

# Physical Pain Relief Without Medications:

Tapping with TFT to Relieve Pain: A Drug-Free, Non-Invasive and Simple-to-Use Approach

With Joanne Callahan, MBA

"When I observe a number of suffering patients who did not respond to our usual treatment modalities, suddenly get better after TFT treatments are given, I don't need a double-blind controlled study to tell me the value of Callahan Techniques® TFT."

**James McKoy, MD** Chief, Pain Clinic, Chief, Rheumatology Service, Assistant Chief, Neuroscience Department, Kaiser Permanente.

## **One in five American adults experience chronic pain**

Date: April 20, 2021

Source: Brigham and Women's Hospital

Summary:

Researchers report that 50.2 million (20.5 percent) U.S. adults experience chronic pain based on analysis of the new NHIS data. They estimated the total value of lost productivity due to chronic pain to be nearly \$300 billion annually.

their overall pain levels was obtained at the patient's next session, which generally was one or two weeks after the TFTdx treatment was administered.

Results: Table 1 lists all 12 subjects' pain levels before and after the TFTdx. Pain level were rated from 0 – 10. The last column in table 1 represents the degree (or percent) of pain relief from TFTdx. Percent of pain relief was calculated by a fraction. The numerator was the pain rating before TFTdx subtracted by the pain rating after having TFTdx. The numerator was then divided by the patient's pain rating before receiving TFTdx. For example, subject #3's pain relief was  $8-1 = 7$ . Thus, the fraction was  $7/8 = 87.5\%$  pain relief. Note that nine had complete relief reporting no pain after TFTdx. Two did not experience any improvement at all, and one almost had complete pain relief from TFTdx. In grouping the data, the average pain reduction was 82% (SD=39%).

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PAIN LEVELS BEFORE AND AFTER TFTdx TREATMENT

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Patients who had pain relief were asked to note when the pain increased by at least a moderate degree. Although not a perfect measure, data regarding the duration of pain relief was obtained. TFTdx engendered pain relief that lasted from 4 – 96 hours for the ten patients who experienced pain relief from TFTdx. The average duration of the pain relief was 33.2 hours (SD = 37.3 hours).

Patients were seen for their normal therapy sessions approximately one to two weeks later. Pain levels on the same 0-10 scale were obtained. Ten of these patients were seen six to eight days later and two were seen fourteen days later. Of the ten patients that I saw six to eight days later, two had not experienced any pain relief immediately after the TFTdx. They also did not experience any lower pain levels when seen in the follow-up session. They are included in the following data. The degree (or percent) of pain relief the patients were experiencing six to eight days later was calculated as was done in the last column in Table 1. A fraction was made where the numerator was: the patient's pain level before TFTdx, subtracted by the pain level at their next visit with me. This numerator was then divided by the initial pain level before receiving the TFTdx. For instance, one patient's pain level before TFTdx was 8. One week later the pain level was reported to be at 6. Thus, the percent of pain reduction experienced one week later could be calculated:  $8-6 / 8 = 25\%$  lower pain level. Even including the two unresponsive patients, follow-up pain levels were

## Modern-day Symptoms on the Rise

Headaches	Insomnia	Racing Heart	Fatigue	Depression	Impotence
Anxiety	Lack of Concentration	Dizziness	Sleepiness	Increased Irritability	Memory Loss
Chest Pain	Hypertension	High blood sugar	High Cholesterol	Gastro-intestinal	Constipation
Acidic Stomach	Hypothyroidism	Decreased Fertility	Dehydration	Altered Menstrual Activity	Sensitivity To Light
Hair Loss	Osteoporosis	Copious Perspiration	Changes in Circadian Rhythms	Metallic Taste in Mouth	Changes in Cerebral Cortex

