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Abstract:

Visual inhibition or ocular lock is often related to imbalances in gait reflexes, cloacal reflexes and muscle or fascia innervation. Two Biokinesiology brain programs are involved: (a) UB1-K6 or (b) GB21-GB29 depending upon whether a strong indicator muscle weakens when you trace your finger clockwise or counterclockwise respectively, in front of the person being tested. Correcting these brain program imbalances by using acupressure points, nutrition and emotions helps bring learning difficulties such as visual inhibition under control.

A NEW APPROACH FOR CORRECTING VISUAL INHIBITION

--Wayne W. Topping, PhD

Many of us in our lectures and demonstrations use visual inhibition or ocular lock as a very effective means of demonstrating how massaging acupressure points can help restore balance to the body. Usually we ask for a volunteer who becomes tired or falls asleep easily when he/she reads. We test a strong indicator muscle then see if it weakens as the person reads aloud and stays strong as they read backwards. Alternatively, we can have the person turn his/her eyes hard to the left or right while testing a strong indicator muscle.

The fact that the indicator muscle weakens shows that the back and forth eye motion is too stressful for the body to handle without causing neurologic dysfunction. The probable constant strain placed on the nervous system as it tries to adapt to this visual dysfunction is one possible cause of switching. Ocular lock and switching are commonly observed in people who have dyslexia ("word blindness") and associated learning disabilities. The eyes are not functioning well as a team providing the brain with less than desirable visual input.

Sometimes you will not even need to muscle test for ocular lock or visual inhibition to be reasonably certain of its presence. Just as we have a dominant hand and foot we should have a dominant eye and ear also. In ocular lock one eye may not be clearly dominant over the other. The dominating may shift backwards and forwards giving you that "shifty-eyed" individual that makes you feel uncomfortable. Close observation of eyes of a person with ocular lock will often reveal that one or both eyes have difficulty moving smoothly as they read or follow your finger from side to side. Note the jerkiness of the motion. Sometimes the eyes appear to get stuck and won't move one way as they should.

The simplest way to correct ocular lock or visual inhibition is to massage K27 (immediately below the inner end of the collar bones) while massaging immediately on both sides of the umbilicus, (or while holding the hand over the umbilicus).

However, this type of correction for ocular lock is usually temporary only. There are other less well known corrections available. For example, people familiar with Biokinesiology have also stimulated Pericardium (Circulation-Sex) 6 to correct the solar plexus imbalance that always accompanies ocular lock.

Over the past one to two years the Biokinesiology Institute has been researching numerous "brain programs," mega programs each involving an imbalance within the brain and related tissue imbalances, (muscles, tendons, ligaments, fascia, etc.) within the body that appear to be on the same brain circuit. One of two brain programs is commonly out of balance on a person with ocular lock. These programs are referred to as UB1-K6 and GB21-GB29 after the two major acupressure points for each program.

Sometimes a person with ocular lock won't have a weak indicator muscle if he looks hard to left, right, up, or down. However, the indicator may weaken if he looks in a specific direction, say for example, up to the left at 60 degrees. A more accurate means of checking for ocular lock is, therefore, to have the person follow your finger in a clockwise direction as you describe a circle for him and test a previously strong indicator muscle. Then repeat the test as you describe a counter-

clockwise circle with you finger. If the indicator muscle weakens, then the person has an ocular lock imbalance.

If the indicator muscle weakens when you trace your finger clockwise in front of the person the UBl-K6 program is usually out of balance. A weakening with a counterclockwise circle usually means the GB21-GB29 program needs work. Correcting these brain program imbalances will usually help correct gait reflexes, cloacal reflexes, and muscle or fascia innervation problems.

The major tissues (alpha tissue) that can be thereby localized for each program is a fascia covering the lateral aspect of the calf muscle. They have been tentatively identified as the gastrocnemius lateral head lateral fascia (UBl-K6) and the Tibialis posterior lateral fascia (GB21-GB29), as both tissues are in approximately the same position thereby localizing the outer calf area with the fingers curled as if to grip the muscle (pointing straight in with the fingertips will not usually detect an imbalanced fascia) and saying aloud to the person being tested "you feel willing and calm" and "you feel willing and responsible" to see which causes the weak indicator muscle to strengthen is one of the quickest ways to determine which program needs to be worked on.

Another way to determine which program is relevant is by holding small amounts of the possible corrective nutrition up against the cheek (over the parotid gland) to see which, if any, cause the weak indicator to strengthen. The nutrition that corrects any "brain program" at brain level is almost always homeopathic or a bach flower remedy with very rare exception. The homeopathics for each of the two programs under consideration differ thus, allowing us to determine which program we need to use. Note that nutrition for the alpha tissues is the same which allows us to determine what will help us correct the ocular lock and other imbalance but not to determine which program is out of balance.

A third, and fast, way of determining the program is by using the acupressure points. If the correct brain program is UBl-K6 then the fascia should not thereby localize as "weak" after you gently brush upwards over each of the acupressure points UBl, St36 and K6. If the relevant program is GB21-GB26 then brushing down and out over GB21, toward the front of the body over Liv13 and GB 29 should cause the indicator muscle to strengthen. Gentle brushing in the indicated direction over each of the acupressure will temporarily turn them on. Brushing in the opposite direction will throw them out of balance once again.

