SOME NEW IDEAS IN MUSCLE TESTING AND ENERGY BALANCING

by

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In the process of integrating the various techniques we have learned from TFH (Touch for Health), E-K (Edu-Kinesthetics), ICAK (International College of Applied Kinesiology), and IIAP (International Institute of Applied Physiology) we have discovered some techniques that help to speed and improve the accuracy of the muscle testing and energy balancing. These include a fuller understanding of hypertonic muscle conditions, a short-cut for correcting central meridian reversal, and the concept of full electromagnetic balance.

INDICATOR MUSCLE BALANCE

There are two basically different types of muscle testing. One is where a muscle is being tested to determine imbalances in physiology directly related to the muscle, as in a basic TFH 14-muscle balance (ref. 9). The other is where a muscle is being used as an indicator to determine yes-no answers to physiology imbalances that are not otherwise related to the muscle being tested. We have found that when, carrying out the latter type of muscle testing, it is important that the indicator muscle be in full balance, or homeostasis, and that the testor and testee BOTH be in full electromagnetic balance.

The muscle testing of individual isolated muscles from maximum contraction towards extension, as we learned in Touch for Health I, indicates a specific out of balance physiological condition related to that muscle and its related proprioception or to some underlying physiological imbalance that is related to that specific isolated muscle. We can usually correct it by using reflex points (neurolymphatic, neurovascular, etc.) or other physiology that is related specifically to that muscle.

When we use techniques involving indicator muscles and various indicator tests, such as finger mode tests, nutrition indication points, screening tests for electromagnetics, cranial faults, etc. (refs. 8, 11, 12 and 14), we are no longer directly testing physiologically induced imbalances; rather we are asking the testee's body something about its physiological condition and getting a yes-no answer. We will get the same answer from any isolated muscle used as an indicator, provided the muscle is in full balance or homeostasis.

The usual way in which to use an indicator muscle test is to test an isolated muscle from maximum contraction towards extension. Using standard terminology (Random House College Dictionary), we find five possible states for an isolated muscle being tested from maximum contraction towards extension:

1. Hypertonic (or frozen)
2. Homeostais (or in balance)
3. Hypotonic
4. Reactive
5. Flaccid (or paralyzed)

The easiest way in which to determine if a particular muscle is in balance is to use the "try - do my best" test we first learned from E-K (ref. 3, pages 7 to 9). The test goes like this: The muscle to be tested (usually we start with a deltoid muscle) is placed into test position (maximum contraction). The testor tells the testee to say, "I will do my best to hold my arm up", and then tests the muscle. Then the testor tells to the testee to say, "I will try to hold my arm up", and repeats the muscle test. With each test the muscle can test locked or unlocked. There are four possible results:

	"Do my best"	"Try"	Muscle condition
1.	locked	locked	hypertonic
2.	locked	unlocked	in balance
3.	unlocked	locked	in balance, but central meridian reversed
4.	unlocked	unlocked	hypotonic, reactive, or flaccid

In case 4, if the muscle can be brought into balance by standard TFH balancing techniques, such as neurolymphatic or neurovascular reflex points, then the muscle was hypotonic. If this doesn't work, then the next thing to do is to check for "sneaky" reactive muscles as described in our paper on the subject (ref. 1). If the muscle is neither hypotonic nor reactive, then the muscle is flaccid. In this case you need to work with another muscle or use a surrogate. Correction of flaccid muscles involves balancing other muscles first until the flaccid muscle self-corrects or becomes correctable (see ref. 11 for examples).

HYPERTONIC MUSCLES

Hypertonic (or frozen) muscle conditions are frequently overlooked because the muscle tests strong in the clear. Often we find someone who is "untestable", that is, no matter what we do, that person's indicator muscle always tests strong, and we find ourselves stuck. But this is just a hypertonic muscle condition. Since people often carry their stress in their neck and shoulder muscles, it is quite common for shoulder muscles to be hypertonic. In fact one of our early techniques for balancing hypertonic muscles in the neck and shoulders was to give a sedating neck and shoulder massage, pushing the spindle cells together and the origin and insertion points apart for each muscle massaged.

