



NATURAL SOLUTIONS

Clinical Kinesiology, Acupuncture, & (w)HolistiC Healthcare

Susan L. Levy, D.C., DABCO, FIACA

Author of *Your Body Can Talk* & *Your AGING Body Can Talk*

www.YourBodyCanTalk.com

YourBodyCanTalk2@Gmail.com

Initial Health Evaluation

To: New Patients

From: Dr. Susan Levy

Subject: Paperwork to be completed for Initial Health Evaluation,
What to bring with you for your first visit.

Please complete the following **prior** to your Initial Health Evaluation Consultation.

For testing compatibility with your body, bring the following:

- Vitamins, herbs, and nutritional supplements you are currently or often taking
- Prescription medications

On the day of your Initial Health Evaluation Consultation if possible, wait to take your supplements and medications until after your appointment. You may eat meals as usual prior to your visit.

It is advisable to bring a healthy snack and whatever you may need to tide you over.

Please allow 15-20 minutes for your Initial Health Consultation. Additional time may be required depending on your unique circumstances.

To protect our chemically-sensitive patients, please do not wear any perfumes, colognes, or other scented products in the office.

This is a smoke-free environment. Please do not bring to the office any smoking or vaping products or wear any clothing that has been exposed to strong smells.

Please feel free to call our office if you have any questions.

WE LOOK FORWARD TO MEETING YOU!



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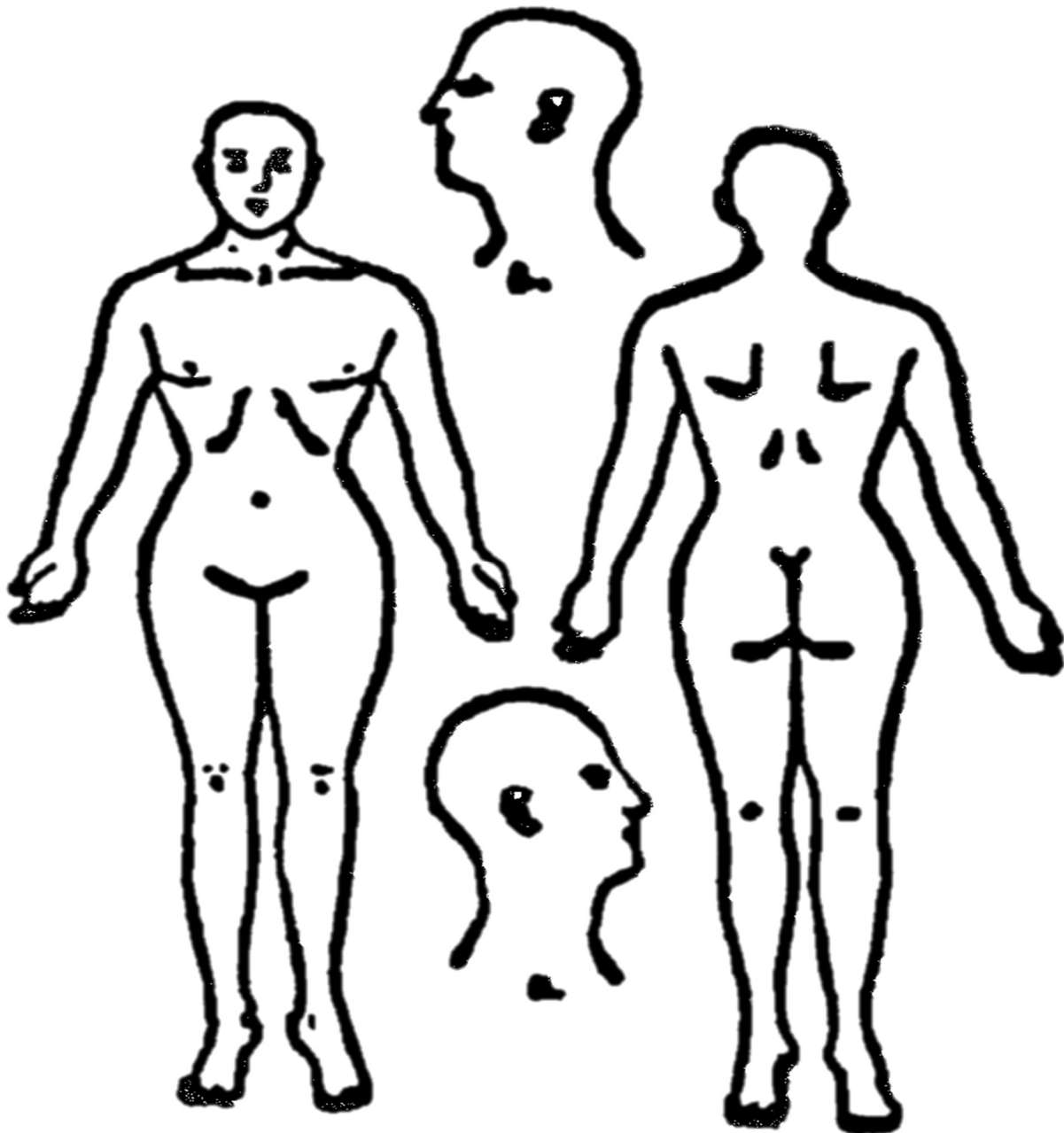
Scar Sheet

