

## **Doctor's Call #7**

### **New Straightforward Energetic Testing Techniques**

#### **By Dr. Robert Stashko**

DR. ROBERT STASHKO: What I want to do tonight...basically, all of us on the phone on the call here do different forms of energetic work. Some of you know me, some of you don't. And over the twenty years I guess I've probably tried almost every technique, and so many of you have. I've also come back to...I've always been an old applied kinesiology-type practitioner. My first couple of years in practice, I studied AK for a number of years, then was always looking for better ways to deduce information, to get information from the body and find out what products test the best for patients. I got involved a couple of years ago with some EAV testing, and there are those of you on the phone tonight that are excellent in this.

The things that I am going to present tonight are not in any way saying this is the answer to everything. It is a technique that I find myself, personally, has worked very well. It's a very simple muscle-response-type testing technique that I use. It's actually blended seven or eight different techniques together to actually come up with the method I'm using, and it worked very well for the energetic testing that we do for the Vital Force products. But with EAV I always found some shortcomings myself, and that's what kind of brought me back to looking at the applied kinesiology testing.

In studying pure AK, of course, we're looking at special muscles that we do test. You know, not group muscles, but for instance, if we test the psoas muscle it generally relates to a kidney imbalance going on within the system. So strict AK practicing, this is not what this is tonight. When you do AK you are pretty much testing one single muscle at a time and getting a response. Those of you who have done applied kinesiology, you know where I'm coming from. Testing is more or less a simple yes or no answer, and I think the reason it works so well with the Energy Tools products is that we're dealing with a purely energetic level with these products—on a subtle energy level—on a level that responds very well to this particular kind of testing and the reflex points that we test off of.

Again, studying AK for years I got into some basic alarm point testing, I got into some CRA type testing, which many of you are familiar with, which got into numerous techniques we can spend hours discussing, but it's all basically the same principle of touching a reflex on the body which corresponds to an alarm point, or to a specific acupuncture point, and getting some information.

The problem I saw with the alarm point testing, and also with the reflex testing, is there were a lot of false negatives that would come up during the testing procedure. A lot of times there were variabilities where if the practitioner that day wasn't feeling very well and was testing a patient who was healthier than them, sometimes you would test the result of what was wrong with you off the patient you were testing. So it had some shortcomings with the body reflex testing. Some say these techniques don't work. They

definitely do, but I wanted to find more objective ways of really getting the information that was more consistent.

I feel this is one of the problems with EAV, personally. There are so many protocols out from so many people. We think we have a really good, sound protocol that can be taught consistently enough. This is what I think led me away from being an EAV practitioner and going back to searching for techniques with muscle-response testing. So that's kind of where I'm coming from now. I do probably 90% energy work and 10% chiropractic. What I want to get into tonight is to share this procedure with you, and for those people who have a lot of children in their practice or elderly patients, or people who just can't... you just can't get a good deltoid muscle group to test, a simple method of looking at these products.

First of all, what I want to mention is the muscle-response testing. Like I mentioned earlier, this is not applied kinesiology in its purest form. This is simply finding a group muscle that tests strong in the clear. This is so important. A lot of people will shy away from muscle testing because it's like they don't know for sure if they're pushing hard enough, or catching a patient between a breath, and so on and so forth. But I'm going to give you techniques to use that if you practice it on maybe ten patients, you will really catch on to the feel with this muscle-response testing. It's really quite simple to access.

Again, in muscle-response testing, you're testing a group muscle. It is very important to look at this as a group muscle. The easiest one is the deltoid group, and I can test the patient standing up, you can test the patient lying down, you can test the patient seated. It gives you so many variabilities on ways you can test the patient. You can find one arm to be strong, or both arms to be strong for an accurate test.

In my practice now I do most of my testing lying down. In other words, I'm standing at the head of the table using the deltoid at 90 degrees to the patient, and getting a response that way. Two reasons why I switched to testing this way. Many times when you're testing straight on with the patient and you're accessing the deltoid group and you're facing face to face with the patient, many times you can get a weak response just by the patient's energy in your energy field, because you're pretty much right in line with the patient, facing them. And again, a lot of times it would give a false response with muscle testing because if the patient is having a bad day, they could elicit a weakness off of you, or actually drain your energy from your body in muscle-response testing.

We've all seen this with people in practice, that there are people sometimes that you can get in the room for the very first time and there's something that's just not clicking there. There's either a feeling of negativity they have to the testing, or until you can educate them as what this is about, that can play a part face to face with the patient. But when you have the patient lying down, you're at the head of the table in line with their energetic field, so therefore, that variability is taken out of the testing. I found it to be very, very much more accurate in doing it that particular way.

If you wish to test standing or sitting down, it is to not directly face the patient. Have them place the arm more or less forward of their body, and stand to the side of patient and muscle test. This way you're not directly in their energetic field.

The simple little things make a big difference when testing, or giving up on it saying, Well, I don't believe this muscle testing really works. So that's the way I'm doing it now, primarily, the patient is lying supine on the adjusting table, I'm standing at the head of the table, and looking for a strong muscle response that way.

Okay, so since we established what a muscle response is, or what muscle testing is, there are three things that we basically want to get from this testing. One, is the main way I test which is what we're going to get into in a little while, and how to access the energy products with this method. Another method is therapy localization testing. This is a very good method for those of you who might be chiropractors new to energy medicine, or those of you who just want to get a feel for what a muscle test is like that you can direct in therapy localized to an injured area and get information that way. And we'll discuss that procedure toward the end.

And if we have time, we'll also go into meridian oil chakra balancing. Those of you who got the 12 oils, there are some very interesting things you can do with them in reference to the Chinese Five Elements. If we have time we'll kind of touch on what I've been playing around with that, and feel free to tell me also, and we can all learn together from this.

