AN APPROACH TO
MORE STABLE MUSCLE BALANCING

BY

HAMILTON (HAP) BARHYDT, PHD

BIOGRAPHY

Loving Life (non-profit corp.), 8005 Bleriot Ave., Los Angeles, CA 90045. Current occupation: Chief Scientist, Space and Strategic Engineering Division, Hughes Aircraft Co. PhD Cornell University. BS Yale University. Certified Touch for Health instructor.

ABSTRACT

This paper deals with the problems of subjects that are difficult to test and muscles that are difficult to balance. Techniques the author has found effective with these problems are described. The important role played by reactive muscles is emphasized. A new balancing scheme that deals with these problems and also appears to provide longer lasting balance is described.

INTRODUCTION

As I completed the Touch for Health Instructor's Training Workshop (ITW), and began to experience TFH balancing more extensively, three issues surfaced as problems for me: 1) untestable subjects who never seemed to have "weak" or in other cases "strong" muscles, 2) "weak" muscles which did not seem to respond to the usual "strengthening" procedures, and 3) subjects who would not stay in "balance" either with a constantly changing pattern of "weak" muscles or with a particular muscle (or group of muscles) that consistently tested "weak" over a period of time. This paper describes how I worked through these problems and finally adopted a short-cut testing scheme to deal with them.

TESTABILITY

The first breakthrough in dealing with "untestable" subjects was experiencing the "light" touch currently being taught in ITWs and Instructor Update classes. I had an excellent chance to try this out while performing introductory 14-muscle balances in the Touch for Health booth at the Long Beach National Health Federation Convention. Balancing about 6 persons per hour for 6 hours offered me the opportunity to experience the entire spectrum from athletic types without a weak muscle in their body to tiny ladies with very little muscle power.

What I found is that you can set up the muscle testing pattern for the entire balancing session by the very first muscle test, supraspinatus-central. First I talk to the person being tested, encourage them, and ask how they are feeling. I found that a large proportion were under considerable stress, whether this be anticipation about the test, the general carnival environment at the convention, or the other causes. Then I explain to them that the muscle test is not to determine if they are strong enough to resist my pressure, but rather to check whether they can maintain a steady position as I slowly press and release with a light pressure.

As I test each person I increase my pressure on the supraspinatus slowly until the arm begins to give if the subject is lightly muscled or until a firm pressure is established if the subject is heavily muscled. Then I decrease the pressure slowly and repeat the cycle a second time. If the arm moves up and down with the changing pressure, I point this out to the person being tested and ask them once again if they can hold the arm steady as I repeat the test. If they cannot hold steady, I call the muscle "weak".

Also watch for signs of compensation, holding the breath, clenching the jaw, stiffening or rotating the body, etc. Point this out to the subject, and repeat test without compensating behavior by urging the subject to relax completely and breathing out during the test. If the subject is unable to relax or to remain "strong" when relaxed, I call the muscle "weak".

Note that one pair of NV (neurovascular) points for supraspinatus-central are the 11s or the ESR (emotional stress release) points. Since stress may be involved, I use these points for the initial correction. This technique deals directly with whatever stress the person being tested is holding. It appears to be unnecessary to ask them to think about whatever is causing the stress, because they are probably thinking about that in any case. This technique very consistently resulted in noticeable strengthening even when the original

test showed only a "slightly weak" supraspinatus. I always ask the subject for an acknowledgement of this strengthening so they can begin to sense "weak" and "strong" themselves. This is very helpful towards getting a more positive indication of "weak" or "strong" muscles as the subject relaxes and tunes into the process more sensitively.

14-MUSCLE BALANCE PROBLEMS

After completion of the ITW, I initially carried out a 14-muscle balance by first testing the supraspinatus and teres major, correcting as necessary, then testing the remaining 12 muscles and 12 alarm points, and finally correcting by 5-element theory or the wheel. I was fascinated by the fact that many times, correcting only a single key muscle, all the "weak" and "over-energy" muscles would be corrected at once. But equally fascinating was a more careful study of those situations when this did not happen, and particularly those situations where one or more muscles would not correct or stay corrected with the usual correction techniques, NL, NV, meridians, origin-insertion, etc.

