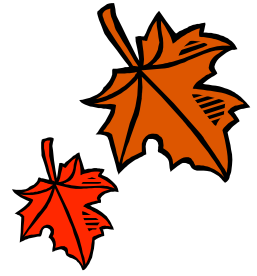


# THE NETWORK RELEASE

## THE OFFICIAL NEWSLETTER OF THE ANC



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### The Mission of the Association is to:

Support the consciousness, advance the practice of, and promote the public availability of Network Spinal Analysis. This shall be in relationship to emerging strategies for personal and global healing, wholeness, and enhanced quality of life and human experience.

Support the advancement and understanding of the relationship of the spine and nervous system to consciousness, the expression of innate intelligence, self-organization, and healing.

Encourage the coherent and cohesive support of the science, art, and philosophically similar and compatible models in various healing arts through workshops, seminars, journals, newsletters, and research projects.

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# PRESIDENT'S MESSAGE

## THERE IS NO CURE FOR HEALING SYMPTOMS AND CRISIS, A CALL TOWARDS HUMAN EVOLUTION

By Donald Epstein  
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This article is perhaps the most radical and transformational pieces I have ever put into writing.

Please share this with at least 12 people.

Practitioners are authorized to copy my article for their office use, provided it is kept intact.

The purpose of a symptom is to inspire a change in behavior....  
The more intense the symptom, the more immediate and radical  
the internal transformation required.

This simple and revolutionary concept is one of the center pillars of the new wellness education paradigm and discipline. The purpose of a very intense symptom is to provide immediate and unequivocal transformation of who you have been.

Many will ask, “but what type of change must I make? I don’t know what my body, mind, or spirit is asking of me!”

My first response to this is, “Yes, you do know. You know exactly what change is needed.” The precise change necessary is most likely something just outside the comfort zone of the person you have been.

My teacher and friend, Tony Robbins, brilliantly states that there are 6 human needs we all share. He informs us that these needs guide all of our behaviors and habits. We even express illness behaviors, such as those expressed as chronic depression, anger, addictions, and pain to accommodate for these needs. Everything we do is in relationship to avoiding suffering or “getting something out of” the behavior to fulfill at least one of these human needs.

The six human needs are Constancy, Variety, Significance, Growth, Contribution, and Love or Connection. Everyone requires varying amounts of each of these needs at different times in his/her life, and some are more important to an individual than others. However, we require all of them to live and in the personal proper proportions to thrive.

I have expanded Tony Robbins application of these human needs to include the concept of symptoms and the subsequent change that our soul requires of us at different levels or stages of care. The type of transformation required is most often triggered by the way we have organized our neurological network, i.e. our operating system of experiencing our world.

The change required by our symptom or crisis will likely be outside the comfort zone that maintains the relatively unconscious or automatic behavior commonly displayed. It is a change that challenges the constancy (or security) of the habits and routines that we perform on a day-to-day basis. Your TR, or Transformation Required (TR in acknowledgement of Tony Robbins' 6 needs), dictates that you reconsider the level of variety (or spontaneity) you allow for yourself on a moment-to-moment basis. It is a challenge to the significance that you have attached to the person you consider yourself to be. It is a threat to what you consider the ceiling to your range of connection and love for your body/mind/spirit and to others. Going beyond the symptom requires you to grow beyond your current "operating system" for experiencing the world. Ultimately with that growth, a symptom may lead a person to contribute more to others than might otherwise have been possible.

With each advancing Level of Care of NSA and each Stage of Healing accessed through Somato Respiratory Integration, a deepening level of change in attachment to behavior is required.

**Level One (Basic Care) and Stage One and Two of Healing:** The TR generally centers around a change in your physical choices, such as your movement, exercise, nutrition, posture, and the degree of feedback you are aware of from your physical body.

**Level Two of Care and Stages Three through Seven of Healing:** The Transformation Required consists of change in your emotional range of perception, vocabulary, and your emotional range of expression and its connection to your body sense of these states. These transformations are a consequence of the physical or structural anchors/ triggers to the defense strategies having undergone similar transformation and dissolution.

This expands as NSA Level Two (Intermediate Care) advances and the Somatopsychic (Network) wave develops. As the structural anchors/triggers to your story of who you are, to the way you experience and replay your past, and to what you believe you are entitled to undergo transformation, so too does the way in which you experience the world. Individuals tend to change in the way they react to stressful circumstances. In Intermediate Care the way in which you see the world, the body from which you sense others, the container through which you need to act or react, and your ability to observe your behavior are transformed at the same time.

As Intermediate Care strategies become more fully developed, the structures (physical, emotional, psychological, and social) through which your operating systems experience and respond to stress, your inner story, your inner language, communication, and the choices you make are transformed.

**Level Three of Care and Stages Eight through Ten of Healing:** Here there is a radically different and relatively effortless transformation. They involve the expansion of self and the awakening of non-self. The inner heart becomes the gateway to the soul. There is a change in how you experience yourself and others as souls. There is an expansion and awakening of the spiritual, love-based and soul-centered actions that are taken in each moment. Your choices are guided by inner knowing, gratitude, and love, rather than by emotional reactions, mental chatter, or the need to control the environment and/or others to meet your needs.

**Level Four of Care and Stages Eleven and Twelve of Healing:** The TR in the new and developing Level Four of Care and Stages Eleven and Twelve is contribution to others and inversely, to receive and internalize the gifts of others. In this Level of Care and these Stages

of Healing, we experience the threads of connection between individuals and events. We share in celebrating the knowingness, timelessness, interconnectedness, and oneness of all.

As the Epstein model of wellness evolves into the new tradition and practice, these principles become central to the practice of Wellness Integration, and Strategies for Evolution (WISE). Wellness education is associated with the individual's personal self-perception/belief and experience of his or her inner journey.

Wellness is an integral state, and illness is a loss of this state. Wellness drives us to deepened states of wholeness and more effective choices for our growth and development. Illness insulates us from these states and actions. Wellness and Illness are independent of symptoms or circumstance. They are about resourcefulness, not resources. They are about the continuum between the defended self that feels unloved, inadequate, and alone to the empowered, adaptable, multidimensional being unlimited by time, space, or even culture or circumstance.

At each Level of Care and Stage of Healing, a different immediate change is necessary when confronted by a crisis or symptom. Regardless of diagnosis or treatment, transformation is required.

For example, an individual may have intense back or leg pain with the accompanying belief that something is very wrong and has to be radically resolved. It interferes with work or leisure, the individual's interactions with others, her moods, and choices. It basically interrupts life as she knew it before the symptom. An example of a characteristic comment might be, "I hurt so much. I get so angry at the things I can't do anymore."

In Basic Care and Stage 1-2 of healing she must ask, "How must I be aware of, connect to, and relate to my physical body differently? What physical changes must I make in life?" If this is not considered and immediate transformative action taken, it is likely that illness will continue and deepen over time (with perhaps short intervals of being symptom free, but still internally not "well").

In Intermediate Care or Stages 3-7, she may say, "I get angry, and the pain worsens." As care progresses, this may grow into, "When \_\_\_\_\_ happens or when I think or act in \_\_\_\_\_ way, I feel more pain."

Later this perception may be replaced by statements such as, "When my story about things is \_\_\_\_\_ or when I hear, see, feel, or think \_\_\_\_\_, I feel worse," or "When I am being this other person, I hurt," and finally to "I can't be this person anymore."

Unless the introspection and actions required for this Level of Care and Stages of Healing are addressed and immediate transformative action is taken, illness may continue to develop or deepen.

The same is true for the other Stages of Healing and Levels of Care.

This is a significant departure from the model of "health care" or "wellness care" currently existing for many of the licensed professions. The practitioner does not determine the cause of the problem, treat a cause, or give any advice on specifically how to change. Since Doctors of Chiropractic are the ones currently performing NSA, we find ourselves at a crossroad. Those licensed professionals practicing Network may choose to use this approach as wellness education care, and not as part of their practice of chiropractic. They will utilize corrective

**elements, such as the correction of subluxation for Basic NSA Care, as part of the chiropractic practice in accordance with the expectations of their profession and regulatory agencies.**

**However, as your practitioner chooses to help you evolve beyond dependence upon correction or therapeutics as your ceiling of wellness, he/she will put on a different hat or role. There will be no third party billing for these services since they are not restorative. Instead, care will be awakening, inner journey based, and aimed at your instantaneous transformation and evolution.**

**That is beyond all disease, health, and other forms of what has been called wellness care. Isn't it exciting that in this time of the information age, you can receive care based upon wisdom... your own.**

**Taking these concepts into real applications for real lives, a practice member might, for example, enter your office with intense pain. The physician may have determined that the person also has a disc herniation. The expected and legally required choice for the practitioner to suggest may be disc surgery. This is according to the current culturally accepted, albeit not scientifically supported, paradigm.**

**You as a patient may demand immediate transformation and radical action to treat the condition that is disrupting the life you are trying to live. Considering what you have been advised about the condition, you may first attempt "conservative" treatment; you do not want to postpone surgical correction, however, because you consider it the sure bet to resolve your situation.**

**I am not rendering medical advice here. Instead I am relaying a different perspective. I am suggesting that most often the driving force of the individual to remedy the condition is not based upon the symptom. Instead, it is based upon the desire to move from the helpless experience of illness to greater wellness. I am not suggesting appropriateness, or lack thereof, for treatment of any condition. I am instead suggesting that whatever treatment is chosen, it is vital to also consider healing, wellness, and human transformation.**

**Research, for example, demonstrates that in men, the number one predictor for pain and disability had nothing directly to do with the muscles, disc inflammation, or the usual blamed culprits. Instead the main factors underlying disability claims were financial insecurity, financial loss, or dissatisfaction at work. Men's identities are often associated with financial productivity, and many of their needs are met through their work. In this case, a loss of their human needs being met at work led to the experience of intense pain and subsequent diagnosis of musculoskeletal/neurological findings.**

**How often have you heard statements such as, "If this pain does not go away with more conservative measures, I will then go for surgery?" They may tell their chiropractor, "I will try you for \_\_\_ weeks, and if after this time the pain is not under control, I will instead go for surgery." The assumption is that surgical intervention works for the correction of the pain, the disc lesion is the cause, not a consequence of the "problem," and that changing other contributing factors within the life of the individual will not make enough or fast enough impact on the condition. The diagnosed condition is the concern, not the advancement of the individual. Please note that there is no consistent relationship between finding a "problem" on X-ray or examination and the cause of pain in many areas. Just because a disc is herniated does not mean it is the cause of the symptom or that surgery is the answer. It is assumed in the culture that since surgery is the most radical means of treating a symptom, it must be the most effective treatment. This is too often not the case.**

## *Treatments for disc disease unproven*

*The following is taken from an article in Spine, a highly respected medical journal.*

*"None of the emerging techniques for the treatment of degenerative disc disease (DDD) – spinal fusion techniques, disc replacement, intradiscal electrothermal therapy - finds unequivocal validation in the scientific literature. Scientific evidence doesn't prove that these treatments "are superior to natural history or non-operative treatment."*

*"It should be emphasized that all of the aforementioned procedures for low back pain have unpredictable outcomes; therefore those procedures should only be considered after failure of at least six months and with the full understanding of patients who are well informed about the potential advantages, disadvantages and unpredictable outcomes." An H, Boden S, Kang J et al. Spine 2003; 28(15S):S24-S25*