Name: _____

Date: _____

Mark any scars you may have on the figure below.

PLEASE USE **RED INK**.





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Health Appraisal Form

Name: _____	Phone: _____
Address: _____	
Total Points: _____	Date: _____

In order to indicate degree of severity, use the numeral **1** for mild, **2** for moderate, and **3** for severe. **Please do not feel obligated to answer all the questions.** Just answer those which relate to you. Place the total number of points above.

- | | |
|---|--|
| 1. ____ Abnormal craving for sweets | 25. ____ Eat often or get hunger pains or faintness |
| 2. ____ Afternoon headaches | 26. ____ Eat when nervous |
| 3. ____ Alcohol consumption | 27. ____ Faintness if meals delayed |
| 4. ____ Allergies – tendency to asthma, skin rash, etc. | 28. ____ Fatigue, eating relieves |
| 5. ____ Awaken after a few hours' sleep, hard to get to sleep | 29. ____ Fearful |
| 6. ____ Aware of breathing heavily | 30. ____ Get "shaky" if hungry |
| 7. ____ Bad dreams | 31. ____ Hallucinations |
| 8. ____ Bleeding gums | 32. ____ Hand tremor |
| 9. ____ Blurred vision | 33. ____ Heart palpitates if meals missed/delayed |
| 10. ____ Brown spots or bronzing skin | 34. ____ Highly emotional |
| 11. ____ Bruise easily (black & blue) | 35. ____ Hunger between meals |
| 12. ____ "Butterfly" stomach, cramps | 36. ____ Insomnia |
| 13. ____ Can't decide easily | 37. ____ Inward trembling |
| 14. ____ Can't start in A.M. before coffee | 38. ____ Irritable before meals |
| 15. ____ Can't work under pressure | 39. ____ Lack energy |
| 16. ____ Chronic fatigue | 40. ____ Magnify insignificant events |
| 17. ____ Chronic nervous exhaustion | 41. ____ Moods of depression, "blues" or melancholy |
| 18. ____ Convulsions | 42. ____ Poor memory |
| 19. ____ Crave candy or coffee in afternoon | 43. ____ Reduced initiative |
| 20. ____ Cry easily for no reason | 44. ____ Sleepy during day |
| 21. ____ Depressed | 45. ____ Sleepy after meals |
| 22. ____ Dizziness | 46. ____ Weakness, dizziness |
| 23. ____ Symptoms come before breakfast | 47. ____ Worrier, feel insecure |
| 24. ____ Drink ____ cups of coffee daily | 48. ____ Do you feel better after breakfast than before? (Yes or No) |



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Patient Information Form (PIF)

Dear Patient: Please complete this questionnaire in full. Your answers will help determine if I can help you. If I do not sincerely believe your condition will respond satisfactorily, I will not accept your case. Thank you. ~ Dr. Susan L. Levy, D.C.

