

KIMA

Issue 5

The Journal of
The King Institute Method® Association
A Publication of the King Institute, Inc.

FOR THE SAKE OF OUR CHILDREN



WE PRAY - AND DO ALL WE CAN!

ICE - How A Cell Phone Can Save Your Life In An Emergency
Junk Food In Schools And Rising Child Obesity

Extraordinary Alternative Medicine for Extraordinary Results

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Editor**Published by**
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Notes from the Director

Congratulations! This officially begins the second year of KIMA Membership. I thank you for your dedication, feedback and encouragement to others to become a KIMA Member. I didn't know what the renewal rate would be for this new venture in seeking how to serve you better, raise the credibility of the organization and its members, provide you with a venue for continued learning of TKM®, student referral, significant health news and beneficial information to improve your health and life.

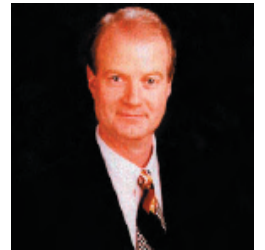
Well, most of the first year's members renewed, and we have a higher rate of new members this past quarter than the first quarter. Thanks to you, we are gaining new members at a steady rate each quarter.

Another goal was to hopefully provide additional revenue, above needed cost, to help fund the growth of the organization and to fund the most needed programs to help people in need. I had high hopes of accomplishing this last year at the beginning of membership, but only 3.5% of our database signed up as members. The first quarter's total members doubled by the end of the year (membership is September to September). We actually had to cover some of the cost to provide the four issues of the *Journal*, but this year has a better start. I'm looking more long term (several years) for the KIMA membership to reach levels where there can be extra revenue from this source to help fund important projects to aid others in their health recovery.

In the meantime, I can tell that you are committed in your role, and hopefully we have served you well with all the benefits of membership. We will continue to provide increasing benefits and a better *Journal* each new issue.

My sincere gratitude! God Bless!

Glenn King, Director



Editor's Corner

Welcome to the first issue of the new year! We learned a great deal from our first year, and we've implemented some new layout designs and formats to hopefully make this and future *Journals* better and easier to read. Your, the readers', feedback has helped us tremendously, and we thank you for your constructive criticism.

Some of you might know that this holiday season, the new movie version of the C.S. Lewis masterpiece *The Lion, the Witch and the Wardrobe* will be in theaters. As I did with the *Lord of the Rings* trilogy, I decided to read the entire *The Chronicles of Narnia* prior to seeing the movie in the next couple months. I had read *The Lion, the Witch and the Wardrobe* in elementary school, back in the days when Christ wasn't lord of my life. I now read it with very different eyes, recognizing the Biblical analogies beautifully woven into a magical story.

One of the parts that stuck in my mind while reading is the fact the Lion (the representation for Christ in the story) appears physically bigger for every year a child grows older. For some, he's a virtual giant. And when a child grows too old, he or she can't return to Narnia but must look for the Lion in their own world, the real world, our world. It's an interesting metaphor for the Christian walk, and I take it to mean that just because you're one year older (and hopefully wiser) doesn't mean you need the love of God any less. And beyond that wonderful realm of childhood, you need Him more.

It's a comforting thought, and a little sad when you think of it. But then again, growing up is a bittersweet business, with the turn of a page closing on an old chapter and opening up a new one. I think every child deserves a childhood. It's a fragile gift that shouldn't be at the mercy of politics and pop culture. They should all have a chance to find the Lion in their youth, so that when they're adults, they know there's something to look forward to in the real world.

Thanks and enjoy.
Christine Dao, Editor

Junk Food in Schools

Report shows that availability of competitive foods in school increased while child obesity rates rise

For some parents, preparing sack lunches for their children is a common practice. For others, a few dollars for a school lunch will do.

While the child may enjoy a healthy breakfast at home, his or her taste calls for something different once the lunch period comes around.

It's no surprise that healthy eating habits are formed at an early age. Children whose parents provide them with nutritious meals and snacks often make similar healthy choices in their adult years.

It's easy for parents to monitor what their kids eat when they're at home. However, they've had to rely on schools to provide nutritious food when their children are away during the day. With the availability of cafeteria options, such as pizza and deep-fried foods, and vending machines offering salty soft drinks and candy, it's easy for children to eat unhealthy foods at school.

This has raised concerns, since the CDC reported the number of children that are overweight has doubled, and the number of adolescents has tripled since 1980.

The increasing child obesity rates have led the General Accountability Office, the investigative arm of Congress, to assemble a report that was released earlier this month. The report focuses on foods that compete nutritionally and financially with federally regulated meal programs, called competitive foods.

"Since children spend a large portion of their day at school, providing them with healthy food options throughout the school day can be an important step to good child nutrition," the report says.

The USDA's Food and Nutritional Service the two key school meal programs, the National School Lunch Program and the School Breakfast Program, through local school food authorities, or SFAs. The meals in schools are subsidized as long as they meet certain nutritional guidelines. These programs often cover breakfast periods before school, the lunch periods in the middle of the day and later during after school enrichment programs.

Competitive Foods

Competitive foods are not regulated nutritionally and financially by federal entities. Items such as bottled water, 100% juice, fruit, vegetables and yogurt are considered competitive but not necessarily unhealthy.

The concern stems from foods that are deemed "not clearly nutritious or less nutritious" and "less nutritious." The most common items found in these two categories are less than 100 percent juice, low-fat salty snacks and desserts, fried vegetables, candy and soft drinks.

The Report

Between October 2004 and February 2005, the GAO surveyed 80,000 public schools nationwide that participate in the National School Lunch Program. Findings include increased availability of competitive foods over the past 5 years, and it's estimated nine out of 10 schools sold competitive foods during the 2003-2004 school year.

Between the 1998-1999 and 2003-2004 school years the percentage of middle schools offering competitive foods through a la carte lines, vending machines or school stores increased from 83 percent to 97 percent. More specific figures during the same period include:

- The percentage of middle schools with exclusive beverage contracts increased from 26 percent in 1998-1999 to 65 percent in 2003-2004. These are noted by the drink vending machines available on school campuses.
- The number of vending machines increased more than one-third in middle schools and more than one-half in high schools.
- A la carte sales increased more than two-thirds in high schools, more than one-half in middle schools and more than one-third in elementary schools that have a la carte sales.
- In addition, a la carte varieties increased in about one-half of all schools that have a la carte sales.