### ***Ultimately it is "us" that must change us.***

**The life a person is living, the choices that must be made for the point in the individual's path, the stresses to be negotiated, the human resources available at that moment in time, the structural capacity of the person, and their personal beliefs do more to influence symptoms, illness, or wellness under most circumstances than "abnormalities" found on medical examination. From this expanded perspective, treatment of a condition is very limited in its potential outcome. At times it may save a person's life or be necessary in providing the person more time to make fundamental life change. After all is said and done, it is up to the individual to transform his life and to evolve. In today's rapidly changing world, 'not transforming' is no longer an option, be it in relationship, business, or in life.**

**From my book *Healing Myths Healing Magic*, pages 112-116, I refer to the Healing Myth that healing often requires drastic measure. The "Transformation Required" may manifest as the result of a slightly new perspective, a new change in habit repeated often, or by an intervention applied at the right time. It doesn't mean that massive new behaviors have to occur immediately. It does mean that a new habit of perception, belief, and behavior needs to begin immediately, which eventually takes you in a radically different direction in life. The more intense the symptom, the more radical the internal transformation is that may be required. This does not necessarily mean that intense radical action or internal change is initially needed. If you change the rudder of a ship by one or two degrees, it may ultimately take you to an entirely different continent. However, the actual detour is a gradual and cumulative one.**

#### **Healing Myth # 19**

***Healing often requires drastic measures.***

**When we consider life with the logical mind alone, it makes sense that if we have a small problem, we might seek an easy solution requiring a minimum of energy or expense. If we are dealing with a major problem or crisis, we might expect the solution to be complex, difficult, expensive, or risky.**

**Let's consider this myth as it pertains to a study by the Arizona Cancer Center at the University of Arizona College of Medicine. In this six-year, double-blind study, participants taking selenium supplements had a 37 percent reduction of the incidence of cancer, and a 50 percent reduction of cancer mortality. Of the two hundred people studied, the group taking the selenium supplement had 63 percent fewer prostate cancers, 58 percent fewer colorectal**

cancers, and 46 percent fewer lung cancers than those taking a placebo. Not a single case of selenium toxicity was reported in any of the patients studied. Yet in the same issue of the Journal of the American Medical Association in which this study was published, dire warnings were asserted by the medical community telling patients not to use this all –natural, nutritional supplement. An editorial stated: “For now it is premature to change individual behavior, to market specific selenium supplements, or to modify public health recommendations based on the results of this one randomized trial.”

I personally believe that had the study involved an expensive and dangerous treatment requiring extensive physician training, a high risk to patients, and an expensive hospital stay, the cultural mythos would have required the results of the study to be carried by the national media. Because the selenium represented such a simple, safe, and effective solution to a complex problem like cancer, the results were largely ignored by both the media and the medical community. After all, how can something so simple, inexpensive, and readily available help a person prevent such a complex, dangerous, and almost “incurable” condition, in spite of the billions of dollars spent per year in research by the finest minds in the world.

### The Non-linear Approach to Wellness

While working within the chiropractic paradigm, I discovered the non-linear approach to wellness, and developed a form of “Wellness Care” known as Network Spinal Analysis (NSA). To my surprise I found that a very gentle touch to the upper and lower spine can cause the entire spine to reconfigure itself. Deep respiration, along with wavelike undulations and dissipation of stored spinal tension are often associated with this gentle touch, and result in an overall enhancement of our quality of life. In the non-linear approach to wellness, a small change in our physiology produces a disproportionate response in our health and well-being. A strong force need not be applied to create a significant change in the bodymind. In fact, I discovered that applying a forceful touch can actually inhibit this process.

When I first developed Network Spinal Analysis, I found that memories of childhood hurts, accidents, or other physical or psychological traumas are often stored as tension and energy patterns in different parts of the body. This energy, confined under tension, is not unlike a powerful spring. Over time, it manifests in physically tight muscles, joint fixations, resistance to full body motion, depression, and shallow breathing. It also manifests as pain and disease.

I also observed that the more ill we are, the more energy we need to release in order to heal. The energy that is not free to circulate generates tension over time, until conditions are ripe for it to initiate the healing process. Hurts and wounds from our past build up pressure and “collect” energy from new hurts and wounds in the present. For example, our spouse makes a harmless remark about how we might have done something differently, and we respond with anger that lasts for several days. The remark sparks a reaction in the energy that is already “charged” by previous hurts or wounds. This energy becomes more and more blocked, denied, and isolated, until at last it is ready to be released. When the energy is released (or converted from a confined state into a freer state), it becomes available for healing, and actually helps fuel the healing process.

The non-linear approach to wellness considers the bodymind and interactive system, influenced by many factors that contribute to health or illness. The ability of our bodymind to receive, circulate, and dissipate energy, and our current and past experiences in life, significantly affect our health. In addition, our cultural story strongly influences how we interpret and respond to a given situation. The severity of the symptoms, the duration of a

condition, or the degree of pathology do not themselves determine the severity of the measures needed to be taken in order to heal. A small change, when perceived by the nervous system, can release the stored energy and tension, allowing it to be utilized by the body for constructive purposes like healing and transformation. When our bodymind becomes aware of the need for change, and can feel and pay attention to itself, there are many useful tools that facilitate self-awareness and act as a catalyst to enable old hurts or wounds to heal. A spinal adjustment, spinal entrainment, breathing/connecting exercises, a meditation practice, or yoga are just a few.

Healing neither requires great effort nor drastic measures. While curing or treating symptoms or disease may call for such measures, this is not the case with healing. As a byproduct of healing, we may decide to make radical changes in our life; but the decision to make such changes occurs as a result of the healing already in progress. It is by healing that we enhance our ability to make constructive changes.

.....HEALING MAGIC.....

I do not have to take drastic measures to heal. The energy that expresses itself as tension, pain, disease symptoms, or an unhappy, unfulfilled life is waiting for the opportunity to burst forth. I am ready to liberate this energy, to set it to work toward healing. I bless my symptoms, illness, and wounds because they are stepping-stones on my healing journey.

*Notes*

1. Bernard Lown, M.D., and Thomas N. Graboys, M. D., letter, *The New Yorker*, May 17, 1999.
2. *Journal of the American Medical Association*, Vol. 272, No. 23, December 21, 1994.
3. "Calcium Channel Blockers Under Fire," *Medical Sciences Bulletin*, April 1995.
4. Virginia Watson, "Annual Flu Shot for Seniors Debated," *Medical Tribune News Service*, May 22, 1997.
5. George Bergus, M.D., et al., "Antibiotic Use During the First 200 Days of Life," *Archives of Family Medicine*, October 1996.
6. Benjamin Schwartz, *Journal of the American Medical Association*, September 17, 1997.

***"All truth passes through three stages. First it is ridiculed.  
Second, it is violently opposed. Third, it is accepted as self-evident."***

***Arthur Schopenhauer (1788-1860)***

***"Donald Epstein's work represents the epitome of "Body" work in our time;  
the leading edge of Body-Mind-Spirit integration. His example will transform the planet."***

***Candace B. Pert, Ph.D.  
Author Molecules of Emotion  
Professor of Research  
Georgetown University***



# **LIVING WITH GRACE**

Jackie Knowles Epstein, D.C.  
Copyright 2004

So many articles have crossed the screen of my computer, touting the benefits of including chocolate in your diet (dark, of course, and in moderation), that I felt it my civic duty to share a favorite recipe. This exquisite dessert is perfect for the holidays, simple to prepare, and well worth the effort and calories! Buon Appetito!

## **Jackie's Flourless Chocolate Whip Cream Roll**

Chill mixing bowls and beater blades. Preheat oven to 400°.

You will need....

5 eggs – separated

1 Cup sugar (or alternative sweetener)

1 Cup chocolate bits

3 Tablespoons of water

1 Cup heavy cream

Unsweetened cocoa powder

Powdered sugar (or alternative sweetener)

Vanilla (or try almond, peppermint, rum, or cherry flavoring, coffee, or YOUR favorite liqueur)

2 13" X 9" cookie sheets, 2 mixing bowls, wax paper, aluminum foil,

At high speed, beat together the 5 egg whites and  $\frac{1}{4}$  cup of sugar until stiff.

In a second bowl, stir the 5 egg yolks with the remaining  $\frac{3}{4}$  cup of sugar. Melt together the chocolate bits with the water and then blend with the yolk mixture.

Fold the chocolate/yolk mixture into the egg whites.

Spread this batter onto a waxed paper lined 13x19" cookie sheet. Bake for 10 minutes; then lower the oven temperature to 300° and bake an additional 5 minutes.

Remove cake from the oven and dust with unsweetened cocoa.

Flip cake onto a second foil lined cookie sheet, cocoa side down. Carefully peel off the wax paper and cool in the refrigerator.

In the chilled mixing bowl, beat 1 cup of heavy cream at high speed. Sweeten to taste with powdered sugar and add vanilla in quantity to your taste. Spread whipped cream over the cooled cake.

Roll and ENJOY!

# RESEARCH UPDATES

## WHERE HAVE WE BEEN AND WHERE ARE WE GOING?

**Edmond Jonckheere, Ph.D.**  
School of Engineering  
Department of Electrical Engineering  
University of Southern California  
Los Angeles, CA

## WHAT HAVE WE ACCOMPLISHED SO FAR?

The main thrust of our research effort has been directed towards the mathematical analysis of the surface electromyographic (sEMG) data recorded along the spine during Network Spinal Analysis (NSA) entrainment. The data has been recorded by noninvasive, dry electrodes at the cervical, thoracic, lumbar, and sacral levels; the signals picked up by the electrodes were amplified by an Insight Millenium machine and stored on a PC compatible computer. The reason for the utilization of surface electrodes, as opposed to needle sticks, is that the former are totally noninvasive, more comfortable to the recipient, and without such potential risks as bleeding and infection.

That there is some kind of wave phenomenon running up and down the spine during NSA is obvious by visual observation and somehow the signals recorded by the four electrodes were meant to analyze this phenomenon. In addition, the wave phenomenon evolves as the recipient goes to higher and higher Levels of Care and a significant part of the research has been dedicated towards identifying those mathematical properties of the signals correlated to the Level of Care.

1. We first started by looking at the signal at a specific point along the spine—typically, the cervical and sacral signals have appeared to be the most interesting because they are close to the areas that are sensitized during NSA entrainment. One difficulty is that the signal is bursting, making it highly non-stationary and almost requiring a “burst” analysis next to the “quiet, background” analysis. The very first mathematical modeling [6] was done on the burst signal, because it looked easier to do, and such techniques as the Alternate Conditional Expectation (ACE) proved successful at modeling the signal and predicting it.
2. It turns out that the signal during its burst mode is quite different from the signal during its background, quiet mode, as if it were some kind of “bifurcation.” Statistically, the burst is discriminated from the background by the fact that it is more stationary than the background signal [1]. The lack of stationarity of the background signal might be explained by the fact that during those few seconds of the background mode signal preceding a burst, *something* “builds up” and eventually “snaps” into a burst. This “building up” makes the statistics of the signal changing, hence non-stationary.
3. We then focused on what statistical measure could be linked to the Level of Care. One such statistical measure that changes in the course of NSA entrainment is the Akaike mutual information between the past and the future of the signal—in simple terms, the more advanced the Level of care the more predictable, the less random, the less chaotic the signal is. Other measures such as the correlation coefficients and the partial correlation coefficients have also proved to be able to do the level 1,2,3 discrimination [2].