A fast method for checking for hypertonic muscles, developed by ICAK, was shown to us by Dr. Sheldon C. Deal. First we test the particular muscle of concern in the usual way. If the muscle tests locked, we then know it is either in balance or hypertonic. Next we have the testee TL (therapy localize) their K27 point on the same side of their body as the muscle being tested. In other words the testee touches the appropriate K27 point with two fingers. (The use of two fingers provides an electrically neutral touch - ref. 11.) If the muscle now tests unlocked and relocks when the testee removes their fingers from the K27 point, the muscle is hypertonic. If the muscle tests locked in all cases, then it is in balance or homeostasis.

Richard Utt, founder of IIAP, teaches another way to test for hypertonic muscles, which he calls hypo frozen muscles (refs. 9 and 10). As with the ICAK technique, the isolated muscle of interest is first tested in the clear from maximum contraction towards extension. If the muscle tests locked, then the muscle is sedated and tested again. Typical sedation techniques include pushing apart at the origin and insertion points, pushing together at the spindle cells in the belly of the muscle, or using a magnet (ref. 11). If the muscle still tests

locked after sedation, the muscle is hypertonic. (Note: Rick Utt has a different terminology, using hypo to refer to testing from contraction towards extension and hyper to refer to testing from extension towards contraction.)

The basic ICAK technique for balancing hypertonic muscles, as shown to us by Dr. Deal, is to rub the neurolymphatic reflexes very deeply while simultaneously holding the neurovascular reflexes. This method is quite effective, but also can be quite painful.

Richard Utt teaches a number of techniques for balancing hypertonic (or in his terminology hypo frozen) muscles. His basic technique is PIT #1, or Proprioception Integration Technique #1 (refs. 10 and 11). He also teaches additional techniques based on balancing the underlying physiological imbalances creating the hypertonic muscle condition (refs. 11 and 12).

The muscle "lengthening" procedures developed by Dr. Paul E. Dennison are in effect another technique to correct hypertonic muscles (refs. 3 and 4). This works in a similar, but much more powerful manner as the simple sedating massage mentioned earlier.

Frank Mahoney has worked extensively with hypertonic muscles and has developed exciting new techniques for isolating and correcting these muscles (refs. 5 and 6).

Hypertonic muscles are different from reactive muscles. This is clear because the "strong" muscle in a reactive pair will respond to sedation unless it is also hypertonic. Recall that sedating the "strong" muscle is part of the standard TFH technique for correcting reactive muscle pairs (ref. 8). The possible confusion over this occurs because in some cases correcting a hypertonic muscle may also clear reactive muscle pairs and vice versa. This type of dependence is implicit in the concept of "priority" imbalances and "compensatory" unbalances (refs. 8 and 11).

A very simple technique for balancing hypertonic muscles is based on the observation that the meridian corresponding to a hypertonic muscle is also hypertonic. This can be confirmed by CH (challenging) the testee's meridian alarm point (that is, the testor touches the testee's meridian alarm point with two fingers) and finding that a balanced and previously locked indicator muscle now unlocks. We can correct the hypertonicity in the meridian by tapping the alarm point. We will then find that we have also corrected the hypertonic imbalance in the associated muscle. Thus we can correct a hypertonic deltoid muscle by simply tapping the lung alarm points, LU1. Although much less sophisticated than a number of the techniques referred to above, it will enable you to quickly balance the deltoid or whatever other muscle you wish to use as an indicator, when it is hypertonic.

CENTRAL MERIDIAN REVERSAL

We first learned about central meridian reversal from Dr. Paul Dennison in an Advanced Edu-Kinesthetics class held in Oct. 1983. The central meridian is associated with energy flow to the brain. What we find when central meridian reversal is present is that the body intuition seems to be reversed. Tests using an indicator muscle frequently give the opposite result. That is, the indicator muscle will test locked when the proper response is unlocked, and vice versa.

