.

How about one example of each? There's a woman named Karen. Karen had chronic neck pain and was on morphine, anti-depressants, other kinds of pain medications and sleeping pills. She was on five or six kinds of medication for her pain, for maybe five or six years. She came to see me, and she had become, basically, a morphine addict. She was the mother of three kids and was basically not able to function anymore. So I stabilized her pelvis doing some chiropractic work, then referred her to Janet Alexander, C.H.E.K Practitioner Level 4 to do the CHEK exercise program with her. Janet did the core stabilization exercises and got her out of pain, with the stretching and strength training. Then we did a detoxification program – she actually had to go into a medically-supervised detox center to get off the morphine and other drugs she was on.

- PC: What tests did you run with her?
- Kalish: Liver detox capacity, and we worked a lot with her adrenal hormones.
- PC: So you did a salivary test for her cortisol rhythms, etc?
- Kalish: Functional adrenal stress profile, then the functional liver detox capacity tests.
- PC: Now, this is something that you exclusively offer? There are very few people that can do these tests in the capacity you can do them?
- Kalish: It's interesting that there are really few people that do them. I don't understand because the technology is around. I think it's because it falls between the cracks. Medical doctors who are well-trained doing laboratory testing are not interested in doing these alternative tests, and a lot of alternative practitioners are kind of intimidated by lab tests. They might do muscle testing, they might do acupuncture analysis and they have other techniques that they're comfortable with. Lab testing just seems almost too medical for them.
- PC: How profound are these tests? How profound can they be in an overall treatment plan?
- Kalish: In my clinic, it's at least half of what we do, lab testing and nutritional programs. Then it's lifestyle and exercise and all those changes. If, for example, someone has an undiagnosed infection, or they have a serious hormone imbalance, or a major problem with liver detox pathways, or a sleep problem that's hormonally related, or, we had a patient this morning who had diabetes, she wasn't aware she even had diabetes, she was overweight and just wanted to lose weight, but we ran some basic tests on her and turns out she's a diabetic and didn't know it! Now that's a medical referral, this woman's pretty ill without even knowing it.
- PC: So the angle you can offer the C.H.E.K Practitioner is a very medical angle revolving partially around your intuition, partially around the forms you use, but also particularly

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around the special tests you have to offer. So if someone can get a hold of someone like you - that would be an amazing alliance to have. Would you agree?

Kalish: Yes, it really works well, especially when the C.H.E.K Practitioners get better. They get harder cases and they start getting people that have more than just a knee problem. They might have fibromyalgia or rheumatoid arthritis, instead of just a knee problem. I think as people go out to Levels 2, 3 and 4, as they get more proficient at fixing problems, they get referred more complex cases. And they get complex! A lot of people are really sick – there may be structural problems but they're also sick – and you get into medical management issues that are kind of tricky to do as a trainer if you don't have a healthcare license.

PC: So the reality is a lot of people have a lot more going on than meets the eye. And if a trainer is working on someone who's not losing weight as they would expect them to, or having chronic pain that isn't going away with their stretching, maybe they have deeper physiological processes that need to be assessed, and you would be the person to do that, wouldn't you?

Kalish: Exactly. And I now work with now a couple hundred C.H.E.K Practitioners throughout the world, and we co-manage cases. So if the C.H.E.K Practitioner refers me a client, I do the lab testing. I usually only have to talk to the person a few times to design the nutritional supplement program that they need, and then the C.H.E.K Practitioner does all the follow-ups. So if we run a lab tests and it turns out the person has food allergies and a gluten intolerance, then they need to go back to that C.H.E.K Practitioner or CHEK NLC that referred them and work through those dietary issues. Or if it turns out they have diabetes, like with this patient we just had, then they need to go back to their C.H.E.K Practitioner and really work on their diet and exercise so they can lose weight. So it ends up when you get referral networks like this going, everyone benefits. So I get access to the new patients that I need for my practice, and the C.H.E.K Practitioner gets more things they can do with that individual client.

And the key is, whether they work with me or someone like me is finding a doctor, a chiropractor, or an acupuncturist and just doing one specific, limited function, and then have all the bulk of the work done by the C.H.E.K Practitioner so they don't lose control of the case.

PC: How would you suggest the C.H.E.K Practitioner go about finding somebody like you? What steps should they take?

Kalish: Just asking around the community for the names of the most well-respected practitioners, either DOs or DCs or OMDs or LACCs or acupuncturists or oriental medical doctors or MDs and finding the practitioners that are respected and are alternatively oriented. Usually if you hear a name three or four times you know the person's pretty well respected. Then approaching him and saying "I'd like to refer clients to you for these kinds of procedures and I'd like for you to work in a team fashion with me." Then you have to try it once and see if they're willing to follow through, because a lot of

medical practitioners will just take a client over and not really respecting the C.H.E.K Practitioner, and you can end up losing a client that way.

PC: So there is a real risk practitioners have anxieties about - that they're going to refer a client and they're never going to come back!

Kalish: Yeah, it happens a lot.

PC: It happens a lot because I guess they think they have all the answers.

Kalish: It happens a lot, from lack of respect.

PC: And I don't think a lot of medical practitioners understand in particular what a C.H.E.K Practitioner does, so I guess, like you said, you need to start off with one client, and make sure it's very clear to them what it is you want from them, and that's it?

Kalish: The best thing, I think, if you find athletically-oriented doctors like myself and the C.H.E.K Practitioner designs an exercise program for that doctor and the doctor's actually doing that program. That's the best advertising you can get, because that doctor's actually using the program and he's going to want that service for all of his or her patients. I refer almost every new patient for exercise.

PC: Why is that? What does the exercise offer the patient physiologically?

Kalish: It's the key to fixing all the structural problems, because they get a lot of patients with back and neck problems, and if they're not exercising, they're not going to get better with chiropractic care alone. And then it's the key to the hormone cases as well, because they're going to be stressed out and either under- or over-exercising, so they always need exercise to help them distress, whether it's a Zone exercise or running a marathon.

PC: So you actually help guide the C.H.E.K Practitioner in what kind of exercise they choose for the client?

Kalish: Only to the extent that I do the hormone evaluation, if we do a hormone evaluation. If we do a hormone evaluation and someone's in advanced stage of adrenal burnout, then we want to pull them off of heavy cardio, because heavy cardio increases your cortisol, and you don't want to increase that in someone who has adrenal burnout. You want them doing more strength training so they can build up their human growth hormone.

PC: So the truth is, you really can help a C.H.E.K Practitioner understand what kind of exercise a client needs through the labs alone.

Kalish: We can give people realistic expectations like, if you test someone and they're insulin-resistant, meaning they're pre-diabetic or diabetic, it's a minimum two- to three-year project to stabilize that person and get them to lose weight, instead

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of the average person losing weight in six months to a year. It's like that patient I was talking about today, because they're diabetic, you're looking at a five or seven year project for them to lose weight and help improve their blood sugar. So if you get a person who's diabetic and not aware of it, you can get a year into the program and not losing any weight, and it turns out they're really sick.

PC: So by working with someone like yourself, you can not only improve the results in a short amount of time, you can give the client realistic expectations of what's going to happen, you can help the practitioner design a better program, and you can refer them to specialists they really need to see, in addition to the work the C.H.E.K Practitioner is doing.