Name: _____	Date: _____	Email: _____
Home Phone: (____) _____	Cell Phone: (____) _____	Work Phone: (____) _____
Address: _____	City: _____	State: _____ Zip: _____
Date of Birth: _____	Sex: _____	Marital Status: _____ Spouse: _____ No. of Children _____
Occupation: _____	Person responsible for account: _____	Referred by: _____

Please check the appropriate box for any of the following symptoms which you either have now or have had previously. We want all the facts about your health before we accept your case. **THIS IS A CONFIDENTIAL HEALTH REPORT.**

O = OCCASIONAL
F = FREQUENT
C = CONSTANT

GENERAL

- Allergy
- Chills
- Dizziness
- Fainting
- Fatigue
- Fever
- Hernia
- Loss of Sleep
- Loss of Weight
- Nervousness / Depression
- Numbness
- Sweats
- Tremors

MUSCLE & JOINT

- Arthritis
- Bursitis
- Foot Trouble
- Lower Back Pain
- Neck Pain or Stiffness
- Pain Between Shoulders
- Pain Down Leg
- Painful Tailbone
- Poor Posture
- Spinal Curvature
- Swollen Joints
- Pain or Numbness in:
 - Arms
 - Elbows
 - Feet
 - Hands
 - Shoulders

GASTROINTESTINAL

- Belching or Gas
- Colitis
- Colon Trouble
- Constipation
- Diarrhea

- Difficult Digestion
- Excessive Hunger
- Gall Bladder Trouble
- Hemorrhoids
- Intestinal Parasites
- Jaundice
- Liver Trouble
- Nausea
- Pain Over Stomach
- Poor Appetite
- Vomiting
- Vomiting of Blood

EYES, EARS, NOSE, & THROAT

- Colds
- Congestion
- Crossed Eyes
- Deafness
- Dental Decay
- Ear Discharge
- Ear Infection
- Ear Noises
- Enlarged Glands
- Enlarged Thyroid
- Eye Pain
- Failing Vision
- Far Sightedness
- Gum Trouble
- Hay Fever
- Hoarseness
- Nasal Obstruction
- Near Sightedness
- Nosebleeds
- Sinus Infection
- Sore Throat
- Tonsillitis

CARDIOVASCULAR

- Breast Pain
- Breast Lumps/Cysts
- Carpal Tunnel Syndrome
- Chest Pain
- Hardening of the Arteries
- Headaches

- Heart Disease
- High Blood Pressure
- Low Blood Pressure
- Pain Over Heart
- Poor Circulation
- Rapid Heartbeat
- Slow Heartbeat
- Swelling of Ankles
- Varicose Veins

RESPIRATORY

- Asthma
- Chronic Cough
- Spitting Up Blood
- Spitting Up Phlegm
- Wheezing

SKIN

- Acne
- Boils
- Bruise Easily
- Dryness
- Hives or Allergy
- Itching
- Psoriasis
- Skin Eruptions (rash)

GENITO-URINARY

- Bed Wetting
- Blood in Urine
- Frequent Urination
- Inability to Control Bladder
- Kidney Infection or Stones
- Painful Urination
- Prostate Trouble
- Pus in Urine

FOR WOMEN ONLY

- Cramps or Backache
- Excessive Menstrual Flow
- Hot Flashes
- Irregular Cycle
- Menopausal Symptoms
- Mood Swings
- Painful Menstruation

- Swollen Breasts
- Vaginal Discharge
- Are You Pregnant?
 - Yes
 - No

CHECK ANY OF THE FOLLOWING CONDITIONS YOU HAVE HAD:

- Alcoholism
- Appendicitis
- Arteriosclerosis
- Arthritis
- Cancer
- Candida
- Chorea
- Cold Sores
- Diabetes
- Diphtheria
- Eczema
- Emphysema
- Epilepsy
- Fever Blisters
- Goiter
- Gout
- Heart Attack
- Hepatitis
- Hiatal Hernia
- Influenza
- Malaria
- Measles
- Miscarriage
- Multiple Sclerosis
- Mumps
- Pneumonia
- Polio
- Rheumatic Fever
- Stroke
- Transient Ischemic Attack
- Tuberculosis
- Typhoid Fever
- Ulcers
- Venereal Disease
- Whooping Cough



