

Extraordinary Alternative Medicine for Extraordinary Results

KIMA

The Journal of
The King Institute Method® Association

Issue 17

Federal Court Admits Vaccine 'Aggravated' Autism

Can A Countertop
Poison You?

Why Doctors
Don't Tell?

Unraveling The Mystery Of
DuPuytren's Contracture

Toxic Chemicals In
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How Serious Are You Involved In Your Healing

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Staff

Glenn King
Director

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Our Mission Statement

“Dedicated to serve as Ambassadors bringing Restoration, Healing, Truth, and the Love of Christ to the World, giving all the Glory to God.”

Notes from the Director

Greetings!

The ministry is ever moving forward with the leading of the Lord and your generous support. We mentioned earlier this year that there are many projects to accomplish in 2008, and most are on time.

We included a copy of the new ministry pamphlet with this issue of the KIMA Journal for all KIMA 500 supporters. We hope that you enjoy the updates and information on what you have helped this ministry accomplish. We encourage you to distribute these to your friends, family, church and others you think can benefit, as well as partner with us in prayer and financially.



We're still praying for 500 supporters, and with your help we can do it. Contact us for additional pamphlets.

We've been geared up for the September Conference in Frisco, Texas. Although the conference has now ended, please continue to pray that the Lord will use it mightily through the students. Stay tuned for updates on its success and the fruit that will come from it in our next KIMA Journal. Some conference photos have been included in this issue.

This Journal also concludes the fiscal year of membership for those who are not on automatic renewal. We thank you for your continued support and not being discouraged by the world's economy, but encouraged by God's promises in His economy and by what God is doing through this ministry. God promised to bless those of faith who take care of the ones who are less fortunate, and it is our belief in these times of instability that you are well provided for.

To be better stewards of your support we are changing the Journal next issue to be received by e-mail. It will be full color and can be printed out or viewed online as often as you wish, and you may share it with others.

The "TKM Missions Book" is nearing completion. We will provide it to connected missionaries at no charge so that they can help those in areas of the world who desperately need TKM. Your contributions make that possible.

We're proud to announce that Dr. Jim Robertson is now Associate Instructor, and his Natural Health Consultants, LLC in Sebring, Florida is now an official affiliate of the King Institute, Inc. in Dallas.

Alphonzo Monzo has joined our staff, and you will hear much more from him, as he will be a part of expanding us to help even more people.

And we now have the E.M.T. Book in Greek, and next year a Self-help book in Greek as well.

Thank you for all you do!

Glenn Thomas King, Ph.D., C.D.N., C.N.
Director

Can A Countertop Poison You?

By Glenn King, PhD, C.D.N., C.N.

Photo courtesy of Fotolia

Dr. Lynn Sugarman, a pediatrician from Teaneck, New Jersey, bought a summer home in Lake George, New York in 2006. During a routine inspection of the home, elevated levels of radon, a radioactive gas that is infamous for causing lung cancer, was discovered. She brought in a mitigation technician and radon measurement to find the source. The technician went from room to room, but was abruptly stopped in its tracks in the kitchen when the Geiger counter indicated that the granite countertops were emitting radiation at 10 times the level than anywhere else in the house.

“My first thought was, my pregnant daughter was coming for the weekend,” Dr. Sugarman told the Associated Press. The technician told her to just keep her daughter several feet from the countertops to be safe, but Dr. Sugarman had them ripped out the same day and sent to the state Department of Health for analysis.

Test results showed high levels of uranium in the granite. As uranium, which is radioactive, decays it releases the toxic gas radon. Many would say the health risk was probably small, but Dr. Sugarman felt it was an unnecessary risk.

Popularity of granite countertops and floor tiles has increased tenfold over the last decade, says the Marble Institute of America. One source (grantedland.com) offers over 900 types of granite from 63 countries. Reports are increasing of “hot” or potentially hazardous countertops, especially from the more exotic vari-



eties from Brazil and Namibia.

Stanley Liebert, the quality assurance director at CMT laboratories in New York said, “It’s not that all granite is dangerous, but I’ve seen a few that might sizzle your Cheerios a little.” Generally, health physicist and radiation experts agree that most granite countertops emit radiation and radon at very low levels. Granite is also known to contain other radioactive materials than uranium, such as thorium and potassium. The same experts say these emissions are not significant, compared with the radiation that is constantly penetrating our atmosphere from outer space or emitting up from the earth’s crust, termed “background radiation.” Also don’t forget man-made sources such as x-rays, luminous watches and devices, and even smoke detectors.

A note for those wondering about radioactive potassium. Yes, potassium is a radioactive element, identified by the chemical symbol K. Yet,

this radioactive element is vital for our good health. It is an element essential for the body’s growth, maintenance and necessary to maintain normal water transport between the cells and body fluids. It plays an essential role in the response of nerves to stimulation and in the contraction of muscles.

Under normal circumstances it is by far the most abundant naturally occurring radioactive element within the human body. The average adult male contains about 140 g of K; the level varies with body weight and muscle mass. We ingest about 2.5 g per day of K from our food and excrete about the same amount. So don’t stop eating bananas.

Lou Witt, a program analyst with the Environmental Protection Agency’s Indoor Environments Division said “He’s hearing from people all over the country concerned about high readings, which are several

times above background levels.

Suzanne Zick, a geology instructor at a community college near Houston, Texas called the EPA and the state health department last June 2008 to inquire what to do about the beautiful granite she had installed 18 months prior. She realized it could contain radioactive emissions, which the test results showed radioactive and radon emissions from low to moderately high levels depending on the specific area of the granite measured.

Ms. Zick told the AP, “don’t really know what the numbers are telling me about my risk. I don’t want to tear it out, but I don’t want cancer either.”

There seems to be some conflicting information in exposure comparisons for safety. If radon gas levels in the home exceeds 4 picocuries (pCi) per liter of air, the EPA recommends taking action. This is about the same risk for cancer as smoking 10 cigarettes per day. Dr. Sugarman’s kitchen read 100 pCi per liter. The basement radon readings are expected to be higher because the gas usually seeps into homes from decaying uranium from underground, but hers were only 6 pCi per liter. This clearly demonstrated a higher risk from her countertops.

An annual level of 360 millirem (a measure of energy absorbed by the body) is the radiation the average person is subjected to from natural and man-made sources, according to federal agencies like the EPA and the Nuclear Regulatory Commission.

The commission increases this limit for people living near nuclear reactors by 100 millirem per year. A comparison example, passengers receive 3 millirem of cosmic radiation

during a flight from Los Angeles to New York.

Although “hot” granite countertops might add a fraction of exposure per hour, especially if you were a few inches from it or touching it, nevertheless “there is no safe level of radon or radiation,” says Witt. He also says scientists agree that “any exposure increases your health risk.” Granite countertops emitting extremely high levels of radiation, as a number of commercially available samples have done in recent tests, could conceivably expose body parts that were in close proximity for two hours a day to a localized dose of 100 millirem over just a few months.