Kalish: Exactly. And we're working now on training doctors and creating networks where you can do some sort of mutual referral. Let's say you get a doctor that's in New York or Milwaukee, somewhere other than where I am, that wants a C.H.E.K Practitioner doing the CHEK NLC work and the exercise program. Maybe on the doctor's end, the doctor is identifying people who are insulin-resistant or diabetic or just out of shape and need some exercise. They can refer straight out to a C.H.E.K Practitioner. So, there are doctors that we're working on identifying that are going to have a need for the C.H.E.K [Institute's] people and the NLC work, because they don't do it themselves. The last thing they want to do it teach someone some exercises!

PC: Right. They're medical doctors that get paid hundreds of thousands a year not to teach exercise!

Kalish: Exactly. I think the key point is, if you can find a doctor that wants to do an exercise program and can get them converted, you've got a lifelong referral source. And the more they get into it, like the more I work with Chris, the more I refer people, because it's so amazing what this guy's done to my body! I mean, I can run faster and lift more weights than I ever could in my life and I see someone who's pathetic and weak and I think, "You've got to get your act together, buddy!" and start exercising.

Of all the referrals I've given Chris, I think it's been worth more than the time he's spent with me. Plus, when I send him a client, he might have that client over several years, you know? You're really establishing long-term business relationships with people. One thing people can do, just on a practical level, is go around and join a networking group, some kind of Toastmaster's group, or some kind of community group, and identify dentists, chiropractors, orthopedists, acupuncturists, and just offer them some free services just to show them what they're doing. I think if you approach a wide range of professionals in your community you can find a few that are interested.

### Sheri Dixon



PC: What is Metabolic Typing and how did you get involved with it?

Sheri: I was a nutrition consultant and some years

ago was part of a nutritional team, working alongside exercise specialists. We ran a six-month weight loss study at a gym. At the end of the six months most of the practitioners involved hailed the exercise as a great success, but I wasn't so sure about this because some of the participants were unable or unsuccessful losing weight. That wasn't a surprise. My concern was that some of the participants felt terrible when they were eating such healthy food. This caused me to take closer look at some of my case histories and my conclusion was that one-size-fits-all diets just do not work for everybody, for whatever was being addressed at the time, whether it was irritable bowel, Candida or something simple like weight.

I decided that until I could understand the reason for the failing of nutritional therapies where we were using set nutritional protocols, morally I could not continue to advise people on what foods to eat and what supplements to take. After some soul searching and three years of study my search led me to Bill Walcott. I had no idea that during the 20 years since Kelly one of the key founders of Metabolic Typing shut down his practice, Bill had discovered the *dominance factor* and had been using and refining the techniques into what is called now the *Health Excel System*.

The idea that one size fits all for everyone throughout the world, to me now, is ludicrous. I can't understand why I didn't stop that before.

PC: I am not sure our readers are familiar, but the system you use with patients, the M.T. system, has many levels from the basic book questionnaire all the way through to the comprehensive level.

Sheri: I think the book *The Metabolic Typing Guide*, by Wolcott is invaluable in giving people the background, especially if they are nervous about something that seems very new to them and it goes against what they have been taught. I don't personally work at the intermediate program, but I think it's a great step up from the book. You can discover one's dominance, you're working with a highly trained advisor, and you're looking at the autonomic nervous system, oxidative and the endocrine types, which is useful for energy and weight-loss. We also have the advanced and comprehensive level programs. Both of those involve simple tests you can do at home, which reveal other ways the body has gone out of balance. I personally work at the comprehensive level, but most of my work is in training practitioners in the UK. I am always amazed at the diversity of practitioners who come through the program and at how they, in their various fields, understand bio-chemical individuality and see the need to make M.T a part of their work.

PC: I would like to go back to the simple tests you mentioned. I have heard them called "challenge tests." Could you explain a bit more about that side of your work in M.T.?

Sheri: Yes, they are called challenge tests, but really, they are very simple to do. There are urine and saliva tests. We also run a hair mineral analysis test. You don't have to understand the science behind them to get the benefit from doing the tests. With these tests we can reveal, for example, acid/alkaline imbalance and electrolyte insufficiency alongside the metabolic type.

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PC: What can the hair mineral analyses show us?

Sheri: It can show signs of adrenal stress, and thyroid stress, body adaptation to stress, just more clues. I wouldn't say it's diagnostic at all, but certainly if they have lead or mercury coming off the page, high levels in their hair tissue, then certainly it can tell us a lot about that person. It's also good for that person to see that, especially people who have been on the program for some time, because when they feel in themselves they're making quite slow progress, and they can run a second or third hair test and when those ratios of nutrients have been reduced, it can give quite a bit of motivation to continue and make them feel there's been quite a lot of work done already. The online questionnaire will detect somebody's functioning metabolic type and their dominance. The challenge tests are in addition to that.

PC: If a C.H.E.K Practitioner, personal trainer or even massage therapist were reading this today, how would you explain to them just how valuable building a strategic alliance with someone like yourself could be?

Sheri: Well first of all I must say that all the C.H.E.K Practitioners I work with and have trained are already aware of the basic principles of bio-chemical individuality. I think the client benefits just as much from my referral to them as they do to me. However, the majority of the clients most trainers and exercise specialists tend to work with are relatively healthy, rather than sick. My clientele tend to be doing quite poorly when they initially see me. These people need the maximum nutritional guidance, detoxification help and emotional support. Also I find that many of these people need to be referred out and I often refer to holistic dentists, homeopaths, osteopaths or other doctors who are able to perform procedures that are way beyond my own capacity and training.

PC: Can you give me a few scenarios where the trainer is working with a client and these key things or "red flags" are coming up? What would be the red flags that would warrant a referral to you?

Sheri: I would say that whatever the diagnosis or symptomatology, if they are not eating the foods which balance out their physiology, then they are not taking the most absolutely fundamental steps they could.

PC: So that would be a classic example of someone who would get referred to the comprehensive or advanced level, or someone who's dealing with obvious pathologies of some kind or another.

Sheri: Exactly. The really sick want to work with someone who has the knowledge, the training and the capacity to give them the answers that they need, and I think with very sick people you can run into some quite frightening situations and you need the confidence and the training to be able to deal with those.

PC: Let's step back for a minute. When should a trainer say to a client, "We've been working together and I'm not seeing the progress I expected, I need to refer you to a M.T. advisor."

Sheri: I can give you an example of something that happened recently. I trained a C.H.E.K Practitioner who was working with a lady using the intermediate program. He called me up and said he really wanted me to work with this lady. She reported increased energy but she still had excess weight around her waist area and had high blood pressure and she told me she had become "stuck". So she re-tested using the advanced program in June of this year, and her tests revealed slow oxidation, metabolic imbalance, electrolyte deficiency, and her hair tests reveal some mercury toxicity and adrenal stress. She was really committed to the program after a few weeks, so we started her on some digestive supports and some additional supplements. She also did some detoxification cleansing as well as made some changes to habits such as going to bed earlier, sleeping longer, meditation, and saying no to things – she was highly stressed in her job. I also invited the Practitioner that referred her to me to share in the consultation with the client's permission so he could understand what I was doing. He still continued to work with her with her exercise but her re-test three-month revealed all her imbalances had cleared. My next step was to refer her back to work with him. My part was finished.