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PIF page 2

Top 3 Current Health Concerns

1. _____

2. _____

3. _____

Prescription Drugs Presently Taken

1. _____

2. _____

3. _____

4. _____

5. _____

6. _____

7. _____

8. _____

Nutritional Supplements Presently Taken

1. _____

2. _____

3. _____

4. _____

5. _____

6. _____

7. _____

8. _____



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PIF page 3

Describe Any Surgeries (include age or year)

1. _____

2. _____

3. _____

4. _____

5. _____

6. _____

Dental Work

Number of fillings: _____

Composite (white): _____

Mercury (silver): _____

Number of Root Canals: _____

Braces: Now In the Past

Other: _____

Describe Your Exercise (or physical activity)

Describe Any Use/Exposure to Stimulants

(Tobacco, Soda Pop, Cannabis, Coffee, Alcohol, other)



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PIF page 4

What Are You Currently Being Treated For?

Describe Any Previous Experience with a Chiropractor or Naturopath

Describe Your Most Exceptional Recent Emotional Trauma

(to what degree do you feel it has been resolved?)

Grade Your Wellness Level This Week on a scale of 0 (low) to 10 (high)

0 ... 1 ... 2 ... 3 ... 4 ... 5 ... 6 ... 7 ... 8 ... 9 ... 10



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PIF page 5

What Are Your Goals in Treatment Here?

What Type of Care Are You Looking For?

- I am looking for the most minimal amount of care to patch up my problem.
- I am looking to resolve my symptoms, and then go on to fix the cause of my problem.
- I am looking to take care of my problem, and then go on to achieve optimum health and wellness.

Family History Chart

(check all boxes that apply to your relatives)

	Age at Death	Cancer (type)	Diabetes Mellitus	High BP	Cardio-vascular Disease	Stroke	Osteo Arthritis	Rheum Arthritis	Other (specify)
Mother									
Maternal Grandmother									
Maternal Grandfather									
Father									
Paternal Grandmother									
Paternal Grandfather									



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Informed Consent and Release

Rule 15 of the Colorado State Board of Chiropractic Examiners Rules and Regulations requires that you be notified, and your written consent be obtained, when a procedure is used which is determined by the Board to be unproven.

The criteria used to determine if a procedure is unproven includes whether the procedure is taught as a part of the regular curriculum of at least one college of chiropractic approved by the Council on Chiropractic Education; whether the procedure is based upon anatomical, physiological and/or structural relationships which can be verified through standard scientific research methodology and whether the procedure has had periodic review by the Board based on current research as evidenced by: publication in a peer reviewed professional or scientific journal, supportive preliminary results in a peer review journal, investigation in progress sponsored by an agency independent of the procedure's proponents and/or developers, hypothesis clearly derived from supportive literature published in peer reviewed journals or texts.

Procedures, protocol, analysis or methodology which are unproven and require informed consent include but are not limited to the following: soft lasers, Diamond Laser, Astro Pulse, Health Pulse, Healy®, energetic/cleansing devices (detox footbath units), ultraviolet lamps, ultra-sound, micro-current therapy, pulsed electromagnetic field therapy (PEMFT), infrared sauna, massagers, percussors, activators, adjustors, Reams Procedure, iridology, reflexology, contact reflex analysis, surface EMG's diagnostic ultrasound for the use of diagnosing paraspinal muscle inflammation or other spinal pathology; any practice system, analysis method or protocol which relies upon diagnostic methods that are not generally recognized or accepted within the profession or which do not have scientific validity; or any practice system, analysis, method or protocol which is represented as a means of attaining spiritual growth, comfort or well-being. The Board has not specifically mentioned the following, but it is expected that they will included as unproven: Aqua-Chi foot bath detox, magnet testing and therapy, soft tissue laser procedure, W.O. sinus treatment, Posture Pump cervical traction unit, essential oils, massage topical pain cream and ultra-sound or laser in, color/sound therapy, ear candling, Ryodoraku Meridian test, ASERT allergy elimination procedure, Clay foot detox, Spa-foot soak, hot packs, castor oil pack, brain re-balancing, and physiological blood chemistry analysis.