4. Finally, the large-scale phenomenon was analyzed—namely, tracking the bursting as it goes along the spine, reflects at the neck and sacrum, etc. It is this propagation phenomenon that has been used to positively identify some regeneration on the Central Nervous System (CNS) of a quadriplegic patient who had been under NSA Care [3]. The fact that the NSA wave is proved, statistically, to pass through the injury area appears to offer an “ironclad” confirmation of regeneration.

## HOW IS THE FUNDING GOING TO BE SPENT?

The major development over the past few months has been, undoubtedly, the quadriplegic patient from New York, who has recovered some sensory and motor function, as confirmed by the spatio-temporal analysis [3] of the sEMG signal generated by the NSA wave.

### **Spatio-temporal analysis of an electrophysiological wave phenomenon (full)**

*E. Jonckheere*

*P. Lohsoonthorn*

*University of Southern California*

*University of Southern California*

**This European Conference paper on the quadriplegic patient who has shown partial motor recovery with NSA almost 5 years after the break can be viewed by clicking on the link above (full) or by going to**

**<http://www.esat.kuleuven.ac.be/cghgate/mtns/conf.jsp#TP1>, then go to Paper Session Biological/medical Systems TP1 on Tuesday afternoon 17:10-17:30 (5:10p.m.) and click on either abstract or full for the entire research document. This conference was presented at the International Symposium on the Mathematical Theory of Networks and Systems (MTNS) held in Leuven, Belgium, July 05-09, 2004. The web site of the Conference is the following: <http://www.mtns2004.be/>**

The mathematics that underlies our sEMG analysis of the NSA wave has already appeared at three major conferences [1,2,3] and, as our mathematical work has been peer reviewed and accepted by the community, we have the strong positive feeling that our mathematics is not only correct, but relevant to the phenomenon we are trying to understand, and statistically credible. Therefore, the time has come to attempt a publication in a “hard core” medical journal or conference. Before we can do so, however, there are some questions to be answered:

1. It will be difficult to “sell” the NSA wave as capable of creating some regeneration in the Central Nervous System (CNS) if we do not have some kind of neuro-physiological model as to what the NSA wave really is.... From our own perspective, the wave looks like a feedback instability created by a sensory-motor loop. At this stage, we only have the feeling that the sensory-motor loop starts with the dural mechanoreceptors, via the ascending track to the trigeminal ganglion, which itself innervates some shoulder and neck muscles, and finally the loop closes with the dural attachments which transmit the mechanical effort to the dura. The same dural

attachments also intervene in making the spinal gateway such a sensitive area able to elicit the oscillation.

2. The previous conjecture is based on our visual observation of the wave, the assessment of the muscles involved, and then our general understanding of neuro-physiology. However, to make an ironclad case, we might have to confirm by Magnetic Resonance Imaging (MRI) study which areas of the brain show accrued activity after NSA entrainment.
3. The previous observation is somewhat confirmed by the observation of a Canadian NSA practitioner, Dr. Tony Hiebert, who observed some strange brain wave, a “massive wave over top of the normal EEG data,” during an “entrainment-like experience”. In fact, the EEG analysis might offer a less expensive alternative than MRI to finding what areas of the brain are involved in the NSA wave.
4. When the sEMG signal is “bursting,” it appears that this is a phenomenon of large-scale synchronization of the firing of the neurons. We were very excited at our retrieval of a paper [5] written by an Italian team, in which they observe bursting in the electrical impulses along the axons of spine cell cultures. Even more exciting was the reported fact that the bursting intensifies as some neurotransmitters are diluted in the solution of the culture. Even more amazing is the fact that the accrued bursting appears to follow the same pattern as the accrued bursting when an NSA recipient is entrained to higher and higher levels of care. From the comparison of the Italian study of the bursting at the scale of the neurons and axons and the large-scale bursting the sEMG signal recorded during NSA wave, there are no doubts in our mind that the NSA wave is a large-scale synchronization of the bursting of the neurons. Again, we would need some kind of a mathematical model to confirm this, but here again the news is good. Indeed, no sooner than a few weeks ago, some MIT scientists presented a general mathematical theory of synchronization [4], which they conjecture is applicable to neuron firing. Probably we could offer them the best illustration of the application of their theory to neuron firing synchronization.
5. Finally, there is the propagation phenomenon of the neck oscillation along the spine, its reflection on the sacrum, its motion back to the neck, where it reflects again, etc. It was observed that the traveling waves running up and down the spine settle in some kind of stationary pattern and we conjecture that the stationarity of the pattern is a measure of how well advanced in NSA Care the recipient is. What we found remarkable, and in need of further explanation, is the strength of the stationary phenomenon. Referring to wave physics, usually, a stationary phenomenon requires a stable, homogeneous medium and precise boundary conditions; here, we have an inherently varying, poorly known, probably highly dispersive medium (the spine), with boundary conditions subject to so many uncontrollable variables. How then does it happen that, against all odds, the stationary phenomenon settles?

Not quite related to the above, but not less interesting, is the problem of understanding the Heart Variability Rate (HRV) during NSA entrainment. We have acquired the cardiac monitoring equipment from Dr. William Stuppy and are ready to take some cardiac measurements. Along this line, the Canadian practitioner, Dr. Tony Hiebert, has already observed some “shrinking HRV sine-wave as levels of care are advanced” and conjectured some correlation between HRV coherence and levels of care.

All of the previous issues will be addressed with the new funding.

**COMING SOON!**

**JANUARY 26 - 29, 2005 PAPER TO BE PRESENTED AT MEDICAL CONFERENCE**

**ChiroSensor – An array of Non-Invasive sEMG Electrodes to be presented by at  
Medical Conference by Edmond Jonckheere, Ph.D.**

**[http://www.nextmed.com/mmvr\\_virtual\\_reality.html](http://www.nextmed.com/mmvr_virtual_reality.html)**

**13<sup>th</sup> Annual Medical Magic Becomes Virtual Reality Conference, “THE MAGICAL NEXT BECOMES THE MEDICAL NOW.” MMVR is the premier forum for computer scientists and physicians who develop, refine, and promote advanced, data-centered tools for clinical care and medical education. MMVR stimulates interdisciplinary networking and collaboration for improved research, validation, and commercialization.**

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# **RESEARCH UPDATE ON WELLNESS OUTCOMES SURVEYS FOR ASSOCIATION FOR NETWORK CARE (ANCR)**

**Robert H. Blanks, Ph.D.**

Department of Anatomy and Neurobiology  
University of California, Irvine  
Irvine, CA  
Department of Biomedical Science  
Florida Atlantic University  
Boca Raton, FL

**Maritza Jauregui, Ph.D.**

Center for Occupational and Environmental Health  
Department of Medicine and The School of Social Ecology  
University of California, Irvine  
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**Tonya L. Schuster, Ph.D.**

Department of Sociology  
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Irvine, CA  
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**Marnie Dobson, Ph.D. (Cand.)**

Department of Sociology  
University of California, Irvine  
Irvine, CA

**Catherine Kravitz, B.A.**

Graduate of Sociology  
University of California, Irvine  
Irvine, CA

Work is continuing on the publication of two new research articles based on data from the 1997-1999 longitudinal survey study. These will follow on the heels of the back-to-back publications of two articles from the retrospective survey study on Network Care and wellness lifestyles in the Journal of Alternative and Complementary Medicine (April 2004). As many of you know, publication is not a simple matter and usually involves a long process of peer review and revision even after the data is analyzed and the papers are written.

As a reminder, the data for these two articles are based on a longitudinal survey study involving 30 Network offices, which were randomly selected to participate in the study between May 1997 and January 1999. All new patients on the first visit over a 9 month period were recruited to participate and were followed up at 2, 4, 6, 9, and 12 months. Due to the drop out rate of offices and patients, we needed to work on cleaning this data set to make sure the comparisons would be meaningful across time, therefore we decided to drop data collected at 8 offices which had not successfully completed the study and/or follow-up their initially recruited new patients in a timely manner. Twenty-two out of the 30 offices completed the study with an N of 388 patients (mean = 6.6 patients/month) entered at baseline (64% of all new patients).

At 2 months of care, 201 patients out of the initial 388 completed follow-ups, at 4 months there were 139 patients, at six months there were 102 patients, nine months 86 patients and at 12 months there were 70. Although we don't know the precise number of patients who dropped out of care versus those who decided not to participate in the study any longer, these numbers are suggestive of patient retention rates in NSA offices in general. It appears that 52% of new patients are likely to remain in care until 2 months and by 12 months, only 18% of those patients remained.

The first longitudinal paper is a comparison of outcomes between the well-known RAND-36 Health survey and the Self-Rated Health and Wellness (SRHW) survey to gauge the differences (advantages) of the SRHW over the RAND-36 while also demonstrating the over-time influences of Network Care. We have reworked this paper somewhat from our original conceptualization and intend on submitting it for publication to the Quality of Life Research journal.

The population looks, demographically, similar to the previous Network survey study, largely women, highly educated, upper income earners, and white. Those remaining in care to 12 months tend to be older and have a higher income suggesting that income might be a significant factor in individuals being able to choose long term Wellness Care.

Wellness is a qualitatively different and broader concept than quality of life, yet very little work has been done to gauge the broad wellness benefits of various kinds of care, like NSA, over the more clinical, and “functional” benefits measured by the RAND-36. We argue, based on the data, that the SRHW and the RAND-36 are ostensibly measuring very different phenomena but that the SRHW ascertains benefits that the RAND-36 cannot measure. This further validates the important wellness benefits of NSA while suggesting to the larger “holistically-oriented” health care community that “efficacy” need not be restricted only to measures of functional fitness, pain/symptoms, and low level mental/emotional or social functioning.

This article shows that those in NSA Care show greatest improvement between first visit and two months of care, after which many of the measures of health and wellness plateau. However, when we normalize for the variation in scores at baseline, using a statistical test called effect sizes, we see that the population has large clinically significant changes in physical state, mental-emotional state and stress right up to 12 months of care. This is particularly interesting in comparison to the small or moderate effect sizes in the RAND-36.

The second article we are working on extends the concept of wellness lifestyles by looking at use of complementary and alternative medicine, the presence and importance of persistent ailments, the practice of healthy lifestyle behaviors, and the use of medical care among NSA users longitudinally. We will submit this article to the American Journal of Health Promotion. The purpose of this paper is to find out if NSA Care users use medical care, practice healthier lifestyles and use other forms of CAM concurrently and whether this varies depending on age, gender, income, length of time in care etc. We are also looking at whether long-term use of NSA affects the use of medical care, other forms of CAM, and health lifestyle behaviors.

Over 70% of new patients reported having persistent ailments and that the ailments were the reason for seeking NSA Care. In order to investigate the influence of symptom orientation or a wellness orientation on NSA outcomes, health lifestyle practices, use of medical care, and use of CAM, we broke down patients into an ailment oriented group and a “wellness-oriented” group, those who did not report ailments and who were not pursuing NSA for those ailments to begin with. We are interested in whether having a wellness orientation to begin with is associated with 1) use of medical care, 2) use of more forms or fewer forms of CAM, 3) more positive health lifestyle practices, 4) length of time in NSA care, 5) increased positive health lifestyles, 6) increased use of CAM with time.