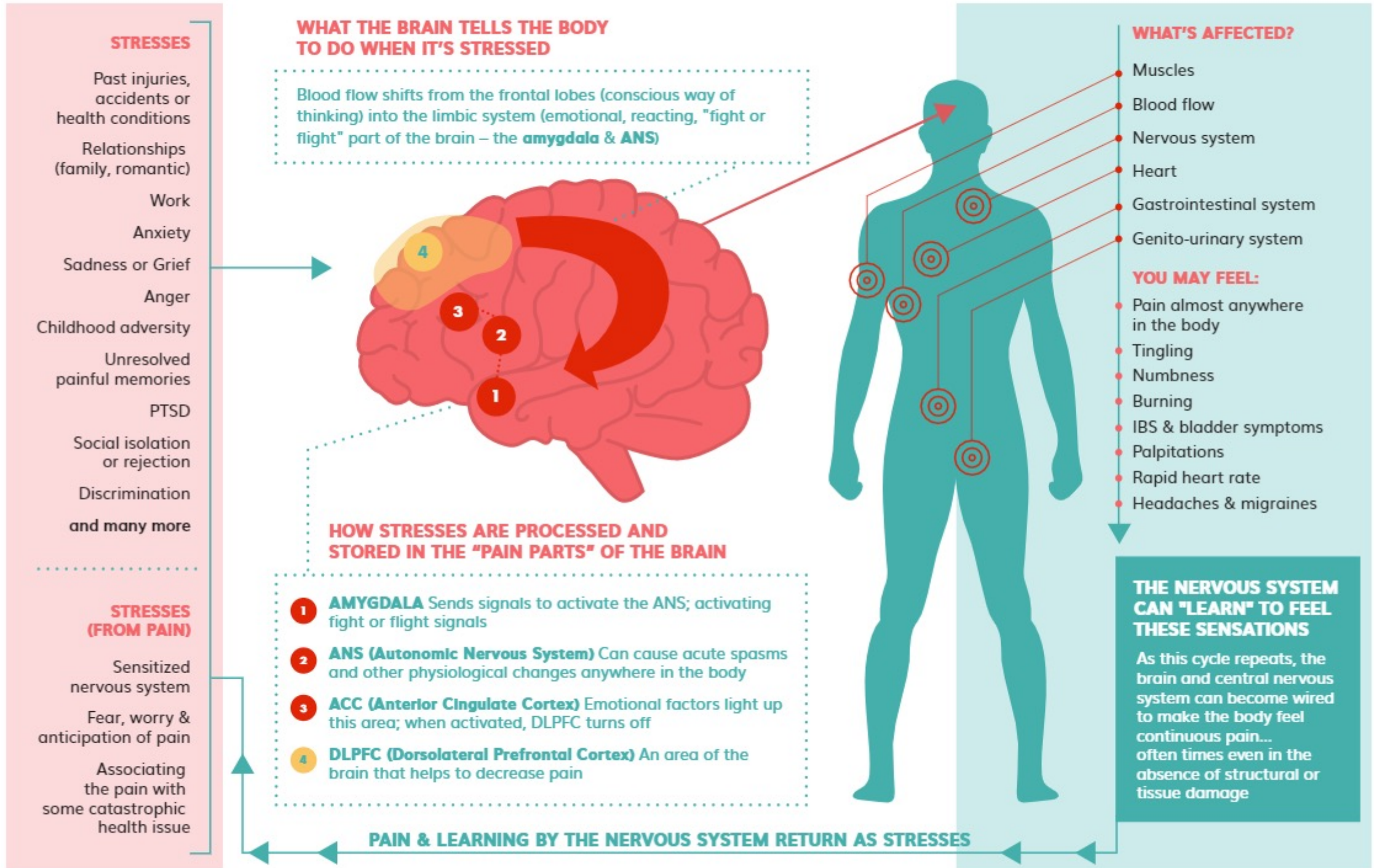
# Chronic Pain: A Cycle of Stress and Pain

- Everyday stressors have more of an impact on the body than most of us realize. Once stressors are identified, the brain begins to put the body into a state of fight or flight, causing real, physical effects in the body.
- Over time, the brain and central nervous system learn to continue to put the body into a painful state, which repeats the pain cycle.

[www.Cureablehealth.com](http://www.Cureablehealth.com)

# CHRONIC PAIN: A CYCLE OF STRESS AND PAIN

NEUROSCIENCE EXPLAINS HOW STRESS CAN FUEL PERSISTENT PAIN



LEARN HOW TO BREAK THE PAIN CYCLE WITH THE **CURABLE APP**



# Sources and Protocols for Pain:

- **Physical Pain – Possible Sources**
  - Past **trauma**, injury, surgery, loss, illness, etc.
  - **Past toxic exposure**, molds, fungus, bacteria, anesthesia
  - Current and on-going **stress**
  - **Current toxic** exposure or ingestion
- **Physical Pain – Blocks to healing**
  - 6 PR's
  - Recurring blocks (due to continued toxic exposure)
  - Necessary medications
- **Physical Pain – protocols for relief**
  - Eliminating blocks
  - Identifying and Removing causes (mitigating toxins)
  - Trauma relief
  - Stress relief
    - Tapping sequences
    - Alignment to being pain-free

**Is it safe to use TFT to tap away pain?**

# Collarbone Breathing Treatment (CB2)

## Important for:

- Aligning us with our goal or desire – being pain free, healing
- More clearly seeing our goal (used with peak performance algorithm)
- Achieving better quality of life

Focus on the desired or end result during the entire procedure:

- Free of pain
- Increased mobility
- More energy

Then refocus on the same thing when you change hands

This can be done in conjunction with the visualization and peak performance algorithm.



# Peak Performance Tapping Protocol for Eliminating Frustration and Procrastination

First, do **6 PR's** releasing all blocks to “imagining you are in the desired state”, experiencing it by engaging as many senses as possible – **feel** it

- **Rate the clarity** of that state of being or image
- **Tap under arm, collarbone** (nine gamut) **under arm, collarbone**
- Repeat if necessary, to **increase clarity**
- End with the **floor to ceiling eyeroll** – bringing in your vision even more clearly

**Note:** Use this increased clarity image to align yourself in combination with collarbone breathing

## 6 PR's Removal of Blocks to Healing From Pain:

While focusing on releasing all blocks to desired goal, ie.: Healing from the trauma or injury, releasing toxins from your body, allowing tension to dissipate, being pain free, etc.

Tap the following points, 15 times each.      You can do 1-3 rounds of this.

Side of hand

Under the nose

Center of the chin

Middle finger

Outside corner of eye

Collarbone

**Note:** Testing and identifying specific blocks to being pain free, having better health and well-being, achieving success and remaining balanced and in peace, is taught in our diagnostic level training, our Toxin course and our Personal Healing Retreats. Our next healing retreat is in beautiful Costa Rica Nov. 21-27, 2021

# Identifying and Reframing Possible PR's

**Find additional blocks to healing by reframing the identifying questions. For example:**

I want to heal completely from this accident. I will heal completely... I am healing completely from it.