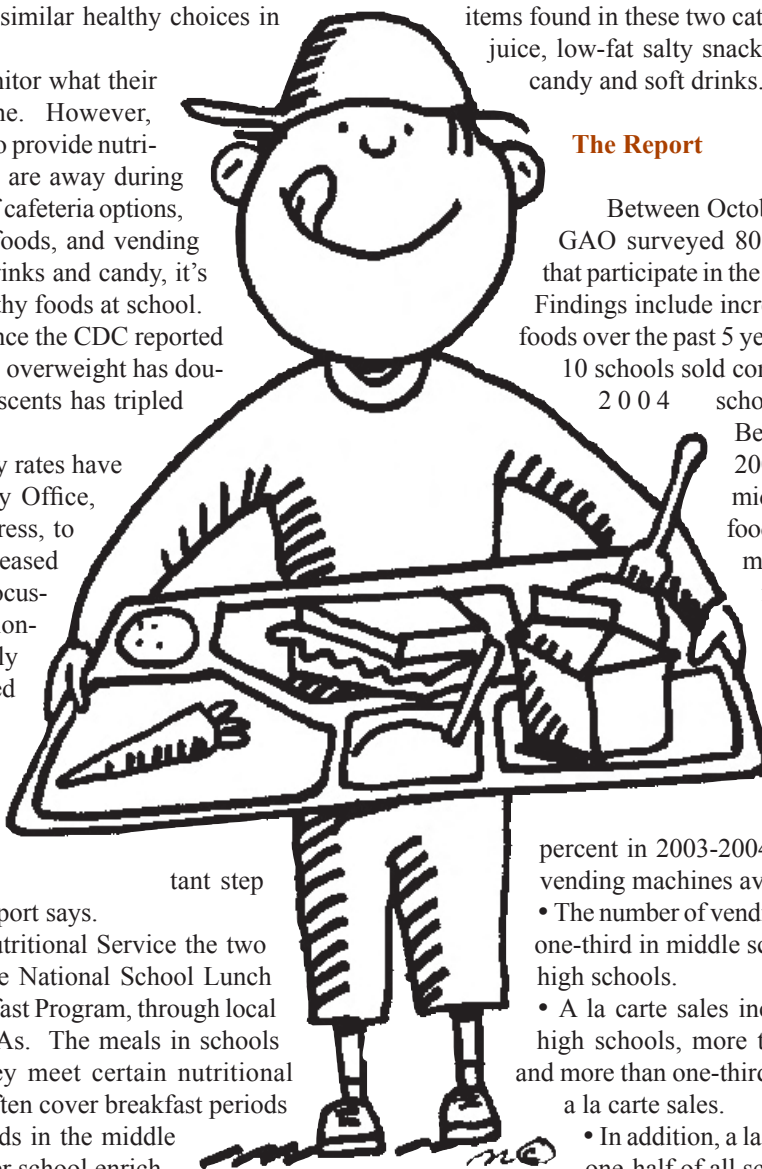


Illustration by Mark A. Hicks

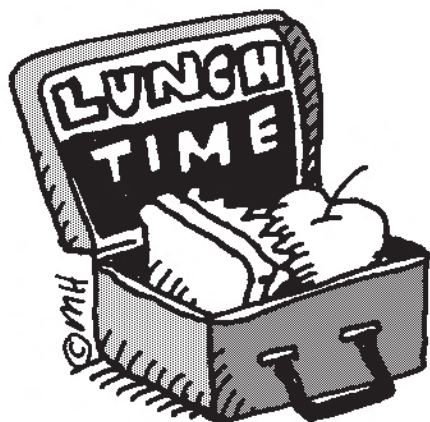


Illustration by Mark A. Hicks

Competitive foods are sold in school through a variety of ways, such as a la cart lines in school cafeterias, vending machines and school store. Federal regulation on competitive food nutrition content and sales is limited. Instead, school districts set competitive foods restrictions, and revenues from sales go to support food service operations and student activities, such as “student field trips, school assemblies and programs, and athletic equipment and facilities.

“High schools and middle schools generally raised more revenue from competitive food sales than elementary schools, reflecting the greater availability of competitive foods in high and middle schools,” the report states.

The survey found that about 30 percent of high schools that generated the most revenue raised more than \$125,000 per school from competitive food sales in 2003-2004. Some elementary level schools raised \$5000 in the same period from competitive food sales.

What’s Being Done

As of April 2005, 28 states are making efforts to restrict competitive foods in schools beyond USDA regulation. On Sept. 15, Gov. Arnold Schwarzenegger signed legislation to ban carbonated drinks in California high schools. The ban, which already exists in California’s elementary schools, will cost school districts hundreds of thousands of dollars in lost income.

“Obesity-related health problems cost us \$28 billion a year,” Schwarzenegger said. “We are going to terminate obesity in California once and for all.”

In addition, Schwarzenegger also signed a separate bill to increase spending on fruits and vegetables in school meals.

The USDA has taken several initiatives to promote child nutrition, such as tool kits

Table 4: Types of Competitive Foods Often or Always Available through Any Venue in Schools, by School Level and Nutrition Category

	Elementary schools	Middle schools	High schools
Water	▲	▲	▲
Milk, 1% or skim	▲	▲	▲
Milk, whole or 2%	▲	▲	▲
100% juice	▲	▲	▲
Fruit	▲	▲	▲
Vegetables and/or salad	▲	▲	▲
Yogurt		○	▲
Less than 100% juice	○	▲	▲
Sports drinks		▲	▲
Low-fat salty snacks		▲	▲
Low-fat sweet baked goods		○	▲
Low-fat frozen desserts			○
Sandwiches	○	▲	▲
Pizza		▲	▲
Fried vegetables			○
Frozen desserts (not low-fat)		○	▲
Salty snacks (not low-fat)		▲	▲
Sweet baked goods (not low-fat)		▲	▲
Candy		○	▲
Soda		○	▲

	Nutritious
	Neither clearly nutritious nor less nutritious
	Less nutritious
▲	Item is estimated to be available in approximately half or more schools with any venue
○	Item is estimated to be available in approximately one third or more schools with any venue

Source: GAO

Note: The nutrition categories assigned by the shading are general descriptions of the foods in each category. GAO created these nutrition categories to generally reflect the Dietary Guidelines for Americans, recognizing that they may apply to many but not all foods of each type - nutritional content can vary depending on the ingredients and the methods used to prepare foods.

with tips to encourage children to eat more fruits and vegetables. The Department of Health and Human services and the CDC are also getting involved to help schools assess their environments and improve the effectiveness of their health and safety programs.

In implementing similar programs, districts are facing some obstacles, particularly concerns about revenue losses.

“In these cases, school principals most frequently expressed these concerns because competitive food revenues often provided discretionary money that was otherwise unavailable to fund a variety of projects and needs at the school level,” the report states.

This hints to the obvious and growing problem of public school funding.

What You Can Do

Government regulation is a start, but it isn’t the final answer. Uncle Sam’s nutrition guidelines don’t always align with the opinions of licensed nutritionists and dietitians.

For example, dairy products or not a good source for nutrition, most nutritionists understand. Many people have allergies to dairy products and others sometimes deal with excess mucus, sluggish digestion and constipation. The most inaccurate statement about dairy is that it’s a good source of calcium. It is when it’s fresh out of the cow,

Figure 2: States That Have Made Efforts to Restrict Competitive Foods in Schools beyond USDA Regulations, as of April 2005



but after pasteurization and homogenization, dairy's chemical balance is altered and shifts from being high in calcium and lower in phosphorus to lower in calcium and higher in phosphorus, which actually has a reverse calcium benefit upon introduction to the human body. It can lower calcium levels by leeching calcium from blood, tissue and bones. Soy milk and rice milk are good beverage choices versus dairy milk.