Photo courtesy of Fotolia

Dr. David J. Brenner, director of the Center for Radiological Research at Columbia University, said although the risk of cancer from granite countertops is very low, nonetheless, “It makes sense that if you can choose another countertop that doesn’t elevate your risk, however slightly, why wouldn’t you?”

Radon is the second leading cause of lung cancer after smoking. It is especially dangerous to smokers, whose lungs are already compromised. This holds true for other people at risk like children, developing fetuses and those with weakened lungs or immune system.

A step in the right direction is that the Marble Institute of America plans to develop a testing protocol for

granite. Research scientists at Rice University and the New York State Department of Health are currently conducting studies on commonly used granite. One study, conducted by William J. Llope, professor of physics at Rice University, shows that 55 samples collected from local fabricators and wholesalers all emitted radiation higher than background levels. Levels 100 times or more above background levels can be quite alarming, depending upon the particular granite countertop or floor tile.

Personal injury lawyers are already advertising on the web for clients who think they may have been injured by granite countertops. “I think it will be like the black mold litigation a few years back, where some cases were legitimate and a lot were not,” said Ernest P. Chiodo, a Detroit lawyer specializing in toxic law.

The outcome for Dr. Sugarman was that the contractor of the house paid for the removal of the “hot” countertops. They were replaced with another type of granite, after testing them first.

Homeowners can contact the American Association of Radon Scientists and Technologists (aarst.org) to find a certified technician to test their granite countertops. The test averages between \$100 to \$300. Also, information on do-it-yourself radon testing kits or certified technicians can be found on the website at epa.gov/radon. You can also find information and assistance from state and regional indoor air and environment offices found at epa.gov/iaq/whereyoulive.html. The radon testing kits cost \$20 to \$30 and are sold at most hardware stores and on the Internet. 📍

Toxic Chemicals in Household Products

Products containing known toxic chemicals are not required to be listed on labels

By Glenn King, PhD, C.D.N., C.N.

Many people think that there is a law requiring ingredients to be listed on a product, especially if it contains toxic chemicals in a household product that our family and children are commonly exposed.

In fact, manufacturers of consumer products or not required to disclose all the ingredients. It is fairly common to hear how air fresheners in public restrooms and at home cause headaches or upset stomachs, as well as certain top-selling laundry and personal care products cause people to feel ill.

Anne Steinemann, a University of Washington professor of Civil and Environmental Engineering and of Public Affairs, wanted to know “what’s in these products that is causing these effects?” Therefore, she conducted a study which is detailed in the July 24, 2008 issue of the journal *Environmental Impact Assessment Review*.

The study found that certain top-selling laundry products and fresheners emitted numerous toxic chemicals. Six products tested gave off at least one chemical, which is regulated under federal laws as being toxic or hazardous, but none of those chemicals were listed on the labels. Steinemann said, “I was surprised by both the number and the potential toxicity of the chemicals that were found.”

“Five of the six products emitted one or more carcinogenic hazardous air pollutants chemicals, which are

considered by the Environmental Protection Agency to have no safe exposure level,” said Steinemann.

Nearly 100 volatile organic compounds emitted from the six products that were tested. Some commonly found chemicals were limonene, a molecule with a citrus scent; acetone, the active ingredient in paint thinner and nail polish remover; acetaldehyde, chloromethane and 1,4-dioxane, which were not listed on any of the labels. Steinemann did not disclose any brand names of tested products, but in a larger study of 25 cleaners, personal care products, air freshener’s and laundry products (now submitted for publication), she found that most other brands contained similar chemicals.



Photo courtesy of Fotolia

Three top-selling air fresheners (a solid deodorizer disk, a liquid spray, and a plug-in oil) and three

laundry products (a dryer sheet, fabric softener, and a detergent) were studied. In a laboratory, each product was placed in an isolated container at room temperature, while the surrounding air was analyzed for volatile compounds and small molecules that evaporate from the product into the air.

Results identified 58 different volatile organic compounds above a concentration of 300 mcg per cubic meter. Many of these compounds were present in one or more of the six products. Example, a plug-in air freshener contained more than 20 different volatile organic compounds, and seven are federally regulated as toxic or hazardous, but not listed on the label.

The study did not address links between exposure to chemicals and health effects. However, the effects go far beyond any previous survey by Steinemann in 2004 and 2005, which found that 20 percent of the population reported adverse health effects from air fresheners, and 10 percent complained of the adverse effects from laundry products vented to the outdoors. Among asthmatics, the complaints doubled.

Steinemann said, “personal-care products and cleaners often contain similar fragrance chemicals and although cosmetics are required by the Food and Drug Administration to list the ingredients, no law requires products of any kind to list chemicals used in fragrances.” The FDA is taking no apparent action to

safeguard our family's health.

Some argue that this is an outrage. One might think the FDA is turning their head while we are being chemically poisoned. Some might think they are actually participating. Either way, they are negligent in protecting us.

Steinemann says, "fragrance chemicals are of particular interest because of the potential for involuntary exposure, or secondhand scents." She further says, "be careful if you buy products with fragrance, because you really don't know what's in them. I'd like to see better labeling. In the meantime, I'd recommend that instead of air freshener's people use ventilation, and with laundry products, choose fragrance-free versions."

Removing these dangerous chemicals from common home products is the best solution, rather than just placing unidentifiable (to most people) chemicals on labels. After all, including preservatives, toxic chemicals and unhealthy food additives has not decreased the consumption of processed foods whatsoever.

The sad truth is we cannot count on the FDA, other federal regulatory agencies, or even the manufacturers to look out for our health. We must become better informed and educated on all of our consumer choices and stand with an active voice to change the chemical pollution of the generations to come after us.

The European Union recently enacted legislation requiring products to list 26 fragrance chemicals when they are present above a certain concentration in cosmetic products and detergents. No similar laws exist in the United States, and they will not unless we demand them through legislature. 🗣️



Photo courtesy of Fotolia

Email Response



Q. Someone in my office is due to deliver a baby soon, about three weeks. When would you say to start any TKM? I am wondering if there is anything that would be contraindicative of working on her? Thanks, P.

A. First I'll clarify that "No" there is nothing contraindicative. I usually teach in classes, especially Levels 3 and 4, correlations to months of pregnancy and TKM applications that are important before, during and immediately after pregnancy/delivery. This includes applications during labor and delivery of the baby, so that mother and child are helped greatly

through the entire process.

Some common applications that can always be applied are #13, #23, 25, Spleen, Umbilicus and #15 Sequences. The #9 Sequence is also great, especially near the due date.

Remember that pulses are always most important top address before other applications for best effect.