I understand and acknowledge that these devices are for research and therapeutic purposes only, and will not be used to diagnose.

No guarantees have been offered as to the effectiveness or outcomes subsequent to the use of these devices.

I hold harmless Dr. Susan Levy, Natural Solutions, and its work associates and family members from any and all liability that may occur as the result of the use of said therapeutic devices. By signing this form, I am granting permission to proceed.

Printed Name

Signature

Date

Authorized Guardian for minor children under 18

Date



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FEE SCHEDULE and OFFICE POLICY

<u>~ Examinations ~</u>	
1.) Initial New Patient Consultation	\$60.00
2.) Meridian Test (Ryodoraku)	\$50.00
3.) Brief Clinical Kinesiology Exam	\$85.00
<i>Please note that you must complete the initial 3-step process (\$195 total) in order to qualify as a patient and be eligible to receive any other services (except *, based on a health questionnaire).</i>	
Extensive Clinical Kinesiology Exam	\$400.00
<i>(Candida, Parasites, Digestion System, Immune System Function, Organ Function, Vitamin and Mineral Deficiency, Leaky Gut, Heavy Metals, etc.)</i>	
*Telephone Consultation (15 min.)	\$60.00
Food Sensitivity Test	\$150.00
<u>~ Treatments ~</u>	
Office Visit Treatments – (Single Issue)	\$60.00
Treatment – (Each Additional Issue)	\$60.00
ASERT – (Allergy Elimination)	\$85.00
Scar Acupuncture	\$25.00
<u>~ Therapies ~</u>	
*Aqua-Chi Ionic Foot Bath Detox	\$35.00
Brain Reintegration	\$10.00
Castor Oil Pack	\$50.00
Color/Sound Therapy	\$25.00
Diamond Laser	\$35.00
*Energy Frequency Treatment	\$60.00
Hot or Cold Pack	\$10.00
Percussor – (Each Area)	\$25.00
Raindrop Therapy	\$75.00
Soft Laser	\$35.00
Ultra Sound – (Per Area)	\$15.00
Vibration, Total Body (10 min.)	\$10.00

Our diagnoses are determined using Physical Diagnostics and Clinical Kinesiology. Our treatments are wholistic, utilizing primarily acupuncture, personalized nutrition, specific adjustments, and state of the art therapies. **However, in order to benefit from any treatment, it is necessary for you to take responsibility for your specific health condition or problem.**

Payment is required at the time service is performed. Cash, money orders, and personal checks are accepted. If requested, you will be provided with a receipt for your records or to submit to a flex plan. **Our policy is to NOT fill out insurance forms or interface with any insurance companies on ANY LEVEL.** This policy allows us to keep our fees as low as possible. If you have a scheduled appointment and cannot make it, please call and reschedule. Your consideration will allow someone else to benefit from the time. **No charge will be made if 24-hours' notice is given for rescheduling.**

I have read and consent to the above office policy and agree to be responsible for the cost of said diagnosis and treatment at the time service is rendered, unless prior arrangements have been made.

DATE: _____ **PATIENT'S NAME:** _____

PARTY RESPONSIBLE FOR PAYMENT: _____



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Dear Patient,

Welcome to Natural Solutions!

Please enjoy reading through the next couple of pages to better understand Dr. Levy's unique approach to YOUR personalized whole health care.

After you're finished reading them, feel free to pass them on and help someone else to find their best health!



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Biography

Dr. Susan Levy, D.C., is a licensed Doctor of Chiropractic and a Diplomate in Chiropractic Orthopedics. As a (w)holistic practitioner, she has had over forty-five years of experience in various branches of the health field.