Canned foods are the school's first choice for vegetables and fruits and are the lowest sources for healthful, nutritious vegetables and fruits. They're basically one step up from microwavable food, which is void of nutrition and dangerous to your biochemistry. Canned vegetables usually pass quickly through the digestive system as the body tries to rid itself of nutritionally-poor food. Canned sources of food, whether vegetable, fruit, juice, meat, soup or other is not recommended as nutritional staples.

Most people that investigate a healthy diet for their children understand that processed sugar or high concentrations of any sugar source is detrimental to a child's physical, mental and emotional health. It's the number

one source for hyperactivity and attention and behavioral disorders in children.

America's favorite peanut butter and jelly sandwich is also a common healthy misconception. Deceptive by name, a peanut is a legume, and for multiple reasons is not a healthy choice. Fresh almond butter is a preferred healthy choice and most consumers think it tastes better. The almond is one of the most alkaline-producing nuts, which helps balance most of the acid-producing foods we normally eat. Paired with 100 percent fruit jams or locally farmed honey makes a great replacement for the traditional PB & J sandwich that we all grew up loving.

Fresh vegetables slices, sticks and salads with a natural dressing dip is a tasty and nutritious snack that will help with digestion and help children mentally focus. Most fresh vegetables keep well in sack lunches for a school day, such as carrots, celery, cucumbers, broccoli and cauliflower. However, another healthy urban legend is iceberg lettuce. Iceberg lettuce, like many other genetically hybrid vegetables, has no nutritional value. Green lettuce, Romaine,

spinach and other natural varieties contain the necessary nutrients expected of green, leafy vegetables.

Meat that contains nitrates or any kind of chemical preservative is also a very unhealthy choice. School cafeterias are famous for mysterious meat concoctions, which is most likely why children favor fried foods. The only way to face the issue is to go back to basics with fresh meat menu choices. There are such items available on the market as non-nitrate containing hot dogs and hamburgers, to name a few. Delicatessen-style meats without nitrates are also not uncommon. Since these items don't contain preservatives, they don't have extensive shelf life. However, with the amount of food consumed by school children in a day, we ask, is shelf-life really an issue?

There really are no good excuses to yield to a child's desires for eating unhealthy or making bad food choices, since it's as much to change food habits in children as adults. When children are raised with healthy eating habits, they will choose healthy foods to eat when they are older. That responsibility rests with the parents. 🍎

WHO YOU GONNA CALL?

We've heard all the ways that cell phones are bad for our health. Now, here's a way that your cell phone can probably save your life.

ICE™, which stands for "In Case of Emergency" is the brainchild of East Anglican Ambulance Service paramedic Bob Brotchie.

Brotchie, 41 and a paramedic for nearly 13 years, knew that up-to-date medical information could mean the difference between life and death. He also knows that it's important to contact an injured person's loved ones as soon as possible.

"I was reflecting on some of the calls I've attended at the roadside where I had to look through the mobile phone contacts, struggling for information on a shocked or injured person," Brotchie said in an EAAS press released in April. "It's difficult to know who to call. Someone might have 'mum' in their phone book but that doesn't mean they'd want them contacted in an emergency."

So he came up with the idea of ICE. Brotchie suggested that the word "ICE" should be programmed into a mobile phone's address book with either the number of a doctor or a loved one to contact in the case of an emergency episode.

"Almost everyone carries a mobile phone now, and with ICE, we'd know immediately who to contact and what number to ring. The person may even know of [the injured person's] medical history," Brotchie said.

"ICE" programmed with the patient's doctor's phone number allows paramedics to quickly

gain access to that person's medical history to check for allergies to certain drugs for example.

"ICE" programmed with a loved one's number lets the paramedics quickly let him or her know of the situation. For multiple contacts, you can program ICE1, ICE2, ICE3 and so on.

The ICE campaign was launched in April with the help of UK mobile communications company Vodafone™.

"By adopting the ICE advice, your mobile will now also help the rescue services quickly contact a friend or relative – which could be vital in a life or death situation," Vodafone™ spokesperson Ally Stevens said.

Now, ICE™ is an independent call center service available to the UK, the US and Australia. It can offer advice on implementing ICE into your mobile phone all the way to full emergency notification services. People in the UK, US and Australia can sign up for different packages that are renewable on an annual basis.

Depending on the package, ICE™ will store the numbers of persons you want contacted in the event of an emergency as well as your medical history, drug allergies and other important information that paramedics might need to know.

ICE™ issues unique ID codes to its members on cards, key tabs and stickers so that paramedics know to call the free hot line to gain information and let them know to contact loved ones.

More information on ICE™ can be found at www.icecontact.com. 📱

Wondering if
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reading this,
it just did.

ADVERTISE IN KIMA

For the Sake of Our Children



Parents share stories of how they sought TKM® to help their children

All parents hope for healthy children. New parents and grandparents eagerly look forward to days filled with the patter of tiny feet and the music of children's laughter.

But some parents are forced to face the most trying challenges of their lives when it comes to their children's health. And when doctors' knowledge and modern medicine can only go so far, many parents will seek TKM® for the sake of their children.

T. Erwin faced a difficult situation when her three year old son was rushed to the pediatric ICU with pneumonia this past February. The boy had pre-existing conditions.

"It was so severe that the doctors paralyzed him and put him on a breathing machine," she said. "His prognosis was very bleak. His life was on the edge and they [the doctors] had done all they could do."

Erwin recalled some TKM® procedures she had learned from a friend a few months prior to her son's admission to the hospital. She applied the sequences, "but I didn't really know what I was doing," she said.

Her son was in the hospital for nearly two months, and his condition became so critical that the doctors said he would not leave PICU alive.

But Erwin refused to accept the report.

"I called the King Institute, Inc. and asked for any kind of help. My son couldn't last much longer this way," she said.

Glenn King, PhD, director of King Institute, Inc. and his wife came to the hospital to work on the boy as well as show his mother more procedures that would help.

"It was really bad," Dr. King said. "He had eight to 13 IV's in him at any one time.

And his stomach was so swollen that his skin couldn't stretch anymore."

When the medical staff would not allow Dr. King to return the next day, he showed Erwin more procedures to apply for her son.

She diligently worked on her son for hours after Dr. King was asked to leave. She worked without rest and left only to go to the rest room.

After that night of continuous TKM®

"It was really bad. He had eight to 13 IV's in him at any one time. And his stomach was so swollen that his skin couldn't stretch anymore."

- Glenn King, PhD, Director of King Institute, Inc.

work, she saw significant results the next morning.

"By the next morning, my son had tons of mucous running from his nose, and the swelling in the abdomen was mostly gone. And his color was better as well as his vital signs," she said.

That same day, doctors discussed the release of her son, when shortly before they had told her he would probably not leave the PICU alive.

Shortly after TKM®, Erwin brought her son home. He was still weak, and she had to teach him how to sit up, stand and walk again.

"It took about three months for him to recover from his experience, but now he is

back to running around the house laughing again," she reported.

Other health practitioners, ranging from medical to naturopathic doctors, have implemented TKM® into their own practices to help their patients. Neurodevelopmentalist Jan Beddell shared TKM® procedures with Joel and Courtney Wyrzten to help their 18 month old daughter, Blythe, who was diagnosed with Rett Syndrome.

