

## SOME IMPORTANT CONSIDERATIONS IN MUSCLE TESTING FOR FOODS AND SUPPLEMENTS

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**Abstract:** The basic muscle testing techniques for food and supplement testing are reviewed. Possible difficulties and misindications due to the presence of electromagnetic imbalances in the testee or testor or a hypertonic (frozen) indicator muscle are discussed. A revised testing procedure that accounts for these problems is described. Special considerations for testing with candida are also included.

### INTRODUCTION

The simple approach to food and supplement testing of holding the item to be tested against the body or popping it under the tongue cannot be depended on to give accurate results. There are several problems that can occur:

1. The muscle being tested must be in balance (homeostasis) and remain in balance during the test.
2. Both the testee and the testor must be in full electromagnetic balance before and during the test.
3. We would like to know whether the item being tested is biogenic, biostatic, or biocidal.

### HYPERTONIC MUSCLES

The problem presented by hypertonic (or frozen) muscles was discussed in detail in our paper presented to the Touch for Health Annual Meeting in 1986 (Ref.1). These are muscles that are overenergized and thus will not unlock in the presence of an unlocking signal. This condition must be corrected before testing the food or supplement.

Following the ICAK test procedure for hypertonic muscles (Ref. 2) a muscle to be used as an

indicator muscle is first tested in the clear. It should be locked. If not, it is hypotonic (underenergy) or reactive and can be corrected by standard Touch for Health techniques for underenergy or reactive muscles (Refs. 1 and 4). Next the same muscle is tested again while the testee touches their K27 point on the same side with two fingers. The muscle should remain locked. If not, it is hypertonic (overenergy or frozen). The simplest correction procedure that we have discovered is to tap the alarm points for the meridian associated with the muscle.

Even though the indicator muscle is in balance before testing the item in question, it may become hypertonic when the item is placed next to the body or under the tongue due to stress engendered in the body by that item. So for an accurate test you must recheck for the hypertonic muscle condition in the presence of the item being tested.

[Note: There is some variation in the use of the term, "hyper". In this paper we follow the ICAK usage of "hypertonic" to mean "overenergy" and "hypotonic" to mean "underenergy". Recently IAP (Richard Utt, Ref. 6) has introduced the usage of the term "hypo" to refer to testing from contraction towards extension and the term "hyper" to refer to testing from extension towards contraction. Thus a "hypertonic" muscle in our terminology is the same thing as a "hypo frozen" muscle in IAP terminology.]

### ELECTROMAGNETIC BALANCE

The need for full electromagnetic balance in both the testor and the testee when muscle testing with an indicator muscle was also discussed in detail in our 1986 paper referred to above (Ref. 1). Here the term electromagnetic balance is used to refer

to a large group of electrical disturbances as defined by the ICAK (page 28, Ref. 4):

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

We have found that the following condition is also part of this category, since it is also covered by the screening test and correction procedure given below:

#### **Central Meridian reversal**

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.

The test we use for this is the standard ICAK electromagnetics screening test (page 28, Ref. 4). 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 indicator 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.

Frequently the testee or testor may flip out of full electromagnetic balance during a food and supplement 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 in the presence of the item being tested, especially if there is any reason to suspect the apparent test indications.

We introduced the "five finger quick fix" in our 1986 paper (Ref. 1) as a quick and simple way to establish full electromagnetic balance. A detailed explanation of the rationale behind this correction procedure is given in the referenced paper. A brief summary of the technique follows:

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 initial state of balance before you started the procedure.

#### **FOOD AND SUPPLEMENT TESTING**

Touch for Health has introduced three categories for food and supplement testing:

- Biogenic, adds bioenergy
- Biostatic, no change in bioenergy
- Biocidic, decreases bioenergy

The basic procedure used by most people has been to place the item to be tested next to the body, usually near the navel, or under the tongue and to test a balanced indicator muscle. If the muscle unlocks (becomes hypotonic), then we consider the item being tested to be biocidic. If

the muscle remains locked (in balance or homeostasis), the item is either biogenic OR biostatic. The muscles most commonly used for this testing are the deltoid, anterior deltoid, or pectoralis major clavicular.

This is fine for testing foods which we enjoy eating; however when we are testing supplements, which are an extra expense, we want to take them only if they are biogenic. To check this we test a muscle that has been temporarily sedated (placed in an unlocked or hypotonic condition) as described in Ref. 5. If the muscle relocks when the item being tested is placed next to the body or under the tongue, the item is biogenic. (When testing in this mode, be sure to rebalance the muscle at the end of the testing session. Also you need to check the muscle condition before each test to make sure that the muscle has not spontaneously rebalanced itself.)

The new thought that we wish to inject at this point is that it is possible for either the testee or the testor to drop out of electromagnetic balance DURING the test. This will invalidate the test. It is also possible for the indicator muscle to become hypertonic and freeze up. This also invalidates the test result. These reactions can be due to a number of causes: confusion over the procedure; a strong desire or conviction, conscious or subconscious, that a certain test result should occur; a food addiction; a bioenergy from the item being tested that disturbs the energy balance of either the testee or the testor; something in the environment, colors, sounds, etc., that disturbs the energy balance of either the testee or the testor.