PC: That then would be a classic example of when one would refer to a metabolic typing specialist when they've done what they can and they're not getting the weight loss. You mentioned plateaus in the weight loss department. Any other symptoms that should be going away with a lifestyle and exercise and basic nutrition program but aren't going away that should lead somebody to you, at a comprehensive level.

Sheri: The first thing I would do is try to work with the advisor so that they can keep their own client, but if later on they say they've done everything possible then I would agree to take their client and perhaps refer inside my referral network of professionals. I use structural specialists, chemistry dentists and I work with doctors who do more than I'm permitted to do. And I think as long as everyone understands their roles and responsibilities and keeps each other informed it can work very, very well. Metabolic typing is just a part of it, but building health involves a lot of other aspects. It involves exercise and often there's an emotional component as well. And during detoxification someone may need to see a dentist who's skilled in removing amalgams or mercury detoxification so by working as a team, especially with the orthodox method as well, because in this country – I don't know if it's the same where you are - but the General Practitioner or personal doctor has ultimate responsibility for that patient. So I ask all my clients to keep their practitioner informed about their nutritional metabolic typing program, what they're eating and what they're treating, even if they're not nutritionally oriented or don't have any real interest in nutrition. I hope that over time, this action helps increase understanding and helps develop good working relationships between complimentary practitioners and traditional orthodox medicine because ultimately the patient or client will be served better than one or the other.

PC: There are going to be practitioners out there, maybe in the UK, who are going to want to develop a relationship with you or someone like you. What's the best way to get a hold of you in a way you feel comfortable with?

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Sheri: Any form of contact is welcome. My telephone tends to get really busy, so if someone wants to talk to me about one of their clients, usually an email is good for initial contact to arrange a call or meeting.

PC: So you want to start by either referring a client or would you suggest that they do the program themselves? Do you think it's a good idea for all practitioners to experience MT in a comprehensive or advanced level, or is it not really necessary unless they have issues?

Sheri: The advanced program is good for everyone, but not everyone is prepared to do what it takes, and it is a far more intensive program that not everyone can commit to. It's better that they do the intermediate program correctly than a watered-down version of the advanced program because they really can't commit to the testing and the ongoing connection with their advisor.

PC: So the best way to get in touch is through email, or a direct client referral?

Sheri: We work with email so much that that's become very normal, but if someone doesn't work with email a phone call is just as sufficient.

PC: As a MT practitioner, do you work with C.H.E.K Practitioners directly with clients, or do you know people that do?

Sheri: We've got a lot of C.H.E.K Practitioners in the UK that have been trained in MT and I have no hesitation referring my clients to them for exercise. We have them all over the UK so there's usually a C.H.E.K Practitioner near everyone I've ever worked with, and once I've got them using some good quality food and their body working a little more efficiently with the program, I would say now is a good time to introduce some exercise because you have more energy to exercise, and the best thing would be to go to the expert, and that's when I would refer someone to one of the core C.H.E.K people, or one of the other trainers. There are quite a lot of other exercise specialists that have M.T. training here in the UK.

### Matt Brown



PC: You're a life coach, but your core training is NLP Neuro Linguistic Programming?

Brown: I personally draw on NLP hypnosis, studies in metaphysics. I also use the language that's taught in landmark education and a number of different modalities. As far as the change work I do, it's based on NLP technology.

PC: Describe your relationship with Sam Visnic C.H.E.K Practitioner Level 3, NMT. How did you guys establish a relationship?

Brown: I was referred by one of his clients. His client said there's this practitioner you should meet, he's an expert in the connection between your physical body and your mind. She thought it would be a good pairing, and it turns out that we have

organized a weekly trade, where I share my expertise in how our thoughts and beliefs create conditions in the body, and he shares with me how the physiology of the body works. It's a very good pairing.

PC: Your offer is a deeper understanding of how the mind influences the body as it's presented to a C.H.E.K Practitioner.

Brown: How that would typically show up is, the C.H.E.K Practitioner has a client, that client has the program and knows what to do but finds themselves not doing it. And I think we all have some experience with guided nutrition and exercise where it's pretty obvious we know what to do but we find ourselves not doing it, and that's often due to some belief or limitation we have in our thinking. For some clients, issues as deep as self-worth issues. There are all sorts of other behavioral and motivational things that would cause you not to go to your workout or eat that piece of chocolate cake or whatever, even though consciously you know what to do. In NLP what we do is go into the source of belief and motivation that causes us to act the way we do and align them more with our conscious intent, so when the alarm clock rings in the morning, our conscious mind says it's time to get up and work out, our underlying unconscious belief is in alignment and says "Yep, I want to feel good today, I'm going to work out and eat well," so my unconscious mind will help my conscious mind get out of bed and eat well today. We're incongruous, the conscious mind and unconscious mind.

PC: I've heard the fact thrown around that everything we do in life is about 10 percent conscious and 90 percent subconscious, so you really are trying to help people understand the subconscious purpose for existence but use techniques to change the way the subconscious mind perceives itself?

Brown: Our beliefs and motivation come from an unconscious habit or behavior, so not only are we working with someone through dialogue, we try to come up with what the sources might be for those motivations. But there are actually techniques where we go back in a relaxed state, using the power of the unconscious mind to communicate its intuition. Since we're meaning-making machines, as human beings, we make meanings out of everything. We make meanings that have no basis in reality nor are they very empowering for us. They're very limiting.

PC: What about attitude? What if they do everything you tell them to do but they always have a general poor disposition?

Brown: I think everyone will agree that health is by and large, diet and exercise and mental attitude. It's proven time and time again that the people that heal faster have a desire to heal. So people that have a negative outlook on life, or a disempowering attitude that produce poor results in their lives. They may go through the motions, but not care enough to feel good about it. What we can do using accelerated change technologies is to find out what they truly want out of life, what would excite them, and help them understand

that their health and their work and their relationships can all be positive things. And again, that's going back to the root cause of some emotions or decision you made about life, and changing the meaning. Because once you change the meaning, you change the emotion and therefore you change the behavior and change the results you get.

Also, NLP is perfect for deep-seated phobias and allergies. There's an NLP intervention that's very effective with allergies, because allergies are just a phobia of the immune system. The immune system is just scared of something for no good reason. The same with a phobia. Traditional therapy will often take up to seven years to clear a phobia, and NLP interventions have been as quick as 15 minutes.

PC: Wow!

Brown: It's amazing how the mind and body works together, and that's why I've enjoyed my relationship with Sam and everyone I've met there that has done this work, because I think the NLP hypnosis and what the C.H.E.K Institute has done is a perfect complement, the best of knowing how your mind and body creates your reality. It seems to be a pretty powerful combination.

PC: You can address phobias, attitude, emotional or behavioral issues that don't seem to have clear roots?

Brown: Yes, it's an unconscious behavior. You can take any event in your life, the most horrific event, rape, abuse, cancer, whatever, and if you are willing to do the work, you can go beneath the surface of that and find a positive intention. So I believe we can make peace with any event in our lives.

PC: If someone was to approach you or any NLP practitioner, what would be the best way to get your attention and talk about working with you?