Named after Austrian Dr. Andreas Rett, RS is a neurological disorder found almost exclusively in females at birth. The International Rett Syndrome Association reports that RS can also occur in males, which is lethal and usually results in miscarriage, stillbirth or early death.

For females, RS lethality is not as immediate. The child tends to show normal or near normal signs of development until she's six to 18 months old. After that, the symptoms of the genetic disorder begin to surface. Some problems include disorganized breathing, seizures, symptoms of autism and lost communication skills and purposeful use of the hands.

"We also learned very fast the devastation of words like, 'can't,' 'won't' and 'will never,'" Blythe's mother said. "After every professional we had talked to said these words over and over we [her husband and her] began to settle into the limitations of this genetic disorder and grieve the loss of our healthy toddler to a vicious and insidious disorder."

Beddell gave the Wyrztens a program that included four TKM® procedures. Skeptical, but with nothing to lose, they set to work. Upon first application of TKM®, Blythe

had a bowel movement and fell asleep in her father's arms for two hours.

To the naked eye, these may not seem like major improvements, Courtney said. However, considering Blythe's history, this was practically a breakthrough.

"This child had experienced sensory issues most of her life and did not take well to cuddling or lots of touch; she had never before fallen asleep while touching another person," Courtney said.

She also said Blythe had been constipated since birth, and that the ease of the bowel movement was a significant result.

An even more significant event happened three weeks into TKM® applications for the Wyrztens.

Some doctors had said Blythe would never walk. But she surprised her parents when she stood on her own and took her first unassisted steps. After 15 minutes of practice, the child took ten or more steps. This continued on.

"Did you hear that? She walked in ONE DAY!" her mother said enthusiastically.

Some practioners of TKM® not only implement it into their practices, but they also share it with people they encounter on a daily basis.

TKM® instructor Derenda Pitzele had the opportunity to work with a friend's daughter named Kelsey, who was diagnosed connexin 26, a genetic disorder that causes hearing loss.

"Once someone begins to lose their hearing, there is never any return of their hearing," Pitzele said. "Mutations in the 'connexin 26' gene are responsible for most recessive genetic hearing loss."

[The doctor] said he had never heard of a case of connexin 26 reversing, but it was happening in Kelsey.

Pitzele said that Kelsey had no hearing problems at birth. By four months, Kelsey's mother noticed fluid behind her ears. And by age ten, Kelsey didn't respond when a pan or pot was dropped behind her. And at three years old, Kelsey had hearing aids in both ears.

At 11 years old, Kelsey and her mother agreed to let Pitzele use TKM® sequences to try and correct the hearing problem.

"I worked primarily on balancing her pulses," Pitzele said. The sequences she used included Small Intestine Sequence, Bladder Sequence, Kidney Sequence, Gall Bladder and third Method of correction.

"Kelsey had also been a very hard sleeper. She slept so deeply that she was difficult to wake up in the mornings, and had a hard time waking up once she was up. Her deep sleeping also kept her from waking up in the night to go to the bathroom. This situation cleared up after just a few sessions, never to return," Pitzele said.

They noticed other changes almost immediately. Kelsey's mother said it was easier to wake her up in the morning, and that she even woke up on her own more frequently. Kelsey was also turning down the volume on her hearing aids.

The most significant report came after five weeks of treatment, when Kelsey went in for her annual hearing assessment.

The results from Kelsey's hearing test shocked the doctor. He said her hearing had

improved significantly. He said he had never heard of a case of connexin 26 reversing, but it was happening in Kelsey.

"We were all very thankful and of course praising God for this wonderful news!" Pitzele said.

Pitzele said it's been two years since she's worked on Kelsey. Her mother has since then taken a few TKM® courses and continues to work on Kelsey and other members of her family.

TKM's® effects are not only seen by parents whose children suffer from life threatening or altering diseases. Fourteen-year-old Josh Greiner dealt with a learning disorder and metabolic issues.

"He lacked any sense of humor. You really couldn't kid with him much; he would just get angry," his mother said. "He didn't sing or smile much and was pretty much only concerned with himself."

After using TKM® consistently for three

months, his mother noticed significant improvements in Josh's personality. Smiles, jokes and being considerate and helpful to others became more frequent.

"What is really exciting is he seems to be able to express himself a little more freely now, by saying 'I love you' or giving a hug. He's becoming a new and happy young man," his mother said.

And since TKM® is so simple to learn, children themselves are using it to help their own loved ones.

Ann Kane had an accident with a piece of glass once, and her hand was bleeding profusely. She asked her son to help her stop the bleeding with an Emergency Integrative Medicine Technique. The bleeding stopped within seconds after application.

"My son was so impressed with the results he now does the stop bleeding sequence as his first response to himself and his friends anytime there is an injury," Kane said.

TKM® really is an art for everyone, from the deathly ill to simple, everyday projects. Parents are more involved, and they learn how to address the underlying causes of their children's complications and apply sequences themselves, versus relying on numerous visits to the Institute. It's a way to take back control of their children's health. 🎧

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NAVIGATE

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EASIER TO FIND
ANSWERS

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TKM® Instructor

SPOTLIGHT

Get to know the TKM® instructors! We spotlight an instructor in each Journal issue, and this time we're honored to introduce

Derenda A. Pitzele

Derenda A. Pitzele currently resides in Princeton, Massachusetts with her husband Len and their four children, two who are still home-schooled and two enjoying the freedom of independence. She enjoys the time she has with her family and the seasons of New England. She is very active in her church, Grace Baptist in Hudson, Mass. and she has taught Precept Bible studies for women and youth, and currently works with a discipleship group of teen girls, whom she loves dearly.



Derenda has been a licensed massage therapist since 1986. She studied many different types of massage, including sports, Hawaiian, Swedish, and shiatsu. Although she has attended college, her greatest learning has been through years of hands-on experience and seeking effective treatments for health and well-being. As a massage therapist, she was always looking for a more effective means of treating and dealing with both physical and emotional stress in the body.

In 1988, she was introduced to a healing method that was very powerful, yet gentle and effective. This healing method, known as TKM®, proved to be far more effective than traditional massage in treating chronic stress and pain. She used this method for years, primarily in treating stress, and as a preventative health measure, not realizing the full capabilities of the method. She maintained a private practice in Texas, until the birth of her fourth child. Shortly after this, her husband's work moved them to New England in 1998.

She started a new practice and began studying exclusively with Dr. Glenn King and the King Institute. She focused her entire practice on TKM®. She attended many courses became certified to teach the Self Help course in an effort to help spread the knowledge of TKM. The goal of her practice is to have her clients not be dependent on her, but that they learn the tools to enhance their own health. She has worked with many clients with projects ranging from chronic to severe pain, Fibromyalgia, lupus and genetic disorders. TKM's positive results continues to amaze and thrill her.

"Teaching TKM® Self Help classes has been exciting and fulfilling. To see people begin to grasp how they can help themselves and loved ones through a gentle, non-invasive touch is such a blessing, both to me and to them. To see the look of excitement on their faces as they begin to see the possibilities of how this method can change their lives and health just brings a great joy to my heart," she said.

E-mail Response Corner

Q: My friend was diagnosed with Trigeminal neuralgia. Is it related to Bell's Palsy? And what can be done about the tremendous pain?