Working with my spouse Elizabeth, we eventually found the principal culprits to be the following: reactive muscles, weak muscles other than the basic 14, the Gaits and two items from the A-K Workshop taught by Dr. Deal and Gordon Stokes, Cloacals and Switching. (These are described in detail in the A-K Workshop text available through the TFH Foundation). By dealing with these items in a coordinated fashion, we found the difficulties we were experiencing largely disappeared and a complete, stable muscle balance was established with minimum manipulation.

SWITCHING

Switching is present when a muscle is "strong" when tested by one hand, but "weak" when tested with the other. In a usual 14-muscle balance, Switching, if present, may first manifest itself when testing the pectoralis major clavicular and finding it "weak" on one side only. This happens since most people will switch hands as they test this muscle on either side.

A reliable muscle test cannot be accomplished when Switching is present. Switching is a disorganization syndrome related to Dyslexia and Visual Inhibition. Switching is not part of the certified Touch for Health Program, but is covered in the A-K Workshop. The A-K Workshop textbook gives three different corrections for Switching. We apply them in order given and test after each manipulation to determine if correction has been accomplished.

REACTIVE MUSCLES

Many of the "weak" muscles found during a typical 14-muscle balance are actually reactive. Thus no amount of correction using the usual techniques for "weak" muscles will hold. I now hypothesize that, once Switching has been corrected, all unilaterally weak muscles are reactive. I have yet to find an exception to this hypothesis. First there are reactive pairs; typical examples include latissimus dorsi, psoas, and gluteus medius. Next there are reactive sequences such as psoas and gluteus medius, subscapularis and opposite quadriceps, anterior serratus and opposite fascia lata. Finally, there are posturally reactive

muscles, muscles which are no longer weak when the body position is changed from horizontal to vertical, face up to face down, etc. (This last type may be bilaterally weak).

Thus, when you encounter a unilaterally weak muscle, check to see if it is reactive by waiting for it to reset and retesting in a different order, or if this doesn't work, by changing position and rechecking. Once you gain confidence in the hypothesis that unilaterally weak muscles are reactive, you can merely note a unilaterally weak muscle as a reactive to be fixed after the basic muscle balance is complete and go on to the next muscle.

MUSCLE COORDINATION

We have found that another cause for muscles not strengthening with the usual TFH techniques or not remaining strong in successive balancing sessions is that the Gaits or Cloacals are out. These are syndromes that require the testing of two muscles simultaneously using an arm and a leg. Cloacals are not part of the Touch for Health Program, but are covered in the A-K Workshop; however, the muscle tests are similar to the Gaits.

When I first started regular balancing, my latissimus dorsis were bilaterally weak at every session. Since I had already been on a low sugar, low refined carbohydrate diet for some time, we had difficulty accepting this as an indication of hypoglycemia or other inadequate nutrition. The problem was solved when we checked my Cloacals, found them to be out, and corrected them. We now rarely find my latissimus dorsis "weak" and only if the Gaits or Cloacals are out.

According to the A-K Workshop text, the Gaits include 12 different muscle combinations to test, considering right and left to be 2 different tests (the TFH textbook includes only 8 of the Gait combinations). The Cloacals include 8 more combinations. This is a lot of testing. Fortunately, there is a screening test: find a strong indicator muscle, slap the subject on the thigh, and test the indicator again. Weakness indicates that the Gaits, Cloacals, or Hyoid is "out" (however, we have not yet found it necessary to deal with the Hyoid, another subject in the A-K Workshop, in this context).

Normally Gaits should be corrected before Cloacals. Since testing all the individual Gaits is time consuming and since the six correction points are easy to do, we normally just do the corrections for the Gaits if the screening test indicates weakness and repeat the screening test. If the indicator muscle now remains strong, we presume the muscle coordination problem is fixed. If not, we now test the Cloacals individually and correct as appropriate.