Brown: The NLP school of thought was modeled after the best of the best. I mean, Paul Chek, Sr. and Richard Bandler did the exact same thing. They looked around and said "Who's getting the best results in these areas?" and took the best of the best and put it into one program I would say to a C.H.E.K Practitioner, if an NLP practitioner is not familiar with your work, let them know that you are providing the flip-side of the coin of the body-mind connection, as far as how we can create our lives in a healthy powerful way. I think a Practitioner would do well just saying that an NLP deals with thought forms and beliefs and emotion that often precipitate physiological symptoms, so I think it's a great alliance. I believe a C.H.E.K Practitioner would have better results dealing with the physiology, because there's not a chronic pattern or belief that may be suppressing your immune system or maybe creating chronic symptomatology. And when they say "How can I be healthier and have more vitality?" of course, I'm happy to refer those people to a C.H.E.K Practitioner because I think the C.H.E.K Institute's programs have the best of the best of diet, nutrition, exercise and the part of the wheel of life we call health.

## Dr. Sheppard

PC: Can you start our interview today by telling us what you do?

Sheppard: Okay, I'm a NUCCA practitioner, which stands for National Upper Cervical Chiropractic Association. I use the NUCCA system, which is a system based on the correction of the occipital and atlanto-axial subluxation complex.

PC: Why do you particularly deal with the upper-cervical spine?

Sheppard: The upper-cervical spine has the most influence on the neurological components of how your body is controlled. So in order to correct certain types of issues this goes right to the source, which is going to be that certain area which is your atlanto-axial joint.

PC: Can you give me an example of some of the variety of problems that someone could gain relief through your system?

Sheppard: If you're looking at the lower extremities a simple case of lower back pain can be relieved by having the atlas adjusted. If there's any kind of torque or tension on the atlas area, it's going to cause a change in the tension of the peri-spinal muscles and that's going to cause your body to compensate. That compensation causes loading on the sacro-iliac joint on one side of your body, which actually causes your body to start to feel the pain or discomfort brought on by shift in weight. Sometimes patients come in and get their neck adjusted and their lower back pain will go away. Their thought is "What did he do? He just adjusted my neck." But what we actually did was adjust the center of gravity, helping the muscles to actually balance out the change and shift of the weight. You know, 60 percent of your body's weight is from your pelvis up, so shifting your head and neck will cause your lower body to also change.

PC: That makes perfect sense. Now, are there other types of symptoms other than pain that you might find relief from, using your system?

Sheppard: If you look at just the control factors, in other words, how your body works, the ideal premise behind correcting your cervical is to make sure there's no type of neurological insult at your core. Making sure that doesn't occur causes your body to work more normally. Based on the theory that chiropractors have used for years, if there's no electrical compromise in your body, then it gets all the information it can from the brain to take control of the organism.

PC: So far what I've gotten from you is that you can have an upper cervical subluxation, which basically means it's not in its ideal place. Is there a better way to describe it?

Sheppard: Well, the idea of a subluxation is just a misalignment

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of bones as they approximate each other. But a true subluxation is that it's causing some kind of neurological compression.

PC: So, a subluxation compresses or distorts nerve tissue which affects nerve flow or connectivity? Have you ever had any cases of people having other than pain, other types of modalities that have cleared up that they didn't even realize were part of their upper cervical subluxation?

Sheppard: From a neurological standpoint there is quite a variety of things that can change. A lot of times patients will come in with certain types of complaints. For example, a person comes in with a complaint of lower back and sciatica. They come in and get their atlas set, and their sciatica goes away. And they say they've had headaches for 20 years and now they don't have headaches. So even though that's a pain type of syndrome, it's still just from changing that that you change the upper symptomatology. So you're not always looking at the cause. The sciatica went away but they're also benefiting from getting their neck set in the proper position.

PC: Are there other things you can do? Are you able to do other assessments?

Sheppard: Patients come in and we put them through a variety of different assessment factors. One is we do a leg length, we determine what your leg lengths are, whether there are functional or anatomical differences. We look at hip measurements to see if there is a difference in measurement from one hip to the other. We assess posture and balance with the March Test, which is something Paul Chek Sr. and I, over the years, have come to like because it tells a lot about joint proprioception and mechanically what is really going on with them. Along with the bilateral weight test, which is putting patients on the scale and showing which way their weight is shifting. We take and do an x-ray study on the patient. We do what's called a true-planes planography, which takes a measured x-ray system that uses the atlas in three different positions – the transverse, the lateral and the frontal planes of motion – and we take all the information we get and see mechanically what is going on with this patient. Because ideally what we're looking at is what kind of pattern the patient's going through in order to positively show the symptoms that they're showing. So we go through all these systems and put this type of information together, and we're able to tell the patient "This is why you're 15-20 lbs. over your right size, why you spin right, why you have a low hip on the right." All those factors come into play there, and therefore we're able to come up with a treatment protocol for them which is in our case going to be, resetting their positioning for them. And we take a post x-ray to see what kind of corrections we made on them.

PC: That's great. So someone could have had a subluxation and a weight shift for decades and when you think about it, it quickly becomes apparent that if someone's weight

is shifted for a period of time, they're definitely wearing out one side of their body!

Sheppard: There's definitely a wear and tear factor. Some things don't show themselves for a period of time. It's like I tell my patients you can have an artery that's 50 percent blocked and you feel no pain. But you can have one that's 55 percent occluded and you're flat on your back having a heart attack. So the body has a tolerance, but there's definitely a wear and tear factor when it comes to neurological and muscular skeletal conditions.

PC: You work with C.H.E.K Practitioners. How does a C.H.E.K Practitioner work with you to best serve a client?

Sheppard: Typically if a patient comes to my office from a C.H.E.K Practitioner, the Practitioner has been educated to understand some of the aspects to determine good overall health, and one of those aspects is having good overall structural alignment. Patients that come to see us are usually evaluated, and they'll know, from some of their tests, if this person is a candidate for upper-cervical correction. The reason that C.H.E.K Practitioners utilize my services is simply because patients they see are oftentimes very complicated, because if they could get well, they would have gotten well just dealing with it themselves. So they are usually patients with symptoms that are outside the box. So usually a C.H.E.K Practitioner will perceive from them that their compensation patterns aren't normal, that they shift in their head and neck posture, that they do their March Test and found that they compensate and shift a considerable amount, and so that Practitioner understands the concept that in order for them to get better, they're going to have to do something to change their proprioception and balancing mechanism, and it's difficult to do that through only exercise. And the number one thing is Practitioners don't always want to try to work against compensation. In other words for their programs to be effective, they know that the closer the spine is to normal, the quicker their client is going to get better. And that's why we started on the path, and that's why Paul Sr. started sending clients to our office because he saw the results of patients that got their Atlas set and how much better their programs were that he was giving them, and how much quicker the patients repair. It makes things much more efficient to get the patients back to mobility.

PC: Can you think of any profound cases where you worked with the practitioner and saw some really dramatic things occur?