Once the correct program has been identified the brain circuit can be restored to proper functioning by working with the emotion, nutrition and acupressure points.

1). Emotions:

To use the emotions therapeutically, point the fingers of both hands down toward the center of the brain on the crown at the midline directly above the ears. This increases the effectiveness of working with emotions although it is not essential. Talk audibly to yourself about the positive emotions, in order, recalling current or past examples where you felt the particular mood or emotion. Sometimes you cannot recall past or current situation that would allow you to generate the positive emotions. In this case,

visualizing or picturing yourself in imaginary situations where you can see yourself doing things that would generate those feelings is often very effective. We are working with the subconscious mind, which cannot tell the difference between truth and fantasy. If you think you see a bear in the woods you will react physiologically the same whether it turns out to be real or imagined. Begin acting upon the positive emotions throughout your daily activities. Repeat your active meditations for one to two minutes, three or four times a day. Early in the morning is ideal, to start your day out well. Repeat before dropping off to sleep as this increases the likelihood that your subconscious mind will continue working with the positive emotions while you are asleep.

If working with the positive emotions seems difficult, don't give up. Persist! Many of us have felt certain negative feelings for a long time and we cannot just turn it around overnight. The experts tell us it takes twenty-one to thirty days of consistent effort to change a habit. We are talking about changing habitual ways of thinking in some cases.

2). Nutrition:

The nutrients listed here are those that have previously strengthened the imbalanced tissue on other people. To see if any of the nutrients have the potential to correct the imbalance, therapy localize the tissue while holding the possible nutrient on the navel, or on the cheek over the parotid gland. Or have the person being tested place it in his/her mouth. The formerly weak indicator muscle should strengthen if the nutrient has the potential to correct the imbalance.

However, it is important to realize that just because the tissue therapy localizes "strong" on a particular nutrient, this does not mean that the person will be able to utilize this item. Sometimes, the person's 'allergy' or inability to assimilate the nutrient may actually be the cause of the imbalance. Therefore, it is very important to test all suggested nutrition with the Brain Response Test described in Which Vitamin, Which Herb Do I Need? or How to Take Care of Yourselves Naturally. If the nutrition does not pass the Brain Response Test, there will be side effects if it is ingested and the tissue may or may not be strengthened.

3). Acupressure:

Massage each acupressure point firmly (backwards and forwards) for about 30 seconds twice a day. Note that most points are on both sides of the body. Having these points stimulated with acupuncture needles brings even faster results.

An abbreviated version of each of the two brain programs is listed below:

I. Brain Program: UB1-K6

1). Mood: Wise

2). Brain: Cerebellum posterior, superior

Emotion: Protect, shelter

Nutrition: Lithion carb 30x, Phosphorus 1m, Viburnum Prun 30x, Symphytum 30x, Echinacea angust 3x, Nux vomica 1m, Tuberculinum 12x Cinnamomum 30x

Acup. Point: UB1: 1/10 thumb lateral and superior to the inner corner of the eye.

Symptoms: Myofascia innervation imbalance (muscular).

- 3). Energy Center: Tailbone
Emotion: Self-control
Acup. Point: St36: 3 thumbs below the lateral depression of the patella, one thumb to the outside of the anterior crest of the tibia.
- 4). Alpha Tissue: Gastrocnemius lateral head lateral fascia.
Emotions: Willing and calm
Nutrition: Lecithin, C 500, ferr. phos 6x, nat sulph 2x, PHI (Professional Health International) formulae #'s 3, 7b & 21.
Acup. Point: K6: In the depression one thumb below the lower border of the inner anklebone.

II. Brain Program: GB21-GB29

- 1). Mood: Warmth
- 2). Brain: Cerebellum Mid Posterior
Emotion: Glad
Nutrition: Merc sol 6x, Formaldehyde #3, pyrogen 200, digitalis 200x valerian 6x, hepar sulf 3x, calc. carb 30x, veratrum album 200x.
Acup. Point: GB 21: Midway between the 7th cervical and the acromion process, on the highest part of the shoulder.
Symptoms: Myofascia innervation (fascia)
- 3). Energy Center: Spleen
Emotion: Goodness
Acup. Point: Liv 13: At the free end of the 11th rib.
- 4). Alpha Tissue: Tibialis posterior lateral fascia
Emotions: Willing and responsible.
Nutrition: Lecithin, C 500, ferrum phos 6x, Nat Sulf 2x, PHI herbal formulae #'s 3, 7b, & 21.
Acup. Point: GB 29: Midway between the anterior, superior iliac spine (upper part of front hip bone) and the greater trochanter of the femur.

References:

Biokinesiology Institute, How to Take Care of Yourselves Naturally, U.S.A.: Harmon Press, 1977.

Biokinesiology Institute, Which Vitamin, Which Herb Do I Need? Costa Mesa, Calif: Product of Information Systems, 1979.