A: Trigeminal neuralgia and Bell's Palsy both effect the trigeminal nerve. They're separate issues with some of the symptoms actually being opposite. Bell's Palsy by appearance is similar to the effects of a stroke. There is seldom pain, but numbness becomes a problem when controlling tearing, smiling, drooling and other related issues because the nerve conductivity is blocked or impaired. Trigeminal neuralgia is a painful process affecting the 5th cranial nerve. It's characterized by an involuntary, stereotyped movement lasting a few seconds at a time and precipitated by touch, such as from shaving, eating, wind or air conditioning.

An MRI, if negative, will rule out a tumor. Pharmacological treatment is usually carbamazepine (Tegretol®) and it's not always successful in treating the symptoms. The next medical suggestion is surgery, which they will ask you to consider.

I suggest neither. There's not much, if any, success with either of these issues by standardized medicine and most natural treatments, although TKM® has an excellent history of resolving these issues in usually a brief period or a couple of months for more difficult cases. TKM® has not had a single case that was not helped concerning either of these disorders. The worst case with the least recovery was still 80-90 percent recovered. That was the single worst scenario historically.

You treat both situations with the same TKM applications. For most cases, if these applications are applied thoroughly and consistently, there should be relief or possibly complete resolution in 10 days to two weeks. The main application is **Stomach sequence**, which can be supported with the #21 sequence, #20, 21, 22 sequence, Liver sequence and Spleen sequence.

Pulse Puzzle

Pulse puzzle is a regular part of each *KIMA Journal* issue for graduates of Level II 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

The numbers (1st -5th) represent the stratum texture.

FWT = Fluff with Tone.

The study example is below and the observation and suggestions are on **page 10**.

W 2nd	Lg. Int.	Sm. Int.	W 5th
W 4th	Lung	Heart	FWT
W 1st	ST	GB	W 3rd
L 5th	SP	LV	FWT
S	DIA	BL	S
W 4th	UMB	KD	W/S

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

fyi good info to know!

You know how when you check out of a hotel that uses the credit-card-type room key, the clerk often will ask if you have your key(s) to turn in, or there is a box or slot on the Reception counter in which to put them? Or maybe your one of the many that just leaves the key in the room when you check out. It's good for the hotel because they save money by re-using those cards. But, it's not good for you, as has come to light.

From the Colorado Bureau of Investigation: "Southern California law enforcement professionals assigned to detect new threats to personal security issues, recently discovered what type of information is embedded in the credit card type hotel room keys used throughout the industry. Although room keys differ from hotel to hotel, a key obtained from the "Double Tree" chain that was being used for a regional Identity Theft Presentation was found to contain the following the information:

- a. Customer's (your) name**
- b. Customer's partial home address**
- c. Hotel room number**
- d. Check in date and check out date**
- e. Customer's (your) credit card number and expiration date!**

When you turn them in to the front desk your personal information is there for any employee to access by simply scanning the card in the hotel scanner. An employee can take a hand full of cards home and using a scanning device, access the information onto a laptop computer and go shopping at your expense.

Simply put, hotels do not erase the information on these cards until an employee re-issues the card to the next hotel guest. At that time, the new guest's information is electronically "overwritten" on the card and the previous guest's information is erased in the overwriting process. But until the card is rewritten for the next guest, it usually is kept in a drawer at the front desk with YOUR INFORMATION ON IT!!!!

The bottom line is: Keep the cards, take them home with you or destroy them. NEVER leave them behind in the room or room wastebasket, and NEVER turn them in to the front desk when you check out of a room. They will not charge you for the card (it's illegal) and you'll be sure you are not leaving a lot of valuable personal information on it that could be easily lifted off with any simple scanning device or card reader. For the same reason, if you arrive at the airport and discover you still have the card key in your pocket, do not toss it in an airport trash basket. Destroy it by cutting it up, especially through the electronic information strip!

Information courtesy of Sergeant K. Jorge
Detective Sergeant, Pasadena Police Department

King Institute, Inc. Responds to Month of Catastrophes

This month, America suffered two of the most devastating hurricanes in history. Category 5 Katrina and Rita both wiped houses and damaged businesses in Gulf Coast towns. They also broke the protective levy twice and caused catastrophic flooding in New Orleans.

Our hearts go out to our fellow Americans that had to experience the hurricanes directly and the disasters that followed. King Institute, Inc. has joined many others in the donation of clothing, food and funds to help meet the great need.

Amidst the clean up and reconstruction, reports of people suffering and even dying because of the contaminated water are surfacing. As of Thursday, Sept. 8, Reuters reported three people have died from infections and many others are at risk.

Health officials are advising rescue workers, victims and anyone else who has had prolonged contact to the contaminated water to be vaccinated. However, loyal *KIMA Journal* readers know that vaccinations are not the answer. The best way to fight an infection is to build up the immune system.

Because many of these people who are probably affected by contaminated are spread throughout many parts of the country and are now in prolonged contact with people who were not in the area but may be exposed to a health risk. If you are one of these people or know of someone, then it is a wise precaution to take care of the immune systems of those with additional exposure and it is fairly simple to help all involved.

As a special feature for this *KIMA Journal* issues, we have provided the sequence for Energy Sphere Number 3 on page 11, which is effective in helping the immune system fight infections. 📄

Sequence for the Energy Sphere number (3).

Diagram illustrates Left sequence E.S.'s only, refer to figure B.
LEFT Sequence, sit on the **Right side** of their body.

Procedures For Hands	(to)	Positions On Body E.S.'s
step 1 left	to	left 3
and right	to	left fingers (back side: index, middle)
step 2 right	to	left fingers (palm: ring and little)
step 3 right	to	right 21
step 4 right	to	right 19
step 5 right	to	right fingers - (palm of: index, middle, ring & little)
step 6 right	to	left 1
step 7 right	to	right 7

RIGHT Seq. sit on Left side (Not Illustrated)

1 R to	R 3
L to	R (I, M)
2 L to	R (R, L)
3 L to	L 21
4 L to	L 19
5 L to	L (I, M, R, L)
6 L to	R 1
7 L to	L 7

Note: For this sequence, each finger listed may be held one at a time or held all together as one step. One at a time is more thorough.

This application is best when applied by another person.

Preparation: Sit, or preferably lay, in a comfortable position. For best results remove all metallic objects from the body and from clothing. 100% cotton clothing is best suited. You may position pillows beneath arms as needed in order to completely relax while applying each step of the procedure.

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

Application: Use the pads of the fingers (*palm side down*) of your first three fingers (*index, middle, and ring*) to apply contact with any location. Or, you may use all fingers (pads) if you wish.

Always hold 2 locations when applying any step.

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

When to apply: We suggest first thing in the morning before rising from bed and the last of the day when lying in bed. Although, this can be accomplished at other times, these are the most productive and complementary to most schedules.