Initial findings show that 73% had persistent ailments and that this was the reason they sought NSA Care, and 27% of new patients did not have persistent ailments, which we can infer meant they were coming for reasons not related to health problems. It appears that whether individuals were in care for their ailments or for wellness, both were equally likely to remain in care across time. For example, 71% of the 12-month group had said they started care because of their ailments and 29% were there for wellness reasons.

If you have any questions about these papers, please feel free to contact one of the research team at: [NSAsurveys@hotmail.com](mailto:NSAsurveys@hotmail.com)

## WELLNESS LIFESTYLES I AND II NOW AVAILABLE

The April 2004 JACM articles are now in print. You may view the full article at <http://www.liebertpub.com/pagedisplay/Toc.asp?id=26> or you may receive a set of reprints from the office for a \$5.00 donation to the ANCR. Because of copyright laws, please do not reproduce the articles.

The abstracts appear below:

### WELLNESS LIFESTYLES I: A THEORETICAL FRAMEWORK LINKING WELLNESS, HEALTH LIFESTYLES, AND COMPLEMENTARY AND ALTERNATIVE MEDICINE

BY T.L. SCHUSTER, M. DOBSON, M. JAUREGUI, AND R.H.I. BLANKS

#### **ABSTRACT**

Scholarship concerning complementary and alternative medicine (CAM) practices within the United States could benefit from incorporating sociological perspectives into the development of a comprehensive research agenda. We review the literature on health and wellness emphasizing definitions and distinctions, the health lifestyles literature emphasizing issues of both life choices and life chances, and studies of CAM suggesting utilization as an aspect of a wellness lifestyle. This review forms the foundation of a new theoretical framework for CAM research based on the interrelationship of CAM with health promotion, wellness, and health lifestyles. To date, few studies have sought to bring these various elements together into a single, comprehensive model that would enable an assessment of the complexity of individual health and wellness in the context of CAM. We argue that attention to literatures on health measurement and health lifestyles are essential for exploring the effectiveness and continuing use of CAM.

### WELLNESS LIFESTYLES II: MODELING THE DYNAMIC OF WELLNESS, HEALTH LIFESTYLE PRACTICES, AND NETWORK SPINAL ANALYSIS™

BY T.L. SCHUSTER, M. DOBSON, M. JAUREGUI, AND R.H.I. BLANKS

#### **ABSTRACT**

**Objective:** Empirical application of a theoretical framework linking use of Network Spinal Analysis™ (NSA; a holistic, wellness-oriented form of complementary and alternative medicine [CAM]), health lifestyle practices, and self-reported health and wellness.

**Design:** Cross-sectional self-administered survey study.

**Respondents:** Two thousand five hundred and ninety-six (2596) patients from 156 offices of doctors who were members of the Association for Network Chiropractic (currently titled Association for Network Care); estimated response rate was 69%.

**Measures:** Exogenous variables entered into the structural equation model include gender, age, education, income, marital status, ailments, life change, and trauma. A wellness construct consisted of calculated difference scores between two referents, “presently” and “before Network” Care, for self-reported items representing wellness domains of physical state, mental-emotional state, stress evaluation, and life enjoyment. Positive reported change in nine items assembled into dietary practices, health practices, and health risk dimensions serve as indicators of the construct of changes in health lifestyle practices. The NSA Care construct consisted of duration of care in months, awareness of energy and awareness of breathing since beginning Network Care.

**Results:** Of the exogenous variables only gender, age, and education remain in the final parsimonious structural equation model in these data. Reported wellness benefits accrue to individuals along a direct path from both self-reported positive lifestyle change (0.22), and from NSA Care (0.43). The path (0.65) from NSA Care to positive health lifestyle changes indicates that NSA Care also has an indirect effect on wellness through changes in health lifestyle practices.

**Conclusions:** The Structural Equation model tested in these analyses lends support to our theoretical framework linking wellness, health lifestyles, and CAM. This study provides further evidence that our measurements of health and wellness are particularly appropriate for investigating wellness-oriented CAM. There is a positive relationship between the experience of NSA Care and self-reported improvements in wellness as well as self-reported changes in lifestyle practices. NSA Care users tend toward the practice of a positive health lifestyle, which also has a direct effect on reported improvements in wellness. These empirical links are discussed relative to the sociodemographic characteristics of this population and show that use of NSA Care is an aspect of a wellness lifestyle.

## **SHERMAN COLLEGE REAPS THE REWARDS OF RESEARCH MAGIC**



**W. Ralph Boone, Ph.D., D.C., having relocated from New Zealand, is back in Spartanburg, South Carolina and serving as Director of Research at Sherman College of Straight Chiropractic. He is busy bringing his research magic and critical scientific thinking to this institution.**

**Dr. Boone has served as research director for ANC Research and academic research consultant to the ANC prior to this, since the inception of the**

**Network research agenda.**

**His brilliance has helped shape where we are now in the academic and research culture.**

**His efforts and vision are deeply appreciated.**

**He is completing several NSA case studies for publication at the present time; however, Dr. Boone is no longer serving in his prior capacity as Research director for the ANC Research.**

**For your vision, love, brilliance, and support, we thank you Ralph.**



## **WITHOUT A WHISPER OF A DOUBT**

### *Pearls of Wisdom from the Heart*

Rita Rogers

I would like to thank you for this opportunity to connect with you. I also wish to invite you to read this letter not with your head, but with your heart.

My dedication to the vision and my gratitude to Donald and Jackie far surpass what I ever thought imaginable; and with the deepest appreciation, I just want to say, “Thank You.” Thank you for your level of commitment and for setting the example for everyone.

When Donald says, “Life will not tolerate allowing us to stay where we have been,” he speaks to all of us. I know that, for myself, in the midst of all the radical life changes I have experienced in the past 2 years (whether self-imposed or in taking responsibility as it being a part of my life path), Network has truly saved my life. I know this without a whisper of a doubt; and suffice it to say, I also know this is just the beginning.

At this time, I would like to thank all of the doctors who are so committed to this work. It takes empowerment, heart, and most of all, full expression of the work in your own bodies. Thank you! Thank you for your commitment to LIFE at its fullest.

I also want to thank those doctors who have so graciously supported the work of the ANCR. Where we have been and where your research dollars will continue to take us is exciting and so very important to the world.

### ***HOW FAR WE WILL BE GOING CAN ONLY BE ANSWERED BY YOU!***

Our research has always been privately funded. If there is any question as to your importance in being proactive with monetary support, please understand the importance of getting Network out to the public. Unfortunately, we still live in a world culturally dictated by the sciences, mathematics, diplomas, and credentials. Until we reach the concept of that 100<sup>th</sup> monkey (a controversial concept, but inspiring story just the same), we must have research to substantiate the efficacy of Network Care to this vast majority of people.

**THIS CAN ONLY BE ACCOMPLISHED WITH YOUR HELP!** The Number One Club was designed specifically to spread the means across a number of individuals, the Power of One joined by many other One’s. Thank you for joining the Number One Club. If you originally signed up for a yearly pledge, please contact the office to recommit. This will enable a steady, perpetual flow of income to our research programs. If you haven’t taken the time to make the commitment yet, you may do so now quickly and easily by downloading the Number 1 Club Form and faxing it to me at 303.678.8089. <http://www.associationfornetworkcare.com/oneclub.shtml>

My experience, and I think that this applies to so many of us, is this. So often I do not think twice about spending money for one thing or another. Dinner out for two people can easily drop \$40-\$50. I can’t even drive through a McDonalds without spending at least \$10.00, and how often could I do this in a month?

Maybe it's Jamba Juice and not McDonalds for you. Or, maybe it is the movies, concert tickets, or just buying frivolous things. Maybe it is fine chocolate!!!! Whatever, the case may be, it is really not about whether we can afford to do it or not. It is about putting our energy (and money is an expression of spiritual energy) behind those things in life that we value most.

I would like to share a personal story with you. When the first Healing in Paradise program was announced in 2000, I knew that I was suppose to be there. I didn't know how I could possibly afford it. I just knew that I was supposed to be there. It was totally out of the realm of my financial means and even my consciousness. After all, I had grown up, like many of us, with parents or grandparents who lived through the depression. With this thinking, there was never enough money to go around. I don't earn a huge salary, I don't have rich relatives, and I don't have a trust fund to fall back on. Yet, somehow once I committed to go, everything just worked out perfectly. Yes, as a mother I felt somewhat guilty about spending so extravagantly on myself, but only *somewhat*, because in my heart and soul, I knew it was the right thing to do.

When sharing this with a dear doctor friend on our return to the airport, he said to me, "Rita, just think of it as an exchange of energy. Money flow is nothing more than this." What a universal truth! Thank you, my friend!

I have since been to 12 Healing In Paradise programs! And every time I go, I am filled with even more gratitude. No amount of money can buy what my commitment to healing has given to me.

I am in no means suggesting that I have transcended this "stinkin' thinkin'" of money consciousness, but I am suggesting that where we place our focus is critically important. [Maybe a Tony Robbins program will be up next on my list to clear the rest!]

My challenge to you is to focus your spiritual energy, the fruits of your labor, on sharing the gift of this special work with others and giving, even if you can't see how it can be done at his point in time.

My promise to you is to continue to do the same.

Remember, many ONE's will mean considerable funding for the ANC-R; and funding for the ANC-R means research to reach the masses. In addition, the results of the research have shaped, and will continue to shape, the theory and application of NSA and the wellness model.

In my book, you are already a # 1 Doc. Please reinforce your commitment to NSA with your pledge today. And, when an excited practice member asks how they can help, please tell them how you are contributing and ask them to call me.

ANC Research is our future; let's make it a bright one!

With love,  
Rita

*"Whether you think that you can, or that you can't,  
you are usually right."  
Henry Ford (1863-1947)*

## **A CREATIVE FUNDING IDEA FROM ELLIS**

Donald has asked me to share with you the simple and extremely effective means for making donations that I choose for my ANCR commitment. Through my Life Insurance agent, I purchased a Whole Life Insurance policy for my 3-year-old granddaughter. I chose the \$ amount of insurance, the payment method, and the length of the payment schedule. I had full control of every aspect of the purchase. Once I took ownership of the policy, I transferred it to whatever entity Donald wanted to be the beneficiary, and I transferred ownership of the policy to ANCR. I make 100% deductible monthly premium payments, based on the schedule I had agreed upon with my agent. (You must make the ownership transfer immediately, because it is not deductible to you). You may purchase as large a policy as you choose, or as many smaller policies, even for the same person. This allows you to increase your donation anytime you want, by any amount of money you want.

There are several advantages to a Life Insurance policy. ANCR may choose to let it mature and cash it at the end. They may borrow a % against its full value, or interest accrued may continually be pulled as needed, and when it matures, ANCR will still get the face value of the policy. It's truly a gift that keeps on giving.

For more information, contact your Life Insurance agent. Or if you live in California, you may contact my agent, at (213) 494-7752. Ask for Bob Menefee. There is no cost to you, other than the premiums.