This is particularly evident in food testing where the indicator muscle will test locked in the presence of foods containing sugar, caffene, and alcohol and unlocked in the presence of wholesome foods. However we cannot use food testing as a general test for central meridian reversal because in some cases the central meridian reversal is present only when the offending food or drug is present. Thus we can see that the intuition reversal associated with central meridian reversal has important implications in overall wellbeing of the individual involved.

A simple way to confirm the presence of central meridian reversal is as follows: Run the central meridian energy from lip to groin three times and test a balanced indicator muscle. Then run the central meridian energy from groin to lip three times and repeat the indicator muscle test. If the indicator is locked when running the meridian energy from lip to groin and unlocked when running the meridian energy from groin to lip, then central meridian reversal is present.

We normally prefer not to test in this way because we don't like to interfere with a person's normal central meridian energy flows. However the test is useful to show what is happening. We find the "try - do your best" test, described in the first section of this paper, to be a more satisfactory approach for ongoing clinical use.

The usual correction for central meridian reversal, as taught by E-K, is "Cook's Hookups" (refs. 3, 4, and 5). This is based on a technique orignially introduced by Dr. Wayne Cook.

We have found a simple technique that seems to work just as well: have the testee visualize colors green and white for a few moments. A retest for central meridian reversal will show that the condition has been corrected. Another technique would be to imagine hearing well played grand master classical music such as a piece by Beethoven, but fewer people, especially children, are able to do this.

We came across the color visualization correction through the musical correction. We started with the observation than that imagining rock music would initiate central meridian reversal in an initially balanced individual and imagining a piece by Beethoven would correct it. We next observed that many rock music albums, not to mention the players themselves, were frequently decorated with demonic symbols, skull and crossed bones, dripping blood, etc. The predominant colors were red and black. We then discovered that having an initially balanced person visualize red and black would cause central meridian reversal in that person. The next step was to reverse the red and black combination (the opposite of red is green and the opposite of black is white) and find that visualizing these colors did indeed balance central meridian energy flow.

FULL ELECTROMAGNETIC BALANCE

Our third criteria for proper indicator muscle testing is that both the testee and the testor be in what we call "full electromagnetic balance". The test we use for this is the standard ICAK electromagnetics screening test (page 28, ref. 8). We perform this test on the testee by having either the testee or the testor place all five fingertips of one hand on the testee's torso and then testing the testee's indicator muscle. If the indictor muscle remains locked, the testee is in full electromagnetic balance. If the indicator muscle unlocks,

the testee is not in full electromagnetic balance.

The testor can then perform this same test on himself by touching the five fingertips of one hand to his torso and testing the testee's indicator muscle with his other hand. If the indicator muscle now unlocks, the testor is not in full electromagnetic balance. If it remains locked, the testor is in full electromagnetic balance. In this test, since the testor is touching the testee with the hand being used to test the indicator muscle, the testee is acting as a surrogate for the testor.

Actually the test just described is a screening test for a large group of electrical disturbances:

Ionization
Centering: hyoid, gait, cloacals
Switching
Cross-crawl
Right-left brain integration
Acupuncture
Blood chemistry

We have found that, if any one of these items is out of balance, the indicator muscle test results may not be reliable. Switching is the most commonly encountered problem, but any one of these electrical disturbances can potentially cause a problem.

Frequently the testee or testor may flip out of full electromagnetic balance during a continuing muscle testing session. This can be due to confusion about the procedure, a prejudice on what the testing outcome should be, a food addiction, or anything else that places a stress on either the testee or the testor. So it is generally a good idea to recheck electromagnetic balance occasionally during a muscle testing session, especially if there is any reason to suspect the apparent test indications.

The key to achieving full electromagnetic balance is understanding that deeper level switching is always present when a person is not in full electromagnetic balance. Thus the problem with indicator muscle testing.

In a graphic sense switching occurs when there is a polarity reversal in the brain signaling circuits. This can happen in anyone of three directions, right-left, front-back, top-bottom, and each direction must be corrected individually. ICAK (page 33 ref. 8 and ref. 14), IIAP (ref. 13), and E-K (ref. 5) have slightly different, but equivalent ways to test for and correct switching. Our technique follows what we learned in E-K.