TESTING BY PULSES

By correcting Switching and Muscle Coordination (Gaits and Cloacals) and by more clearly identifying reactive muscles, we found our 14-muscle balancing results using 5-element theory or the wheel became very much cleaner. On the other hand, in testing each other on a regular basis, we were still finding a considerable number of the 14 muscles "weak" each time. We now turned our attention to the remaining 28 of the 42 TFH muscles to see if uncorrected weaknesses in these muscles were impacting the 14-muscle test.

To actually test all 42 muscles individually is time consuming, especially if you do not have them all memorized. So we tried using the wrist pulses held by subject with a strong indicator muscle, usually the quadriceps, as a screening test. In our first trial, Elizabeth tested "weak" on the subscapularis-heart, latissimus dorsi-spleen, psoas-kidney, anterior serratus-lung, and fascia lata - large intestine and tested over energy on the quadriceps-small intestine and psoas kidney in the 14-muscle test. With the wrist pulse test, however, the indicator muscle showed weakness only on the bladder meridian! Note that none of the meridians corresponding to muscles testing "weak" on the 14-muscle test showed up in the wrist pulse test. Next we proceeded to test all the muscles on the bladder meridian and found just one, the sacrospinalis, "weak". We corrected this muscle with the corresponding NL and checked with a challenge. Then we rechecked the wrist pulses and found no weak response. A repeat of the 14-muscle test confirmed that all 14-muscles were now "strong" with no indication of over or under energy.

Continuing to use this scheme, we find that generally at most, only one or two meridians are indicated by the wrist pulse test. We correct all "weak" muscles on the indicated meridians and then retest the wrist pulses. Occasionally, upon retesting the wrist pulse, a meridian that previously indicated "strong" will now indicate "weak". We then continue by correcting "weak" muscles for this meridian. Once the indicator muscle tests "strong" on all wrist pulses, we find no other "weak" muscles except reactive muscles.

Based upon this experience, we hypothesize the following: If Switching and Muscle Coordination is correct, then "weak" responses to the wrist pulse test indicate priority meridians for muscle balancing. If all the wrist pulses test "strong", then all 42 TFH muscles will test strong except for reactive muscles.

MORE ON REACTIVE MUSCLES

If a subject shows a consistent pattern of "weak" muscles on tests repeated over a period of time, this pattern may be broken by finding and correcting reactive muscle patterns associated with the "weak" muscle. This includes muscle coordination "weakness" (Gait and Cloacals) as well as individual bilaterally weak muscles (wrist pulses). Of course, one should proceed with caution if an identifiable injury or trauma is present and refer the subject to a chiropractor or other health specialist as appropriate.

From a holistic viewpoint, it is generally difficult to pinpoint a single cause. However, we find that reactive muscle combinations frequently are present with other difficulties, such as subluxations, pelvic faults, ileocecal or houston valve syndrome, etc. and that by correcting the related reactive muscles, the A-K indications for these difficulties will also correct. For example, we have corrected indications of pelvic fault or houston valve syndrome by correcting psoas-gluteus medius reactive pair on the same side, indications of lumbar subluxation by correcting of neck flexors and levitor scapulae with various shoulder muscles. Thus we conclude that searching out and correcting reactive muscle combinations may not only break a pattern of recurring muscle unbalance, but may also assist the continued correction of many other faults and syndromes, such as those covered in the A-K Workshop procedures, even though they are not specifically tested for and corrected.

Reactive muscle combinations frequently occur in groups. For example, one time when we picked up anterior serratus "strong" against opposite fascia lata "weak" while doing a 14-muscle test, we ultimately found 12 opposite leg muscles that went "weak" when the anterior serratus was activated. After correcting this, we found that activating the teres minor on the same side weakened 8 of the opposite leg muscles, activating the deltoid weakened 6, and activating the anterior deltoid weakened 4. Needless to say, the subject felt much relieved after correction of all these reactive combinations.

There are many ways to find reactive muscles. Ask the subject to point out sore muscles and/or situations where they experience limited range of motion. Or therapy localize (TL) at random, using a strong indicator muscle, to find body areas where indicator muscle goes weak.