Sheppard: There are lots of interesting cases that come through, and I would say this. Any time you start to specialize in a field, just like the C.H.E.K Practitioners, they've increased their education so they're going to get more difficult cases. It's pretty interesting. We get a lot of cases that come through. To give you an idea, a baseball player comes to me with right hip, left leg and left hip pain. We do our evaluation on him and see that he's got some

(Continued on page 24)



# CHEK Travel Journal

by Penthea Crozier

The summer months generally mean a little less traveling for Paul and myself, although you might not guess this given that we visited eight cities and four countries in the space of six weeks! Paul continued his Fitness Resources seminar tour with four one-day workshops in Seattle, San Francisco, Washington DC and New York. These workshops provided participants with six hours of hands-on education, covering three interesting topics: Assessing Core Function, Swiss Ball Training and Total Body Legs. We had a great turnout in all locations, including over one hundred people in San Francisco! Many thanks to all the C.H.E.K Practitioners, NLCs and Golf Biomechanics who came out early each morning to help pump up balls, unload Body Bars and then pack it all up again at the end of the day. Your help is much appreciated and we couldn't have run the seminars without you. A special thanks to Patrick Welch in Seattle, who organized a book-signing event for *How to Eat, Move and Be Healthy!* and got Paul invited on a local radio show - twice!

One of the fringe benefits of helping at a seminar (apart from attending for free of course!) is that you gain exposure to a multitude of potential clients and referrals. Following the Fitness Resources event in Toronto in June, I understand that some of the Toronto-based Practitioners were swamped with people wanting an assessment! This is truly a great example of the Law of Reciprocation. This law, as described by many of the leading personal development coaches, states that whenever someone helps another or provides a service to others, the universe will return to that person an equal or greater reward or benefit. In many cases, the "return on investment" comes from a completely different source than the one to which the original service was rendered. I have always been delightfully surprised whenever I recognize the law in action in my own life, although it is usually impossible to connect source and reward. Indeed, to provide a service with the expectation of receiving a reward is not the purpose or point of the law.

Toronto was our next stop, for Can-Fit-Pro's annual convention. Last year's event was disrupted by the huge power outage in the Eastern States, and Paul had to give one of his sessions with only backup lighting and no A-V. Of course he gave an excellent lecture despite the low-tech set-up, proof that the presenter makes the PowerPoint, and not the other way around! This year's convention suffered no such hiccups and Paul's lectures were packed, as usual. In his last session on Sunday, the room was so full that there was literally no square foot of unoccupied floor space!

From Toronto, we flew to Minneapolis for a seminar organized by Personal Training on the Net. This was a brand new lecture, called *Balance Begins in Your Mouth*, which Paul thoroughly enjoyed creating and giving! Tying into his research and study of the past few years, he illustrated how his approach to health and exercise is truly holistic in nature. Drawing on examples and concepts from such diverse topics as philosophy, spirituality, evolution, quantum physics and astronomy, this lecture was quite an eye-opener for many of the personal trainers who attended.

After a very short stop home – just enough time to do the laundry and re-pack our suitcases! – we flew to New Zealand for a Golf Biomechanic course in Auckland. The course was taught by Paul and Janet Alexander, one of the senior C.H.E.K Faculty, and attended by students from all over the South Pacific, including Australia, Malaysia and Hong Kong. Congratulations to the group for their 100% practical pass rate! After the course was over, Paul enjoyed a few well-earned rest days, which he spent mostly in *Pathfinder Bookstore* in Auckland – a metaphysical book shop stocked with a diverse range of topics. I then had to ship home around 20kg of books, as our suitcases were already full! On the last evening in New Zealand, Paul gave his *Balance Begins in Your Mouth* lecture to an audience of around 100 people, who all seemed to find it quite stimulating!

A quick hop across the Tasman brought us to Sydney, Australia. Paul again presented *Balance Begins in Your Mouth* to another large group, and was supposed to follow this with *Is Stress Making Your Pants Tight?* But he was so involved with the first topic that the "stress" portion got rather minimized! However, there was so much information, new concepts and challenging ideas in the rest of the lecture, that I think most attendees were very satisfied. A big "thank-you" to Aaron Mackenzie, who organized a fully organic lunch at the seminar, provided by local organic suppliers and prepared by the hotel.

(Continued on page 28)

# Incorporating C.H.E.K with Alternative Healing

By Catherine Carrigan

When we, as C.H.E.K Practitioners, incorporate other techniques into our fitness training, it is helpful to recognize a few simple truths:

1. How you do what you do matters most. No matter how many years you have studied with the C.H.E.K Institute or what other approaches you have mastered, at the end of the day, when you are working one-on-one with your client, it is the quality of your interaction that makes the difference. You can be very conventionally successful using the most unconventional techniques once you have learned how to establish therapeutic relationships based on unconditional love and mutual respect.

2. You are the ultimate technique. It is not egotistical to say that who you are speaks louder than any advice you have to offer. You are a summation of all you have learned, your biology and your biography. The more you walk your talk, the sharper instrument you will be. Set your intention to have a profound, positive impact on everyone you meet.

3. What you do for your clients is what counts. The general public has very little understanding of either the fitness industry or alternative healing. Your credentials are just a way of establishing that you have a right to do your work. All the average person wants to know is whether you can make them stronger,

thinner, happier, pain-free or better-looking. Most of my clients - doctors, lawyers, real estate developers, chief executives, mothers, salesmen and priests - never experienced alternative healing before they came to see me. In the beginning, I may spend time explaining how I do what I do, but after awhile, especially once they begin to see results, they are simply eager to get better. In explaining what I do to a friend, a regular client of mine told her, "What she does is unconventional, but it works."

4. The most important session you will ever have with any client is your initial evaluation. I spend an entire hour - sometimes an hour and a half - just listening to each new client before I do any work of any kind. When they call to set up an appointment, I explain that this is a health evaluation. I ask a lot of questions, but mostly I just listen. Recently, I sat with a new client and she told me

- 1) she had just gotten out of a rehabilitation center for alcohol one week before,
- 2) she had been thrown in jail the month before that
- 3) she was on 12 different medications - antidepressants, pain pills, blood pressure drugs and sleeping aids.

When she called initially, she said she wanted "stress-relieving exercise," but what I saw she actually needed is much broader than that. This client is a self-employed professional. People will tell you everything you need to know to do your job if you just listen.

5. While you are listening, prioritize what needs to be done on the five levels of being. According to yogic philosophy, each of us has five "koshas" or bodies, all equally real, all equally important. Each of us has a physical body, an energy system, which includes the chakras and acupuncture meridians, emotions, an intellect and a spirit. The spirit controls the mind, the mind controls the emotions, the emotions control the energy of a person, which in turn controls the health of the physical body. Understanding this simple order of control helps us understand why some techniques that are most unusual, such as spiritual healing, can have the most profound impact on the physical body.

As a practitioner of applied kinesiology, I work by priority. In other words, I evaluate what absolutely, positively must be done first for a goal to be achieved. For example, a client may want to lose weight, but that may not happen until certain emotional stress is released, the energy system is rebuilt, and/or the mind is clear and focused on being healthy.

At one initial evaluation, a new client broke down in tears. She told me she was overweight because she had been having an affair. I knew that no diet or exercise program would work - indeed, she had tried many approaches already - until that issue was resolved. Using kinesiology, we proceeded to evaluate whether or not

that relationship was in her highest best interest. In the end, she chose to complete it. I taught her how to cut the cords between herself and her lover. She has since lost 10 pounds and is learning how to nurture herself.

Another regular client came in recently with a pain in her upper back. Although she had suffered back pain before, the location of her discomfort was completely different - directly between her shoulder blades. I used kinesiology to determine that she was actually experiencing a wound to her energy body. She had metaphorically been stabbed in the back by one of her employees, a fact my client did not know. We determined the name of the employee, whom I had never met, and when my client went to work that day, she found out that this employee had written a five-page letter of grievances after being passed over for a promotion. My client's pain was eliminated in one session without any physical adjustments.