Federal Court Admits Vaccine ‘Aggravated’ Autism

After years of the government insisting there is no evidence to link vaccines with the onset of autism spectrum disorder (ASD)

By Glenn King, PhD, C.D.N., C.N.

The U.S. Court of Federal Claims ruled in favor of a child that parents and specialists say regressed into autism as a result of vaccinations, while the federal government continues to deny any link between vaccines and autism.

The National Autism Association saw the February 2008 ruling as confirmation of the claims of many parents concerning the controversial mercury-based preservative thimerosal still in vaccinations.

NAA President Wendy Fournier says, “this case echoes the stories of thousands of children across the country...with almost 5,000 similar cases pending in vaccine court, we are confident that this is just the first of many that will confirm what we have believed for so long – vaccines can and do cause children to regress into autism.”

The child received the vaccinations on July 19, 2000, and immediately symptoms started progressing. This was one of 4,900 autism cases currently pending in Federal “Vaccine Court.” Most cases are never reported to a Federal Court, but the loss is still in the hearts of many lives.

Fournier’s battle with the Centers for Disease Control is “to acknowledge that the current vaccine schedule is not safe for every child and as with the administration of any medicine, individual risks and susceptibilities must be considered for each patient.”

David Kirby, author of *Evidence of Harm: Mercury in Vaccines and The Autism Epidemic, A Medical Controversy* (see <http://www.evidenceofharm.com>), says that “the government’s unprecedented concession was filed Nov. 9 and sealed to protect the plaintiff’s identity, but was obtained through individuals unrelated to the case.”

Peter Keisler, U.S. Assistant Attorney General, made the concession with other Justice Department officials on behalf of the Department of Health and Human Services, which is the defendant in all vaccine court cases.

Ironically a CDC panel voted unanimously this month to recommend flu shots for all school-age children. This action would cause private insurers to cover the costs and require the CDC to make the vaccine available to anyone who can’t afford it, thus completing the circle on the money trail.

The NAA immediately protested the CDC’s decision, stating thimerosal is still found in flu shots and still recommended for children and pregnant women.

We have written about this issue many times and clearly the evidence shows thimerosal in vaccines is related to causing brain damage and weakening the immune system, making many children susceptible later to infection from measles, mumps and rubella shots. The effects climb the damage scale to autism and other brain disorders as well as death for some children, which has been increasingly documented over the last several decades.

A blog from Kirby wrote “the government’s written concession said the child had a pre-existing mitochondrial disorder that was ‘aggravated’ by her shots and ultimately resulted in a diagnosis of autism spectrum disorder, or ASD”... “This government’s statement is good news for the girl and her family, who will now be compensated for the lifetime of care she will require.” This sets a precedence for some, but for the larger vaccine-autism debate, and for public health, there is much left to be accomplished.

The Department of Health and Human Services said its Division of Vaccine Injury Compensation, or DVIC, states it has reviewed the scientific information concerning the allegation that vaccines cause autism and has found no credible evidence to support the claim. This position has been maintained that “vaccines do not cause autism,” and has never concluded in any case that autism was caused by vaccination.

Kirby wrote, “the fine distinction between claiming that vaccines did not ‘cause’ autism but instead

aggravated a condition to ‘manifest’ as autism is a fine distinction that is not so important.” He also wrote that possibly “this concession could conceivably make it more difficult for some officials to continue insisting there is ‘absolutely no link’ between vaccines and autism.” It also places the federal government’s vaccine court defense strategy somewhat into jeopardy.

DOJ lawyers argue that autism is genetic and insist it’s simply impossible to construct a chain of events linking immunizations to the disorder. Government officials may need to rethink their legal strategy, due to the somewhat contradictory concession in this case.

The public and especially parents and their legal and political representatives need to continue demanding to know what is going on inside the U.S. federal health establishment that is damaging and sometimes destroying children.

The contradiction of this concession raise the intensity of the battle, but the language of this concession cannot be changed, or swept away. “The key words contained in the concession are ‘aggravated’ and ‘manifested’,” says Kirby. “When a kid with a peanut allergy eats a peanut and dies, we don’t say ‘his underlying metabolic condition was significantly aggravated to the extent of manifesting as an anaphylactic shock with features of death.’ No, we say the peanut killed the poor boy. Remove the peanut from the equation, and he would still be with us today.”

The government cannot change the fundamental facts of this extraordinary case. It is definitely a step in the right direction, no matter how you want to say it.

Our prayers and blessings to all those who are vaccine damaged in some way, including their parents. 🙏

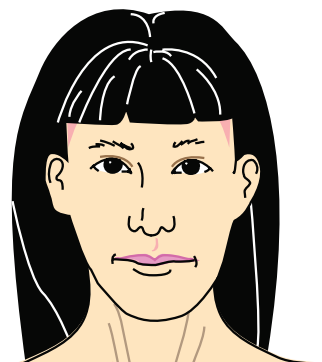
BODY BIOGRAPHY

Face features: Mouth Size

The mouth is an organ that reflects how we express ourselves and how we interpret what others tell us.

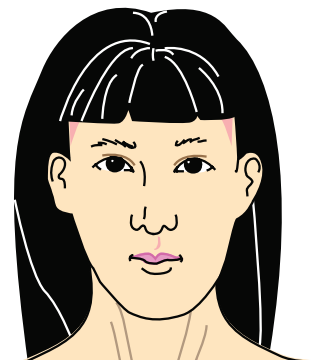
A Large or Wide Mouth (in proportion to the face):

Expresses an extrovert, confidence and expressiveness. Usually talkative. The larger the mouth, the more outgoing you tend to be.



A Small Mouth (in proportion to the face):

Expresses an introvert, reserved and cautious person. Tendency is to not reveal inner feelings until you are sure of a person. Often known as one who thinks more than speaks.



Notes: Both examples are related to Stomach Energy. The Stomach Sequence will help bring a balance to each situation.

Dupuytren's Contracture

Unraveling The Mystery

By Glenn King, PhD, C.D.N., C.N.

We have had many inquiries over the years as to whether TKM has or can help diseases and disorders that are not commonly known. We have yet to find anything that was not helped by TKM to some degree or actually resolved. With continued training in TKM, the question should become "why not?"

Dupuytren's Contracture is one such example of an inquiry. Simply, Dupuytren's Contracture is the progressive contracture of the palmar fascial bands, producing flexion deformities of the fingers. It causes tender nodules or knots in the palm followed by formations of a superficial thick cord, which causes one or more fingers to contract into a bent position and eventually the hand becomes arched. Once this occurs, the fingers affected by Dupuytren's contracture bend normally but they can't be straightened completely, making it difficult to use the hand. Dupuytren's contracture can complicate everyday activities such as placing your hands in your pockets, putting on gloves or shaking hands.

It is named after Baron Guillaume Dupuytren, the surgeon who described an operation to correct the affliction, even though surgery has shown to possibly increase the progression of this disorder.