Sometimes the "priority" muscle from the wrist pulse test is a clue. For example, my gluteus medius was chronically sore; yet it consistently tested "strong", and all reactive combinations with this muscle had been long since corrected. Also, my lower jaw started to shift towards the left, a condition previously corrected by correcting a subluxation of the Atlas vertebra. The wrist pulse test indicated the spleen meridian, and we found the middle trapezius "weak". After "strengthening" the middle trapezius bilaterally, we determined that the activating middle trapezius on the right side caused the opposite psoas, fascia lata, piriformis, sartorius, gracilis, and iliacus to go weak. Correcting these reactive pairs resulted in clearing up the pain in the left gluteus medius and also correcting the jaw position. And the corrections have held.

A NEW BALANCING SCHEME

Putting this experience together, we have set up the following procedure for carrying out a muscle balancing session:

1) Test the supraspinatus-central first. This first test is carried out quite critically, particularly if the subject has not had much experience with TFH, to tune into the "feel" of the subject, using light variable pressure and watching for signs of compensation. If any "weakness" is apparent, the ESR NVs are used for initial correction rather than the NLs to help the subject relax and tune into the test. Also, each arm is tested twice, once with each hand, to determine if the subject is Switched, and correction carried out if required. Get feedback from subject to confirm that they are sensing the difference between "weak" and "strong".

2) Test the teres major-governing and correct if necessary.

3) Do screening test for Muscle Coordination. Using strong indicator muscle, such as pressing arm extended straight forward towards the feet. If weakness indicated, do all six A-K Workshop Gait corrections and test again. If weakness indication continues, test Cloacals and correct as indicated.

4) Test all twelve wrist pulses using strong leg indicator muscle on same side as the wrist being tested, usually the quadriceps, with the subject holding their own pulses. Test all muscles corresponding to meridians having a "weak" indicator muscle. Correct "weak" muscles, challenge, and correct further if necessary.

5) Restest all twelve wrist pulses. Continue muscle testing and balancing until all twelve wrist pulses test clear at one time.

6) Search for reactive muscle combinations and correct. This is the place to be innovative. Check the common reactive pairs: latissimus dorsi, anterior deltoid, psoas, and gluteus medius, and also gluteus medius with psoas and fascia lata. Check all muscles that were found "weak" in the pulse test for possible reactive connections. Also check muscle combinations between upper and lower body or back and front body if Gaits or Cloacals required correction. Use the other clues discussed in the previous section. This last step is the most important step in eliminating recurring muscle "weakness".

I worked the first three steps of this scheme and then tested the remaining 12 basic muscles individually, balancing as I went along, at our booth at the 2-day Hermosa Beach Spring Festival. I found that about 20% tested were Switched, about 60% had Muscle Coordination out (all corrected with the Gait correction), and about 90% had unilaterally weak reactive pairs (usually latissimus dorsi, psoas, gluteus medius, or anterior deltoid).

CONCLUSION

We now believe that regular balancing, dealing with Switching, Muscle Coordination, using the wrist pulses to check and prioritize all 42 TFH muscles, and correcting reactive muscle combinations, along with chiropractic care and nutritional correction where appropriate, can create a situation where the subject generally "holds" in balance and no longer presents a consistent continuing pattern of "unbalance".

POSTSCRIPT

In the balancing scheme just described, the wrist pulse test is being used in a different way than described in the Touch for Health Handbook. We now find we get the same consistent "priority" meridian indication when the person doing the testing holds the subject's wrist pulses and tests the opposite initially strong anterior deltoid as when the subject holds their own wrist pulses and the quadriceps on the same side is used as indicator. Furthermore, the meridians indicating "overenergy" using alarm point testing generally are different than the meridians indicated by the wrist pulse tests just described. These "over-energy" indications are eliminated by balancing the "weak" muscles on the meridians indicated by the wrist pulse testing.