The screening test for switching is for the testor to test the testee's indicator muscle first with one hand, then with the other. If the indicator muscle is locked for the first test and unlocks for the second test, then either the testee or the testor is switched. If switching is present, the testor can immediately repeat the second test while touching his ESR (Emotional Stress Release) points with his other hand (page 119, ref. 9). If the testee's indicator muscle relocks, it is the testor that is switched.

When switching is present, we can determine which directions are out of balance by the following tests. Each time the testor tests the testee's

indicator muscle while two points are being touched, one by the testee and one by the testor:

Right-left: The testee touches their two K27 points while the testor places their hand over the testee's navel. Note: the kidney meridian governs right-left balance.

Front-back: The testee touches their coccyx, GV1, while the testor touches just above the testee's upper lip, GV26. Note: these are the two ends of the governing meridian, which governs front-back balance.

Top-bottom: The testee touches their pubic bone, CV2, while the testor touches just below the testee's lower lip, CV24. Note: these are the two ends of the central meridian, which governs top-bottom balance.

If the indicator muscle unlocks for any one of these tests, then switching is out in that direction. Switching can be out in one, two, or all three directions. The switching can be corrected by rubbing simultaneously the pairs of points that caused the indicator muscle to unlock.

For the next step we need one additional tool, which we call "signal lock". This technique was originated by Dr. Alan Beardall of ICAK, and its use has been taught widely by Gordon Stokes and Richard Utt, who call it "pause lock" (ref. 11). The basic idea is that whatever signal is going to the indicator muscle during a test, "lock" or "unlock", is held indefinitely after the test if the testee's legs are spread apart during the test and held apart after the test. In other words spreading the legs activates a mechanism that causes the signal going to the indicator muscle as a result of the test to be locked up after the test is completed until the legs are placed back together again. (The surrogate effect works with the signal lock mechanism; so actually either the testee or the testor, a surrogate, or any other person touching the testee during the test can do the leg spreading.)

Now let's do the following experiment. We select an indicator muscle, say the deltoid, and check it for balance. If necessary we correct it so that is in balance as described in the first part of this paper. We also correct central meridian reversal, if necessary, as described in the third part of the paper. Next we test for switching as described above and correct if present. Finally we test for full electromagnetic balance as described above by testing testee's indicator muscle while touching their torso with five fingertips.

If the testee is not in full electromagnetic balance, let us proceed to test for some of the specific electrical disturbances listed above and note the outcome. Let us also test cross-crawl and left-to-right reading and also homolateral-crawl and right-to-left reading. We will probably find that one or the other set of tests will cause the indicator muscle to unlock. Finally let us do the E-K test for location of language and gestalt hemispheres (ref. 5). In this test we will probably find that the indicator muscle unlocks on one side for the language hemisphere test and the other side for the gestalt hemisphere test.

Next we check to see if the testee's signal lock mechanism is working properly by having the testee spread their legs and testing their indicator muscle. If it remains locked, we know that their signal lock mechanism will

work. (If the indicator muscle unlocks, there are problems in the pelvic area which need to be fixed before signal lock can be used.)

Now we are ready to repeat the test for full electromagnetic balance and have the testee spread their legs again as their indicator muscle is tested. We can test the indicator muscle again, after removing the five fingers from the testee's torso, and find that the indicator is unlocked. This shows that the signal indicating that one or more electromagnetic conditions are out of balance is being held in signal lock.

We continue by testing the three directions of switching, right-left, front-back, and top-bottom, with the three two-point tests described above, while the testee continues to hold their legs apart. If the indicator muscle changes its state, that is relocks, that is an indication that switching is out of balance in that direction (ref. 11). We will find switching out of balance in at least one direction, if not more, despite the fact that switching was in balance before we locked in the full electromagnetic balance test signal. So what we have done is to bring up deeper levels of switching that were contibuting to the lack of full electromagnetic balance. We balance whatever switching directions are out by rubbing the two test points as before, while the testee continues to hold their legs apart. After we have finished the switching corrections, we retest the indicator muscle and find that the indicator muscle is now locked. This shows that the switching corrections corrected the electrical disturbances and put the testee into full electromagnetic balance.