So let's get right into the meat and potatoes of this so we can start using this tomorrow or whenever. The first most important thing, like I mentioned before, is that we want to try to find a group muscle, because a group muscle test will give us a much more accurate information. The first thing you want to do is you want to test the arm strength and have the patient push very gently against your hand which should be resting, oh, around the top portion of the wrist crease. Ask the patient to push gently against your hand first, and then tell them you are going to push and have them resist. This technique, again, helps people who are learning muscle testing to get a feel for what a strong muscle is. Because what we're doing is activating a G-2 submaximal response in the muscle fiber, and there is a lot of biophysical neurology and chemistry behind this, but basically what we're doing here is you want to have the patient elicit just a little force against us first before we muscle test. Then you can really feel that locking reaction when the muscle is strong. Whereas, is we don't do this—and again, as you get better at this you don't have to do that little technique—is that many times we feel like we're overpowering the patient, or the patient is between a breath or such. So if we do it in this particular method, we can get a much more accurate feel for what a strong, locked muscle group is.

What we're trying to feel is when we tell the patient to elicit a little force up against my hand, and then I'm going to push down now, resist, and as they push up, you push down, you're going to feel the muscle lock. It's not a test of strength. Those of you who have seen other techniques where you crank the arm down, I mean we're not here to out-muscle somebody. We're here to get a feel for what a muscle feels like when it locks.

And that's a very important part of the puzzle to learn right off the bat. Once you feel this, it's like riding a bicycle for the very first time. Once the training wheels come off you can really go with that bike and never forget how to ride it. So that's very important to learn the G-2 muscle. I can go into this a little more if it's confusing to others. I'm trying to get as much information and basics in so we can get into the testing.

So we've covered the muscle response testing, and let's say we have a strong left deltoid response. We have a nice mechanism. The next step—actually there's two steps we're going to do before we do the direct resonance testing. The next step that's very imperative that we do is we must, must check for brain neurology.

There's a lot of people in chiropractic studying the diplomat neurology programs and getting into a very long study program. This particular method is one piece of that program of study, and what we're trying to find out here is, do we have brain balance? And this is extremely important before we do anymore direct testing of product. If we do EAV testing, if we do any other form of energy testing, we must have neurology. Because without balanced neurology, we cannot have good immunology. Therefore, the immune system and all the body's major functions will not respond if the brain/body neurology is not balanced. By finding this piece of the puzzle, it has been tremendous because the number of people that are neurologically switched, which is part of this testing with brain neurology, and seeing a cerebellum deficiency, either right or left cerebellum, which affects the right and left side of the brain, is powerful. The simple way that we can test for this is again, we can do muscle testing, which I'll explain a simple procedure that's a fine way to test this, or we can do neurological testing, the old neuro-type testing where we can have a patient do a Romberg's Test, or we can do a Trendelburg Test. Those of you who know what they are know what I'm talking about, or finger path pointing test.

For instance, the Romberg's is we're trying to find out which cerebellum is deficient. The simple test for the Romberg's is we have the patient stand with feet together, stand in front of the patient and have them close their eyes. What we're looking for is to see if the patient sways right or left—what direction do they tend to fall into. So let's say we see the patient after maybe five or ten seconds swing to the right. That's usually indicative of a right cerebellum fault, and as we know brain impulses on the right side are interpreted through the cerebellum and fed to left brain, and vice versa. The left side of the body sensory impulses to left cerebellum crossing over to right brain. So we have to make sure that the cerebellum...the importance of the cerebellum is that it's the part of the brain that keeps us balanced in gravity. It's the part of the brain that actually up-regulates every state of our body's function. It works and helps us with balance, digestive system, immune response to the rest of the body. We must have that connection. Without that connection we can many times get wrong information or we won't see a patient progress without this working properly. So basically that's the importance of the brain neurology.

Now, the muscle test for those of you who want to keep this for muscle-response testing, comes from a book by Mr. John Diamond, called "Life Energy."  
(<http://www.diamondcenter.net/list/books>) It's been on the bookshelves for years, and it's

simply trying to elicit from muscle response testing right or left hemisphere weakness. The way we muscle test for this is very simple. We have the patient stand straight up, or they can be lying down, take the right hand with the palm area facing parietal section of the right side of the head above the ear, not actually touching the head. And then we test the left muscles, the left side, and we see if we have strength. If the muscle locks while they are localizing off the right parietal region, then the right side...(missing). If they go weak, then we would have a right hemisphere dominance. If the right hemisphere does not weaken, if the muscle does not weaken with the hand in that position, we immediately then have...(missing)...the right hand, the right palm now, and go over to the left parietal region just above the ear, and usually we would have a weakness there which would be a left hemisphere dominance. You're going to find that you're going to have one side or the other, or they're going to be balanced. But a vast majority of the patients, you'll see this switching phenomena, or this right/left hemisphere imbalance that really messes up our energetic testing. So tell everyone out there to really test for this. It's extremely important, and you will find tons of people that have this imbalance.

Now, the products that you test, there are numerous ways to balance the cerebellum, but the simplest products that I see balance from Energy Tools is a combination of Clear Mind and Balance most of the time bringing balance into synchronization. I simply give the people a few drops of the remedies.

What I'll do is, for example, get Balance and Clear Mind, and hold them on top of the head. I'll explain this point when we get into direct resonance testing shortly. Then go back and re-screen them for right and left hemispheres, and it's amazing having them hold the vial over the governing vessel, that will temporarily balance them because it's in their energetic field. It's that powerful of a response. I'll just give them a dose of whatever comes up.

So the four remedies, and the two that come up most of the time are Clear Mind, Clear Mind with Balance, or Stress Relief and C & S Support (sic). So they are kind of like the four...(missing)...brain imbalances for most people.

Okay, any questions on the brain neurology?

CALLER: Aren't you simply doing Polarity?