Her broad professional career includes two certifications in Acupuncture, along with extensive study of massage, polarity therapy, nutrition, and herbology. Dr. Levy also holds a degree in Registered Nursing, with expertise in such major fields of nursing as general medical, neurology, neurosurgery, spinal cord and brain injury rehabilitation, cardiovascular, pediatrics, intensive care, burn care and kidney transplant units.

Her first training was as a nursing assistant, which soon inspired her to become a registered nurse. She took classes in massage, reflexology, and herbs due to her interest in helping people by using non-invasive natural therapies. She worked in many phases of nursing, including acute burn care and spinal cord injury rehabilitative care.

She was then inspired to go to Chiropractic College, based on the successful treatment of her long-standing back pain by a chiropractor. During her time in Chiropractic College, Dr. Levy enthusiastically studied nutrition, homeopathy, cranial manipulation, and many other (w)holistic treatments. She continues to pursue the study of these topics to this day.

After graduating from Chiropractic College, Dr. Levy started her (w)holistic practice in 1981. In 1985, she received the Chiropractor of the Year award from the Colorado State Chiropractic Society. In 1986, she received the Meritorious Service Award. She continued to study, taking post-graduate classes often, and earning a post-graduate degree in Chiropractic Orthopedics in 1987.

She helped organize the certification course in acupuncture for Colorado Chiropractors, and completed the course work herself, receiving certification in acupuncture in 1987, and continues her acupuncture studies.

Dr. Levy has been studying and using Clinical Kinesiology since 1989 to evaluate patients and determine their appropriate treatments. This natural diagnostic tool allows for a very in-depth evaluation of the root causes of dis-ease. This provides a systematic pathway for evaluating each patient's condition, that condition's cause and origin, and the appropriateness of various treatments. During the summer and fall of 1993, Dr. Levy appeared in a two-part television series, aired nationwide, on "Chiropractors," which featured her practice of Clinical Kinesiology.

Dr. Levy is the author of *Your Body Can Talk, Second Edition*, published by Kalindi Press in 2014. Dr. Levy researched for several years before producing the first edition with Carol Lehr as co-author, published in 1996 by Hohm Press. This book describes Clinical Kinesiology and acupuncture, discussing several health conditions. It is a wonderful handbook for all practitioners using or interested in Applied or Clinical Kinesiology, as well as being an easily understood text for their patients.

Arriving in May 2017, *Your Aging Body Can Talk*, published by Kalindi Press, became Dr. Levy's second published book. *Your Aging Body Can Talk* is written for reference and immediate use by health practitioners and maturing health-conscious consumers. Focused through the lens of Clinical Kinesiology, a method for self-testing what the body knows and needs, this book consistently places the concerns of an aging population in the forefront. Watch for other interesting books soon to be published!

Dr. Levy's positive, gentle, healing presence promotes an alternative method for restoring and maintaining health. Her popular seminars, newsletters, and articles emphasize natural health care through balance, harmony, expertise, and love. She continues to research pathways to assist her patients as expediently as possible and is eager to share this remarkable approach with her colleagues. She lives in Colorado.



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Wellness

We all strive to keep ourselves healthy and free of disease.
Holistic health care is a means to that end.

To understand Holistic health is to consider the whole person. It takes into account the BODY, MIND, EMOTION, SPIRIT and ENVIRONMENT. Good health is the result of harmonious interaction of these five areas. You, the client/patient, are an active participant in your health plan because you have the ultimate responsibility for your health and happiness.

Good health means much more than being free of disease.

There are twelve factors in recognizing good health.

These are:

1. Energy for all activities and a surplus for recreation
2. Good appetite and digestion
3. Good elimination
4. Healthy skin and eyes
5. Flexibility both in body and mind
6. Good memory/clear thinking
7. Freedom from anxiety and worry
8. Ability to enjoy activities and recreation and ability to relax
9. Good communication skills
10. Spontaneous humor and laughter
11. High personal self-esteem and esteem for others
12. Freedom from disease

A basic approach to wellness is having a sound nutritional philosophy, which is based on the sense that food is a natural medicine. Our bodies intuitively know they need high quality foods to maintain a steady, strong rhythm with life. When we speak of these kinds of foods, we mean the fresh, whole and alive quality of them. In addition, it is essential to balance our bodies with clear water, fresh air, some regular form of exercise, relaxation or meditation, and a positive attitude about ourselves.