In the spirit of giving,  
Ellis Kooby, D.C.



# **WELCOME NEW MEMBERS**

**December 22, 2003 to October 7, 2004**

## **ASSOCIATE MEMBERS:**

Wendy Kreider, D.C.

## **PRACTICING MEMBERS:**

Josette Addarich, D. C.  
Connie Amundson, D.C.  
Daniel Blewitt, D.C.  
David Cameron, D.C.  
Claudia Cottrell, D.C.  
Tyson Eidt, D.C.  
Jay Goodwin, D.C.  
Michelle Gray, D.C.  
Joel Hall, D.C.  
Daniel Hirssig, D.C.  
Dawn Sea Kahrs, D.C.

Suzette Lue Chee Lip, D.C.  
Kim Luzzi, D.C.  
L. Maria Maricich, D.C.  
Lori Diane Miller, D.C.  
Jay Rothstein, D.C.  
Karen Schellack, D.C.  
Greg Shaw, D.C.  
Audrey Siow, D.C.  
Jay Uecker, D.C.  
Philip Whitley, D.C.  
Ted Zerrer, III, D.C.

## **SUPPORTING MEMBERS:**

Andrea Avantaggio  
Antoinette Bianco  
James Carswell  
Brenda Coppell  
Phoenix Djukic  
Allie Evans  
Peter Evans  
Russ and Karen Fernandez  
Joanne Gonzales  
Elaine Childs Gowell  
Jo Jones  
Chelsie Kane  
Kimber Judy

Jenon Laurene  
Rona Lesser  
Janis Lueken  
Michael Marf  
Kathleen Marten-Naidenko  
Ann McBride  
Joan McLean  
Mindy Mossman  
Robin Nixon  
Michelle Nolde  
Phyllis Pieri  
Josie Zappia

## **STUDENT MEMBERS:**

Gary Tho  
Leah Underdahl

***Thank you for joining our ANC family and for supporting the mission of the Association for Network Care.***

# ANNOUNCEMENTS

## CURRENT HAPPENINGS

### VOICE YOUR OPINION ON UNSCIENTIFIC VACCINATIONS

**Here is your chance to voice your opinion on unscientific vaccinations now before October 12, 2004.** The Department of Health and Human Services, Centers for Disease Control and Prevention is seeking public comments on Vaccine safety. <http://www.cdc.gov/od/vaccsafe/comments.htm> And before you do this, read the following informative article from International Medical Veritas Association (IMVA).

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### MANITOBA SUCCESS!

### THE ANC RESPONDS TO THE LEGAL RIGHTS OF PATIENTS TO RECEIVE CARE

In the spring of 2002, the Manitoba Chiropractic Association (MCA) notified several NSA practitioners that it was conducting a review of NSA at the request of a Third Party Payer. Prior to these meetings, Dr. Donald Epstein was contacted by the NSA doctors, which initiated the support by the ANC. Three intensive meetings with the Standards Committee were held.

The MCA was not satisfied. This prompted an unprecedented chiropractic review process which initiated the development of a Assessment and Treatment Protocol template. The template required the chiropractic technique in question to answer 6 questions on the Assessment portion and 7 questions on the Technique aspect. The questions consisted of Scope of Practice, Safety, Basic Science (pathophysiology), Rational/Purpose, Usual/Customary, Body of Knowledge (information and research available), and Qualification (education required to perform the technique). The MCA decided that this template would only apply to new and emerging techniques and all other techniques were to be grandfathered in. When the MCA was asked what constituted a "new and emerging technique" and the time frame used for such a measure, no definition could be provided. With the help of the ANC all the questions were answered, but the MCA felt that, in their opinion, NSA would still not be considered chiropractic. NSA met all requirements of the template, which if applied to assess all techniques would ironically render many chiropractic techniques as not being within the scope of chiropractic practice.

The MCA notified the chiropractic membership and all stakeholders that NSA was NOT considered within the scope of chiropractic practice; and all members cease performing NSA under the guise of chiropractic.

The ANC immediately initiated communication via conference calls between the ANC legal and Winnipeg legal representatives. Communication between ANC and the MCA continued which eventually resulted in the MCA recanting their position. The membership and all stakeholders were notified on July 15, 2004 that NSA was now accepted and within the scope of chiropractic practice in Manitoba.

A big thank you goes to all the Manitoba chiropractors involved in the long 2 year experience, and a special thank you goes to Dr. Donald Epstein, Mr. Jim Turner (legal counsel for the ANC) and the ANC for their support which was monumental when negotiating with the MCA.

Daniel Therrien, D.C.

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## **ANC BOARD MINUTES FROM 8/22/04**

Association of Network Care Board Meeting

8/22/2004 5:15 pm

**Present:** Donald Epstein, Jackie Knowles, Tim Musick, Deborah Musso, David Breitbart, Ray Gin, guests Michael Berlin, Dan Lemberger

**Apologies:** Pierre Bernier, Lee Boothby, Richard Kaye, Henri Marcoux, Dominique Hort

**President's Report:** Donald Epstein reported on several opportunities for advancement of NSA in wellness model development.

WISE Foundation, a charitable organization has been created. It will support development and innovation in the field of wellness, wellness education, and wellness studies. The WISE Foundation will sponsor practitioners to care for the less fortunate people and also produce strategic alliances between providers of NSA/SRI Care wellness model in corporate sector and growing opportunities in a wide range of endorsements.

Anthony Robbins, through his excitement and passion for the gift of NSA/SRI, will create opportunities for the promotion of this work through many of his ventures and contacts. It appears that Mr. Robbins, and the companies he owns, will be a significant portion of the wellness, fitness, and personal development market. His companies have purchased the John Hopkins University Wellness Newsletter, the University of California at Berkley Wellness Newsletter, and are in negotiation for other newsletters that disseminate wellness information. He also purchased Twin Lab Nutrition Products, is a strategic partner in Reebok, which also owns a share of the personal trainer market, and is negotiating for a major international chain gym/health club.

Through these companies his vision is to redefine the health and fitness market to include personal development and maximize one's life. In this regard, what our practitioners have to offer can lead a perfect strategic alliance. Anthony states that a unified story and application of our work and significant increase in practitioners is a requirement in this alliance.

An extremely large multi-billion dollar land development project is in progress in southern Utah which will involve many large corporations and philanthropic individuals. Strategic alliances are being developed that will provide for employment opportunities for our practitioners practicing in the emerging model, broadcasting of educational materials supportive of our work and training centers. Large numbers of practitioners are expected to be required not only at this location, but also through other corporate locations based on our success in this venture. Therefore, the recruitment and development of new practitioners and assisting the development of existing practitioners at a higher level is necessary.

Donald states, "Every one is being asked to step up and I assure you that a new infrastructure is underway. We are very fortunate to have several business minds and visionaries to help this happen."

**Vice President's report:** Richard Kaye sends apologies.

**Motion to adjourn meeting at 9:45 pm.** Tim Musick, second Jackie Knowles vote unanimous

Meeting reconvened 9:15 am 8/23/2004

**Present:** Donald Epstein, Jackie Knowles, Tim Musick, Deborah Musso, David Breitbart, Ray Gin

**Secretary's Report:** Tim Musick read the minutes from the last ANC Board Meeting. Motion to approve by Jackie Knowles, second Deborah Musso, vote unanimous

**Treasurer's Report:** Jackie Knowles reports that our available funds are at their lowest point ever since the formation of the ANC (see attached report). The ANC has had many heavy expenses in the past twelve months. The following are some of the major expenses:

Through funding of the ANCR:

Papers for the Journal of Alternative and Complementary Medicine

Jonckheere's research and papers on Spatio-temporal Analysis of an

**Electrophysiological Wave Phenomenon and others**

**Paper in progress on the longitudinal research of NSA Care**

**A study contrasting the NSA questionnaire and the Rand 36**

**Papers of general public health and sociology journals**

**Review of the Levels of care questionnaire in coordination with research findings which have evolved**

**Salary for Ralph Boone as ANC-R research director.**

**Manitoba crisis, which was resolved by coordinating the efforts of Donald Epstein, Ralph Boone, Robert Blanks, and attorney Jim Turner. As a note, it was of the level of our research, which these men presented, that convinced the Manitoba Board of Medicine to change to a positive stance regarding the use of NSA by chiropractors in Manitoba. This has also been the case in other state board challenges.**

**Special Note: # 1 CLUB Due to the financial demands associated with the high level of research being performed, the ANC-R has developed a special club to raise funds. It's called the # 1 CLUB in which each member will donate the income from ONE OFFICE PER MONTH to the ANC-R. This small commitment will have a huge impact on your future. Call the ANC office now to find out how you can join. (303) 678-8081.**

**Old Business**

**Action was dismissed, following legal counsel with ANC attorney Jim Turner, on a previous motion to create joint membership for all members of the ANC with the World Chiropractic Alliance (WCA), as well as to form a NSA Council within the WCA.**

**New Business**

**Motion: Deborah Musso will research the ethical insurance reporting and billing of third parties for Network Care and the boundaries of support which the ANC will provide for same. This information will go to legal counsel and be returned for discussion at the next board meeting. Motion by Tim Musick, second Ray Gin, vote unanimous**

**Motion: That all ANC practicing members have available in their offices the ANC Guidelines and Cannon of Ethics, Council on Chiropractic Practice Guidelines, and Notice of Intent Form for practice members consistent with the current Notice of Intent Form sold by Innate Intelligence. It is recommended that the Notice of Intent provided in an ANC member's office include a description of the care and potential outcomes, that regular reassessments be performed, and that service is not therapeutic or meant to diagnosis any condition other than the condition of vertebral subluxation.**

**Motion by David Breitbach, second Deborah Musso, vote unanimous**

**Motion: To enforce the definition of a practicing member of the ANC as follows: The practicing member of the ANC must remain current with the Network Model, and the ANC Board interprets this to mean they stay current in NSA Certification. Any practicing member of the NSA not fulfilling their commitment will be re-categorized as an associate member of the ANC.**

**Motion by David Breitbach, second Deborah Musso, vote unanimous**

**Discussion: Considerable public interest, publicity, and a large demand for Network Care from many sources are expected in the next few months. The primary concern is for constancy and reproducibility by practicing members of the ANC in delivering the current Levels of Care and in communication. Innate Intelligence and other companies authorized to teach NSA/SRI and to certify practitioners shall establish reasonable standards for certification and currency.**

**Additional Comment: Donald Epstein suggests that all practicing members of the ANC take a course in ethics and boundary conditions and update every five years. He will investigate ways to make this information available either online, in seminars, or associated with a convention.**

**Motion to adjourn 12:45 pm Tim Musick, second Deborah Musso vote unanimous**

**Tim Musick, Secretary ANC**

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## **CONTINUE THE CONNECTION**

A MUSICAL GATHERING OF THE PACIFIC NORTHWEST NETWORK COMMUNITY; THE THIRD SATURDAY OF EACH MONTH – 10:30 TO 12:00NOON. ALL ARE WELCOME – NO SPECIAL SKILL REQUIRED. BRING YOUR VOICE AND/OR MUSICAL INSTRUMENTS. WE'LL SING FOR AN HOUR OR SO AND ALSO DISCUSS FUTURE GATHERINGS. CALL DR. CONNIE AMUNDSON, 206-526-7875 FOR LOCATION. NEWCOMERS SHOULD CALL TO CONFIRM DATES, AS THERE MAY BE AN OCCASIONAL CHANGE.