The entire sequence usually takes approximately thirty to forty minutes for proper results. **Note:** For more serious immune system issues, apply 3 times daily. **Remember to apply the #15 application thoroughly first!**

Figure B

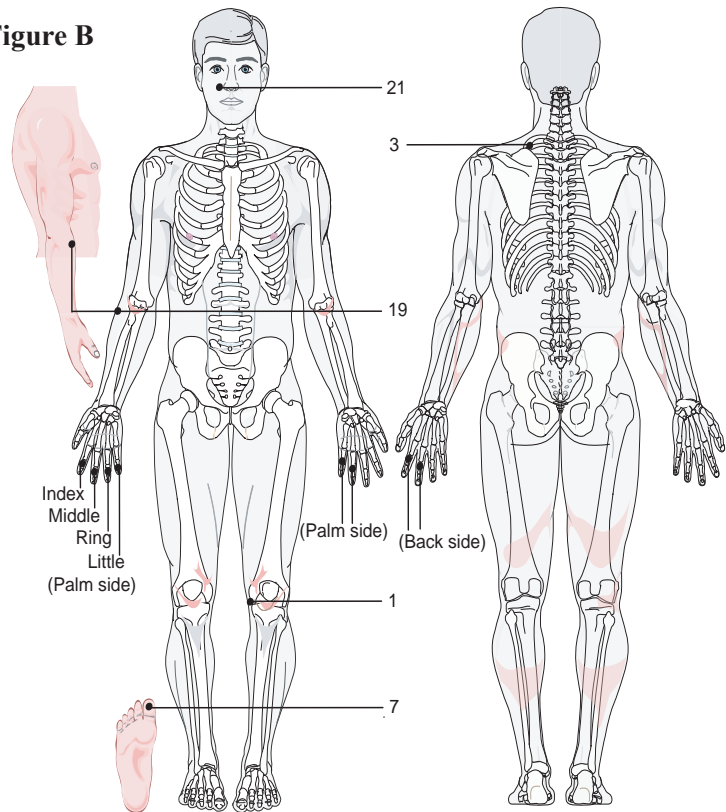
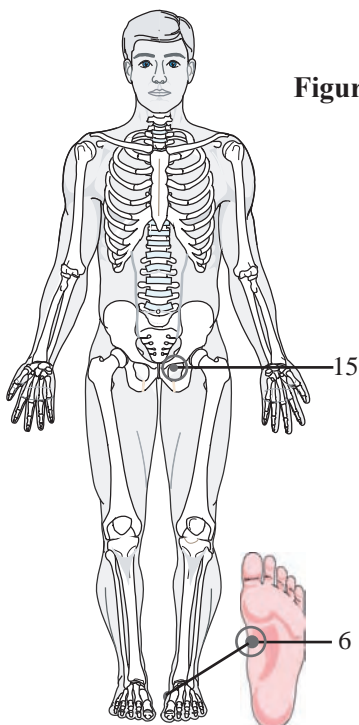


Figure C



#3 helps the immune system and lymphatic system. It is one of the most powerful immune system enhancers. It's the respiratory specialist, due to being the only one that balances exhales and inhales.

Quick step application for Energy Sphere number (15).

The diagram illustrates Left energy spheres only, refer to (figure C).

LEFT application, sit on the **Right side** of their body.

Procedures For Hands	(to)	Position On Body's E.S.'s
step 1 left	to	left 15
and right	to	left 6

Pulse Puzzle Suggestions:

(From page 9)

Observation: There appears to be a predominant DC energy congestion, most likely caused by waistline congestion. Because of the many weak pulses, Spleen energy is having to work hard to revitalize, and it has a 5th stratum texture. The 4th stratum texture in Umbilicus (which affects all organs) and in lung points toward 4th stratum. Both kidney and bladder are in trouble and the worse is DC (bladder). Overall, I would say that the person was in mental overload and was not letting go of the mental strain, which congested waist level, caused shallow exhales and produced “lack” (4th stratum).

Suggestion: Under the circumstances, it looks like the 23,25 sequence is warranted to help both Kidney and Bladder directly as well as being a quick step for both umbilicus and diaphragm. The 23, 25 sequence is also effective in keeping the waistline clear and helping 1st and 3rd stratum, which allow 2nd stratum and 5th (DC energy) to descend. And since hip, waist and DC chest are being helped, it allows for circulation of 5th stratum ascending energy. Checking pulses afterwards will confirm the effectiveness of the application and reveal what may need further attention.

See the diagonal relation to the mediator in the illustration above. Mediator is a diagonal pathway.

Summary: Whenever you feel a matching ascending (or descending) pulse pattern with a diagonal pattern between the three levels (chest, waist and hip), as the example above, then it clearly indicates a mediator need. This is especially true if the texture matches, and even more so if they are third stratum (because Mediator is third stratum). Please note that this can also be an indicator for Mediator if the pattern has loud pulses or silent pulses (when unable to distinguish the texture). It's the pattern that counts, other matching factors just reinforce the need for Mediator.

Pulse Puzzle 2 (After session)

A New Addition!

Pulse Puzzle 2 (after session) is an addition to *Pulse Puzzle*, which will be in most future issues of this Journal. These observations and suggestions on pulse patterns after a session will help answer common questions about pulses and effective in TKM® treatments.

Situation

If you start with all or most pulses being very weak and after you apply appropriate sequences and they seem like all or mostly FWT, although very faint (very weak - almost silent).

Commentary

1. In the above situation, they're most commonly a shallow breather (they breath very shallow as a habit). This is mostly a result of chronic tension and stress which restricts breathing and develops chronic shallow breathing patterns. For this you could include the 9 sequence, 13 sequence and mediator sequence, as well as the person addressing the stress in their life and how to manage stress more productively.

2. Metallic substances in the body could also cause a similar reaction in pulses. Titanium material in the body is more likely to produce this issue over other metals, as it is well known to be one of the most effective metals for blocking or constraining energy.

3. There is one other rare possibility which depends on the area (location) having very high EMF (electromagnetic frequency) radiation. This has been known to cause all twelve (12) pulses to be very weak or silent on most people. If the EMFR exposure is chronic it will not only affect pulses and breathing, but can cause numerous chronic health issues. Under these conditions pre-existing or created health issues will escalate and spread as a domino effect to cause serious critical or acute health problems and possible death. This type of chronic exposure causes numerous bio-system dysfunctions and failures. The most common of these is cancer!

Body Biography Corner

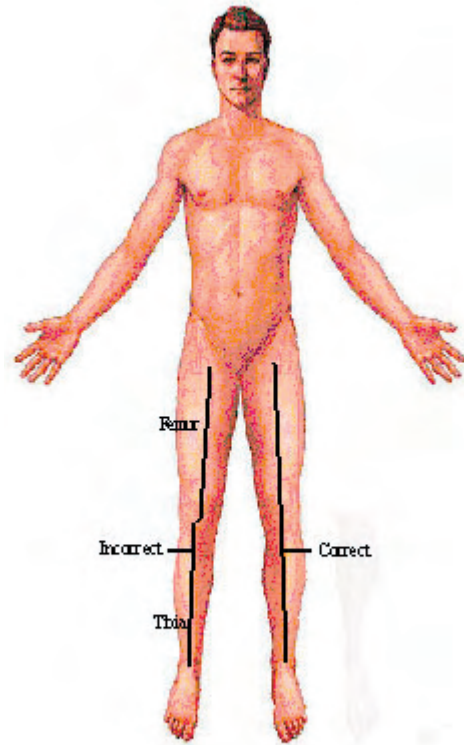
Misaligned Legs

Example: Whether standing, sitting or lying down, you see that the upper legs (femur) are tracking straight, but from the knee, the leg (tibia) is twisted outward or inward. It's a problem with descending and ascending energy at the knee. Most people who have this issue will have it in both legs with one a little more misaligned than the other. It's usually twisted laterally, as illustrated below.