DR. DAVIS: (missing)...the problem with Polarity is you're generally getting one part of information which is neurological switching. With right/left hemisphere we're taking in the whole idea of cerebellum imbalances tied in with the actual neurological...(missing)... broader area. But, yes, you can simply therapy localize it and see if you get a weakness, and then see what strengthens that muscle. Or, what you're going to see there is when you therapy localize that with the index finger, it should basically be strong. Excuse me, it should actually give a muscle response of weakness. Then we have a switching problem. But this right/left brain technique is so...(missing)... and it gives us more information.

Okay, so that's the first thing we have to test before direct resonance testing—the brain neurology and which products will basically balance...(missing). The second most important thing besides brain neurology, after we cover it, is testing for cerebellum regulation. This comes from the work of Dietrich Klinghardt (<http://www.neuraltherapy.com/>). Those of you who have taken autonomic response testing, ART, will see this as reflex testing, but the blocked regulation is very important because what could happen here is we could have something blocking the autonomic nervous system that will not trigger a healing response even if we test for products. And if this is going on, it's going to hamper the healing process on anything that we use for that patient. So it's another very powerful technique to test for.

The way we test for this, the simplest way, is we take either the practitioner's hand, or the patient's hand, and we hyper-extend as far as the fingers can reach, actually like...(missing)...we can. What we're doing is we're taking the center of our palm—doesn't matter which hand you use—and we're putting this directly over the umbilicus region. What we're looking for...(missing)...and the palm directly on the umbilicus, is we're looking for a strong, locked muscle now to weaken. If that muscle stays strong, then we don't have blocked regulation. The muscle will change. It will go from strength to weakness. Why this is important is because if blocked regulation is going on, the body cannot heal as fast as it can if the regulation is open in the nervous system.

The products that will open regulation—you're going to see some repeats with this—Stress Relief, Oxygen—very powerful—Foundation, or GI Aid. They seem to be the prime...(missing)...and, again, if none of these actually cause the muscle to go back to a strength response, then you can look at the rest of the line: Immune Support, we can look at many times, Tranquility—it might be a mental/emotional situation that's blocking the ANS.

Over the years—I don't know about you guys—but I've kind of gotten away from chasing the bugs and chasing whatever particular toxin might be in there, because, in reality, when the body is toxic, it's toxic all over. You could have a combination of viruses, a combination of parasites, I mean the whole internal milieu can be messed up due to infections or due to environmental toxins and poisons. So I kind of quit chasing and naming what it could be. What I'm doing is more or less giving the body what it needs to change its own internal environment. I find, in my own personal view on it, that the body knows what it has to do when it's given the right things, and even from a legal standpoint, when you start naming certain things, you could be opening yourself up to different things depending on what your license dictates in your area. So I've kind of gotten away from chasing the organisms and really naming what's there, and pretty much just putting back what it is the body needs to heal.

One more thing I wanted to mention, also, with the blocked regulation, another product which is new to the line, which many of you already have had some success with other methods of testing, has been the Rose Absolute. I've been finding that what that tends to correlate, as it opens up blocked regulation in the ANS, is usually deep-seated food allergies. This is a major, major, major problem with healing with a lot of people. A lot of

times people's diets and the foods they're putting into their system, they're either sensitive to or they're allergic to. If we don't start changing that, and really talking more about what they're putting in diet-wise, this can be a block in the ANS response also.

So, again, to clarify this testing for blocked regulation—again, when this is over tonight feel free to ask as many questions as you can. I told Constance a while back that at times it's difficult trying to do this all verbally because I'm the kind of a person that likes to see something done. I can learn it much faster that way. But I'm trying to get as much information so we can generate some questions on this, and feel free to ask about anything that may be confusing, because I want to be sure that you guys have a handle on this tonight, which is important.

Anyway, after we check for the brain neurology, we then go into checking for blocked regulation. And, again, the simple way we do this is we go back to our muscle response test. We want to find a strong muscle—the muscle is nice and strong—and now we're going to do the palm of our hand or the patient's hand, extend the fingers back as far as we can, and really expose that palm area. Now the reason why that's important is that in the center of our palm is a very dense matrix of sympathetic nerve fibers. It just so happens that the umbilicus is also a very dense area of sympathetic nerve fibers. When we actually connect both of these areas through a polarity-type response, that's how we're actually eliciting the yes/no response with the muscles. It's pretty interesting how that works.

Many of you don't want to touch the umbilicus, you can also get the same response on testing direct...(missing)...or each ear, or one ear separately. There are also some dense sympathetic fibers in response there. But the way this was taught with ART was specifically over the umbilicus for testing. So we're looking for—we have the palm over the umbilicus, hands, fingers spread back—we're looking for a muscle to change. A strong muscle should weaken. If the muscle doesn't change, the ANS is not blocked, then we go on to direct resonance testing. Okay?

So, the direct resonance testing, now, is what I will do third after I make sure the brain neurology is clear, and after I make sure there is no ANS blockage. Without testing those two things before, many, many times I think this has been some of the pitfalls with direct body reflex testing, because we were getting chaotic information from the system. Other things weren't balanced first before we could get deeper into the layers and into what we have to actually find. That's my spin pretty much as to what I feel it is.

The neat thing about direct bio-resonance testing is that it's very much unique to homeopathic products and these energy products. I don't see it work as well for orthomolecular. And, again, that's a whole other ballgame of testing we can get into sometime, but generally for your energy products, direct resonance testing is very, very easy to access the information.

So now what we're going to do is the two points that we test the vials on of the Energy Tools products, are Governing Vessel 20, or Governing Vessel 26. The reason why

Governing Vessel 20 is preferably the point that I use, is that it's found—if you drew a line from the tip of each ear directly up to the top of the head where the lines bisect, that's Governing Vessel 20 in acupuncture. It's a very, very powerful acupuncture point. As a matter of fact, it's known as the Point of 100 Meetings in acupuncture. What seems to happen here is that when you hold the homeopathic substance or a very strong subtle energy substance at this point, you're asking a very specific question of how is this substance affecting the body systemically. How is it effecting the entire organism. And this is what I found to be very powerful, because, again, now we take out all the variabilities of, is the liver the primary, is the kidney the primary, is it pancreas. It's everything. I mean we're concerned holistically with the whole body, and being able to test on the GV20 point, we're asking a yes/no question of, is this remedy going to affect this body systemically or not, and I find that to be very powerful in getting the clinical changes.