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## **MAKE A DIFFERENCE AT LIFE**

THIS MESSAGE IS FOR ANY STAFF MEMBERS OR DOCTORS WHO ARE AT LEAST A LEVEL 3 CERTIFICATION AND ARE CURRENT WITH THE WORK. THE "INTRODUCTION TO NETWORK SPINAL ANALYSIS" CLASS AT LIFE UNIVERSITY IS STILL GOING STRONG. THE CLASSES ARE STILL SMALL, BUT YOU CAN HELP MAKE A DIFFERENCE. JUST THINK HOW MUCH MORE INCREDIBLE THE CLASS COULD BE WITH THE BEST OF THE BEST FLYING IN TO TALK WITH THE STUDENTS!! WE ARE STARTING OUR THIRD QUARTER IN JULY. IF YOU ARE INTERESTED IN SPEAKING TO THE CLASS THEN GIVE ME A CALL (770-426-2880) OR EMAIL ME AT JOPPENH@LIFE.EDU. WE WOULD LOVE TO HAVE YOU VISIT. YOU WILL NO DOUBT RECEIVE A WARM WELCOME!!

**JAMES H. OPPENHEIM, M.P.H., D.C.**

**ASSOCIATE PROFESSOR**

**LIFE UNIVERSITY**

**COLLEGE OF CHIROPRACTIC**

## MAKE A DIFFERENCE IN ANOTHER'S LIFE

**Dear friends, family, former patients and practice members, colleagues and my dharma sisters and brothers,**

As many of you know I was diagnosed and treated for a genetic form of breast cancer almost 2 years ago, which reoccurred less than a year later. At that time I responded well to an alternative regimen with the tumor shrinking, until March of this year when it started to grow again rapidly.

In April I had a seizure and it was then discovered that there had been metastasis to the brain. I underwent radiation therapy to the brain (which I tolerated quite well) and rehabilitation, which was effective in bringing back functioning in my right arm and leg.

Conventional medicine does not consider this situation curable. They now suggest chemotherapy for the breast and lymph but have nothing further they can do for the brain. Therefore, I have been researching alternative treatments. The most promising one I've found is Insulin Potentiated Chemotherapy, which can address all the tumors, including the brain. There is also another therapy that would compliment this one that I would like to begin.

Unfortunately, these special treatments are not covered by insurance in this country, and since I have not been able to work I will soon be running out of money. Over the next four months alone, the cost of the therapies will amount to \$50,000.00.

I am therefore seeking your financial assistance. This process of asking is not an easy one for me. My sole request is that you only do what feels right for you, which includes doing nothing. No gift is either too small or too big. If you can, in your heart, give something at this time, or know someone who can, I will be extremely grateful.

Below is a pledge form, should you wish to contribute to the cost of my treatments. In addition to the option of a one-time gift, there is also the option of becoming a part of my "financial family." Being a part of my "financial family" means pledging to give on a monthly basis for one year, whatever amount feels best to you. In turn, my daughter Debbie will be putting together a quarterly newsletter about my process and progress, so that you can be fully included in my healing journey.

Whether you help or not I want everyone in my life to know how touched I am by your love and concern and how special each of you are to me. One day I hope to answer your cards and emails and thank you personally for making me feel cherished and that my life has been worthwhile.

With love and gratitude,

Stefanie Odinov Pukit

---

Yes! I \_\_\_\_\_ would love to contribute to the cost of your treatments.

Please accept my support in the form of:

A one time gift in the amount of \_\_\_\_\_

I'll become a financial family member and contribute monthly for 1 year

\$25      \$50      \$75      \$100      \$150      Other \_\_\_\_\_

Please send checks to:      Stefanie Odinov Pukit  
516 Strawtown Road  
West Nyack, NY 10994

## **BIRTHS**

### **CONGRATULATIONS ON THE BLESSED EVENTS!**

**DR. DAN GARFIELD AND AMY MAGER WELCOMED TO THE WORLD EFRAIM ASHER ON MAY 11, 2004. HE JOINS HIS SIBLINGS RASHI, EMUNAH, AKIVA, EITAN AND ESTI. EVERYONE IS GROWING MOMENT BY MOMENT, AND THEY ARE ON-GOINGLY GIFTED WITH LOTS OF HELP (FOR WHICH THEY ARE VERY GRATEFUL).**

\*

**JACOB HANS, D.C. AND WIFE RAQUEL LAZAR-PALEY WELCOMED THEIR SECOND DAUGHTER, SOFIE NA'AMA HANS ON AUGUST 11, 2004. 19-MONTH OLD AMELIA ABSOLUTELY ADORES HER LITTLE SISTER AND CAN'T WAIT TO BRING HER TO THE NEXT (AMELIA'S 3RD) TRANSFORMATIONAL GATE!**

\*

**ALLISON AND LAWRENCE STERN OF BEDFORD, NY ARE EXCITED TO ANNOUNCE THE BIRTH OF THEIR SECOND SON... AIDAN JOSHUA STERN, BORN AUGUST 31, 2004 AT 11:13 AM. HE WAS 7LBS 14 OZ AND 20 1/4 LONG. MOTHER, DAD AND BABY ARE DOING EXTRAORDINARILY WELL!**

\*

**DR. STEVEN TEAGARDEN AND ALI GRIMES WOULD LIKE TO ANNOUNCE THE BIRTH OF THEIR SON, ZACHARIAH NATHAN TEAGARDEN, BORN AT HOME ON APRIL 24, 2004. ZACHARIAH'S PARENTS ARE GRATEFUL THAT HE IS A BEAUTIFUL, HAPPY, HEALTHY NETWORK BOY. AND SPEAKING OF NETWORK, ZACHARIAH ATTENDED HIS FIRST TWO HEALING IN PARADISE PROGRAMS AT 3 MONTHS OLD!!**

\*

**DR. DINA WHITE KEON AND JEFF KEON OF SACRAMENTO, CA WOULD LIKE TO ANNOUNCE THE BIRTH OF THEIR DAUGHTER, OLIVIA GRACE KEON, BORN ON NOVEMBER 16, 2003. OLIVIA WEIGHED 7 POUNDS 13 OUNCES AND WAS ENTRAINED IMMEDIATELY AFTER BIRTH.**

## **KUDOS**

**WE WOULD LIKE TO THANK ALL THOSE WHO HAVE SUBMITTED ARTICLES FOR PUBLICATION IN OUR NEWSLETTER. PLEASE FORWARD YOUR IDEAS AND ARTICLES TO [INFO@ASSOCIATIONFORNETWORKCARE.COM](mailto:INFO@ASSOCIATIONFORNETWORKCARE.COM).**

\*

**WE'RE EXCITED TO ANNOUNCE OUR ENGAGEMENT!!! DR. DUSTIN CRAFT AND DR. MICHELLE GRAY WERE ENGAGED ON AUGUST 30TH AT THE SUN CENTER FOR WELL BEING IN HALF MOON BAY, CA. A WEDDING DATE HAS BEEN SET FOR MARCH 4, 2005 IN KONA, HAWAII. CONGRATULATIONS! SEND YOUR REGARDS TO [WWW.THESUNCENTER.COM](http://WWW.THESUNCENTER.COM).**

\*

**JAMIA HILL, RN, DC, HAS BEEN AWARDED A FELLOWSHIP TO STUDY AT THE UNIVERSITY OF MINNESOTA IN MINNEAPOLIS. THE FELLOWSHIP IS SPONSORED BY THE MINNESOTA CONSORTIUM FOR COMPLEMENTARY AND ALTERNATIVE MEDICINE, AND IS FUNDED BY THE CAM COMMITTEE OF THE NIH. THE THREE-YEAR POST-DOCTORAL FELLOWSHIP SUPPORTS STUDIES TOWARD A MS IN CLINICAL RESEARCH, WITH THE INTENTION TO TRAIN ELIGIBLE DOCTORS TO BECOME CLINICAL RESEARCHERS IN COMPLEMENTARY AND ALTERNATIVE CARE. THE SCHOOL OF PUBLIC HEALTH GRANTS THE MASTER'S DEGREE, WITH A GRADUATE MINOR IN ALTERNATIVE THERAPIES THROUGH THE CENTER FOR SPIRITUALITY AND HEALTH AT THE U OF MN. IT IS EXCITING TO KNOW THAT THE DC DEGREE IS BEING ACKNOWLEDGED AS A DOCTORAL LEVEL DEGREE, AND THAT EFFORTS AND MONEY ARE BEING PUT INTO TRAINING SCIENTIFIC RESEARCHERS WHO WILL WORK IN THE FIELD OF ALTERNATIVE HEALING! JAMIA WILL BE SELLING HER PRACTICE IN EAU CLAIRE, WI AND MOVING TO MINNEAPOLIS IN AUGUST TO BEGIN HER STUDIES.**

## NEW OFFICE OPENINGS/RELOCATIONS

**DR. SUE AUFHAUSER IS EXCITED TO ANNOUNCE THAT SHE IS PLANTING ROOTS IN BEAUTIFUL BELLINGHAM, WA, A WONDERFUL PROGRESSIVE COMMUNITY ON THE COAST & NEAR THE MOUNTAINS. A MAGICAL OLD DOWNTOWN HOUSE FOUND HER, WHERE SHE IS NOW CREATING A PRACTICE. THE OFFICE (RHYTHMS OF LIFE WELLNESS STUDIO) IS LOCATED AT 1012 DUPONT ST. & DR. AUFHAUSER CAN BE REACHED AT 360-714-0550. DR. AUFHAUSER IS SUBLETTING 3 ROOMS IN THE BUILDING TO OTHER HEALTH CARE PRACTITIONERS, ARTISTS, PLANET FRIENDLY PROFESSIONS, ETC. AND THERE'S PLENTY OF SPACE FOR ANOTHER NSA PRACTITIONER IN THE PRACTICE (HINT, HINT). ANYONE INTERESTED IN CHECKING OUT THE AREA, PLEASE FEEL FREE TO CALL. ALL REFERRALS ARE GRATEFULLY WELCOME.**

\*

**DR. LOUIS ABATE HAS MOVED HIS OFFICE AND CHANGED THE BUSINESS NAME TO SUPPORT THE VISION OF THE ANC. CONGRATS LOUIS ON THE BACK TO LIFE WELLNESS CENTER, 917 BEACON STREET, #1, BOSTON, MA 02215 617-236-0662**

\*

**DR. KAREN ELLIOTT IS EXCITED TO ANNOUNCE THE OPENING OF HER PRACTICE IN MOUNTAIN VIEW, CALIFORNIA. SHE IS THRILLED TO OFFER CUTTING EDGE NSA AND SRI CARE TO THE INNOVATORS AND FAMILIES OF THE SILICON VALLEY. HER OFFICE IN MOUNTAIN VIEW IS QUICKLY AND EASILY ACCESSIBLE WITHIN 10 MINUTES OF PALO ALTO, LOS ALTOS, SUNNYVALE, SANTA CLARA AND SAN JOSE. SHE THANKS ALL OF YOU FOR YOUR LOVING SUPPORT AND REFERRALS. KAREN CAN BE REACHED AT: 650 CASTRO STREET, SUITE 3, MOUNTAIN VIEW, CA 94041 OR (650) 961-1500.**