Frequently a muscle will test "strong" on a single test, but will go "weak" under repeated tests. This can cause muscle unbalances during and after sustained activity and thus destabilize the subject's muscle balance. For slow acting main support muscles, such as the psoas, gluteus medius, latissimus dorsi, and sacrospinalis, which are called Aerobic muscles, test twenty times in rhythmic slow repetitive manner. For fast acting muscles, such as the anterior deltoid, pectoralis major clavicular, and quadriceps, which are called Anerobic Muscles, test at least twenty times in rapid succession. If the muscle goes "weak", correct with deep extended stimulation of the corresponding neurolymphatic reflex. Repeat the test and correction until the muscle remains strong through 20 repetitive tests.

JIMMY SCOTT, Ph.D.

As a Licensed Psychologist, Nutritionist, and Natural Healing Consultant, Jimmy has had a Private Practice in San Francisco for ten years. He is well known for his effective and innovative techniques in Holistic Health.

ON THE MEANING OF "BEING BALANCED"

Energy is balanced only under specific stable conditions. Physical and non-physical factors can disturb energy. Techniques now exist to prevent this dynamic energy disturbance. As these techniques are applied, energy becomes more stable and the person functions more optimally. This presentation will demonstrate how various factors unbalance energy, and that such energy disturbances can be corrected and prevented.

In Touch For Health, we tend to treat energy in a manner somewhat like clay--we push it in here, bend it there, and finally conclude that a "balance" has been achieved. We are taught that the wrong substance (e.g. tobacco), or a strong emotion (e.g. fear) can upset this energy balance, but we seldom explicitly recognize that virtually any physical or non-physical factor can also disturb our energy balance. Most of the time the energy disturbance exists only in the presence of such a factor, and is not detectable without that factor being present. In this presentation I will, with audience participation, demonstrate the existence of "dynamic energy unbalance," using both physical and non-physical factors. I will also demonstrate that such energy imbalance from dynamic factors can be eliminated through use of what I now call "Symbiotic Energy Transformation™ ". SET™ is a set of techniques I have developed which allow us 1) to determine the existence of various energy blocks, 2) to determine where the blocks are located, and, perhaps most importantly, 3) to eliminate the blocks. The entire process generally takes only a few minutes per factor, and insofar as I can yet determine, is permanent. The first example to be demonstrated will be a food sensitivity (or allergy). Using a volunteer, the usual way of determining food allergy will be used. Then I will demonstrate that that food allergy can be "fixed" by having the person chew the food while I stimulate certain reflex points. Those points vary according to the food and the person. Afterwords, we will show that the person no longer weakens to the food. When working with my clients, I find they later report that they no longer have any allergic reactions to that food. (One can overload on a substance and get reactions, too, but we are also able to determine their tolerance level.) Not only does this work for foods, but also certain chemicals--e.g. perfumes, extreme sensitivity to natural gas, etc. Other physical factors exist. They will be mentioned but not demonstrated.

More complex is the realm of non-physical factors, of which there are at least nine categories. One or two of these will be demonstrated. We can easily distinguish psychological from emotional. Dealing with the emotional factors is routinely learned in Touch For Health, and the usual ESR points are used. Psychological factors are very similar, but affect the body rather than the "head". Therefore, a different type of holding point is used. (I have now identified at least four different types of points, each of which is used under different circumstances.)

When is it appropriate to use these SET™ techniques? I do not yet know the limits of these procedures, but I can discuss what I know. They are helpful for a person who: is "stuck"; cannot make a decision; cannot stop doing something or cannot get started doing something; is addicted--to a behavior or a substance; is angry, fearful, puzzled, "turned-off"; non-assertive, or aggressive; cannot say something to someone; cannot initiate; is inhibited; is not happy; is depressed; cannot "let go"; is "up-tight"; has a lack of sexual satisfaction; has aches and pains which cannot seem to be alleviated; is clumsy; easily distracted; or shy; has writer's block; and on and on--in other words, virtually every facet of our lives. When we un-block these dynamic effects, we become more creative, more free, more effective and efficient in our lives. We become more healthy, more happy and more fulfilled. The SET™ techniques allow us to develop our full potential. But, the SET™ does not itself solve the problems--it just eliminates those obstacles we have in ourselves which interfere with our best functioning. That interference keeps us from knowing the answers to our "why" questions. By eliminating that interference (with SET™), we can more easily change our behavior and solve our problems--our energy now is free and balanced.