So, again, what we're going to do then is whatever we found through brain neurology or through lost regulation, we'll put the remedies on the side. Because many times they're going to repeat themselves anyway with direct resonance testing. And the next thing I'll do with direct resonance testing is, I will go to my test kit, and I'm going to look for remedies that affect the immune system. Because we all know the second brain—as we talked about brain neurology earlier—the second brain is in our gastrointestinal tract. The important thing is, this is where a lot of these dys-biotic organisms harbor their problems, is in the large intestine, small intestine—more specifically the small intestine in the GI tract. So the first remedy that I'm going to look for are remedies that are going to effect the immune system.

Now, if I look at the patient's case history, if I look at the health appraisal forms which they fill out, I can get some information on what remedies to look for. If the person sitting across from me is having a severely infected nasal cavity, or high fever, or a sore throat, the first remedy I'm going to look for is going to be Acute Immune. Because you want to use your cookbook effect to a degree, too, on understanding the remedies and what they address, and also if you do health appraisals, it gives you a lot of vital information from what the patient is filling out. I think the biggest things we forget as practitioners sometimes, too, is we get caught up in this high-tech stuff, electro-dermal devices or different types of testing, even the AK to a degree, and we forget to take a good case history. Many times the patient will tell you what their problem is just by going through a good, concise case history or self-appraisal. So don't discount looking at all the information to actually look for remedies first.

What I've learned from the ART work, which I want to pass on to everybody, is that you can get lost in a jungle of therapies out there. I mean you can drive yourself crazy. Those of you who have done this as long as I have know all the different products we've had on our shelves over the years, and we still sometimes tend to put on our shelves.

But, to make it simple, there are only a couple of things that can go wrong with the body once we get past opening up the neurology, and making sure regulation is open. The first and foremost thing is what is affecting our immune system. And, again, if you want a



name, if it's a virus, if it's a bacteria, it's totally up to you, but I'm concerned with what products I can put into that system that's going to help the body's immune system fight whatever it's dealing with. So, again, the first things I'm going to look for on direct resonance testing is immune system support.

So, let's say I pick out Thymus, because this patient has a longstanding infective history, they're an older patient, so I'm kind of looking at what Thymus deals with, chronicity of infections and such. How do I know if the patient needs the remedy? Here's the beauty of this direct resonance testing. All you have to do is take the vial, or the actual bottle; you can hold it on Governing Vessel 20, the patient can hold it on Governing Vessel 20, it really doesn't matter; and you simply go back to finding the strong, locked deltoid muscle response. If the muscle changes—not staying strong now—if the muscle goes from a locked muscle group to a weakened muscle group, that's called resonance testing. That's a positive sign in energetic medicine, now, that that is a product that can definitely help that patient. Okay?

So, if I put Acute Immune up there and I tested the muscle group and it was rock solid, then I know that the Acute Immune isn't the best product suited for that patient at that time. And then I would check for that patient Thymus, and let's say Immune Support caused the change. Bingo. I found my substance that's going to address the immunity issue that's going on.

Now, what I will do, which is interesting with this, I will keep that product in circuit with them, either put it in their belt, put it in a honeycomb, have them hold it, put it on the body somewhere, because now I want to see a deeper level. I want to see if the immune system is purely a response to something like an infection that might be triggering it, or is it something deeper that is causing that. Will the body show me another level? If we take the Immune Support—now it could be Immune Support or Thymus coming up, but to keep it simple, let's just say it's one. If Immune Support now placed on the body, and now I go back and I want to check is there a deeper chemical problem, or heavy metals, again, thinking like how I used to think before, I'll look for a product like Oxygen Plus, because those products will address deeper toxicity levels, oxidative stresses within the body.

Let's say for instance we take...(missing)...on the body which showed us the first layer. And now I go to Oxygen Plus and it changes. Now I know I'm addressing a deeper problem, and it's probably why the immune system is weak to begin with, and what allowed the organism to harbor or host...(missing). So now I know I can also treat something on a deeper level, which might be a heavy metal, it might mean, really—it doesn't really matter. We just know from what the products do what we're trying to attain from this.

And then I'll look at, is there a mental/emotional component to this. Usually what I'll do then is throw Harmony in the circuit and test before, and that would tell me that there's basically an emotional component also. So we have an immune system response, we have possibly a detoxicity of some type which is Oxygen Plus, we might have Tranquility

showing up, which could be a deeper emotional issue that's tied up. So we have basically a layering effect of what's going on with this patient.

Let's say from the brain neurology they tested for Stress Relief and Clear Mind. These are the products—Stress Relief and Clear Mind, and Oxygen Plus and let's say it was Thymus—that's what I'd recommend for my patient, along with my orthomolecular balancing, which is another whole way of testing. But, still, I'm covering the energetic side of the body, which the subtle energy...(missing)... cover much more, deeper, than homeopathy does. And, I now will find the biochemistry, the orthomolecular nutrition and hydration issue that could be there.

Basically, that's the testing in a nutshell. What we find with this Governing Vessel 20 and 26—now, 26 is used a lot. It's just where the top of the lip area is—that one is used a lot when you're looking for foods, as food...(missing)...it's a little more specific to food allergies. But GV20 you would test the subtle energies off of. You'll be amazed. You will totally...(missing)...and the neat thing about this is...(missing)...immune support, the GI Aid, and then you'll throw in some Foundation and it won't weaken. So therefore the body's saying, I'm not ready to go deeper, treat the immune issue first. And in this thing, too, we don't have a priority of what do we test, say, the metals harbor the fungal infections and it's protecting the body from further toxification of body metals, or, the fungus is there because the metals—trying to protect the body from metals. I mean, I've heard so many things over the years, as I'm sure you have. But...(missing)...that we can really prioritize what do we give first and when.