I want to release the effects of that trauma from my body. I will...I am...

I want to let go of the past/or that relationship/event. I will..... I am.....

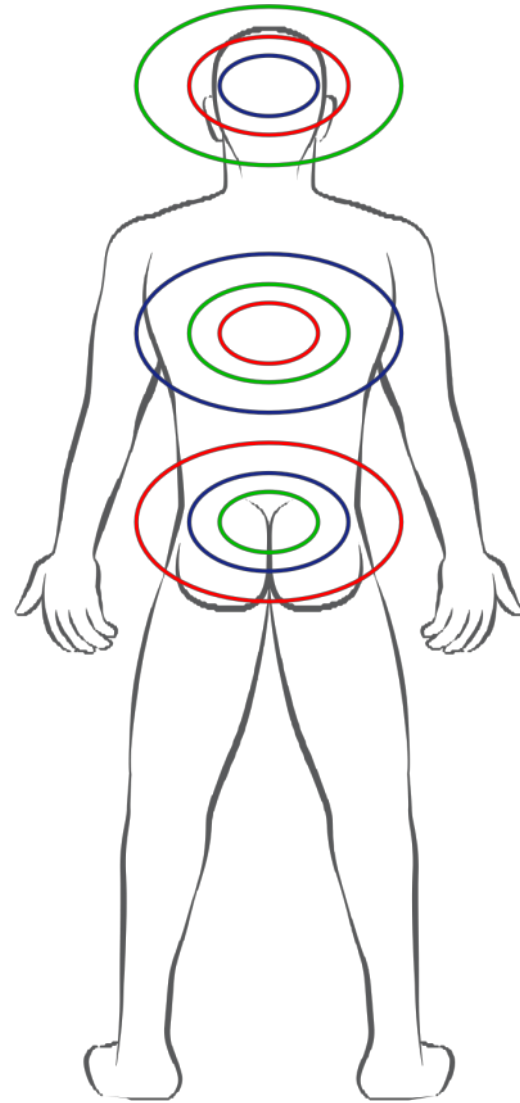
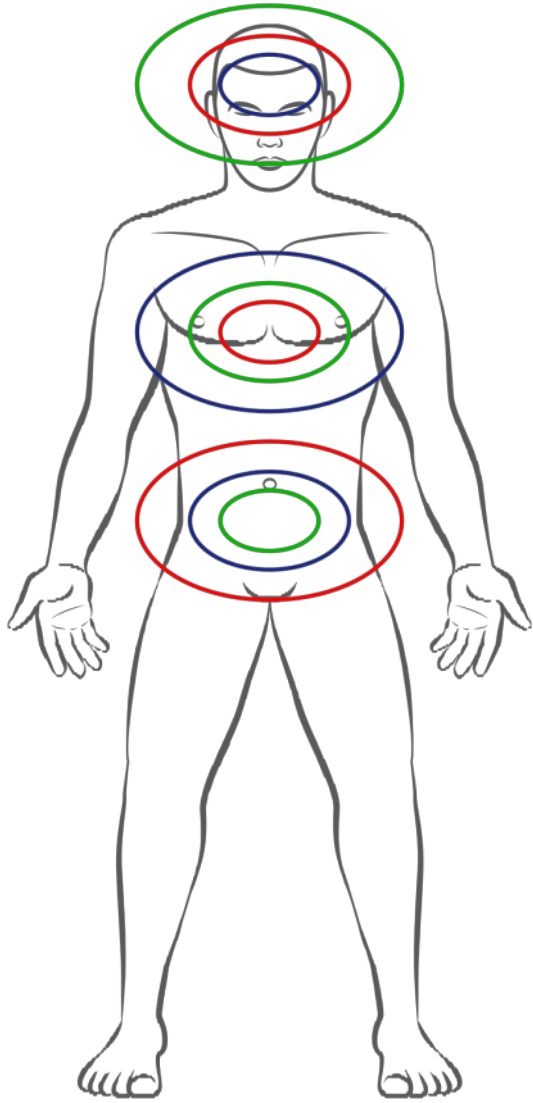
I want my body to be pain free. I will.... I am.....

I want to accept things as they are..... I will accept..... I am.....

**Alignment PR – Can also be stated as the positive or desired outcome. For example:**

I am a pain free athlete.

I am strong and flexible.



# Clearing Blocks to Releasing Pain

- Focus on releasing all the blocks to being pain free, or healing, in each center of the Dan Tians
- Tap the 6 PR's at each center, beginning with the gut, then the head and then the heart
- Do three rounds of this, daily, for 21 days. Then as needed.
- End with the floor to ceiling eyeroll, bringing energy up and integrating through each Dan Tians as we tap the gamut spot.
- **Note:** This process can also be done with the focus of releasing all blocks to remaining calm and centered, or flexible and agile, for example.

# Healing the Past Injuries and Traumas

## Complex Trauma with Anger

Add Tiny Finger, Collarbone (using the Protocol)  
to the end of sequence above for complex trauma:

( eb, e, a, c, tf, c )

**Note:** anxiety sequence is included in this algo

## Complex Trauma with Guilt

Add Index Finger, Collarbone (using the Protocol)  
to the end of the sequence above for complex trauma:

( eb, e, a, c, if, c )

## Complex Trauma with Anger and Guilt

Add Tiny Finger, Collarbone, Index Finger, Collarbone (using the Protocol)  
to the end of the sequence for complex trauma:

( eb, e, a, c, tf, c, if, c ) can be used by themselves

# Physical Pain Algorithm

6 PR's

Gamut Spot (50 times), Collarbone (using the Protocol)

( **g50, c** )



**Note:** this algorithm would be done after completing the collarbone breathing exercise and the 6 PRs to align yourself and remove blocks to being pain free. It also can be used as needed with the 6 PRs and this algo throughout the day.