Life is ours to live fully each day at a time. When we dedicate ourselves to a holistic style of living our choices for good life become easier and we can make a positive difference in the wellness of our families and ultimately the wellness of our world.



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How to Get the Most Out of Your Nutritional Supplements

As you cultivate a welcoming, positive attitude towards the great benefits of the nutritional supplements recommended for you, you benefit more from eating them. **Work out a routine** so that you take them consistently, without fail, according to your recommended schedule. Setting up doses for a week or two in advance and color-coding containers for morning, noon, and night makes things go smoothly. Snack baggies or small empty supplement bottles work well as containers.

Take only the highest quality natural nutritional supplements. A great selection is in stock at Natural Solutions.

How you take your supplements also has a great impact on their absorption and effectiveness:

TABLETS

Generally speaking, only two types of tablets should be swallowed with liquid:

1. Time Release Tablets
2. Betaine Hydrochloride (HCL): swallow 2-5 minutes after you finish your meal (*see handout*).

All other tablets typically are best chewed with food. Because they are concentrated specialized foods, most nutritional tablets are best absorbed when they are chewed with your foods. Put a bite of food in your mouth, add the tablet, and CHEW well. Some foods particularly well suited are applesauce, yogurt, tomato juice, and smoothies. EXPERIMENT!

Other, less preferred methods, *in descending order of benefit*:

1. Break up the tablet and swallow the small pieces.
2. Powder tablet, then mix with applesauce, yogurt, tomato juice, or smoothies, or put into an empty capsule and swallow.
3. The very least beneficial method is to swallow the tablet whole.

If necessary, a liquid or pellet homeopathic equivalent may be available.

The worst possible option, only for the real wimps, is to leave your supplements in the bottle.

CAPSULES

Take your capsules with meals, swallowing them throughout the meal.

HERBAL TINCTURES

Take your dose with or without food. You may dilute with juice or water as desired.

HOMEOPATHIC LIQUIDS AND PELLETS

Homeopathic remedies should be taken 15 minutes away from food or drink. For more information, see the Handout "Guidelines for Taking Homeopathic Remedies."



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Supplement Supply Guide

	Daily Dosage as Recommended by Doctor																									
Product Fill	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26
30 tabs/ml	30	15	10	7	6	5	4	3	3	3	2	2	2	2	2	1	1	1	1	1	1	1	1	1	1	1
60 tabs/ml	60	30	20	15	12	10	8	7	6	6	5	5	4	4	4	3	3	3	3	3	2	2	2	2	2	2
90 tabs/caps	90	45	30	22	18	15	12	11	10	9	8	7	6	6	6	5	5	5	4	4	4	4	4	3	3	3
100 caps	100	50	33	25	20	16	14	12	11	10	9	8	7	7	6	6	5	5	5	5	4	4	4	4	4	3
120 mls	120	60	40	30	24	20	17	15	13	12	10	10	9	8	8	7	7	6	6	6	5	5	5	5	5	4
180 tabs	180	90	60	45	36	30	25	22	20	18	16	15	13	12	12	11	10	10	9	9	8	8	8	7	7	6
270 tabs	270	135	90	68	54	45	38	33	30	27	24	22	20	19	18	16	15	15	14	13	12	12	12	11	11	10
	Number of Days Each Bottle Will Last																									



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Guidelines for Taking Homeopathic Remedies