Photo courtesy of Fotolia

Dupuytren's contracture is also known as Morbus Dupuytren or Dupuytren's disease (sometimes misspelled as Dupuytren's constricture) and is a fixed flexion contracture of the hand where the fingers bend towards the palm and cannot be fully extended or straightened.

Dupuytren's contracture typically progresses slowly and is usually painless, with the exception of tenderness in the palms along the line of the disorder. As the tissues under the skin thicken and shorten, the tendons connected to the fingers cannot move freely. The palmar aponeurosis becomes hyperplastic and undergoes contracture.

Incidence increases after age 40. At this age, men are affected ten times more often than women. After age 80, the distribution is about even.

Symptoms

In Dupuytren's disease, the tough connective tissue within one's hand becomes abnormally thick, which can cause the fingers to curl, and can result in impaired function of the fingers, especially the ring and small fingers. The onset is usually gradual, often beginning as a tender lump in the palm. Over time, pain associated with the condition tends to go away, but tough bands of tissue often develop, which are the source of the reduced mobility commonly associated with the condition. These bands are visible on the surface of the palm and may appear similar to a small callus. It commonly develops bilaterally (both hands). It has no connection to dominant- or non-dominant hands, nor any correlation

with right- or left-handedness.



Photo courtesy of Fotolia

The contracture onsets very slowly, especially in women. However, when present in both hands, and especially when feet are involved, it usually progresses more rapidly.

The ring and little fingers are the most commonly affected. The middle finger may be affected in advanced cases, but the index finger and thumb are nearly always spared.

Dupuytren's contracture is generally not painful, with the exception of the bumps of tissue, which can be sensitive to touch.

Medical Understanding of DD

The influence of handedness, work and previous hand trauma was studied in 901 people with Dupuytren's disease, collected in an epidemiological study of 15,950 citizens in a small, Norwegian town. Dupuytren's disease occurred in all occupational groups, but the prevalence was higher and the contracture more severe in people doing hard manual work than in people doing light or non-manual work. People with Dupuytren's disease sustained previous hand trauma more frequently than the general population, and the interval

between the trauma and the first sign of disease was usually a few years.

This is perfect for the most common scenario of trauma related congestion of energy circulation to related functions.

Previous hand injuries were definitely more common among people doing hard manual work, but even when these were excluded from the work material, Dupuytren's disease was still more common among people doing hard manual work, than in people doing light or non-manual work. This study indicates that Dupuytren's disease in certain cases is precipitated and/or aggravated by both manual work and a definite hand injury. Mikkelsen OA "Dupuytren's disease--the influence of occupation and previous hand injuries" Hand 10 (1978) p 1-8

"... a careful study of their working conditions showed a definite correlation between hard manual work over many years and the occurrence of Dupuytren's disease, especially in the younger age group. ... Although Dupuytren's disease cannot be considered as an occupational disease, its development, is favored by hard manual work for at least 10 years. The initiating role of trauma, especially a fracture of the wrist, is confirmed." de la Caffeinière JY, Wagner R, Etscheid J, and Metzger F. "Manual labor and Dupuytren disease. The results of a computerized survey in the field of iron metallurgy" Ann Chir Main. 2 (1983)p 66-72. (abstract)

It has also been shown that occasionally a single injury can precipitate the onset of DD.

Medical Treatment of DD

Dupuytren's contracture cause is

unknown to the medical community. They have no known cure but they do offer different treatments that claim to slow the progression of the disease and relieve some symptoms.

Surgery in cases of severe contracture removes the contracture, but may also trigger further growth of Dupuytren nodules and cords if an inclination existed before. Surgical management consists of opening the skin over the affected cords and removing the fibrous tissue. The fingers "may" then be brought out to length with the help of postoperative therapy. The procedure is not curative in that remaining non-affected fascia (A flat band of tissue below the skin covering the underlying tissues and separates different layers of tissue. Fascia encloses muscles) often still develops Dupuytren's disease. Therefore, the patient may need repeated surgeries. In addition, the thickened fascia often is near to or wrapped around the digital nerves and arteries, so there is some "risk of nerve and/or arterial injury."

Radiation, specifically in early stages show to inhibit development of contracture, but is basically destroying cells and tissue to slow the process and the ability to function properly.

Needle aponeurotomy is providing manipulation for possible temporary symptomatic relief. It is an invasive technique where the cords are weakened through the insertion and manipulation of a small needle. Once weakened, the offending cords may be snapped by simply pulling the finger(s) straight. The advantage claimed for needle aponeurotomy is the very small amount of surgery required and the very rapid return to normal activities

Testimonial Corner

No More Nose Spray

Dr. King,

I just wanted you to know that it has been over 6 weeks since I used any over-the-counter nose spray. Thanks to the #1 Sequence, plus the thumb and a little melting down or "letting go."

I have also been able to sleep through the night without having to use the spray, which was normally four to five times. I would usually depend on the spray as many or more times during the day.

Now I don't have to stash it everywhere or even carry it. What a blessing you are and what an experience it has been!

As Dr. Stacy Cole, DDS and I have talked about it, we have come to the conclusion that it was as much in the giving as in the receiving of the sequence. I'm convinced the energy worked both ways. I can't tell you how excited I am, and how thankful I am.

God bless you and your ministry.
Teri Hammonds

Feeling Better Than Before Illness

The Wonderfully Made Class was fantastic! I want to share that my grandson was not feeling well last Monday and had vomited, which causes more problems for him. He takes Potassium and Magnesium for his special needs and when vomiting, levels usually drop quickly. He was just lying around, ... *cont on pg.15*

after the procedure, but the nodules are not removed and often continue to grow.

Triamcinolone (kenalog) injections is a synthetic corticosteroid used mostly by dermatologist as an anti-inflammatory drug, which may provide some temporary relief. Triamcinolone acetonide is a more potent type of triamcinolone, being about eight times as powerful as prednisone, which is a steroid often used when medical knowledge has no other recourse.

Dupuytren's contracture is not labeled as a dangerous condition, and medically often no treatment is deemed necessary. Even when treatment is used, there is **"no permanent way to stop or cure the infliction medically."**

Can work, occupation or trauma be a contributing factor to Dupuytren's contracture?

The possible connection between an injury of the hand (a trauma in medical terms) and the onset of Dupuytren's contracture has frequently been discussed. It has been reported in a number of cases but is difficult to medically prove cause and effect for the individual patient. Dupuytren himself suspected work-related damage to the hand as a reason for this disease (he called coachman's hand), but later statistical research had raised doubt about it being caused by heavy manual work.

More recently, an increasing number of cases has been reported where damage to the hand, due to an accident, work, or even surgery, has triggered Dupuytren's contracture. The issue of scar tissue and its affect on energy circulation remains

unidentified to medical research.