# Forgiveness Protocol – For Self and Others

Tiny finger, Index finger, Collarbone (using the Protocol)  
( **tf, if, c** )

The ability to forgive is of utmost importance for your own personal healing.

- While tapping the tiny finger, say three times. “I accept and forgive....., they did the best they could”.
- While tapping the index finger, if relevant, say 3 times.. ”I accept and forgive myself, I am doing the best I can”.

**Note:** At the algorithm level, **do the 6PR's prior to your tapping sequence.** If you are at the Diagnostic level test for the need and appropriate PR corrections.



## Accepting What Is

6 PR's releasing all blocks to accepting what is, trusting in consciousness, letting go, etc.

## Developing Patience for Healing

6 PR's **releasing all blocks to feeling patient**

Under eye (10-15 times) – using the protocol

**(e 9G e)**

While focusing on your feeling of **impatience**

# Building Your Personal Pain Relief Sequence

- Do collarbone breathing aligning yourself to desired state, pain free
- Create your most appropriate 6 PR's sequence/s – addressing the present and/or your goal
- Use the complex trauma sequence for any trauma, both past and current
- Use the most powerful algorithm sequence for pain, G50 C
- Add other algorithms as needed for common negative emotions – ie. Anxiety, anger, stress, forgiveness, patience
- Do daily, with your thought field focused on releasing the pain, worry, fear, or challenge of that day – what is affecting you in the moment
- Repeat in the morning for the day ahead and at night for the day that happened, or focus on sleeping pain free with your CBB and PR's.
- **Use the pain algorithm preceded by the 6 PR's as needed throughout the day**

# Step-by-Step – Become pain free:

Release all daily stress/avoid or mitigate toxins

## Daily Steps for Pain Relief:

- Identify/mitigate/avoid any and all toxins as much as possible
- Collarbone breathing aligning yourself to your desired state
- Address any relevant past or current and on-going trauma/s
- Dan Tians for releasing blocks to being pain free, calm/at peace or whatever you desired state is.
- Personal Pain Relief sequence
- Floor to ceiling eyeroll
- Repeat for 21 days in Dan Tians – then adjust PR's and repeat.

# Additional resources for becoming pain free: passive tools / training

1. Shungite with Zero Pt. Field Energy: <http://www.tfttapping.com/zero-point-energy-products/>
  1. Shungite healing pads for sitting, neck/shoulder, back, knee
  2. Shungite water pebbles
  3. Shungite jewelry
2. More in-depth training to specifically identify and neutralize toxins that are blocking healing and pain relief
  1. Self-testing online course: <http://www.tfttapping.com/we-are-at-choice/>
  2. Toxin online course: <https://tfttapping.com/toxin-class/>
  3. Diagnostic level online training course: <http://online.tfttapping.com/tft-diagnostic-level/>
  4. Personal Healing Retreats: <http://www.tfttapping.com/well-being-costa-rica/>
3. Trauma relief protocols in 15 languages: [www.TFTTraumaRelief.org](http://www.TFTTraumaRelief.org)

**Thought Field Therapy and Pain**

Robert Pasahow, PhD

Diplomate, American Board of Medical Psychologists

Director, Affiliates in Psychotherapy

Chronic pain is such a prevalent problem that a sub-specialty for anesthesiologists, Pain Management, is a relatively new development in medicine. Multi-disciplinary professionals have worked on the deleterious effects of pain; it is now being reconsidered as a disease in and of itself. (Basebaum, A., 1998; Cousins, M.J., 1999; Leibeskind, J.C., 1991).

I have used numerous psychological techniques in working with chronic pain patients, a large part of my patient population. Thought Field Therapy (TFTdx) is one of a number of procedures that I have used to help people with the psychological difficulties posed by chronic pain. TFTdx has decreased patients' frustration about their pain, their sense of helplessness, and depression in reaction to or part of the chronic pain syndrome. When communicating these results to a fellow TFTdx clinician, he suggested that I treat the pain directly. My first reaction was to think that this is not possible since pain is largely organically based. However, since I have been pleasantly surprised in the effectiveness of TFTdx for other problems, I decided to try to use it to reduce pain.

My first treatment was with a fifty-five year old obese woman who suffered from bilateral carpal tunnel syndrome. Braces were always on both wrists. Physical therapy only provided slight and temporary relief. The TFTdx treatment went smoothly. To the surprise of all, her pain went from a 6 down to a 0.

During the next two years, I continued to use TFTdx to try to reduce patients' pain. The vast majority of patients received temporary relief with one TFTdx treatment session. The results were sufficiently impressive that I thought a study should be conducted on the effectiveness of TFTdx in relieving muscular, skeletal, nerve, and spinal pain.

