

BALANCING IONIZATION

by

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ABSTRACT: Herein lies a method of balancing positive and negative ions by the use of mineral supplementation. A distinction is made whether the problem is due to too many positive ions or not enough negative ions; which was previously treated as the same problem. Or it could be the other way around, meaning too many negative ions or not enough positive ions. This balancing is accomplished by using four (4) different kinds of minerals which include two (2) types of calcium and two (2) types of potassium.

HISTORICAL:

It was Dr. George Goodheart who first made us aware of ionization as it pertains to applied kinesiology by his famous example of chronic clonic tonic intermittent toricollis.⁽¹⁾ He stated that if he had the patient breathe in through one nostril only for one hundred or more times it would afford the patient a period of relief from this devastating condition. This was based on the conclusion that the right nostril specialized in positive ions and the left nostril specialized in negative ions. The treatment was very affective but of short duration because when the patient resumed breathing through both nostrils the preponderance of one ion or the other was lost. At that time there were comments; such as, it was not by accident that the human body was designed with two nostrils rather than one. When the comment was made that we would look funny if we only had one nostril the person was reminded that we would not look funny if everybody only had one nostril instead of two, because we would not know it any other way.

In the field of otolaryngology it has been shown by instrumentation that the nasal cycle changes approximately every 20 minutes⁽²⁾ meaning that we receive a perponderance of our air we breathe in through one nostril for 20 minutes and then it changes over to the other nostril for 20 minutes ect., ect. This would explain why we all have had the experience of having one nostril occluded during an episode of acute rhinitis only to find that suddenly, with no apparent explanation, the occluded side opens up and the previous patent side becomes occluded. This research also showed that the amount of air passing through the nostril was not dependent on nor in porportion to the size of the lumen of that nostril.⁽³⁾ This same instrumentation showed that positive ions came through the right nostril and that negative ions came through the left nostril. Thus it became established that the turbinates of the right nostril form an ionization chamber specializing in positive ions and the turbinates of the left nostril form an ionization chamber specializing in negative ions.⁽⁴⁾

OBSERVATIONS:

The above data is a good basis for why it is important for us to have a balance of positive and negative ions in our body to start with. There are many conditions in our world where we are exposed to a predominance of either positive or negative ions. Such as a weather front moving through the area where we live which is preceded by an abundance of positive ions and succeeded by an abundance of negative ions, or being around electrical equipment or internal combustion engines which gives off an abundance of positive ions. If we have a balance of ions in our body to start with then we are not bothered by a temporary exposure to a perponderance of one kind

or another of ions. But if we have an imbalance of positive or negative ions to start with and then we are exposed to a condition such as above where there are a perponderance of one kind or another of ions. Then we become further imbalanced as the original condition becomes exaggerated.

Another interesting observation in the field of personanology is that people who are predominately negative in their habits, attitudes and personality have a larger opening of the left nostril and people who are predominately positive in their habits, attitudes and personality have a larger opening of the right nostril. The idea is that we need a balance in our lives and therefore we should have equal sized nostrils.

In applied kinesiology it has been established that if a patient breathes in through the left nostril and out through the right nostril and this weakens a previously strong indicator muscle, that patient is low in positive ions. An interesting observation in this patient is that they will therapy localize with the palms against the body only. If the condition is reversed, meaning that breath in through the right nostril and out through the left nostril weakens a previously strong indicator muscle that patient is low in negative ions and will therapy localize only with dorsum of the hand against the body.

So for therapy localization purposes only, it is important to establish whether or not there is an ionization problem in the patient. I have had a few patients who were low in negative and positive ions and hence would neither therapy localize palms up or palms down!

When you fix this kind of patient that other doctors have failed on, you are a hero. The obvious advantage here, is if you will establish ionization first in your patient then you do not have to therapy localize everything twice, meaning once palms up and once palms down.

I have had some remarkable success with patients who remarked to me that their symptoms came only when it rained or that they felt particularly elated or particularly depressed at the beginning of a storm or at the end of the storm, or that weather changes always made a difference in how they felt, just by checking and correcting ionization.