Some Medical studies conclude there is no proven evidence that hand injuries or specific occupational exposures lead to a higher risk of developing Dupuytren's disease. Moreover, there is some speculation that Dupuytren's may be caused or at least the onset may be triggered by physical trauma, such as manual labor or other over-exertion of the hands. The fact that Dupuytren's is not connected with handedness casts some doubt on this claim.

This again is due to a lack of medical understanding that bilateral reactions can occur from one side of the body receiving the trauma or strain causing effects.

Energy Correlations and Understanding DD.

But the medical reports shed some light into the condition for those with an eye for bioelectromagnetic correlations. Dupuytren's disease is a very specific affliction and primarily affects people of Scandinavian or Northern European ancestry, though it is also wide-spread in some Mediterranean countries like Spain or Bosnia, as well as Japan. A look at the emotional environment as a major contributor along with the type of labor of those afflicted would open up to more understanding. It affects more men rather than women who are over the age of 40. This is when the effects of hard physical labor on an older body begin changing. It also affects people with a family history of the disorder. Sixty to seventy percent of those afflicted have a genetic predisposition to Dupuytren's contracture. This relates right back to the emotional environment as well as a tendency toward similar labor opportunities.

Correlations have also been found between Dupuytren's contracture and smoking or drinking activity. Smoking primarily effects Lung Energy, and alcohol relates to 5th Stratum. Alcoholism and Liver Disease have a 5th Stratum relation (alcohol = fire element = 5th S.) and Liver energy goes through the cerebrum and relates to middle finger.

Pulmonary Tuberculosis is a Lung relation (2nd Stratum).

Medical studies including private occupation exhibit manual stress as a risk, but obviously onset of Dupuytren's does not happen to each and every patient under the same conditions. A disposition probably inherited is needed to acquire this disease. Meaning the mental and emotional environment affect of 2nd and 5th Stratum on the patient. However, it is possible that a not yet noticed (dormant) nodule starts growing after the hand has been injured. The healing process may be the driving force in those cases, and this might also explain why some patients develop Dupuytren's even after an accident/surgery elsewhere, e.g. an injury of the arm rather than the hand.

This simply reiterates the scar tissue correlation.

Another mechanism that might induce Dupuytren's contracture is repeated minimal damage causing chronic inflammation of the tissue. In this case the patient experiences no single dramatic injury, but is exposed to a regular, repetitive micro-damage of the hand.

There is some indication that Dupuytren's contracture might be a chronic inflammatory disease.

At this point I think of the quote from Einstein: “It is the disease of ignorance that I’m most concerned.”

Conclusion

Using a process of seeking common denominators and a process of elimination, I conclude that Dupuytren’s disease is primarily a 2nd Stratum project which involves 5th Stratum and can include 6th Stratum in some instances.



Photo courtesy of Fotolia

The symptoms mostly correlate to ring finger which represents 2nd Stratum. One may say that the path of Large Intestine begins in the index, so why not there? The digit for 2nd Stratum is ring finger or fourth digit.

Ring finger relates to #9, which is in 2nd Stratum and relates to all SS fingers and toes. Remember, when the feet are also involved it progresses more rapidly. What else governs same side limbs like #9, and has a bilateral affect?

The Finger to Vertebra chart in Volume 3 (pg. 247) provides interesting connections such as: Ring Finger = C4 (relates to palm & Umbilicus= curling inward or cupping), T4 (relates to thumb), T10 (relates to palm again, and Umbilicus, and cupping), L4 (Index), S4 (relates to Ring, 2nd S., Large Intestine, dermis, #9, and callouses), Coccyx 4 (Middle).

Little Finger = C5,C6,C7, T5, T11, L5, SS (has 4 correlations to ring, little, palm and cupping).

Little finger relates to 5th stratum and effort = manual labor and performance oriented.

Ring finger relates to 2nd Stratum and sadness and

grief = effects dermis, #9, callouses, upper and lower limbs (ss) and has a strong bilateral effect.

Note that all energetic “accumulations” begin in dysfunctional 2nd Stratum. Dupuytren’s disease begins with a small knots under the tissue. The small knots start in the palm (Umbilicus) and results in a curling of the finger(s) which is clearly an Umbilicus correlation.

There are more correlations but I think these have clarified well enough the main energy dysfunction.

Emotionally, I would summarize as relationship issues with sadness/grief and resulting in performance oriented and effort.



Photo courtesy of Fotolia

Suggestions

Identify and address the emotional aspects (do not pass them on as so-called genetic). #9 Sequence for same side limbs and fingers, especially ring finger. Umbilicus Sequence for the curling, cupping and palm related dysfunctions (although, Umbilicus also relates to ring finger on another level).

Large Intestine Sequence for finger related issues, especially ring and tendons, muscles and fibrous growths-accumulations.

Another application to include as support would be OFT (Opposite Fingers and Toes) Sequence. 🍷

snapshots



A great class in Cleveland, Ohio.



Registration at the TKM Conference this September in Frisco.



Above, below and left is the TKM Conference in the smaller rooms on the last two days.



Left: The TKM Conference group which completed the full 5 days.

How Seriously Are You Involved For Your Healing?

A Testimony of Active Sacrifice, Commitment, Perseverance and Great Fruit

A letter to the King Institute by Lynn Coalmer

I wanted to share that I had a fantastic breakthrough on Sunday night's TKM session at home. My husband Mark and I work like engineers, so I've been staring at my TKM pages and asking why does my sacrum still hurt? Why does my Hip Level feel very heavy? Mark hasn't done well with pulses because he can only feel Fifth Stratum no matter who he touches. So we worked the E.S. #8s from every point imaginable, and they constantly have a "glowing feeling" now. I'm conscious of them, but I can't call it pain.

I assume this is good, along with my eyebrows growing back in (I've had very sparsely haired eyebrows for over a decade and have used eyeshadow to fill them in). We did the Right Hip #2 Special Advanced Sequence many times which really helped. Also mixed in a smattering of all sorts of Kidney, #15, #3, #23,25, #13, Gallbladder, plus lot's of good stuff. And yet my left sacrum still hurt.

Sunday night, we did the Left Regeneration Sequence, in which had very little affect on me before. Lot's of time and I didn't feel much going on.

Well, now with the E.S. #8s and the Hip #2 pathway open--shazam! It was like white, hot/icy pain where Mark's hands were. Each step I could feel all sorts of energetic flows going up each leg. He had little time that night so we raced through it and we repeated it Monday night. Same unbelievable sensations.