Subjects (Patients): The next twelve patients from my practice suffering from pain became the subjects of this study. There were seven females and five males. The age range was twenty-eight to sixty-six years of age. Seven were injured in an automobile accident. Collectively, they had received treatment from family physicians, physiatrists, anesthesiologist-pain management physician, neurologists, neurosurgeons, and chiropractic doctors. Most have received physical therapy and almost all have received pain related medication at some point in time. Two had prior surgery in the lumbar region, one had prior surgery in the cervical area, and one patient had surgery in both areas. Diagnoses included herniated, bulging and ruptured discs, stenosis, carpal tunnel syndrome, radiculopathy, pinched nerves, and muscular strain/sprain syndromes.

Procedure: Once starting the study, the next twelve pain patients who came in with a disturbing level of pain were offered the opportunity to have TFTdx treatment to attempt to reduce pain. The procedure was explained to them, especially since the therapy would not have face validity as being the treatment to likely reduce pain. All twelve subjects gave their informed consent. Ratings of pain levels were done before and after the patient received TFTdx. To determine the duration of the pain relief, all those who experienced relief were instructed to record when their pain increased to a disturbing level. A rating of

their overall pain levels was obtained at the patient's next session, which generally was one or two weeks after the TFTdx treatment was administered.

Results: Table 1 lists all 12 subjects' pain levels before and after the TFTdx. Pain level were rated from 0 – 10. The last column in table 1 represents the degree (or percent) of pain relief from TFTdx. Percent of pain relief was calculated by a fraction. The numerator was the pain rating before TFTdx subtracted by the pain rating after having TFTdx. The numerator was then divided by the patient's pain rating before receiving TFTdx. For example, subject #3's pain relief was  $8-1 = 7$ . Thus, the fraction was  $7/8 = 87.5\%$  pain relief. Note that nine had complete relief reporting no pain after TFTdx. Two did not experience any improvement at all, and one almost had complete pain relief from TFTdx. In grouping the data, the average pain reduction was 82% (SD=39%).

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Patients who had pain relief were asked to note when the pain increased by at least a moderate degree. Although not a perfect measure, data regarding the duration of pain relief was obtained. TFTdx engendered pain relief that lasted from 4 – 96 hours for the ten patients who experienced pain relief from TFTdx. The average duration of the pain relief was 33.2 hours (SD = 37.3 hours).

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30% less (SD = 29%). The large standard deviation reflects the varying amounts of pain alleviation experienced one week later by these patients.

Two patients were not seen until two weeks later. Both had experienced substantial pain reduction immediately following TFTdx. These two patients were reporting pain levels that were 49% less (SD = 16%) two weeks after having received TFTdx.

Discussion: TFTdx reduced muscular-skeletal, nerve, and spinal pain in ten of twelve patients treated in an outpatient psychology private practice. A comparison of pre and post pain rating showed an 82% reduction in patients' pain ratings immediately after the procedure was administered. Ten of the twelve patients had complete pain reductions immediately after the procedure, experiencing pain relief of 88% or greater. The other two patients had no pain reduction.

It was impressive to patients and myself that ten experienced pain relief, especially since the procedure of TFTdx does not appear to logically have pain reduction properties. It is not consistent with other conventional medical and chiropractic treatment methods. There is nothing like the application of electric stimulation, ultrasound, exercises, and spinal adjustments. Furthermore, the TFTdx treatment generally does not elicit expectations of pain relief and yet it occurred in ten of the twelve patients treated. Two patients did not experience pain relief. For these two patients, massive and/or polarity reversals could not be corrected<sup>1</sup>. Four others had similar energy reversals that were helped by oral neutralization to ultimately be effective. I was not aware of the toxin neutralization technique when treating this patient population.

To be able to relieve pain is important, but the duration of the analgesic effect is also paramount to the patient. For those who had pain relief, instructions were given for them to notice when the pain significantly increased. TFTdx resulted in relatively long pain reductions for some (20-96 hours) and lost its effect within six hours for others. The average duration of pain relief for the ten patients who experienced pain reduction from

#### TFT and Pain

TFTdx equals 33.2 hours (SD = 35.41 hours). TFTdx obviously provided longer relief than what patients experienced from pain medications.

Even with including the two patients who did not experience relief after TFTdx and who continued not to have any lower pain levels, the ten patients who saw me 6-8 days later reported a pain reduction of 30% (SD = 29%). Only two of the twelve patients were seen at follow-up two weeks later. Their pain levels were decreased an average of 49% (SD = 16%).

Although most patients complained of pain at multiple sites, all reported having lower back pain. Any method that would help lower back pain would be helpful given this disorder occurs in four of five people during their lifetime, is a most frequent cause of disability for workers aged nineteen to forty-five, and is the second most common cause of missed work days. A number of these patients not only had muscular-skeletal injuries, but had spinal injuries (herniation, herniated and bulging disc). Information from their medical reports is illustrative. For instance, a sixty-five year old woman had a seven year history of active