6. When necessary, I refer clients out to other practitioners. I send a steady stream of clients to two chiropractors - one, a NUCCA chiropractor, the other, a 78-year-old who is an expert in head injuries. I also refer to a medical doctor for those who require antibiotics or hormones and a massage therapist for stress management and soft tissue work.

7. What the priority is will

determine which tool you need to use. A CHEK postural evaluation, metabolic-type dieting, Thai yoga body therapy, applied kinesiology, juicing, Qi Gong, Touch for Health, therapeutic yoga, Reiki or any other fitness, nutritional or healing techniques are all just tools to me. I choose the precise tool that will make the greatest impact for each client, depending on whether their priority is physical, energetic, emotional, intellectual or spiritual.

Of course, because we are multifaceted beings, I use a variety of techniques to achieve maximum results. I helped one client lose 8 pounds, eliminate hip pain and normalize her blood pressure without drugs by giving her Thai yoga body therapy twice a week. She works 60 hours a week as a lawyer, has teenage children and two elderly parents, one of whom is in a nursing home. Energetically, she was completely drained. As she began to feel better, she lost weight easily with no special diet, and her blood pressure normalized with no medication.

Another client I am currently working with has a history of back pain not alleviated by surgery. At age 45, he also has gout, sleep apnea and fatigue. His medical doctor had told him all his problems would go away if he just got married. I encouraged him to do further lab work, and we found an intestinal bacteria that causes ulcers, parasites and Lyme disease. I knew he would never be able to

overcome these considerable challenges until he was mentally focused.

Up to that point, he had been drinking as many as 20 beers a night and had enjoyed a reputation as the life of any party. He swore when he first came to see me that I would never be able to convince him to stop drinking. Using applied kinesiology, I helped him focus his mind on being willing to do whatever it takes to be healthy. Since that single kinesiology session, he has not touched alcohol. He drinks organic juice based on the vegetables I recommended as most healing for his system, uses a far infrared sauna, gets plenty of rest and is exploring both traditional and alternative treatments for Lyme disease. On days when he feels well enough, we follow a CHEK-style exercise program. When he does not feel well, I give him Thai yoga body therapy, Reiki treatments or use applied kinesiology to alleviate his pain and restore his energy.

**8.** Be flexible and stay humble. I always have a plan of what I'd like to do with each client, but when they walk in my door, I am present to do whatever needs to be done. I have gone to the health food store with them, taught my clients how to use healing techniques with relatives in a hospital, and evaluated the ergonomics at an office to alleviate the cause of neck pain. Set your intention to work for your clients' highest good and your work will be endlessly rewarding.

-End

**Catherine Carrigan** - C.H.E.K Practitioner Level I, NLC II, Golf Biomechanic, [www.totalfitness.net](http://www.totalfitness.net), has three areas of specialization: fitness, nutrition and healing. In addition to her training through the CHEK Institute, she is the author of *Healing Depression: A Holistic Guide*, (New York: Marlowe and Co., 1999). She teaches yoga and Qi Gong and is trained in Thai yoga body therapy, applied kinesiology, Brain Gym, Touch for Health and Reiki. She lives in Atlanta, Georgia.

## NEED FITNESS EQUIPMENT? STARTING YOUR OWN STUDIO?

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John McIlree for prices and availability.  
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instabilities coming from his atlas. He's got left hip pain and left knee pain. We put him on the scale and he's 21 lbs. overweight to his left side. So we do our evaluation, adjust his neck and put him back on the scale. He's back to neutral and his pain, over a two-week period, slowly dissipates. This is after having orthopedic and physical therapy where they're trying to figure out what's going on with him. They're trying to exercise the tissue, do some other mobilization to him. But the interesting this was, the patient was just trying to compensate based on his atlas condition. Once we got that done, the patient went back to normal and basically, his pain he'd been having over a six-month period disappeared in about four weeks.

PC: That's great! Let's say a C.H.E.K Practitioner wanted to establish a relationship with you. How would you suggest a new Practitioner go about approaching you to start working with you?

Sheppard: I would say always seek out the people that have a specialty. Not only in my chiropractic field but in any field you're dealing with, whether it be massage, acupuncture, orthopedics, etc. Seek out the people who are most qualified in their area. Because one thing I've learned over the years is a good referral is as good as getting good treatment. And a lot of times I've had patients come in and I've sent them off to someone else because they can do a better job, or I've done my evaluation and treatment, and they need someone else. In healthcare you often need multiple looks at patients. I can stick to the atlas subluxation, but there needs to be a coordinated exercise program, and it can be a great working relationship between doctor and C.H.E.K Practitioners if they seek out that relationship. Basically, you've got to find that person who does it in your area and meet them, talk to them, and talk to them about patients. That way each practitioner is on the same wavelength with the patient, you understand what each other's goals are, and you're not telling a patient something that the practitioner isn't telling the patient. You're coordinating care well and that's where you'll get the most benefit.

Paul: If it was you they were seeking out, what's the best approach? Simply to refer a client, say when you get there tell him I sent you, or would you prefer a letter? How would you like to be approached?

Sheppard: Typically I would say call the doctor up, tell him you have a patient who would benefit from your work and have the doctor see the patient. Then follow up and say this is what I found on the patient and explain to them why you see what is going on with them. Also that helps them understand and relate to why that patient is continuing to have problems without any source of recovery program. That's pretty much the best way. But it's your communication, talking to the doctor, asking the doctor questions. A lot of times the Practitioner will ask to see the x-rays. I have no problem, I pin up the x-rays of the patient, the Practitioner looks at them and sends them back to me and says, "Okay, I can see now what's going on with the patient." And also, a lot of times Practitioners

can benefit from being under care. I have between 12-15 Practitioners that are patients of mine, so over the years they understand by their own type of treatment, and what I do.

Paul: So the best ways you've mentioned so far is to refer a patient and try to get the doctor on the phone and talk about the patient, or subject yourself to treatment and dive right in.

Sheppard: I think that's the thing that allows them to see actually what's happening with themselves. So if physical activity with clients is one of those areas where you get a lot of physical strain on your body, it gives you an opportunity to get treatment and understand the reasons for treatment.

-End

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### **Paul Chek Jr. C.H.E.K Practitioner Level 4, Certified Golf Biomechanic, NLC Level 3**

Paul Chek Jr. has been interested in fitness since junior high school, often training in his local gym before school. After wrestling during his senior year in high school, Paul Jr. immediately

began work in the fitness industry as a staff trainer in the upscale "Personalized Workout of La Jolla" in La Jolla, CA. In 1997, Paul Jr. was offered an opportunity at the Chicago Bulls' training center in Chicago where he returned again in the summer of 1999. Paul Jr. has worked with many world class athletes as well as chronically injured clients with great success.