He's out of town now, but I think the E.S. #8s and the Hip #2 were the missing link in the Left Regeneration Sequence in working on me. And now is it ever! It clicked; that is why the Left Gallbladder Sequence didn't help the pain at my sacrum. It was secondary to the physical flow from the coccyx, as you initially told me in my first visit. And yes, the Gallbladder Energy pathway was blocked along that left sacrum plumbline, from which the Left Regeneration Sequence is suppose to clear that circulation. Due to this congestion affecting Gallbladder and other energy pathways, it has yielded symptoms such as gallstones by the thousands, chronic T1 issues (which chiropractic care didn't resolve), my left shoulder appearing higher than the right, and pains at left E.S. #22. But the Left Regeneration was useless without first opening the E.S. #8s and applying the Right Hip #2 Sequence. This demonstrates the interconnectedness and dependencies within the body that you teach in classes. And of course, my sacrum pain was addressed and my hip heaviness was gone!

Part of my excitement is just the fact that I'm able to put all these things together, and even though we're pulse challenged, it makes sense out of the combination of energy blocks. I was telling everyone I had the gift of pain to know whether what we were doing was hitting the mark or not.

What's next? I know we'll be hitting the Left Regeneration

for awhile (plus Right Regeneration), and #23, #23,25 will probably be important. And then Gallbladder, and not to forget Spleen which should work better once the blockage along the left sacrum is opened too, and probably E.S. #14s. The left #24 burned particularly, so I don't know what's up with that. I'm so glad I have an appointment with you coming up soon. I plan on doing a gallbladder/liver flush next week to clear up the physical build-up I know is there from previous flushes.

Mark made the comment that the Left Regeneration Sequence is like a whole different sequence now, and it actually seemed like he was enjoying the process Monday night. This comes after five months of what seems in his eyes of slave labor. He's Mr. Von Fifth Stratum, so sitting still for 1 to 2 hours is pure torture, and to commit to doing it everyday has been an unimaginable commitment of faith for him, but such sweet rewards for him to be the one to "heal" his wife. What an awesome husband!

Our relationship is closer because of TKM, even though it has caused much heated discussion by pushing it into our schedule.

Mark only has three to four hours of time at home each day, and he travels every other week. We have examined every activity with scrutiny and fought for our precious hour/day. No one has time for

TKM; they make time for TKM, and it seems almost as if the devil himself is against it on a daily basis.

I cannot thank you two enough for tirelessly sharing your ministry to people. I can't imagine a doctor in the whole earth who would have understood the root cause for my complex chronic, specific, peculiar illness to the degree and accuracy that you have, which astounds me and brings tears to my eyes knowing only God's hand could have brought me to you. Thank you for your fanatical pursuit of Murai's earlier works and for developing TKM into medicine of, by, and for the people! Many thanks. I'm so looking forward to learning more. As Kayla says (my daughter), "TKM Rocks!"
God bless you both, Lynn 🙏

cont.from pg. 10
sleeping, and not looking well.

I checked pulses and decided to apply R&R 4th Stratum Sequence and my daughter apply the Spleen and Stomach Sequences later.

The next day he was up and looking better than he was before he wasn't feeling well.

Our family has been helped in several ways by other sequences.

Thanks so much for keeping this pure from the per-versions that Satan has tried to muddy the water with.
Cindy

My Vision is Sharper

Hello,
Right before the Wonderfully Made conference, I mentioned to my daughter that I needed to purchase new glasses. My very old pair has been sat on and are very scratched up, although the only time I was using them was while driving at night.

My vision has been getting worse lately and who wants to wear beat up, uncomfortable, and out-of-date glasses all the time. It is an expense that I didn't want to make. But I could tell that I needed to start wearing my glasses full time.

You can imagine my delight when I noticed after day three of when I noticed after day three of the Wonderfully Made seminar that my vision was sharper! I'm very excited about the change. I'm going to put off purchasing new glasses!

I wasn't looking for this or expecting it. The people that worked on me were going by the pulses! They weren't treating symptoms. They didn't know

I am very thankful!
Blessings to all,
Andrea

What a Difference a Class Makes

The Self-help class at the Sebring First Baptist Church went extremely well. I am very optimistic of the fruit that will come from it. They were enthusiastic and truly appreciative to get the class in the manner we provided it.

Fifty two started the class, but three just didn't come back the second night. *cont. pg. 16*

Pulse Puzzle

Pulse puzzle is a regular part of each *KIMA Journal* issue for graduates of Level 2 and above to help learn more about pulses. The following are some abbreviated examples used in the pulse puzzles, similar to demonstrations in class.
S = Silent
L = Loud
W = very weak pulse
R = Rapid
The numbers (1st -5th) represent the stratum texture.
FWT = Fluff with Tone. There can be combinations such as: W/FWT.

The study example is below and the observation and suggestions are on **page 17**.

S	Lg. Int.	Sm. Int.	S
S	Lung	Heart	1st L
S	ST	GB	S
1st L	SP	LV	1st L
S	DIA	BL	S
S	UMB	KD	S

Think of common denominators and processes of elimination to determine options before viewing the suggestions.

I heard one was uncomfortable when hearing the role emotions played in our health or lack thereof.

Sunday morning a lady (age 80) told me that after applying self-help Saturday evening she was able to stand during the hymns in worship service for the first time in years without pain. Another lady told me that she showed her sister how to apply #10 Self-help for her sore throat, then sat and watched her cough up lots of phlegm and thirty minutes later she was all better. Another gave testimony in our Bible study group that the

class had opened her eyes to scripture in new ways and everyone in the church should take it.

An EMT class is this Saturday with many from the same group. We invited members of the local EMS to attend. My brother-in-law is the director and picked up flyers to distribute to his people. I'll let you know how it goes. God is doing great things!

Jim Robertson
Associate Instructor
King Institute, Inc.



If all physical things are made of atoms, why do they have different physical properties, like wood is hard and rubber soft?

By Glenn King, PhD, C.D.N., C.N.

The answer is CHEMISTRY! Yes, all things are made of atoms, and all atoms are made of the same three basic particles - protons, neutrons, and electrons. But, all atoms are not the same. The number of protons in an atom determines what element it is. For instance hydrogen has one proton; carbon has six. The difference in the number of protons and neutrons in atoms account for many of the different properties of elements. But most of the "real world" physical properties of materials are caused by electrons. The number and arrangement of electrons in an atom define the chemical characteristics of elements.

A way to think of electrons is they're the outer coating of an atom that "shows." The electrons are the glue that holds atoms together in chemical bonds. The basic electron number is determined by the number of protons. In a stable carbon-12 atom there are six electrons, since

there are six protons. But it gets much more interesting than just counting electrons.

Also, most things we encounter in the world around us are not pure elements. Literally everything around us is composed of various mixtures of elements. And when atoms of two or more different elements are joined in chemical compounds, the effect on the properties of the resulting compound is amazing. This is because the electron configuration of the combination is so different from the structure of the single element.