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treatment for her pain. Herniations were noted at the L5-S1, L3-4, and L4-5 levels. Two different pain management-anesthesiologists collectively had previously administered injections in her cervical and lumbar region about ten different times. She was patient #6 and experienced a reduction of pain of 5-0 that lasted for four hours. A forty-four year old man had been in two car accidents since 1995. Radiology studies indicated "scattered degenerative changes of the cervical spine are noted with more severe focal changes seen at C3-4 and C5-6. At C3-4, spurring is noted predominantly in the left lateral recess. AT C5-6, spurring is noted predominantly centrally and to the left. A tiny herniation to the right of midline is present as well at C6-7...At L3-4, a bulging annulus has combined with facet and ligamentous hypertrophy to cause a slight spinal stenosis". His neurosurgeon writes that he was "involved in a second motor vehicle accident in August of 1996, in which he had worsening of his symptomatology, as well as changes in the workup, consisting of a disc herniation at the C5-6 level. This was complicated by the development of cervical radiculopathy secondary to disc herniation at that level, for which the patient was managed with surgery". This patient had a pre-TFTdx pain level of 8 which turned into a 0 and he had pain relief last for six hours. A thirty-eight year old man received TFTdx after he had cervical and lumbar surgery. His orthopedic diagnosed him as "post-traumatic cervical sprain and strain with herniated nucleus pulposus at C3-4, C4-C5 and C6-C7, with right upper radicular symptoms...Posttraumatic lumbosacral sprain and strain with herniated nucleus pulposus at L5-S1 with left lower radicular symptoms". An MRI of his lumbar spine showed "broad disc herniation at L5-S1, which has combined with facet/ligamentous hypertrophy to cause a mild spinal stenosis". He had an initial pain rating of 8 which TFTdx brought to a 1 and this relief lasted four hours. These are three of the twelve patients in this study and indicate that serious spinal injuries were involved.

These were the more seriously injured patients. Less injured patients had reported pain relief of 96 hours following TFTdx.

The nature of the treated patients makes these findings that much more interesting. Seven of the patients were involved in a lawsuit against a "negligent party" whose actions caused their injuries. If a bias exists for these litigants, one would wonder what their likely response would be to TFTdx. It would likely be to not exaggerate that TFTdx works. How would their legal case about their injuries appear if this unusual procedure that does not appear to directly treat their injuries ends up reducing their pain? How serious would their injuries appear to be to others? Not very severe. On the other hand, it would be hypothesized that the bias would be to resist the pain reduction as that would make the injuries seem more serious and treatment resistant. More severe injuries generally lead to higher monetary settlements. However, my distinct impression was that these patients were accurate in their verbal reports and in their muscle testing. All were interested to see if a different procedure might help in their struggle against pain.

There was no control group utilized to assess for placebo effects. That would be unethical in a clinical private practice population. This study clearly was not a double blind experiment nor even a single blind study. However, this investigation was never intended to be that, but to be a systematic collection of data on the effects of the TFTdx treatment on reducing pain. Since numerous patients have responded to this treatment before, the study was attempting to collect data on patients in a clinical setting.

Future research is needed by clinicians in the areas that TFTdx have been helpful. Reports on the usefulness of TFTdx on one person have been the predominant type of article published in "The Thought Field". Greater acceptance of TFTdx into general health care will



be facilitated by research. Although this study does not adhere to strict research design requirements, a collection of similar studies may eventually interest researchers to examine TFTdx's usefulness for pain management in a systematic manner.

Comment by Dr Callahan

Dr Pasahow has carried out a very interesting and important study. My treatments for pain have been known to be effective for about 23 years. In addition to demonstrating the power of my pain treatments Dr P's data shows the power of Psychological Reversal to completely block otherwise effective treatments from working. Dr P wisely notes that he was unfamiliar with my toxin corrective treatments at this time and with the addition of these treatments it is likely that all of the patients might have been helped. In addition, the duration of the treatments can be extended with my toxin treatments (see the chapter Cure and Time from Stop the Nightmares of Trauma, for an explanation). For students of TFT it will be interesting to note that HRV results lend strong support Dr P's findings (see Callahan, R and Sakai et al in J Clinical Psychology, Oct, 2001). Also, see Dr McKoy's comment over a decade ago: "When I observe a number of suffering patients who did not respond to our usual treatment modalities, suddenly get better after TFT treatments are given, I don't need a double-blind controlled study to tell me the value of Callahan Techniques® TFT." James McKoy, MD Chief, Pain Clinic, Chief, Rheumatology Service, Assistant Chief, Neuroscience Department Kaiser Permanente.

Day \_\_\_\_\_ Date \_\_\_\_\_

Time	Food/Personal Care/Pain (everything that goes in or on your body)	
6:00 AM	_____	Pain 1-10_____
	_____	Pulse _____
7:00 AM	_____	Pain 1-10_____
	_____	Pulse _____
8:00 AM	_____	Pain 1-10_____
	_____	Pulse _____
10:00 AM	_____	Pain 1-10_____
	_____	Pulse _____
11:00 AM	_____	Pain 1-10_____
	_____	Pulse _____
12:00 PM	_____	Pain 1-10_____
	_____	Pulse _____
1:00 PM	_____	Pain 1-10_____
	_____	Pulse _____
2:00 PM	_____	Pain 1-10_____
	_____	Pulse _____
3:00 PM	_____	Pain 1-10_____
	_____	Pulse _____
4:00 PM	_____	Pain 1-10_____
	_____	Pulse _____
5:00 PM	_____	Pain 1-10_____
	_____	Pulse _____
6:00 PM	_____	Pain 1-10_____
	_____	Pulse _____

## Relieving the Trauma That Causes Delayed Pain

In my experience, the onset of arthritis symptoms can usually be traced back to a traumatic life event that occurred in the past. An individual's arthritis may begin anywhere from 1½ to 2 years after the occurrence of the trauma. I have seen this throughout my naturopathic training and my subsequent years in private practice.