Another thing I want to mention, too, is that many, many times on a new patient the neurology is not doing well and I find blocked regulation, I...(missing)...resonance testing on his first visit. I'll get him started on balancing the brain/body connection and opening up the regulation. Doing that you're not giving the body too much. Because sometimes you can give so much that's it's like going to a smorgasbord and you're really hungry, and you just go there and eat everything you see and all of us know what happens...(missing). The idea with this resonance testing, it gives us a layering effect, which in my practice I found to be very beneficial, and very, very...(missing).

Are there any questions on direct testing? I hope I went through that pretty clear, and we can throw some questions around if you have questions.

CALLER: Orthomolecular testing, you added that to the...you didn't really cover that. I'd be interested to know more about that.

DR. STASHKO: Well, the orthomolecular...personally, again, I...(missing)... what a patient's status is. Now many people will use Biological Terrain Assessment. I personally use, as Dr. Marrongelle does, use Heart Rate Variability. And I really urge people out there if they don't have a heart rate, to really think about getting one. Because...(missing)... you get so much information objectively on what you can really do orthomolecularly for these patients. I mean, I can take a...(missing)... and pretty much know what orthomolecular products I'm going to recommend for the patient, just by where their

energy levels are, and the physiological response, and the adaptative reserve; where they're down-regulated on the parasympathetic—all these things...(missing)... on the orthomolecular. I used to do some muscle testing with that, too, and you can do muscle testing with orthomolecular, but you're looking at it from...(missing)... a little bit.

If I'm going to test a multiple vitamin, for instance, what I will do—and this is a little different from direct resonance—is I will look for a strong muscle using a deltoid group. I will take either a few pills or the whole bottle—it really doesn't matter...(missing)... GV20. Again, this is a major systemic point, and I will test that strong muscle and the muscle should stay strong now. In other words, it shouldn't change. This is why I don't want to confuse this...(missing)... orthomolecular we're asking a different question. We're asking more chemistry. So what I'm looking for here is to keep the strong muscle strong. Okay, let's say it does.

Then, what I'll do is find a weak muscle on the body. That's going back to my AK testing. Maybe I might...(missing)... most people have a weak...(missing)... these are the common ones. The pec-clavicular is the liver that most people have trouble with phase one/phase two detoxification, so you're going to usually get a weak muscle response for that single muscle area. Latissimus dorsi is really simple to test lying down because most people's pancreases are shocked today because of our glycemic problem. What I'll simply do then is, I'll have them hold the bottle on GV20, now let's say they had a weak latissimus in the clear. And now I'll go down and test that. Let's say now it's strong. The weak muscle gets strong. Okay: the strong stayed strong, the weak muscle gets strong, I would give that product, because it basically kept a strong muscle strong and...(missing)...

The last thing I'll test before I would give that to the patient is, are they allergic to it? Because one of the biggest problems with orthomolecular testing of any products—and sometimes, too...(missing)... is they could be allergic to something in the product, like for instance, in a multiple vitamin usually the magnesium stearate is in every multiple you see in the market today. Magnesium stearate is an excipient that is used in the manufacturing process of most multiples. That's become a toxin to most people.

So let's say for instance the strong muscle got strong, the weak muscle got strong, and now I have the patient touch the Vagal Point, which is a point between the ramus of your jaw and your mastoid process. It's a little hollow which your finger kind of fits in there. And now I'm...(missing)... to it. Now they touch the Vagal Point—doesn't matter which side they test, right or left—and now the muscle goes weak. So now I know they have an allergy in that multiple. And that's when I do my allergy desensitization work, the cold laser to actually clear out the alleys, and then put them on it.

But that's the three parameters I test for orthomolecular. Does the strong muscle stay strong on testing the product on GV20, does a weak muscle you find in the clear strengthen when the product is put on GV20...(missing)... does the muscle stay strong. If the muscles stay strong on all three of those, it's a safe and effective product to give. It's effective and it's tolerant. But if one of those...let's say, for instance, the strong muscle

stays strong, but the weak latissimus doesn't strengthen. That simply means that the product is not going to do anything for the patient. It's not going to really hurt them, but it's not going to benefit them. So that's just a little sideline on some of the testing.

And another way, like I said, is through the heart rate on what products to look for, which, again, if you didn't have some way of objectively...(missing)... nutritional products that are out there. But the simple muscle test of the strong muscle staying strong, and the Vagal Point staying strong, is a quick way to assess orthomolecular. Again, we can clear it up some more if people have questions.

Okay, so I want to move on just a little bit more on the...(missing)... That pretty much covers the direct resonance testing. I want to touch a little bit now on the TL testing and open it up for questions.

The Therapy Localizing Therapy is very simple. If a patient would come into a chiropractic office, for instance, and let's say they have a longstanding knee complaint and they've been to all the orthos and neurologists and such; and they feel they're in a situation now where they need knee replacement, or whatever medically. So, have the patient touch the area of pain, say it's the right knee patella pain. I'll have them touch the patella, and I'll touch that strong muscle, which, again, is strong in the clear, and all of a sudden in the area of pain, and the muscle goes weak. So in applied kinesiology, this has been...(missing)... positive therapy localization.

What's really interesting, which I covered earlier, is that a lot of times you can be a real hero with this, because if it purely is...(missing)... orthopedic, you can take either...(missing)... with the Stress Relief, or MSM spray with Stress Relief, and have them place it right on the area where they're weak, have them hold it, and immediately the muscle will go back to strength. To me, this is telling me it's really an ortho case. It's really a musculo-skeletal case. These are your homerun cases. I mean these people—we've had them going on the cream itself, the Stress Relief cream by itself if it tested only, or a combination...(missing)... and I mean you're just a hero with that. It really, really helps reduce the inflammation, and actually helps the knee...(missing)... to it.