For example, pure sodium will explode if you get it wet. Chlorine is usually a gas, and quite caustic. But when combined chemically to form the compound sodium chloride (table salt), the physical properties are completely different. This reveals that most of the physical properties of materials we're familiar with come from the chemical form of the material - and that means the electron configuration. Even whether a material is shiny or dull, or a liquid or gas come from the electron configurations of elements and compounds. This is a simplified explanation, but hopefully helpful.



Pulse Puzzle Suggestions:

Observation: Most of the pulses are obviously silent and the only textures noticed are 1st Stratum in Liver, Spleen and Heart. When looking at textures, Spleen is obviously disrupting Heart and Liver Energy. Looking for the likely culprit for the silent pulses seems to be Spleen. Since Spleen revitalizes all energy, it can also cause weak or silent pulses when not functioning correctly.

Suggestions: This seems pretty straight forward. Simply apply the Spleen Sequence. Another course would be to apply the Heart and Liver Sequences to strengthen them against interference from Spleen. But, this would still not address the majority of the silent pulses. Therefore, Spleen remains the main focus to accomplish the most in moving towards fluff with tone for all pulses.

Summary: When you feel a lot of silent pulses and also see a clear issue with Spleen Energy, then the favored one to apply would usually be Spleen Sequence.

New Sequence for Revitalizing the Shoulder (pg. 226 in Volume 3).

The diagram illustrates Left sequence Energy Spheres only. Refer to Figure A-1.

LEFT Sequence, sit on the **Left side** of the body.

Procedures	Positions
For Hands	(to) On Body E.S.'s

step 1 right	to	left	10
and left	to	left	High-19
step 2 left	to	left	19
step 3 right	to	left	23
step 4 right	to	left	9
step 5 right	to	right	11
and left	to	left	9
step 6 left	to	left	ring finger
step 7 left	to	left	index finger
step 8 left	to	left	23
and right	to	left	wide 22 (place all fingers into the cuff)
step 9 left	to	right	8

This application is to be applied by another person.

Preparation: Preferably lay in a comfortable position. For best results, both persons, remove all metallic objects from body and clothing. 100% cotton clothing is best.

Length of time: Hold each step (*location*) a minimum of four to five minutes or up to twenty minutes if needed.

Application: Use finger pads (*palm side down*) of your first three fingers (*index, middle, and ring*) to apply contact for each location.

Always hold 2 locations when applying any step.

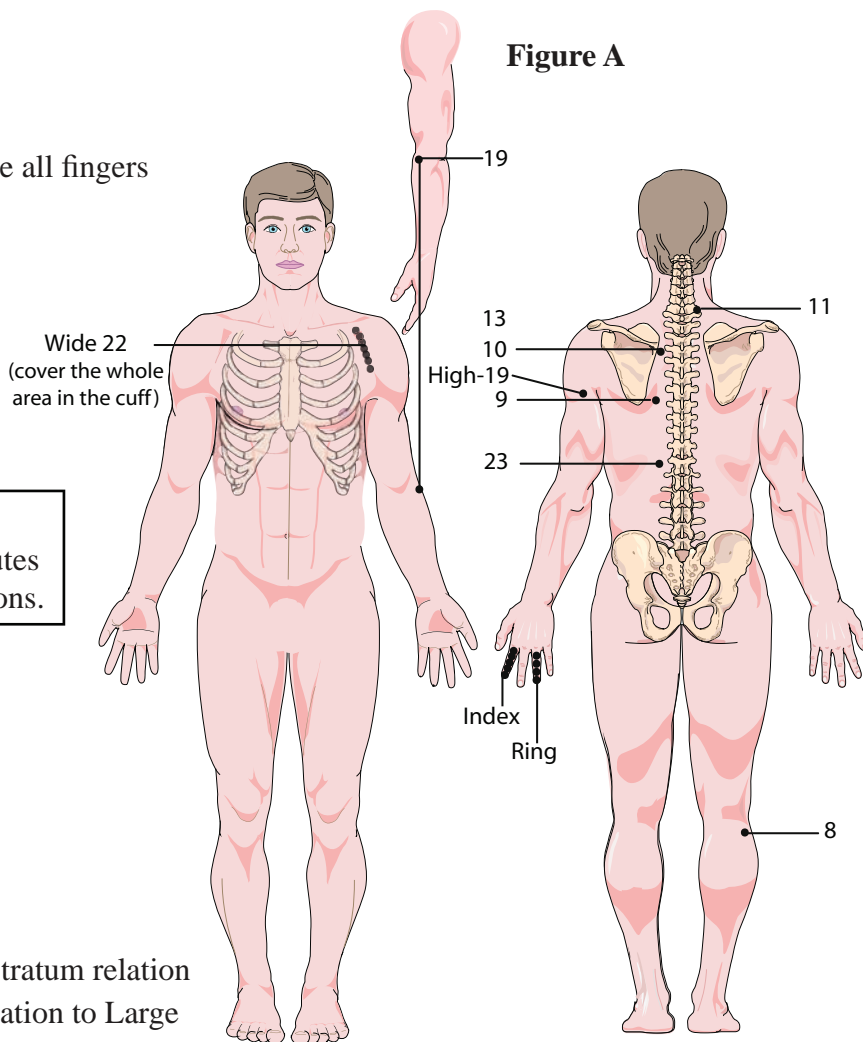
Important: Pressure is not needed to achieve results, in fact, it inhibits the process. Only contact is needed to stimulate circulation.

When to apply: This can be applied at anytime.

RIGHT Seq. sit on **Right side**

1 L - R	10
R - R	High-19
2 R - R	19
3 L - R	23
4 L - R	9
5 L - L	11
& R - R	9
6 R - R	Ring
7 R - R	Index
8 R - R	23
& L - R	H-22 (all in cuff)
9 R - L	8

Vital: Hold steps 8 and 9 for a minimum of 10 to 20 minutes for chronic shoulder conditions.



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Note: This sequence is primarily a second stratum relation for left or right shoulder and has a direct relation to Large Intestine pathway.

It stimulates **Ascending and Descending energy**. It also relates to 3rd and 5th strata due to cross correlations in the shoulder. 2nd, 3rd or 5th stratum correlations may apply depending on the cause of a shoulder project. Left shoulder relates more to 5th stratum, while right shoulder relates more to 3rd stratum. This is not the same as the paralysis sequence, but also helps arm paralysis. This has been highly effective in providing relief for numerous shoulder pain and projects.

fyj good info to know!

Whose Economy Do You Live In?

By Glenn King, Ph.D., C.D.N., C.N.

This week I heard of a man in my local area that was a Christian and church member who hung himself. It was said that he ended his life to avoid facing the financial doom that the world's system is proclaiming as much as possible.

The media has everyone hyped-up about the America's economical fringe of disaster beyond imagination. As believers in God's Word, we need to stop and look at the truth and not the facts of the world or speculation of any facts.