Normally, I use standard naturopathic interventions for the management of arthritis and elimination of joint inflammation and pain. These include dietary modification, nutrition supplements, rest, hydrotherapy, and exposure to sunlight, fresh air and gentle exercises. Also important in naturopathic counseling is the development of a proper mental attitude. In this last aspect of counseling, I have always been somewhat deficient. I would instruct my clients to replace negative thoughts with positive ones and encourage them not to dwell upon the traumas of the past. These strategies were, at best, ineffectual.

Prior to learning Thought Field Therapy, when working with an arthritis client I could completely eliminate most pain within six months to two years, depending upon the severity of their condition and how diligently a person followed the holistic health and nutrition program that I would design.

As for helping to relieve the traumatic experience that caused the onset of arthritis, frankly, I was at a total loss.

Thankfully, with TFT, I am now able to alleviate pain and help collapse the painful aftereffects of past traumatic experiences quickly and easily.

One example is "Pauline," a client of mine who, at 35 years of age, developed arthritic symptoms (including pain and a limited range of motion) in her neck and upper back as an aftereffect of a road accident. She was driving her car when she skidded on an ice patch, lost control and hit another car—injuring a young child who was a passenger (thankfully, not critically).

Pauline was treated at the scene of the accident using standard emergency procedures, such as immobilization with a cervical collar and backboard to prevent further injury. After hospitalization and rehabilitation, she was shown to suffer no additional pain and could move and walk normally.

One year following the accident, however, she began to develop pain and limited mobility of her neck and upper back again—the areas of her body that were previously deemed "healed." These symptoms worsened as time progressed, prompting her to seek medical attention. X-rays and medical assessment revealed no medical reason for the pain she was experiencing.

While interviewing Pauline regarding the cause of her present problem, I discovered she had been involved in a road accident, and felt guilty over causing the accident that injured the little girl, even though the child was not critically nor permanently injured.

Prior to TFT, my "treatment" of this individual would have addressed the physical aspects of her problem (neck pain and immobility) using the components of Traditional Naturopathy. While this would have helped ease the problem after several months (possibly), my level of training at the time would have made dealing with the psychological trauma and guilt almost impossible without a referral to an appropriate practitioner. With TFT training, I was able to address the problems of trauma and guilt that I could not have addressed previously.

When I asked her to think about the accident, her SUD level became an immediate "10" and she began to cry. After calming her down, I diagnosed a unique TFT sequence for her and, by using it, brought her distress from a "10" to a "2" after only one treatment. A floor-to-ceiling eye roll brought her down to a "1."

She was amazed!

But *what amazed me* was that her chronic pain and immobility (which had always fluctuated between an "8" and a "10" on the SUD scale) immediately dropped to a "6" with no other treatment being done.

Lastly, I treated her for her guilty feeling over causing the accident and this distress was easily reduced. Her progress has been solid for the past six months, and thanks to TFT, she has been pain-free, guilt-free, and leading a generally happy and productive life.

Traditional Naturopaths are practitioners who help people to help themselves prevent pre-mature aging, restore general health and prevent illness using strategies which do not depend upon drugs or surgery (except in the most extreme of cases).

Using traditional methods, I got accustomed to seeing positive health benefits occur for my clients only after months or even years of effort. Thanks to TFT, the months have literally been reduced to minutes. My clients and I could not be happier with TFT!

—Robert S. Harris, ND

## Forensic Nurse Solves Pain That Won't Go Away

As we dashed into the hotel lobby, shivering from the freezing wind of a chilly Denver night, my friend and I looked at each other and laughed—remembering the great day we had had.

We were conference presenters together and followed the morning's proceedings with a calming afternoon of wine, massage, tea and friendship—after briefly visiting a reception for speakers at the conference.

I am a psychologist and TFT practitioner in Los Angeles, and my friend is a forensic nurse with more than 20 years in the medical field.

As we took off our coats, she sighed and revealed, "This cold really makes that pain in my arm hurt like a son of a gun."

Never having heard her mention it before, I asked, "What pain?"

And with that innocent question began one of the most extraordinary TFT treatment sessions of my career.

As it turns out, my friend had quietly lived with moderate to severe chronic pain for nearly 10 years. While studying for her Advanced Cardiac Life Support certificate as a recovery room and short stay nurse, she had taken a break and stretched her arms into the air. As her chair unexpectedly flipped backwards, she instinctively extended her right arm to break her fall. Painfully, her right shoulder dislocated, then snapped back into place sending an immediate sensation of electric "nerve like" pain shooting through her arm. It made her hand feel fat, she said, and her entire arm hummed—from her brachial plexus to her elbow to her palm.

For 10 years, that feeling of electrical "zinging" down her arm was present and never went away.

After two surgeries, nine years of physical therapy, a trip to a specialist out of state, eight years of acupuncture, nine years of Pilates, and seven years of massage—plus ongoing home pain management made up of Oxycontin, Vicodin, Flexeril, pain gel, ice, heat and more massages than she could count, my friend still lived each day with the same searing electrical pain running down her arm.

"I'd like to try something with you for that pain," I said.

And while she went along with what I suggested, I could tell that the cynical portion of her very medical-model brain was trying not to laugh out loud. She told me later she thought the pain would never respond to anything—after everything that she had tried already.

Still, desperate for anything that might improve her condition, she watched carefully as I demonstrated the TFT sequence for pain relief.