If you test the Stress Relief cream, or the MSM combination of both, and the muscle still remains weak, then you've got to be the detective. Now you've got to start going through your vials seeing if this is an immune system problem causing the knee, maybe it's an IgG-IgE immediate allergy, maybe it's an immune response...(missing)... maybe something like...(missing)... Thymus will strengthen them, which you know maybe you've got an immune problem effecting the destruction of the knee maybe somewhere down the line in that patient.

What I've seen recently, which has been blowing my mind, is that a lot of times...(missing)... emotional. Something like Stress Relief and Tranquility, or Tranquility and Harmony, or Harmony and the balance dealing with the hypothalamus, that will actually bring strength back.

So with the test kit we have, and an understanding what the products do, you can get a pretty good idea...(missing)... A real neat way of testing people when they have general pain, and I've been seeing probably in the last two months that a vast majority of these people, a lot of their pain is due to an emotional issue, especially shoulder pain. It's pretty interesting stuff.

So, any questions on therapy localization? That's a real easy way to...(missing)... people. Okay?

Now, the last of the questions is, how many people out there have the Meridian Oil Chakra Kit? ...(missing)... it's used. What's neat about these is—I don't do this on every patient, but I'll do it a lot of times on cases that might be responding as quickly to everything else I've been testing patients for. I know Constance mentioned earlier they're coming out with a number of products to really address the chakras directly, which I think is going to be exciting to muscle test with. But basically, the way I'm using the...(missing)... we all know there are seven chakras on the body, and what's interesting with the chakras is that in Chinese medicine, each one of the chakras correlates with the Chinese five elements. They way they're set up, they're basically set up as the Five Elements in Chinese medicine. So what I did was I kind of went to a...(missing)... chiropractic a few months ago, a Dr. John Morrow, and I don't know the exact issue...(missing)... you can go on the internet and find it under (unintelligible) Chiropractic. But he tied in the correlation with the Five Elements, and it...(missing)... the oils about a week earlier and I said, Wow, I wonder if we can kind of play with these oils and see if we can tie this in, in reference to the Five Elements.

So, I'll take the oils and the large intestine/lung oils, of course in Chinese medicine deals with the metal element, the metal element chakra, okay? The sixth chakra deals with the kidney which is part of the water element. The fifth chakra is part of the water element, the fourth chakra deals with the gall bladder which would be the wood element, the third chakra which would be the spleen/stomach—the pancreas is part of the spleen in Chinese medicine—and the second chakra which is two inches below the navel—I guess you guys know where these are. If you don't, we can kind of go through those, too. But this article kind of illustrates...(missing)... and the second chakra deals with specifically the spleen. Excuse me, the third chakra is mainly the stomach, but the stomach/spleen makes up the earth element. But the second chakra, specifically spleen and the first chakra which is the pubic bone/synthesis area deals with the fire element...(missing)... circulation, sex.

So, to make a long story short, the way I deal with this is do the same thing I do with direct resonance testing with the oils. Take large intestine and lung, hold them together on GV20, see if we get a change in the muscle. If it remains strong, I know that the seventh chakra, in reference to the metal element in Chinese medicine, isn't involved. And I'll just go down, seven, six, five; and let's say I find that the...(missing)... weakens. Well, I'll put that on the side. So I know that possibly there's a little imbalance in the fifth chakra in reference to the water element, specifically the bladder.

Let's say we find second chakra, which is...(missing)... What I do, which is real simple, is I'll take one drop of the spleen oil two inches below the belly button, put it into that point, which would be that second chakra, and I would take one drop of the bladder one and rub it directly into the...(missing)... I've been running heart rates pre and post to see what I've missed, and it's amazing the changes just on balancing the energy chakras with these oils. And I'm sure as we play with them more and more, what you're doing with them, you know, feel free to share it. I think we're just dealing with a different level here. We're dealing with the chakras through these oils and it's very powerful. So that's basically a nutshell of how I used the meridian oils. Whatever oil resonates on the actual area where the chakra is, and rubbing it...(missing)... amazing changes we're seeing.

Okay, so that pretty much covers the testing itself. I hope it was helpful...(missing)... listen to the tape a little more, and you'll pick up some things that we went through, but, like I mentioned to Constance, if any of you have any specific questions on this, maybe sometime we can do...(missing)... to really see it if you're confused on it. But it's really simple once you listen to what we describe.

Are there questions on any of the testing that we went through?

CALLER: Yes, could you go through the...(missing)...

DR. STASHKO: The seventh chakra, which is, by the way, Governing Vessel 20, which is at the top of the head area is the metal...(missing)... which is where you would test the large intestine and lung. The sixth chakra, which is the third eye, would be the kidney oil. The fifth chakra, which is the thymus area, which is just an inch or two below the notch, the external notch area. The fourth chakra is directly between the nipples, between the breast-nipple line which would be liver/gall bladder, which you would look at the liver/gall bladder oil, wood element. The third chakra, which is the zyphoid process and the belly button, would be the stomach oil. The second chakra, which would be two inches below the navel, should be the spleen. And then the pubic bone tests for Triple Warmer-circulation-sex. It would be one or a combination of those that would actually show a weakness. Put a drop of each one of those oils and place them on whatever chakras you found imbalanced, and it's amazing some of the changes.

People out there doing a form of muscle testing...(missing)... or are you guys mostly doing EAV? I'm kind of curious.

Any more questions on the brain neurology? Because that's an important part. Remember Clear Mind and Stress Relief are...(missing)... for that. Because a lot of people are messed up neurologically today.

CALLER: Just a quick question on the...(missing)... You're finding that these products are moving, in your case, their HRV values in that matrix?