As mentioned earlier the original correction for this condition was to have the patient breathe in through one nostril only according to which side they showed a need for. More recent investigation shows that breathing in through the right nostril only, activates the left brain and thus is conducive for stressing left brain activities and vice versa, meaning that breathing in through the left nostril only activates the right brain and is conducive for stressing right brain activities.⁽⁵⁾ The catch to all this is that it has a temporary effect only.

It was Dr. John Stoutenburg who established in the early 1970's that the taking of calcium would provide positive ions and that the taking of potassium would provide negative ions. The big advantage being that now the correction would stay fixed.

One time when I had presented the above evidence in a lecture at the University of California at Davis Medical School, I was asked why did that

since calcium and potassium were both positive ions. My answer was that since calcium had a valance of plus two and potassium had a valance of plus one, that calcium was twice as positive as potassium and potassium was twice as negative as calcium and thus the difference was a relative one. To date I have not found a better answer and so I still use that same explanation.

CURRENT OBSERVATIONS:

Since I do alot of work with nutrition in my office and I have been exposed to the work of Dr. Herschel Robertson from Higgensville, Missouri, I became aware that there is a difference between having too many negative ions or not enough positive ions, which previously was treated as the same condition. Or vice versa, that there is a difference between having too many positive ions or not enough negative ions which also was previously treated as the same condition.

This can be established kinesiologically by having the patient breathe in through one nostril only and testing your indicator muscle and then having the patient breathe out through one nostril only and testing your indicator muscle. Whereas before this was all one test. Now we can establish if the condition is due to too many positive ions (breathe in through the right nostril only) or is the condition due to too few negative ions (breathe out through the left nostril only). Perhaps the condition is due to too many negative ions (breath in through the left nostril only) or it could be due to too few positive ions (breath out through the right nostril only).

It has been established that one form of a particular mineral has a positive reaction in the body whereas another form of the same mineral has a negative reaction in the body. It was on this basis

that I established which form of the mineral to use by breaking down the ionization testing into the above four (4) parts. By following these methods I found that too many positive ions would respond to potassium gluconate, but would not respond to potassium citrate for example. I found that too many negative ions would respond to calcium gluconate, but would not respond to calcium lactate for example. I also found that too few positive ions would respond to calcium lactate, but would not respond to calcium gluconate for example. And finally I found that too few negative ions would respond to potassium citrate, but would not respond to potassium gluconate for example. I keep saying for example here because there are other forms that will work.

For the purposes of learning this phenomenon and using these principles in your office I have devised the following chart:

NASAL IONIZATION AND MINERAL BALANCE		
Condition	Indicator muscle changes when patient breaths	Corrected by:
Excess Negative Ions	In through the left nostril	<u>Positive Calciums</u> Calcium Oxide Calcium Carbonate Calcium Gluconate
Deficient Positive Ions	Out through the right nostril	<u>Negative Calciums</u> Calcium Lactate Di Calcium Phosphate
Excess Positive Ions	In through the right nostril	<u>Positive Potassiums</u> Potassium Oxide Potassium Carbonate Potassium Gluconate
Deficient Negative Ions	Out through the left nostril	<u>Negative Potassiums</u> Potassium Citrate Potassium Aspartate

CONCLUSION:

We now have a kinesiological method of more precisely balancing the ions in the body and the minerals used to do so not only bring about a lasting effect, but also greatly help to balance the patient's chemistry. We previously knew that the acid or negative calcium lactate was preferred if the urine Ph was over 6.4 and that the alkaline or positive calcium gluconate was preferred if the urine Ph was under 6.4. So now we have another piece of the jigsaw puzzle to help us determine kinesiologically which calcium to use.

REFERENCES:

1. Applied Kinesiology Workshop Procedure Manual, George Goodheart, Thirtieth Edition, 1977.
2. Handbook of Ophthalmology and Otolaryngology, American College of Ophthalmology and Otolaryngology, 1970.
3. I.B.I.D.
4. I.B.I.D.
5. Brain Mind Bulletin, Marilyn Ferguson, Volume 10, No. 1, 1984