# 2004-2005 SCHEDULE

## USA

**ECA Preconference  
Ball Power-8 hour workshop**  
November 11, in Miami, FL  
Contact: ECA World Fitness  
Presenter: Paul Chek

**ECA Conference**  
November 12-14, in Miami, FL  
Contact: ECA World Fitness  
Presenters: include Paul Chek

**Nutrition and Lifestyle Coaching  
Level 1**  
November 12-14, San Diego, CA  
Instructor: Dr. Oliver

**C.H.E.K Certification Level 2**  
November 13-17, New York, NY  
Instructor: Suzi Nevell

**Nutrition and Lifestyle Coaching  
Level 2**  
December 3-7, San Diego, CA  
Instructors: Paul Chek/Dr. Oliver/Julie Remson

**CHEK Exercise Coach**  
January 12-16, San Diego, CA  
Instructor: TBA

**C.H.E.K Certification- Testing**  
February 1-4, San Diego, CA

**Nutrition and Lifestyle Coaching  
Level 1**  
February 4-5, San Diego, CA  
Instructor: TBA

**Fitness Resources Seminar**  
February 12, Atlanta, GA  
February 13, Dallas, TX  
Contact: Fitness Resources  
Instructor: Paul Chek

**CHEK Exercise Coach**  
February 16-20, FL or WY  
Instructors: TBA

**Nutrition and Lifestyle Coaching  
Level 3**  
February 19-24, San Diego, CA  
Instructors: Paul Chek, Dr. Oliver and  
Guest Speakers

**Golf Biomechanic Intensive**  
Feb. 26- March 4, San Diego, CA  
Instructors: TBA

**CHEK Exercise Coach**  
March 5-9, New York  
Instructor: TBA

## CANADA

**Can Fit Pro Conference**  
August 19-22, in Toronto, ON  
Contact: Can-Fit-Pro  
Presenters include: Paul Chek

## EUROPE

**CHEK Exercise Coach**  
November 7-11, Eastbourne, UK  
Contact: Paul Chek Seminars, UK  
Instructor: Janet Alexander

**C.H.E.K Certification Level 1**  
Nov 13-17 Eastbourne, UK  
Contact: Paul Chek Seminars, UK  
Instructor: Janet Alexander

**Nutrition and Lifestyle Coaching  
Level 1**  
November 26-28, Eastbourne, UK  
Contact: Paul Chek Seminars, UK  
Instructor: Emma Lane

**CHEK Exercise Coach**  
January 7-11, Eastbourne, UK  
Contact: Paul Chek Seminars, UK  
Instructor: Mark Buckley

**CHEK Exercise Coach**  
January 14-18, Eastbourne, UK  
Contact: Paul Chek Seminars, UK  
Instructor: Mark Buckley

**C.H.E.K Certification Level 1**  
January 24-28, Eastbourne, UK  
Contact: Paul Chek Seminars, UK  
Instructor: Mark Buckley

## SOUTH PACIFIC

**C.H.E.K Certification Level 2**  
Nov. 23-27, Auckland, New Zealand  
Contact: HQH  
Instructor: Mark Buckley

**FILEX Convention**  
June 17-19 Sydney, Australia  
Contact: Australian Fitness Network  
Presenters include: Paul Chek

## Contacts:

Please contact the C.H.E.K Institute for all events unless otherwise noted. Always verify that dates have not changed prior to booking flights. Please check the web site for the most up-to-date locations and dates.

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## **FedEx Expands Low Emission Vehicle Program To New York**

NEWS RELEASE  
10/20/2004

Collaboration with Environmental Defense, Eaton Corporation and New York State Energy Research and Development Authority Unveils 10 Hybrid Electric Vehicles

New York, October 20, 2004 -- In addition to packages, FedEx Express, a subsidiary of FedEx Corp. (NYSE: FDX), is also delivering cleaner air. The company today announced it had placed into service ten low-emission, hybrid electric delivery vehicles in New York City just in time for its holiday peak season. The New York launch is a joint initiative with Environmental Defense, Eaton Corporation (NYSE: ETN) and the New York State Energy Research and Development Authority.

The FedEx OptiFleet E700 hybrid electric vehicles began delivering packages on routes in the New York metropolitan area following an agreement with NYSERDA to demonstrate the viability of lower-emission hybrid powertrains in heavy-duty vehicles. The roll out took place today at a FedEx facility on 48th Street and 12th Avenue in Manhattan.

"New York City is a dynamic economy with many trucks on its streets essential to keep commerce moving, so it is important that we continue to develop innovative solutions to reduce vehicle emissions," said John Formisano, Vice President of Global Vehicles, FedEx Express. "Today's roll-out not only represents one-half of FedEx's total commitment for these vehicles this year, but is also a positive step in our commitment to effective environmental management as a global corporate priority and in the local communities we serve."

[www.environmentaldefense.org](http://www.environmentaldefense.org)

## **The Economist, October 2<sup>nd</sup> 2004**

Merck announced the world wide- wide withdrawal of Vioxx, its blockbuster anti-arthritis drug, after new clinical trials showed that it raises the risk of heart problems. Vioxx's sales last year were \$2.5 billion. The American drug firm can ill afford their loss given its faltering product pipeline. Merck's shares plunged.

## **Organic Trade Association Warns of Expansion of Genetically Engineered Crops**

News Release

October 20, 2004

Organic Trade Association Warns that Expansion of Genetically Engineered Crops Continues to Threaten Consumer Choice

GREENFIELD, Mass. (October 20, 2004) - A study released today by the National Center for Food and Agricultural Policy describes genetically engineered crops as "environmentally friendly farming" and claims that six genetically engineered crops have boosted U.S. farmers' yields as well as their overall income. With this explosive growth of the biotech industry, the Organic Trade Association continues to warn of potential organic contamination and calls for stricter containment strategies for biotech crops.

Since 2000, the Organic Trade Association (OTA) has called for a moratorium on the use of genetically engineered (GE) organisms in all agricultural production because of the possibility of contamination and other detrimental effects on the organic industry, and ultimately consumer choice. Findings in a 2004 report "Biological Confinement of Genetically Engineered Organisms" released by the National Academy of Sciences confirmed that GE contamination is possible and could have the potential to cause unintended effects on the environment.

"OTA is very concerned that the expansion of genetically engineered crops may ultimately limit consumer options," said Katherine DiMatteo, executive director of the Organic Trade Association. "For consumers who want to select products grown without the use of genetically engineered materials, they should look for the organic label."

It is estimated that at least one-third of the U.S. corn supply, and more than three-quarters of U.S. soybeans are genetically engineered, without being labeled as such in the marketplace. With evidence mounting of a GE food system out of control, the Organic Trade Association encourages the U.S Department of Agriculture to institute much stricter containment efforts and other new regulations to prevent further GE contamination.

(Continued on page 28)

# Ask Paul

## Dear Paul,

I am writing to you from the UK, on the advice of Mike Reid, my personal trainer. I am having a hip resurfacing operation on 21st July and he wants me to find out from you if there is an alternative to surgery for me. Thank you in advance.

I was born with a dislocated right hip (medical name - Congenital Dysplasia of the hip) but it was not detected until I was 18 months old, by which time the socket had not formed in the correct shape or position. Eight operations followed from the ages of 2-7 and the result enabled me to live a normal, fairly active childhood and adolescence. My parents were warned that one day I would need a hip replacement.

From the age of 21 (I am now 25) my hip began to give me a great deal of pain which has gotten steadily worse over the years. X-rays showed that the malformed ball and socket have worn away over the years and have little cartilage left, the surfaces are rough instead of smooth, and I have no inner rotation and an uneven pelvis. Because they didn't grow together for 6 months, the femoral head (ball) has a flat rough edge and is shaped rather like a fist instead of a smooth ball. The acetabulum (socket) is shaped like a saucer rather than a cup.