DR. STASHKO: What they're doing is, they are definitely moving the HRV values when it comes to the energetics of the imbalance in the patient. Okay? Whereas in the past,

when I would use homeopathics—because you’ve got to remember, and this, again, is what I’ve been seeing with this, and give me some feedback on what you think—is a lot of times when we use homeopathics we will actually cause the body to use more energy up in order to respond to the homeopathic. And in these people who are deficient in vital energy, and you’re putting something in there that’s really going to detox them very quickly, you can create further problems with their autonomic nervous system.

So, to answer the question about the subtle energies, they’re definitely a vital part in helping the energetics of the body, for sure. Those of you who have heart rates, I’m sure...(missing)... with this, is a lot of times we’ll see tension indexes both lying down and standing up—and Jeff had shared this with me a few years ago—if you see a reverse tension index, where it’s, let’s say, 400 laying down, and it’s 50 standing up, this is a real clear marker that the patient is usually neurologically switched, has some kind of deficient brain neurology, or it’s a mental/emotional imbalance. Those are the first things I look for when I see that. We see that quite a bit in a number of patients who come in, that they have a reversed TI.

DR. MARRONGELLE: Can I say something, Bob, to that? I’ve started actually putting together Energy Tools-only programs for people. When they’re really wiped on HRV, like 10-6 and lower on their fitness index, and real low total powers and high frequency-low frequency, I put together three, four, whatever they test for on the Energy Tools products, and I am also finding that the oils are extremely powerful to put energy into the body. We’ve both done homeopathy for a lot of years, and even with sarcode and isode formulas, they still are a stimulus-response, where the Energy Tools are just that: they’re putting pure energy into the body. I’m going to fax you a couple of pretty interesting responses that I’ve had with just pure Energy Tool input on HRV. Pretty amazing responses.

DR. STASHKO: Like I mentioned earlier, too, Jeff, and I’m sure you’ll agree with this is, is that many times the other missing part of this...I mean, I really feel that by using the Energy Tools products, we have a major, major way now of assessing the actual energetics of the meridian system of the entire organism on a different plane, whether it be the etheric body, or whatever you want to get into the actual responses that way, but the key thing that I’ve seen, that when you put energy in with these products, you have got to have a substance to heal with also. And this is where my whole mindset has changed with the orthomolecular.

I have four parameters I look at with every patient, and, again, I get this information from health appraisals, a good case history, and, of course, looking at the HRV. The four things I look at is, do they have proper glycemic control, is their pH balanced, do they have oxidative metabolism imbalance, and are the electrolytes and hydration issues addressed? I mean, if we look at those four parameters orthomolecularly, with the proper way of assessing these Energy Tools products, what else is there for helping our patients? Basically that in a nutshell.

CALLER: What are your orthomolecular products?

DR. STASHKO: Well, I mentioned this earlier to Constance. I've been doing a lot of soul searching on different products, and I come across...(missing)... I like to use the Nutri-Spec line (<http://www.nutri-spec.net/>). It's been around for a number of years, and I've done some research on this. I've used Neprotech (sic) for a while from NPI. My personal feeling is, I don't like any products with soy in it, regardless. There are so many studies coming out recently showing the effects of what soy does estrogenically in the body, and of course, all this stuff that came out about the HRD involvement; I want to stay away from anything that's estrogenic production, increasing estrogen in the body. So, the Nutri-Spec products have a very simple program called a diphasic bio-nutritional program, and it's made up of some products that address what nutrients, adaptogenic substances, antioxidants we need during the daytime hours, and which ones we need in the evening. I find by putting people on that diphasics response from six A.M. to eight...(missing)... to six in the morning, we need products that are going to up-regulate the parasympathetic response, and help us rest and relax and repair.

There's no need checking all these different nutritionals that are out there, because it just gets too much of a complex merry-go-round. So we can share some more information on that if you're interested. Give me a call. I can tell you some more specifics: area code 570-752.4747. That's the best place to get me, at the office. Also, I have a website, too. It's drstashko.com (<http://www.drstashko.com>) you can email me there if you want to, also.

Anymore questions on the testing? I hope...it was a lot of material to go through, but it's so simple just understanding that simple muscle change.

DR. DAVIS: I have a question. In the process of chasing the energetics around, doing the orthomolecular—this is more of a philosophical question, and maybe a little practical—long term, in other words the turnaround period for an individual, the goal being that we're going to get them well someday, understanding that they're bio-energetically in chaos, also an-ergic—don't have any energy—so, what are you seeing using these particular products of subtle energy of being able to quicken the healing time.

DR. STASHKO: On a few other phone conferences, the Stress Relief and the Balance as a nighttime dose, because, again, I want to try to get those patients into a...(missing)... as clean as possible, because I want them to rest and repair when they're supposed to be resting and repairing. I think that...(missing)... a while back is definitely needed in probably 98% of the patients that walk through the door. What I've been seeing also is the GI Aid in combination with the Oxygen Plus really addresses a lot of this...(missing)... problem in the gut and this problem with free radical stress that's basically killing people. So, that's the thing that I look at.

DR. DAVIS: Like we've all had, it's like a dog chasing its tail—we're looking for remedies to be able to effect a change, and in the process of the change we want their energetics to go up, not down, or stay on a plateau, right? So, in your observation as a



practitioner, incorporating this protocol that you've very nicely presented tonight, do you see this quicken...(missing)

DR. STASHKO: Most definitely. I think that what the patients are really interested in is what they're seeing coming up. I mean they are actively participating in the process of finding what they need, and I can't tell you the amount of people that...(missing)... whether they either continue a product or discontinue a product, what else comes up, and the interesting part, Dr. Davis, is the fact of the layering effect of what's priority. I think this has been a missing link in a lot of things we've done in the past. And we've all chased the bugs. We must realize it's a holistic situation. It's the body as a whole reacting to stress and stress responses, and I'm a firm believer in Hans Selye's (sic) work...(missing)... If you give the body what it needs and turn on its own innate wisdom to heal, the body can do amazing things. I think sometimes we're all guilty to a degree in practicing allopathically with natural remedies, which I don't think is the answer.