\*

**DR. KARI DIANICH ANNOUNCES HER MOVE TO THE CENTER FOR HOLISTIC HEALTH IN DECATUR, GA, NOW UNDER OWNERSHIP OF DR. GENE CLERKIN OF WOODSTOCK, GA. HER GRAND OPENING WAS SUNDAY, JUNE 27<sup>TH</sup>, 2004, AND SHE WOULD LOVE TO CONNECT WITH OLD FRIENDS AT 404-388-3996.**

\*

**IN ADDITION TO GETTING MARRIED AND EXPECTING HER FIRST BABY, DR. CORRINE GILL HAS ALSO RELOCATED HER NEW BRISBANE NETWORK OFFICE TO 115 ENOGGERA TCE, PADDINGTON, QLD 4064.**

\*

**DR. THORIN GAULT IS PLEASED TO ANNOUNCE THAT HE HAS MOVED HIS NSA PRACTICE – GAULT FAMILY CHIROPRACTIC – TO THE ADOLPHUS WELLNESS CENTRE. DR. GAULT IS A CO-FOUNDER OF THE CENTRE, WHICH PROVIDES A VARIETY OF WELLNESS SERVICES. HIS NEW CONTACT INFORMATION IS GAULT FAMILY CHIROPRACTIC @ADOLPHUS WELLNESS CENTRE, 24 ADOLPHUS STREET, CORNWALL, ONTARIO, CANADA, K6H 3S1**

\*

**DR. DOMINIQUE HORT AND CINZIA GHEZA FEEL VERY FORTUNATE TO ANNOUNCE THE NEWEST MEMBER OF THEIR TEAM, NSA PRACTITIONER DR. AMY McLAUGHLIN. SAD FAREWELLS TO DR. DEAN MAWBY, WHO HAS RETURNED TO AUSTRALIA, WERE LIGHTENED BY DR. McLAUGHLIN COMING ON BOARD IN MARCH 2004. DR. McLAUGHLIN PLANS A COUPLE YEARS STINT AT THIS OUTSTANDING PRACTICE.**

\*

**DR. JAY ROTHSTEIN OPENED A NEW PRACTICE IN OLD BRIDGE, NJ ON JULY 12, 2004. HIS NEW ADDRESS IS WINGS FAMILY CHIROPRACTIC, 1816 ENGLISHTOWN ROAD, STE. 103, OLD BRIDGE, NJ 08857 732-416-1220.**

\*

**DR. SUZANNE WILSON OF CHARLOTTESVILLE, VA HAS OPENED A SECOND PRACTICE LOCATED AT 906 N. AUGUSTA STREET IN STAUNTON, VA. YOU MAY CONTACT HER AT 434-971-5433, WWW.EYLC.COM**

## MARRIAGES

### CONGRATULATIONS ON YOUR BLESSED UNIONS.

DR. CORINNE GILL MARRIED CHAD ROUGHSEDGE, HER AUSSIE SWEETHEART IN TORONTO, CANADA ON JANUARY 2, 2004. THEY LIVE IN BRISBANE, AUSTRALIA AND CAN BE CONTACTED AT: [61] 7-3861-0733. THEY ARE ALSO EXPECTING THEIR FIRST BABY IN NOVEMBER.

\*

DR. JENNIFER HARTLEY IS PLEASED TO ANNOUNCE HER MARRIAGE TO CARL LOGRECCO. THEY WERE MARRIED IN MEXICO ON JULY 17, 2004 AND SPENT THEIR HONEYMOON ON L' ISOLA DE FORMICA DURING THE FOLLOWING HEALING IN PARADISE PROGRAM.

\*

MIKE WARWICK, D.C. AND PENNY NEU WERE MARRIED ON AUGUST 8<sup>TH</sup>, 2004 IN FORMICA, ITALY. AT SUNSET WITH HEARTS OPEN AND TEARS OF JOY, THE CEREMONY WAS PERFORMED IN A FIFTEENTH CENTURY CHAPEL BY DONALD EPSTEIN. BEAUTIFUL PICTURES WERE TAKEN BY JACKIE EPSTEIN AND HEARTFELT SONGS WERE SUNG BY CHARLEY THWEATT. KERANI MARIE LOMONACO WAS MAID OF HONOR AND STEVEN TEAGARDEN, D.C. WAS BEST MAN. A GLORIOUS CELEBRATION OF THEIR LOVE WAS ENJOYED BY ALL .

## FYI - LINKS

### CHIROPRACTIC JOURNAL / ACC BLINDSIDES PROFESSION

<http://www.worldchiropracticalliance.org/tcj/2003/sep/sep2003a.htm>

\*

### PEACE FOR EVERYONE

<http://www.bigpicturesmallworld.com/winningpeace.html>

\*

### DEATH BY MEDICINE

[http://www.lef.org/magazine/mag2004/mar2004\\_aws\\_i\\_death\\_01.htm](http://www.lef.org/magazine/mag2004/mar2004_aws_i_death_01.htm)

\*

### THE ADDICTED BRAIN

View Scientific American's article on

<http://www.sciam.com/article.cfm?articleID=0001E632-978A-1019-978A83414B7F0101&sc=l100322>

Drug abuse produces long-term changes in the reward circuitry of the brain. Knowledge of the cellular and molecular details of these adaptations could lead to new treatments for the compulsive behaviors that underlie addiction.

By Eric J. Nestler and Robert C. Malenka

\*

## AIDS.....A VIRUS MYTH

The only way to prove the existence of a virus is to isolate its particles. It is only by doing this that we obtain pure particles to inspect, and analyse, and to introduce into fresh cell cultures to prove particles make more of the same. After all, no matter how viral-like they may look, this is what particles must show us before they ever earn the title, virus.

Have HIV experts gone to all this trouble? No.

For more information, go to: <http://www.virusmyth.net/aids/perthgroup/index.html>

\*

## BUSH'S PLAN TO TEST ALL AMERICANS FOR "MENTAL ILLNESS" AND TREAT THEM

### SHUT UP AND TAKE YOUR DRUGS

By Mary Starrett  
August 22, 2004  
NewsWithViews.com

This plan by the Bush administration to test all Americans for "mental illness"(just imagine all the ways that could be defined!) hasn't gone unnoticed by those whose lives have been made "chemical hell"<sup>[3]</sup> through forced psychiatric drugging. MindFreedom International, an umbrella group for over 100 advocacy groups says the New Freedom Commission has got to be stopped. They think this is nothing but a plan "cooked up" by the pharmaceutical companies. Group director David Oakes says "we demand President Bush start (the screening) with himself. We will provide the mental health professional to do the screening". As a matter of fact they have secured the professional services of just such a professional. Patch Adams. The real one. The Virginia medical doctor who's life story was made into a popular movie starring Robin Williams said " I'll see him for free".

The president's plan to track down people (especially kids and teens) looking for "emotional" and "mental" problems only gets more terrifying when you add new drug-delivery technologies to the mix

President George W. Bush's New Freedom Commission on Mental Health is pushing for nationwide screening based on a similar program created while he was governor of Texas.

One of the main goals of the president's commission is to ensure "early mental health of young children, improve and expand school mental health programs, screen for mental disorders in primary health care, across the life span and connect to treatment and supports."

For the full story, please go to the following link: <http://www.newswithviews.com/Mary/starrett53.htm>

***"A doctor can bury his mistakes but an architect  
can only advise his clients to plant vines."***

***Frank Lloyd Wright (1868-1959)***

## Bush plans to screen whole US population for mental illness

Jeanne Lenzer *New York*

A sweeping mental health initiative will be unveiled by President George W Bush in July. The plan promises to integrate mentally ill patients fully into the community by providing "services in the community, rather than institutions," according to a March 2004 progress report entitled *New Freedom Initiative* ([www.whitehouse.gov/infocus/newfreedom/toc-2004.html](http://www.whitehouse.gov/infocus/newfreedom/toc-2004.html)).

While some praise the plan's goals, others say it protects the profits of drug companies at the expense of the public.

Bush established the New Freedom Commission on Mental Health in April 2002 to conduct a "comprehensive study of the United States mental health

adults who work at the schools.

The commission also recommended "Linkage [of screening] with treatment and supports" including "state-of-the-art treatments" using "specific medications for specific conditions." The commission commended the Texas Medication Algorithm Project (TMAP) as a "model" medication treatment plan that "illustrates an evidence-based practice that results in better consumer outcomes."

Dr Darrel Regier, director of research at the American Psychiatric Association (APA), lauded the president's initiative and the Texas project model saying, "What's nice about TMAP is that this is a logical plan based on efficacy data from clinical trials."

from the pharmaceutical industry, the University of Texas, and the mental health and corrections systems of Texas. The project was funded by a Robert Wood Johnson grant—and by several drug companies.

Mr Jones told the *BMJ* that the same "political/pharmaceutical alliance" that generated the Texas project was behind the recommendations of the New Freedom Commission, which, according to his whistleblower report, were "poised to consolidate the TMAP effort into a comprehensive national policy to treat mental illness with expensive, patented medications of questionable benefit and deadly side effects, and to force private insurers to pick up more of the tab" (<http://psychrights.org/Drugs/AllenJonesTMAPJanuary20.pdf>).

Larry D Sasich, research associate with *Public Citizen* in Washington, DC, told the *BMJ* that studies in both the United

by government agencies, such as Medicare and Medicaid.

Eli Lilly, manufacturer of olanzapine, has multiple ties to the Bush administration. George Bush Sr was a member of Lilly's board of directors and Bush Jr appointed Lilly's chief executive officer, Sidney Taurel, to a seat on the Homeland Security Council. Lilly made \$1.6m in political contributions in 2000—82% of which went to Bush and the Republican Party.

Jones points out that the companies that helped to start up the Texas project have been, and still are, big contributors to the election funds of George W Bush. In addition, some members of the New Freedom Commission have served on advisory boards for these same companies, while others have direct ties to the Texas Medication Algorithm Project.

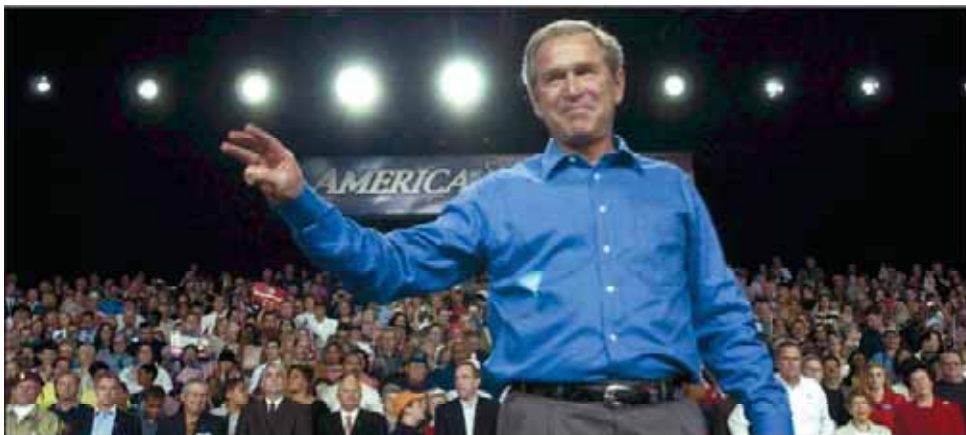
Bush was the governor of Texas during the development of the Texas project, and, during his 2000 presidential campaign, he boasted of his support for the project and the fact that the legislation he passed expanded Medicaid coverage of psychotropic drugs.