This issue involves the Energy Sphere Number 1, but it's mostly congested by the E.S. #8, especially for the ones that are turned laterally. This appears more in 4th stratum cases than any other single chronic stratum subject. Since the 8's are a vital part of the functioning of 4th stratum, as explained in several areas of the textbook, it governs all muscles throughout the body. The E.S. #8 governs AC & DC energy of the entire pelvic region (both 15's and 2's) and releases the DC chest and helps balance raised shoulders or a short leg. It's quite powerful. The bladder energy pathway of 4th stratum goes through the 8's to also affect the entire spine.

Support: Applications to help this misalignment, which is often from birth or within 2 years, are the #5,6,7,8 sequence, #8 sequence and #1 sequence. It is vital to understand that anything worked on below the hip level needs to have the E.S. #15 functioning properly. And because of the close relation between 15's (DC) and 2's (AC), then the 2's are also vital to be open first.

Other applications to directly help or support this recovery are Bladder sequence, R&R 4th stratum, Regeneration sequence (in the 3X5 book), SFE of 4th stratum (pg.177), Diagonal Muscle sequence (pg. 161) and SFE of 2nd stratum (pg. 175). Holding #8 and SS #16 is also a great single step to hold between sessions.



snapshots



(Left above)

This Level 1 & 2 class in Dallas, TX (August 2005) was a special and diverse group. As rare as the disease is, there were three mother's with children diagnosed with SMA in this one class. We accomplished a lot, and we've already heard good results from this class. Aside from also seeing the video of the two surgeries, they got a glimpse of the new Energy Sphere video.



(Left below)

They enjoyed hands-on learning. Then again, who doesn't?

(Right)

This was a great group in the Lexington Park, MD class (Level 1 & 2 in July 2005). Although we had to battle the highest EMF's of a class to date, everyone did very well.



Testimonial Corner

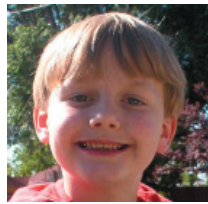
Hot Topic

When our son, Jaden, was 4 years old, his Grandma had poured a cup of boiling water for herself and left it on the kitchen table. She left the room, and wanting to be a good boy, Jaden tried to bring her the cup. In the process, he tripped and fell, covering his face with scalding water. His face instantly went red from the burns.

We jumped right up and palmed his calves for 30-45 mins. In that time, we physically watched the redness from the burns fade away, along with his crying from the pain. When we were done applying TKM®, there was some slight pinkness.

By the next morning, it was entirely gone. Thank you, Dr. King, for sharing TKM with us!

- Anne Kane



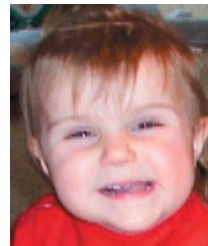
Pain in the Gut

We began using TKM® in Dec. 2004, when my baby with Down syndrome was 5 months old. We are hoping to do a "project" and reverse much of the effects of Down syndrome.

We got going initially, however, because he had a hernia that we had a surgery scheduled for that we wanted to avoid. I called the King Institute and Hillary gave me some sequences to do as well as the "stop bleeding" step. She said that hernias should be a "piece of cake." She also prayed with me on the phone. Then, I immediately began the Median Sequence. When I got the TKM® books I ordered, I began the sequences she had recommended over the phone.

And she was right. Within 3 weeks, his hernia, protruding from his gut (the size of a golf ball) was more than 50% healed! Now, *without* directly and consistently working on it since then, it's probably about 80% healed. Needless to say, we cancelled the surgery! I've applied various sequences since then for a variety of issues that he's had — low muscle tone, anemia, reflux, stunted growth, scar tissue, thyroid, etc. One of the great things with Down syndrome is that so many of the sequences benefit multiple issues that our kids have. Of course, we do lots of brain stuff. And I'm so glad I went to a course to properly learn reading pulses.

- Jill Sierra



Irene Gets Stronger

At the time Irene was born, my friend's dad was diagnosed with ALS. When Irene was diagnosed with spinal muscular atrophy (SMA), they were both still able to walk.

In Jan. 2004, both lost their ability to walk and began to lose the ability to chew and swallow. Her ankles had also collapsed inwardly. We began TKM® two months later in Mar. 2004. Irene immediately regained her ability to chew and swallow. By then, my friend's dad was on a feeding tube. Irene also regained her ability to breathe easily. By the fall, my friend's dad was on life support.

We recently went to his funeral. Irene is three years old. Her ankles are straight. She can stand unassisted and walk slowly by holding onto furniture. She loves to sing and scream loudly. In my one and a half year experience with TKM® and in asking Dr. King's advice, I've learned that he has always been right in everything he said about Irene's recommended treatments.

Irene's doing sooooo much better. Her arms aren't just skin and bone anymore. I can actually feel a biceps in there.

She's able to pull onto her knees and she's been using her arms to keep herself from falling (if she almost falls). When I pick her up now, she's so strong and stiff. It's not like dead weight as before. All of this is because of the prayers of all of our friends and TKM®.

- Lety Williams



"The harvest is plentiful, but the workers are few."

- Matt. 9:37, NASB

As America remembered and honored those who lost their lives on that fateful day four years ago, the Associated Press reported that as of Sunday Sept. 11, nearly 650 people in India, mostly children, died from the outbreak of Japanese encephalitis, and more than 3,000 were still infected.

The nearby nation of Nepal reported 172 deaths since April, and Nepali victims were being treated in India.

The mosquito-borne disease causes high fever and vomiting, and it can sometimes lead to coma or death. The most susceptible to the disease are children, with most of the deaths being individuals under the age of 15.

Widespread epidemics such as Japanese encephalitis are disturbing, to say the least, and more so when something exists that can help alleviate suffering and save lives.

"We have what helps people, but we need the means," Glenn King, PhD of the King Institute, Inc. said.

TKM® can be very effective in a case such as Japanese encephalitis. However, with limited funds and few certified instructors and practitioners, it's difficult to bring help to the people that need it in countries far away.

The King Institute, Inc. encourages people to spread the good news about TKM® and to get properly trained and thoroughly educated to pass the knowledge on to the world.

The King Institute, Inc. has programs and plans in place to accomplish all this but needs your personal involvement for trained people, finances and a broader networking of people with the needed connections.

Visit www.kinginstitute.org today to learn more and see how you can help.

Healthy Eating

THE LUNCH OF CHAMPIONS!

In junction with the “Junk Food in Schools” article on page three, we’ve decided to provide you with healthy lunch options for children (and adults!). Here are some tips to keep your kids eating healthy at school.