I had an arthroscopy operation on 16th January whereby a camera was inserted into my hip joint. The results revealed that movement is very restricted. I have little cartilage left on the femoral head which means the joint is virtually bone rubbing on bone, hence the pain. The Orthopaedic Surgeon, Professor Griffin, explained that this was much worse than he feared and recommended a hip replacement popular with younger patients, called 'Metal-on-Metal Resurfacing.' He explained the risks and said that I should go ahead when the pain and the quality of my life is inconvenient enough to outweigh the risks.

I currently have good days and bad days with my hip. I always have an obvious limp. I suffer from pain in my hip joint daily, cannot stand or walk for long without being in severe pain, and am unable to drive for more than approximately thirty minutes. Sometimes the hip joint is so stiff that I cannot put any weight on that leg for a few minutes until it loosens. The hip resurfacing is obviously a big operation and I only will do it if it is the only option.

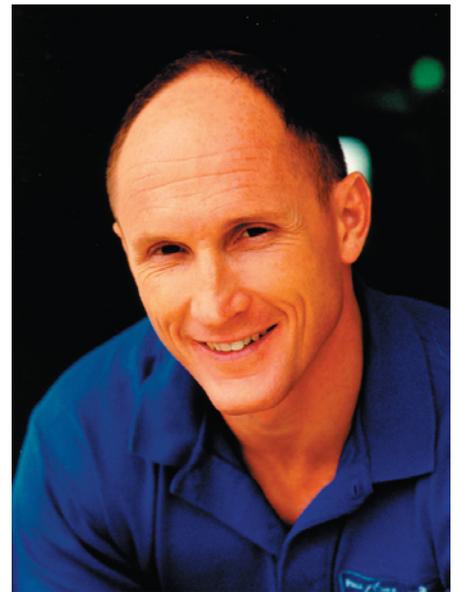
I look forward to hearing from you.

Jacqui Ballard  
Rugby, UK

## Dear Jacqueline,

I've been down this road a number of times, but typically with patients age of 50 or older. I do have two friends that are in their late 30's and early 40's that have had to have a hip replaced. Both of them spent a couple years in intense physical therapy to try and avoid the surgery, but the hip continued to cause so much pain and limitation that they opted for the surgery in the end. They are both very happy now.

When I look at a case like yours, I am most concerned that the pain is actually coming from the hip and not something else. It is easy to pin the blame on the hip because of the way it looks, yet my clinical experience has shown me that in many instances, the body is just attacking the weak link because its an easy place to dump excess energy emanating from related organs, emotions and hormonal imbalances. For example, people with food allergy and intolerances often have joint pain and the joint pain is usually most discomforting where they have the most activity (for example, a carpet layer's knees will hurt the most and a carpenter's hammer shoulder will hurt the most).



My approach to a problem such as yours is very complex and requires a very holistic education to manage, or to Coach one such as yourself. What I suggest you do if you wish to attempt a holistic approach is to have Mike Reid work together with one of my higher level Nutrition and Lifestyle Coaches (NLC's) at Level II or III.

If you don't wish to test a holistic approach for the three or four months it will take to get a good assessment of pain reduction at the hip joint via a "systems approach," I would recommend having the surgery and then immediately taking up your case with an NLC to aid your overall health and ability to come back from the injury.

These are complex issues, no doubt! If you are in England, I suggest you consult my student and friend Jon Bowskill and have him work together with Mike Reid. He can be found on my web site in the section for locating practitioners. He is in London. I hope this helps,

**Paul Chek**

(Continued on page 28)



DiMatteo noted that organic producers take great care to offer customers a quality product with only the limited use of synthetic processing materials or ingredients. “Organic agriculture must be protected from contamination and damage from genetically engineered crops,” said DiMatteo. Consumers seeking products that contain no genetically engineered materials may be denied their choice because of inadvertent contamination.

#### **Potential Hazards to the Organic Agriculture Industry**

GE contamination of conventional crops has been well documented. The contamination can occur from both seed and pollen drift from nearby fields, or the inadvertent planting of GE contaminated seed stock. Findings released in February 2004 by the Union for Concerned Scientists showed widespread contamination of conventional seed by GE materials. To help ensure ongoing availability of uncontaminated seeds that would be acceptable for organic farming, OTA urges the United States Department of Agriculture and land-grant universities take immediate steps to reinvigorate the public plant breeding establishment.

Unintended biological evolution of GE plants is also a concern. For example, certain GE crops contain the insecticide gene for *Bacillus thuringiensis* (Bt), designed to allow every cell of the plant to be insect resistant throughout the plant’s lifespan. Studies suggest that these plants will eventually produce insect pests that are unaffected by Bt, rendering it useless as an insecticide for non-GE crops. Bt is an approved biological pest control used sparingly by organic farmers.

The Organic Trade Association (OTA) is a membership-based business association whose mission is to encourage global sustainability through promoting and protecting the growth of diverse organic trade. OTA’s more than 1,500 members include growers, shippers, retailers, processors, certifiers, farmer associations, brokers, consultants and others. For further info, visit OTA’s web site at [www.ota.com](http://www.ota.com) or contact: Holly Givens (413-774-7511, Ext. 18).

-End

(CHEK Travel Journal - Continued from page 21)

Trying to be thoughtful of Paul, I pointed out that there was a large metaphysical bookstore in Sydney that he might like to visit. Unfortunately, he went there on the morning of the day we flew back to the US. When he was not back at the hotel by the time we were supposed to be on our way to the airport, I started packing his suitcases. Half an hour later, as I was heaving suitcases onto the luggage cart and trying to check out, he strolled back in with a dozen or so books, thinking he was right on time! Bookshops are like a black hole for Paul – once he’s in there, time stops and you’ll be lucky to do anything else that day. Moral – don’t let Paul go book shopping on the same day that he has to catch a plane! Fortunately, we made the flight and arrived back home safely, the only snag being that Paul is running out of shelf space in his library.

-End

(Ask Paul - Continued from page 27)

**Hi Paul.**

Have you ever heard of computerized electro-dermal testing? It’s a method which tests for allergies/sensitivities (foods, molds, pollens, chemicals, etc.), organ stress/toxicity, viruses/parasites/candidiasis, nutritional/enzyme deficiencies, and hormonal imbalance. An Interro probe “shoots” the electrical frequencies of different substances into specific acupuncture points on the hand. The brain then “reads” the signal and has the body elicit a skin resistance response, which the probe picks up at the same acupuncture point. This response is translated into a numerical code which rates on a scale of mild to moderate to severe sensitivity. Just wondering if you yourself have ever used this method of testing clients and do you believe that it works?

Regards,

Tanya

**Dear Tanya,**

Yes, I’m familiar with electrodermal testing. A commonly used method of “selling vitamins and the like.” The problem is, the levels of each nutrient in the body will vary depending on your metabolic type, yet the prescriptions are standardized same old stuff-new toy. I think it is helpful for determining hydration of the cell and tissues though. The principles in my book eliminate the need for all such machines with the exception of an occasional complex case; usually people that have been on medical drugs for any length of time, particularly SSRI’s!

Paul

-End