Her physical pain was almost unbearable—an "8" on the SUD scale because of the cold weather, she said. Submissively tapping herself on the back of her hand and collarbone without regard or thought that TFT was going to work, my friend unexpectedly said to me, "Wow, was I wrong."

The pain in her arm was gone!

Within minutes, she no longer had the constant "nerve pain" in her hand, elbow and shoulder. Her hand no longer felt clumsy and fat. Her fingers, though still a bit swollen, began to take on the same color as her other hand. And while she still anticipated pain when she raised her arm or placed her hand in cold water, actually lifting her arm and dousing her hand caused her no pain whatsoever. She could in fact raise her arm!

Even days later, the pain did not come back. And that was with five minutes of TFT treatment. For the first time, she could look forward to physical activity.

Plus, she used TFT to relieve other conditions that paled when compared to the overarching pain. She wrote me later to say that she was working on lowering her blood pressure, and that by using the tapping therapy, she treated herself for pain and arthritis in her toes. She even healed tinnitus in her ear, she wrote.

While she's still not sure exactly how TFT works, she's convinced it works. "I am not sure how or why," she wrote, "but it does. It simply does."

—Nora J. Baladerian, PhD

## Time Is a Non-Existent Luxury

In primary-care medical practices, providing a patient with an hour of psychotherapy or other therapies that help with pain relief is a nonexistent luxury. Fifteen minutes or less with a patient is more often the norm.

Even “power therapies” such as EMDR\* and hypnotherapy require more time to employ during a treatment session. When both time and office space are limited—as in a busy medical office—Thought Field Therapy becomes especially attractive given the few minutes it requires for treatment and the rapid effectiveness it shows in bringing about results.

Working as I do in a busy primary-care practice with pain patients, I have found TFT to be readily adaptable to the time and space limitations of this setting. Here, the clinician must work quickly or not at all. I have found that TFT can be integrated with other treatments to create a powerful treatment package—as the following case will show.

“Ms. A” was a 29 year-old mother of two who had sustained neck and back injuries in a motor vehicle accident. She had been treated with physical therapy for six weeks since her accident, but neither her physical therapist nor her physician could get her to comply with a more active physical-therapy program. Their intentions were to gradually introduce a gentle exercise routine, massage therapy and gentle manipulations to improve movement and posture. Her physical therapist speculated that she might have suffered some psychological trauma in the past given her hypersensitivity to being touched and her marked stiffness and muscle-guarding behaviors. Her pain was clearly disproportionate to our diagnosis and she was relying heavily on “pain-killers.”

My initial diagnosis further revealed impairment due to what she said was severe pain throughout her neck, shoulders, and upper, middle and lower back. She was stiff, too, since she usually avoided all movement out of fear of becoming re-injured.

The pain was only tolerable, she said, if she avoided moving.

At its worst, she rated her pain a “10” on a scale of 0 to 10. Additionally, she started feeling numbness and “pins and needles” in her arms and legs. Moreover, she commented that, “I’m feeling old” and “I can’t do anything anymore” and even “I feel like I’m going to die.”

When we began our TFT session, I asked her to observe the nature and quality of her pain sensations, then describe them to me. I asked her to focus on the point of greatest intensity of pain. Then I asked her to notice what was going on emotionally as she concentrated on the pain.

Once she was focused, I showed her each step in the TFT sequence for pain—then had her tap out each step on herself. She first tapped her left collarbone point about 30 times and reported that the pain diminished to about 6.5. Tapping the gamut spot on the back of her left hand brought the pain down to 5.5. When I asked her to tap again after repeating the phrase, “I deeply accept myself, even though I still have some pain left”—she was able to bring the pain down to 4.

So far, so good.

Unfortunately, at this point she disputed that the treatment would work long-term, saying, “I can get some relief now if I stay still, but I won’t be able to stay like this when I start to move again.”

I asked her how strongly she believed this—and how much it bothered her. She responded that it was very upsetting—at least an “8” on the SUD scale of 0 to 10 (*subjective units of distress*).

Asking her to think about the pain of movement, I quickly tapped out the TFT sequence for phobia which brought her SUD down to 1.5. Focusing next on the road accident itself, I used the

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\* EMDR is Eye Movement Desensitization and Reprocessing—a form of psychotherapy that was developed to resolve symptoms of post-traumatic stress by re-processing distressing memories.

TFT sequences for trauma and anger. Then I had her visualize moving around her house while taking care of her two year-old or doing light housework (which was when she reported having the most pain).

We went through the tapping sequences for pain, phobias, trauma and rage. Lastly, we went back to her current pain and tapped again, bringing it down to a “2.”

When her physical therapist reported over the next few weeks that she was attending physical therapy more regularly and was starting range-of motion exercises, he asked me, “What did you do with her?”

“TFT,” I answered, “TFT.”

ABPP, Clinical Psychologist



—Bruce N. Eimer, PhD

### **Life After College**

One of my clients is an ex-college football player who suffered severe neck pain with limited mobility in rotating his head to the left or right. This was all due to the great amounts of tackling and blocking during his many years of competitive football.

I used the standard TFT sequence for physical pain after testing him for *psychological reversal*. After just three treatment procedures, his neck pain was completely gone. Not only that, but he also had complete mobility in rotating his head.

I was astonished by these results.

I have monitored his neck condition over the last two months, and so far he has enjoyed the benefits of TFT to the fullest. I have not had to repeat the algorithms for this condition since the initial treatment.

—Shad Meshad, MSW  
LCSW, CTS