1. Peanut butter replacement – Something interesting to know is that peanuts are not actually nuts, but are in fact legumes. And by many nutritionists’ standards, peanuts are some of the most toxin-producing foods. Most peanut butters on the market also contain additives and sweeteners, which is why children love it. However, even if you buy 100% peanut butter, it’s still a toxin-producing food. A good peanut butter substitute is 100% natural almond butter. Almonds contain **(insert info)**. Some people actually prefer almond butter’s sweeter, “nuttier” flavor to peanut butter. Cashew butter is also a good peanut butter replacement. However, it is slightly more expensive, since cashews are generally more expensive nuts.

Illustration by Mark A. Hicks

2. Milk and cheese tips – Contrary to popular belief, dairy products, especially cow dairy, is not as healthy. Fresh from the cow, dairy contains high concentrations of bone-friendly calcium and low amounts of phosphorus, which has an opposite effect on the body from calcium. However, after pasteurization and homogenization, the chemical make up of the milk changes to lower amounts of calcium and higher amounts of phosphorus. We suggest organic soy or rice milk as a replacement for milk. They contain less fat and are more healthful for the heart. If you can’t live without cheese, we suggest white cheese (such as white American or Swiss). **NO YELLOW CHEESE.** Goat and sheep’s milk cheese are healthier than cheese made from cow dairy, but they tend to be on the more expensive side.

3. Uncle Sam says 5-a-Day – The U.S. Department of Health and Human Services suggests five to nine servings of fruits and vegetables a day for better health (you can learn more at www.5aday.gov). Of course, King Institute, Inc. suggests more. Raw vegetable and fruit sticks and slices, such as carrots, cucumbers, celery, apples, oranges, and so on are easy to pack and easy to eat. Vegetables can be accompanied by a tasty salad dressing or dip. Note that some dips, like ranch dressing, might spoil during the day if kept from the refrigerator too long. Something important to note about iceberg lettuce, popular in salads and on sandwiches, is that it is a hybrid food and doesn’t contain any nutritional value. So, eating a salad with iceberg lettuce gives you about as much nutrition as eating air. We suggest green leaf, romaine and other natural varieties to get the most out of what you eat.

4. Can the soft drinks – Carbonated drinks contain lots of artificial sweeteners that are not healthy for growing bodies. So soft drinks in lunches are a no-no. We don’t even suggest drinking water while eating. It’s not dangerous to drink water with your food, but your digestive system won’t get the most nutrients out of your food with lots of water present. We suggest 100% fruit juices, either apple, orange, grapefruit, fruit punches, etc. One hundred percent juices won’t contain added sugar, colors or chemical flavorings, and since juice is the liquid form of a fruit, the digestive system treats it as a fruit, and therefore little conflict with the food you eat.

5. Be cautious of pre-packaged and canned foods – As we mentioned in the article, canned foods are not only virtually void of nutritional value (after so much processing), but they also may contain harmful chemicals and preservatives. Check ingredients on deli meats and canned food labels. Chances are if you can’t pronounce it, you shouldn’t eat it.

6. Turkey is king – Of all the sandwich meats available at the deli counter, Turkey reigns supreme in terms of healthy eating. Fresh, non-nitrate-containing sliced ham, roast beef or chicken are good. But turkey has less fat than these other meats. And turkey is the only known source in the world of tryptophan, an amino acid that helps build the immune system.

Freshness is the key. A child with plenty of fresh, healthful and nutritious food in his or her system can better focus mentally in class and have more energy for physical activity.

But by all means, don’t take our word for it. Try some of these suggestions with your children, and see how a good meal and a little TLC can go a long way.



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Or, you register or inquire about any events by calling the King Institute, Inc. at

1-800-640-7998

Thank you for stretching yourself to learn valuable information!

This is but a brief summary of what would normally require a book to explain, although I think you will understand. The focus of this issue of the Journal is “Our Children,” and that is why I have noticed an increased spiritual warfare in accomplishing this issue. My goal was for the issue to be published last quarter, but there were too many obstacles that arose. The obstacles for this issue were far greater and it became clear there was a large spiritual battle that was launched. Therefore, I became determined to fulfill this goal for our children and strike a large blow to the enemy’s (Satan) plan. The closer to the publication of this issue the more intense the obvious attacks became. It came in many forms from technical difficulties to slander. As the obstacles intensified and became obvious to those around me, all the more God provided His presence of peace, words of encouragement, clarity of the purpose for this battle and His promises of victory for His children, for His glory.

Since I began my practice with TKM® and founded the King Institute, Inc., I have directly worked with hundreds of children and I know of thousands who have been helped by this wonderful, non-invasive method. I cannot think of one single child who has not benefited from the use of TKM®. An even greater statement is I’m not aware of one child who resulted in being hurt, damaged or was worse due to TKM®.

We’re not surprised by conflict when trying to make a difference for a large number of suffering children, for we have read the manual (The Bible) and understand that as a soldier for Christ we have also become a greater threat to the enemy. The more of a soldier you are for the Kingdom of heaven and thwarting and crushing more of Satan’s evil plans, the greater threat to him you become.

God’s word says, we’re not to be surprised! For the warfare will only increase if you participate in the battle for the Kingdom of God. The first vital battle is the battle for salvation, but the next step in a necessary battle to accomplish is to bring the Kingdom of heaven to earth. To do Kingdom work on earth. The Bible says the end will not come, until the gospel of the Kingdom shall be preached in the whole world for a testimony unto all the nations. This gospel is more than the gospel for salvation, it is for the redeemed to bring the Kingdom of heaven to earth.

It is important to understand the warfare and targets. Beginning in Genesis, observe how God has an order in His creation process. He begins with the huge and through His process of creation He is more detailed and refining. Therefore when it comes to man, He first makes Adam, then from Adam He creates Eve as He is perfecting His creation. I understand the main perspective that is mostly taught, although there is another important truth. God is consistent in His character and patterns as He was in creation. Therefore, woman is the more refined and perfected creation. I think all will agree on this point.

The position of Lucifer, the fallen rebel archangel (Satan), in heaven was the leader of worship and praise to God. There is much to explain in how prestigious and honorable this position held. In fact, it went to Lucifer’s head. Satan, after being cast out of Heaven is forever a thief and a liar. He comes to steal, kill and destroy. What he cannot steal or kill, he will try to destroy.

Satan wanted to become God, Whom creates life and is worshipped by all, therefore Satan’s target in the garden of Eden was Eve. The most perfected and refined of His creation and was able to give birth (create life) from the life that God places in her womb. Not only was he jealous but knew if he could lead (steal) Eve away from God and eventually destroy or kill her, that he could thwart God’s plan. Satan has been targeting woman and especially children since the beginning and has devised more and more evil plans as the end time draws nearer.

There has always been difficulty with women giving birth, which has often caused the loss of their life at an early age and the death of many children. Now through knowledge over the last century, we’re able to better preserve woman’s life through birth and that of the children more than ever before. Therefore Satan’s steal, kill and destroy plans have altered to still achieve the death of millions of children through socially accepted abortions, which kill millions of babies each year. The ones he cannot kill at or before birth, he is destroying - through multiple ways - in larger and increasing numbers than ever in history.

Our fight is for the Kingdom of heaven to Save The Children! Therefore, for the sake of the children we pray and do all we can! We ask you to join us in prayer and do all you can for the most precious ones in life – Our children.

- Glenn King