Bush is the clear front runner when it comes to drug company contributions. According to the Center for Responsive Politics (CRP), manufacturers of drugs and health products have contributed \$764 274 to the 2004 Bush campaign through their political action committees and employees—far outstripping the \$149 400 given to his chief rival, John Kerry, by 26 April.

Drug companies have fared exceedingly well under the Bush administration, according to the centre's spokesperson, Steven Weiss.

The commission's recommendation for increased screening has also been questioned. Robert Whitaker, journalist and author of *Mad in America*, says that while increased screening "may seem defensible," it could also be seen as "fishing for customers," and that exorbitant spending on new drugs "robs from other forms of care such as job training and shelter programmes."

But Dr Graham Emslie, who helped develop the Texas project, defends screening: "There are good data showing that if you identify kids at an earlier age who are aggressive, you can intervene... and change their trajectory."



Drug companies have contributed three times more to the campaign of George Bush, seen here campaigning in Florida, than to that of his rival John Kerry

service delivery system." The commission issued its recommendations in July 2003. Bush instructed more than 25 federal agencies to develop an implementation plan based on those recommendations.

The president's commission found that "despite their prevalence, mental disorders often go undiagnosed" and recommended comprehensive mental health screening for "consumers of all ages," including preschool children. According to the commission, "Each year, young children are expelled from preschools and childcare facilities for severely disruptive behaviours and emotional disorders." Schools, wrote the commission, are in a "key position" to screen the 52 million students and 6 million

He said the association has called for increased funding for implementation of the overall plan.

But the Texas project, which promotes the use of newer, more expensive antidepressants and antipsychotic drugs, sparked off controversy when Allen Jones, an employee of the Pennsylvania Office of the Inspector General, revealed that key officials with influence over the medication plan in his state received money and perks from drug companies with a stake in the medication algorithm (15 May, p1153). He was sacked this week for speaking to the *BMJ* and the *New York Times*.

The Texas project started in 1995 as an alliance of individuals

States and Great Britain suggest that "using the older drugs first makes sense. There's nothing in the labeling of the newer atypical antipsychotic drugs that suggests they are superior in efficacy to haloperidol [an older "typical" antipsychotic]. There has to be an enormous amount of unnecessary expenditures for the newer drugs."

Olanzapine (trade name Zyprexa), one of the atypical antipsychotic drugs recommended as a first line drug in the Texas algorithm, grossed \$4.28bn (£2.35bn; €3.56bn) worldwide in 2003 and is Eli Lilly's top selling drug. A 2003 *New York Times* article by Gardiner Harris reported that 70% of olanzapine sales are paid for

## IATROGENIC (DOCTOR-CAUSED) PROBLEMS

**This is an important tracking site for iatrogenic (doctor-caused) problems.** To subscribe to this journal, please go to the link <http://www.imva.info/index.html>

**Organization:** International Medical Veritas Association

**Subject:** Medical News Commentaries - August

Dear reader,

This is the Medical News Commentaries, the global publishing branch of the International Medical Veritas Association (IMVA). We are an organization dedicated to the children, medical truth and the creation of a new form of integrated medicine that will put a stop to the great harm being done to the human race. The IMVA was founded upon the idea that reforms are urgently needed in medicine.

Tragedies are evident in many areas, including the harm caused by food additives and preservatives, pesticides, water fluoridation, cancer and AIDS treatments, anti-depressive medications and other drugs having only marginal, if any, benefit. The IMVA supports improved nutrition as a first line of defense against disease. It promotes wellness rather than continuous disease and treatment cycles. Of particular concern to the IMVA is the high C-section rate in the U.S. and other countries. The IMVA supports the natural birthing process, while minimizing the use of medications and drugs during and soon after delivery. We are also calling the world's medical establishment to make great changes in the childhood immunization schedule.

Below find the first installment of Iatrogenic Death and Disease via Acute and Chronic Mercury Poisoning - **A Crisis in Medical Dental Science**. This is the beginning of a series from the IMVA. With this material we are directly confronting the World Health Organization (WHO), FDA, the CDC and many other organizations that still promote the use of thimerosal (mercury) in vaccines and in amalgam teeth fillings.

Please visit our site for a look at what we are about and subscribe to the IMVA group. If you do not want to receive any more communications from us just hit return and please send us an unsubscribe notice in the subject line.

Regards,

Mark Sircus Ac., OMD  
Executive Director  
International Medical Veritas Association  
<http://www.imva.info>

**Please submit any announcements you wish to share with the community through our newsletter to [info@associationfornetworkcare.com](mailto:info@associationfornetworkcare.com)**

**To advertise in this online publication, please download the advertising form from the newsletter link on our website. We thank you for supporting the ANC and look forward to serving you in the future.**

# CLASSIFIEDS



## POSITIONS AVAILABLE & ASSOCIATES WANTED

### CANADA

WELL-ESTABLISHED BEAUTIFULLY RENOVATED 2000 SQ FT NETWORK OFFICE REQUIRES AN ASSOCIATE. LEVEL 3 CERTIFIED/ENTRAINMENT DAYS/MEDIA AND COMMUNITY EXPOSURE. EXCEED CLINICALLY, PROFESSIONALLY, AND PERSONALLY. HIGHLY EXPERIENCED STAFF. TORONTO, ONTARIO. PHONE: 416-638-2225 OR EMAIL [INFO@NETWORKCARECENTER.COM](mailto:INFO@NETWORKCARECENTER.COM).

### CALIFORNIA

ASPIRING SRI & NSA PRACTITIONER SEARCHING FOR CA ASSISTANT POSITION TO START A JOURNEY HELPING OTHERS WITH WELLNESS CARE. I'M 20 YEARS OLD & ABLE TO RELOCATE WHEREVER MY PATH MY LEAD. [ALLIE@EMAILACCOUNT.COM](mailto:ALLIE@EMAILACCOUNT.COM)

### MONTANA

NEED PERSONABLE NSA DC WITH EXCELLENT WRITTEN & VERBAL COMMUNICATION SKILLS TO WORK IN A HOSPITAL-OWNED MULTIDISCIPLINARY WELLNESS CENTER IN BILLINGS, MONTANA. TREMENDOUS OPPORTUNITY FOR RESEARCH AND INTERDISCIPLINARY EXPERIENCE. TALK TO HANS AT 406-595-1928.

### NEW HAMPSHIRE

WE ARE FOUR DC'S, SEEKING A FIFTH. WE LOVE NSA AND ENERGY WORK, SEACOAST, NH 603-772-6400.

SRI FACILITATOR/OFFICE PERSON AT WELLSRING CHIROPRACTIC IN DOVER, NH. SRI, NEW PATIENT EXAMS, GENERAL OFFICE TASKS. INTERESTED IN GROWING & LEARNING AT A PROGRESSIVE OFFICE. CONTACT 603-742-3270

### UNITED KINGDOM

BUSY UK PRACTICE 20 MILES NORTH OF LONDON (WARE, HERTFORDSHIRE) NEEDS AN ASSOCIATE CHIROPRACTOR FROM OCTOBER, 2004 ONWARDS. ACCOMODATION CAN BE PROVIDED. NEED NSA TO LEVEL 3. GCC REGISTRATION WOULD BE AN ADVANTAGE. CONTACT DR. FI DANN 00-44-192046-5097 OR [FIDANN@HOTMAIL.COM](mailto:FIDANN@HOTMAIL.COM).



## PRACTICES FOR SALE

### AUSTRALIA

IMMIGRATE TO MELBOURNE, AUSTRALIA. SUCCESSFUL NSA PRACTICE FOR SALE. EXPRESSIONS OF INTEREST: [NSASRI@EARTHLINK.COM.AU](mailto:NSASRI@EARTHLINK.COM.AU)

### CALIFORNIA

BEVERLY HILLS/LOS ANGELES, GREAT LOCATION/GREAT OFFICE, NETWORK CHIROPRACTIC/NSA LEVEL TWO LAST 18 MONTHS. COLLECTION \$194,000. DR. MOVING-ASK FOR DR CHUCK 323-653-9530.

CENTRAL CA COAST NSA PRACTICE. GREAT STARTER PRACTICE. MUST BE CA LICENSED AND WILLING TO ACT NOW. GREAT OPPORTUNITY. INSIGHT SUBLUXATION STATION FOR SALE. REPLY TO [CENTRALCOASTNSA@YAHOO.COM](mailto:CENTRALCOASTNSA@YAHOO.COM).

BEAUTIFUL NSA PRACTICE LOCATED IN PRESTIGIOUS NEIGHBORHOOD IN SAN DIEGO, CA. NEAR DOWNTOWN, CLOSE TO RESTAURANTS, SHOPPING, AND ENTERTAINMENT. ASKING \$165K INCLUDES ACCOUNTS RECEIVABLES, PATIENT FILES, OFFICE DÉCOR, FURNITURE, TABLES, REHAB AND DIAGNOSTIC EQUIPMENT. GREAT POTENTIAL FOR NSA DOCTOR WANTING TO MOVE TO PARADISE! CALL JACOB HANS, D.C. AT 619-318-0805 FOR DETAILS OR VISIT [WWW.NETWORKCHIRO.COM](http://WWW.NETWORKCHIRO.COM) FOR OFFICE TOUR.

THRIVING NETWORK PRACTICE FOR SALE. POINT RICHMOND, CA. LEVELS OF CARE WITH SRI. SERVES 4 SAN FRANCISCO BAY AREA COUNTIES. 2 MONTH WAITLIST FOR NEW CLIENTS. DC'S CONTINUED SUPPORT. 510-235-6499 OR EMAIL [CFIW@SBCGLOBAL.NET](mailto:CFIW@SBCGLOBAL.NET)

### NEW MEXICO

LIGHT-FORCE PRACTICE, NM, 22 YEARS. PERFECT FOR NSA. [LUPO@CYBERMESA.COM](mailto:LUPO@CYBERMESA.COM) 505-897-2127.

### PENNSYLVANIA

IN AFFLUENT DOWNTOWN WAYNE PENNSYLVANIA, A SUBURB OF PHILADELPHIA. HIGH RETENTION RATE, 100% CASH. EQUIPMENT AND FURNITURE INCLUDED. ASKING \$22,000. CALL CARMEN MAZZA 609-567-3485.

## MERCHANDISE FOR SALE

BE SURE TO VISIT OUR ONLINE STORE FOR YOUR INNATE NEEDS  
[HTTP://WWW.INNATESTORE.COM/](http://www.innatestore.com/)

ACCESSIBLE YOGA FOR EVERY BODY RETAILERS' AWARD WINNER FROM SUSAN WINTER  
WARD AND YOGA FOR THE YOUNG AT HEART. [WWW.YOGAHEART.COM](http://www.yogaheart.com) .

**To thank you for your patience, we will run your classified ad for two consecutive newsletters. If you have already achieved success and do not require a second run, please let us know.**