We can confirm this by repeating the five finger test and finding that the testee's indicator muscle now remains locked. We can go on and retest all the specific electrical disturbances that had been found to be out of balance before the correction and find that they are now all in balance. We can test cross-crawl and left-to-right reading and also homolateral-crawl and right-to-left reading. We will find that the testee's indicator muscle is locked to "all" four tests. When we repeat the brain hemisphere location tests, we will find the indicator muscles test locked on "both" sides for both tests.

Actually this somewhat surprising result answers a number of questions we had about right-left brain integration. We did not understand why we could only be "strong" to either cross-crawl or homolateral-crawl and "strong" to either left-to-right reading or right-to-left reading. We would think that with fully integrated brain hemispheres that it would make no difference. And we have just demonstrated how to balance a person so that it doesn't make a difference. Similarly the E-K test for determining hemispheric function location is based on the activated hemisphere switching off the inactive hemisphere, and thus it is not a surprise that the test fails to work when the brain is fully integrated by this correction procedure for full electromagnetic balance.

The E-K test for hemispheric function location typically shows a small percentage of people who apparently have the function locations reverse, i.e., gestalt function in the left hemisphere and language function in the right hemisphere (page 14, ref. 4). These same people must look to the right for cross-crawl correction and cross their legs in reverse order for Cook's Hookups. What we have found is that for these people, when we have the five finger test signal held in signal lock, they will be out of balance for at least two directions of switching, one of which will be right-left switching. If we correct the right-left switching only, release the signal lock by putting their legs together again, and retest for hemispheric function location, they will now

show a normal response with language in the left hemisphere and gestalt in the right hemisphere. Also the cross-crawl correction and Cook's Hookups will normalize. Now we can go back and complete the full electromagnetic balance procedure and achieve the results described in the preceding paragraphs. We believe that this result implies that most, if not all cases, where the hemispheric functions appear to be reversed, are simply due to uncorrected deeper level switching and not to an actual reversal of the brain physiology.

We believe that the full electromagnetic balance described above provides a deeper level of electromagnetic balance and right-left brain integration because all deeper levels of switching are balanced together in one stroke.

FIVE FINGER QUICK FIX

Actually it is quite easy to put yourself into full electromagnetic balance. We call the procedure the "five finger quick fix". Standing with your feet together, touch five fingers of one hand to your chest and then spread your legs while your fingers are touching your body. Continuing to stand with your legs apart, do the corrections for the three directions of switching. Place one hand over the navel and rub the two K27 points for right-left correction. Rub under the lower lip with one hand and rub the pubic bone ridge with the other for top-bottom correction. And rub just above the upper lip with one hand and the coccyx with the other for front-back correction. You are now in full electromagnetic balance. The basic idea behind this procedure is that doing all the corrections will be beneficial and will place you in full electromagnetic balance regardless of your state of balance before you started the procedure.

SUMMARY

We have found that, when doing any kind of muscle testing using an indicator muscle, it is important that the indicator muscles being used be in homeostasis and that both the testee and testor be in full electromagnetic balance. Thus we always start a muscle testing session with the following procedure:

1. Check for homeostasis with the "try - do my best" test" and correct as necessary. Possible corrections include hypertonic muscle, hypotonic muscle, sneaky reactive muscle, and reversed central meridian.

2. Check the testee for full electromagnetic balance. Correct with five finger quick fix if out of balance.

3. Check the testor for full electromagnetic balance and correct with five finger quick fix if necessary. (The testor can carry out this test by testing the testee's indicator muscle with one hand while touching the five fingers of the other hand to their own body.)

4. Continue with whatever additional muscle testing you wish to do.

5. Recheck testee and testor for full electromagnetic balance occasionally during the testing session, especially if the test results are suspect.

We teach the five finger quick fix to everyone we work with and urge them to use it several times a day at first, and especially when they feel that their energy is off. It also helps to follow this up with a few minutes of cross-crawl to strengthen the balance. It appears to be an excellant correction for lassitude, scattered energy, and other dyslexic symptoms.

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