I might see how some who live according to the world's system might start believing that a great snow balling disaster was at hand. But, for a Christian to depend on the world's system for security, ability and provision is simply not knowing or believing in God's promises for His people.

I also know that far too many pastors are not teaching the Truth, but instead are leading their flock into the darkness of the world's system because they are actually believing it over God's word.

This can easily happen when we take our eyes off the faithful promises of God, even in times of famine in the country or world. God uses the faithful who stand on His promises to help provide for the ones who have fallen into the clutches of fear and lack, which is not of God.

Let us return and live according to the truth. In 1 Kings 17: 1-16, God not only warns that a dry and famine season is at hand, but He directs Elijah to turn East and go to the brook Cherith and he will be provided water. God does far more to show His awesome way of providing from the least likely possibilities. God commanded the ravens, the stingiest creatures on the planet, to provide for Elijah. If you research how ravens are raised and how they don't share anything with anyone, not even their

own offspring, then you can understand why God chose the raven to show His unwavering faithfulness.

If this was not enough, when the brook dried up God told Elijah to go to Zarephath where a widow was preparing her last two flat bread cakes for her son and her to eat and then die, because there was nothing more.

Elijah said for her to bring him some water and make him a cake before they ate, knowing they had none left, he tested their faith. She did as he said, and the container of oil and flour jar never decreased until the famine ended.

God will show Himself faithful in the most unexpected ways.

Read also in Genesis 26:1-5, where Abraham fell into fear during a famine and ran to the Philistines (in Scripture, Philistines represents the flesh and Egypt the world system). God knew that he would end up in the world system if he went the way of the Philistines, so He spoke to him and said not to go to the Philistines (the flesh, which will lead to the world system), but to stay where he was and He would bless him. And He did. God is able to bless His faithful people where they are.

There are many other places in God's Word that shows His provision in such times as what is at hand, and how He always shows Himself faithful to the faithful.

My suggestion is to get debt free quickly so you won't be entrapped by the world system and can be used by God to provide for those in need in the times to come.

Be encouraged and encourage others. Operate by faith and God's promises and not by fear. 🙏

Healthy Eating

Home Style Almond Butter (Gluten Free)

by Hillary King

The best nut butter available is made right at home. I know you can buy almond and other nut butters at natural food stores, but try this recipe and see if you can still be satisfied with any store bought nut butter. This is great year round and easy to make, as well as easy to serve. We like it simply spread on gluten free flax and millet bread with a touch of honey added and a glass of rice or soy milk.

You'll need:

Dry goods:

1 1/2 pound of raw or dry roasted almonds

1 teaspoon of sea salt

Wet goods:

1/2 cup safflower oil

1 tablespoons of good (local to your area) honey

Preparation: Place the almonds in a food processor. Blend for one minute, then slowly add about a tablespoon of oil at a time while blending. When you have added all the oil, then add the salt and honey. Blend all together for about 30 seconds or until it has the texture you desire.

I like it a little more crunchy than smooth. You may also like a slight amount more or less of oil. If changing the amount of oil in the recipe, I suggest trying just a teaspoon more or less. A small amount makes a big difference.

Serving: This will make about 24 to 25 ounces of nut butter. You can spread some on bread or just eat with some rice, wheat or gluten-free crackers. Some like to use this delicious nut butter as a dip with vegetable sticks.

Tip: It is protein rich, plus almonds are one of the most alkaline nuts for your system and health. You may substitute other nuts such as cashews or pistachios, but we do not recommend peanuts for a healthy diet.

Have a blessed, delicious, and enjoyable Fall!

What Doctors Don't Tell?

By Glenn King, PhD, C.D.N., C.N.

It is refreshing to see a physician reveal or admit what some already know is true. Dr. David Newman, is a New York City emergency department physician who also studied philosophy, was a paramedic, and served in Iraq at an army hospital. He currently trains medical students and residents at Columbia University and St. Luke's Roosevelt Hospital Center.

Dr. Newman has written a book about the secrets your doctor keeps from you. But he's not talking about any "secret cures" or alternative medicine. Instead, it's about the secrets hidden in plain sight in medical journals and hospital hallways. His book, *Hippocrates' Shadow: Secrets From the House of Medicine* (Scribner), reveals about placebos often used and the many common health issues that are simply not understood by doctors, but they never admit it.

Dr. Newman said doctors simply don't know as much as you think they do. For example, they don't know what causes most cases of back pain or what makes it better.

Doctors do know that many of the tests, drugs and procedures they order and prescribe either do not work or have not been proven to work. Case in point; they keep prescribing antibiotics for colds and bronchitis.

Doctors disagree, often, about everything, including whether that chest X-ray you just had really shows pneumonia. Doctors like ordering tests better than they like listening to you. Ordering tests makes them look like they know what they're doing.

"Doctors are not bad human beings," Newman said; time limits, lawsuit fears and the demands of insurers deserve some blame for the truth gap. But medical training and traditions play big roles.

Take the antibiotic problem. Studies show half of the patients who go to a doctor with a common cold are prescribed an antibiotic. Colds are caused by viruses; antibiotics only kill bacteria. But antibiotics kill good and bad bacteria, which leaves you in a worse condition and more vulnerable to infection or infestation.

Newman said "Doctors think patients want a prescription. They also know that patients feel better once they get that magic pill."

"Although, doctors should know that patients are more satisfied when physicians take a few minutes to listen, explain why antibiotics won't help and suggest some symptom relief that won't come with side effects such as diarrhea, yeast infections and allergic reactions," Newman said.

Further more, Newman said, "Doctors don't like to admit that many test results are not as black and white as they appear. They're not as accurate as what people are led to believe. Communicating shades of gray is harder and not taught in medical school. And while patients assume doctors rely on science, it's not uncommon for the decisions we make to be entirely based on personal opinion."

Letting patients in on secrets like

those would allow them to make better, more healthful choices, he said.

Other doctors will argue with some of Newman's views. For example, he says routine mammograms don't save lives, a conclusion at odds with the American Cancer Society, the National Cancer Institute and other medical groups.

The idea that Americans get worse medical care than they realize is gaining notoriety, as the quality of medical care in the U.S. is falling fast in the international scope. This is often realized through people often getting too many, not too few, tests, drugs and procedures, but not effective treatment.

Think about this summer's recommendation from the U.S. Preventive Services Task Force that men over age 75 should stop getting blood tests for prostate cancer (because they are more likely to be harmed by prostate cancer treatment than to die from the disease). Or read *Overtreated*, a 2007 book by a former health journalist. Shannon Brownlee writes that the biggest problem is doctors and hospitals "get paid more for doing more."

Newman said, "Whatever the causes, part of the cure must be straight talk. There is a lot of personal responsibility in this. It's all about patients and doctors communicating."

It is time for the people of this country to wake up and smell the deception and demand more quality for the billions of dollars that are paid annually.

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