DR. DAVIS: Exactly. I appreciate that. I'm over in Northern California doing my thing, and I'm seeing some very...things I'm excited about, and the thing of it is that very few people are experiencing the same thing, and you're one of those. So I appreciate what you had to say tonight.

DR. STASHKO: What we've got to do—I've got to start developing more cohesive ways of being more on top of things protocol-wise. We can't be out there, this one's testing this way, this one's getting that response—we can't reproduce a lot of this. We really need to start seeing...there needs to be patterns to this to a degree, too. It's one of the reasons I got away from EAV, and there's a lot of good practitioners, Jeff being one out there that's...(missing)... the EAV testing. But to me, I just need more objective ways to obtain the information, and, again, thank god for the heart rate.

CONSTANCE: Just for everyone's edification regarding the heart rate: how long did it take you to actually learn how to operate the heart rate from learning how to read it, Dr. Stashko?

DR. STASHKO: I want to say one thing. I want to thank Dr. Marrongelle, because there are not very many people out there today that really has the amount of cases he ran with heart rate, and the ability to take a very complex subject and make it easy to understand. Really, Jeff, as far as I'm concerned, has helped me to understand it. And what's really interesting, when you learn the basics...(missing)... comes to you by seeing patterns of different patients you run. When you see these certain patterns over and over and over, you begin to see those four parameters I mentioned earlier about people's glycemic response, you know, the blood sugars, the mind-body connection that's off. I mean it's one thing where you have the person...(missing)... I want to really thank Jeff for that, because, really, there aren't very many people who are really teaching, so he's the man to really talk to on that.

DR. MARRONGELLE: Thanks, Bob. I think it takes the first hundred to really figure out what you're looking at, and the next thousand you start to see the patterns.

DR. STASHKO: Would you agree, Jeff, it's a pattern thing?

DR. MARRONGELLE: Oh, I mean, we've done thousands, tens of thousands of them, and there's just the patterns just jump out. You walk into the room, you look at the heart rate and you tell the person what's going on with them, because you've seen the pattern so often. I know you're there, too, now in this, and that's a beautiful thing to see, too. It's not operator dependent. It's an independent assessment. It's what we used originally to look at the Energy Tools in the beginning, and what allowed me more than, Oh, cool they test on EAV, is that they rock peoples' worlds in an objective...(missing)... autonomic nervous system.

DR. STASHKO: I'm sure we all feel the same way. We're all in this on the edge sometimes with the kind of testing we do, and we're out there on the outer limits to a degree, but that we do need some science, too. Really, if we can quantify a lot of this, and begin to see how the science fits into it to a certain degree, then, of course, we're going to be able to get some more people in it and have them understand that we're not out there just looking at a crystal ball.

CONSTANCE: Right.

DR. MARRONGELLE: Great presentation, Bob.

DR. STASHKO: Thank you, Jeff. I appreciate it. I hope it's helpful to everyone, and like I say, it's a lot of information there, and this is over I would say sixteen...(missing)... myself crazy going to seminars and sitting through the reflex testing, and this person pushing that line of nutrition, and that person pushing this. Finally you get to the point where, you know, you've got to find some logic in this whole thing.

There is a practitioner out in Colorado who found out the GV20. This is not my response in testing, the GV20 and 26 points—that's Dr. Michael Leibowitz. He's really a nice fellow because he doesn't like all the hype that's going on. There's so much hype out there, and I really pity the practitioners who are just starting in this who really want to help the sick people because they're getting sicker and sicker—we can all attest to that...(missing)... because there's so much junk. So I hope this presentation tonight at least sheds some light on things that do work. If you've really learned...(missing)... you know, keep it simple because we get so lost...(missing)...bad or good. I'm just saying you've got to find what's good for you and run with it.

CONSTANCE: Well, I want to thank you, Dr. Stashko, very much for a wonderful presentation, and for all of you. I hope all of your questions have been answered. We will be making a tape.

DR. DAVIS: On your Stress Relief, what are the energies that are in it? In the cream.

CONSTANCE: The cream has got the Stress Relief formula, has the devancine (sic) and it has zinc.

DR. STASHKO: ...Oxygen Plus with the Stress Relief you get a better, quicker, faster deeper response.

CONSTANCE: Really?

DR. DAVIS: Start playing with that the last two weeks and it's just really made it wow. Just as a note. And if you...so you can play with that. I'd like some feedback from you Bob, if possible.

DR. STASHKO: It sounds like in a lot of these patients who have these deep-standing joint problems that...(missing)... so we'll see what happens.

DR. DAVIS: ...I took the cream... (missing)... the oxygen in the mineral solution that we have, right? And I took 20 drops into the one ounce bottle, shook it up, and started using it on some of these stubborn cases. Where Stress Relief was working, what I was wanting to do—you know, can I make it happen faster? So when I added the Oxygen to it, it was very interesting...(missing)... person would leave the room on some of these chronic arthritic conditions. I'm talking not about acute injury because Stress Relief works really well there, but what I'm looking at is the flare-up of an arthritic condition that takes a little more time to get the fire out. Oxygen, for some reason—I think it's not just making oxygen, we're stimulating cellular change. But what I found just in the last two weeks increase...(missing)... we had a change in weather, and when we get a change in the weather, we get a little more arthritic cases.

DR. STASHKO: It might be because of an anaerobic situation going on. It could be an infection in there, and the increased oxygen is really helping to draw the...

DR. DAVIS: I think what we're doing is a couple of things. The guy starts to develop an immune response just because at the moment it's a little confused as to what's going on, and because of the lingering debris that is there because of the arthritic condition. Just by enhancing the oxygen tension there, that plus the other energies as well as the other biologics that are there, that you just get a little quicker, faster change in their...(missing) ...

Thanks, Bob, I appreciate it. That was very insightful. I appreciate it.

DR. STASHKO: Thank you.

CONSTANCE: Okay, good bye.