To assure that the testor and testee are remaining in electromagnetic balance and the testee's indicator muscle is not freezing up, we add the following safety checks to our testing procedure:

1. We check the testee's indicator muscle and correct it if it is out of balance. We test for the hypertonic (frozen) condition by having the testee hold two fingers to the K27 point on the

same side as the indicator muscle.

2. We test the testor and the testee for electromagnetic balance with the five finger test and correct with the five finger quick fix as necessary.
3. We test the food or supplement as described above, using a locked indicator muscle if we wish to determine if the item is biocidal or an unlocked indicator muscle if we wish to determine if it is biogenic. For a positive result in either test (not biocidal in the first case or biogenic in the second case), we require that the indicator muscle remain locked with the test item is being held next to the testee's body,
  - a. while the testee touches the K27 point on the same side as the indicator muscle,
  - b. while the testor touches the testee's body with five fingers,
  - c. and while the testee touches his own body with five fingers.

If the indicator muscle unlocks on any one of these tests, the test result is considered to be negative.

We have much better success in the selection of food items and supplements for ourselves since we have adopted these techniques. We found a number of items that we had thought were OK based on the basic muscle test were not OK when we added the check procedures. Eliminating these items from our diets resulted in improvements in our health and sense of well being. As a specific example wheat tested biogenic for Elizabeth using an initially balanced indicator muscle. Meanwhile she was experiencing cramps of unknown origin. Then we tried TL of K27 during the test and the indicator unlocked; her indicator was becoming hypertonic (frozen) whenever wheat was brought near her body and would spontaneously relax into balance when the wheat was removed. Removing wheat from her diet eliminated the cramps.

### CANDIDA FOOD TESTING

When a person is experiencing an imbalance due to candida albicans or other yeasts, proper food selection is an important contributor towards reaching permanent balance. An important tool for dealing with yeast infections is the candida mode test introduced by Steven Rochlitz (Ref. 3). This test involves touching the edge of the middle fingernail to the pad of the thumb and testing an indicator muscle. We find that this test works best if the testee does the mode test. A change of state of the indicator muscle (generally from locked to unlocked) indicates the presence of a candida or yeast imbalance. When a candida imbalance is present in the clear, the first step usually is to correct the imbalance by whatever priority balancing procedures you prefer.

Once a candida balance has been established in the clear, we want to determine those foods that will preserve the candida balance. First we test the food in question as described in the preceding section. If the food is not biocidal, we then repeat the tests while the testee holds the candida mode test. If the indicator muscle now unlocks, the food is **BIOGENIC TO THE CANDIDA** and should not be eaten by the testee.

The concept here is that many foods that are otherwise healthy for the testee are also "healthy" for the candida and other pathological yeasts in the body. The testee will want to avoid those foods that are "healthy" for the candida and other pathological yeasts. Once these yeasts are totally in check and down to normal levels for a healthy

body, this test will no longer unlock the indicator muscle, and the person can go back to these foods on a regular basis.

It is not practical to do this as a one-time doctor's office test because the acceptable foods change. Typically a food may be initially OK, but may become troublesome if consumed too frequently and must be avoided for a while before it can be consumed again. The foods most likely to present candida problems are carbohydrates and foods containing yeasts, molds, and fungi.

We also use a mode test for the presence of aldehydes, discovered by Elizabeth. This involves touching the edge of the thumbnail to the inside of the second joint of the little finger (counting in from the fingertip). Steven Rochlitz describes a two-point test in his paper (Ref.3). A positive response to this test indicates the toxic presence of aldehydes, such as acetylaldehyde, a candida waste product, or formaldehyde. It is the aldehydes that are responsible for much of the pain associated with candida and other yeast imbalances. We have found that the free amino acid Taurine will correct the aldehyde indication and relieve the pain associated with the aldehydes. (Rochlitz also reports the same result and adds molybdenum and the free amino acid cysteine to the list, Ref. 3) However this is really an "aspirin approach", since the pain will not go away permanently until the imbalance of the candida and other yeasts that are generating the aldehydes is permanently corrected.

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### References

1. Barhydt, Elizabeth and Barhydt, Hamilton, *Some New Ideas in Muscle Testing and Energy Balancing*, page 56, International Journal of Touch for Health, July 1986
2. Deal, Sheldon C. personal communication, Feb. 1986
3. Rochlitz, Steven, *Update On The Rochlitz Aldehyde Dyslexia Hypothesis*, page 27, International Journal of Touch for Health, July 1986
4. Stokes, Gordon and Marks, Mary, *Dr. Sheldon Deal's Chiropractic Assistants and Doctors Basic AK Workshop Manual*, Touch for Health Foundation, 4th edition, 1983
5. Thie, John F., *Touch for Health*, DeVorss & Co, revised edition 1979
6. Utt, Richard D., *Applied Physiology I*, International Institute of Applied Physiology, 1986