1. Take nothing by mouth fifteen minutes **prior to** or **following** dosage. This includes food, drink, nutrients, cigarettes, chewing gum, toothpaste, etc. These instructions do not apply to topical applications.
2. As much as possible, eliminate **caffeine** in any form, i.e., soft drinks, coffee, chocolate, etc. Caffeine may inactivate homeopathic remedies.
3. As much as possible, limit **mint** in any form, such as tea, candy mints, toothpaste, mouthwash, etc. Mint can be used as an antidote to stop the action of a homeopathic remedy, if necessary.
4. No **camphor**, such as in muscle and joint rubs.
5. Avoid **dental drilling** during the span of time you are taking homeopathic remedies. If it is necessary, repeat the remedy, i.e., restarting the duration.
6. Avoid **mothballs**.
7. Limit breathing in **strong odors** such as paint thinner, eucalyptus (Vicks®), and cigarette smoke.
8. Avoid **raw garlic**. Cooked garlic is okay.
9. **Alcohol Sensitivities:** If the patient is sensitive to alcohol, he or she may put the drops into a three-ounce glass of warm water and allow one minute for the alcohol to evaporate. Another method is to put the drops on a plain mini rice cake, allow the drops to dry, and then eat the rice cake. Also, an alcohol sensitive patient can put the drops in a teaspoon and pass the spoon through an open flame (a lit candle) several times to burn off the alcohol, waiting for the spoon to cool prior to taking the dose.
10. Do not put remedy in **direct sunlight** or near sources of **radiation** such as televisions, cell phones, microwaves, or computers. Never allow homeopathic remedies (or vitamins or minerals) to go through the x-ray at airport security. Have them hand checked, and show them [this memo](#).
11. Do not **touch** your remedy if it is in **pellet** form. Pour the pellets either into the lid of the container or into a non-metal spoon.
12. Do not let the **dropper touch** any part of your mouth if you have a **liquid** homeopathic.

By following these guidelines, you will give the homeopathic remedy the greatest opportunity to succeed.



NATURAL SOLUTIONS

Clinical Kinesiology, Acupuncture, & (w)Holistc Healthcare

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Acupuncture

An Ancient Method for Modern Health

Acupuncture is a system of principles - not simply a technique - which was originated by the ancient Chinese. The most important principle is to restore proper energy flow to the various organs, glands and tissues of the body based on the premise that most diseases are the result of malfunction due to disrupted energies.

The next important principle is based on the Chinese definition of health: "All parts of the body functioning normally." It follows that an interruption of the transmission of the body's energy to any part will inevitably cause organ malfunction, disease, pain and suffering.

Both traditional and modern Chinese teachings discuss the "energy principle" or "life force", called chi. It is the ever present, vital energy which animates, sustains and heals all living beings. The body's chi is organized into energy pathways called meridians, each being a group of acupuncture points. These pathways might be compared to radio waves which are neither seen nor felt, yet they exist. Radio waves can be clocked or interrupted by a large object. If you remove the object, then the radio wave can be received. Likewise, blockages in the flow of chi occur for many reasons: injuries, imbalances in the body (nutritional, structural and electromagnetic), and poor life-style habits.

Major meridians or pathways of chi consist of an "external" and an "internal" portion. The internal portion is located deep within the torso. It connects with and energizes the organs. This explains how treating an acupuncture point of the surface of the body does affect the organ itself. If a blockage occurs, the appropriate acupuncture points can be treated to remove the blockage, to restore a more optimal circulation of chi and thus enable the body to better heal itself.

A variety of methods can be applied to stimulate the acupuncture points. Commonly a very fine needle is skillfully placed in the appropriate point and then removed after a few minutes. Typically, the patient has virtually no sensation once the needles are inserted. The needle insertion is usually less noticeable than plucking one hair from the forearm. How do the needles work? Like an antenna, drawing external energy into the areas being treated. Most patients report an increased feeling of well-being and relaxation after their acupuncture treatment.

Acupuncture is between 5,000 and 7,000 years old. The earliest culture known to use acupuncture was the ancient Chinese. Its use spread to ancient Japan, Egypt, the Middle East, the Roman Empire, and later into Western Europe. Since the 1970's many Americans have traveled to China to study acupuncture.

Today acupuncture has become an accepted method of drug-free treatment in our society for helping the body to rid itself of many dysfunctional disease states, for the control of pain and even in substance abuse treatment programs. Modern application of acupuncture includes many needle-less options - mechanical or electrical stimulation, small metal pellets taped over the acupuncture points, small magnets, and even laser stimulation.

For more information read Chapter Two of **Your Body Can Talk, 2nd edition.**