

## New Techniques for Balancing Reactive and Frozen Muscles

by Elizabeth Barhydt , BA, and Hamilton Barhydt, PhD

### Abstract

New techniques for balancing reactive and frozen (over energy) muscles are introduced. These techniques are unique in that muscle testing to find the priority out of balance reactive or frozen muscles is not required to induce balance. Thus these techniques become practical do it yourself techniques.

### Reactive Muscles

The basic concept of reactive muscles is described in the Touch for Health handbook (ref. 8). We introduced the concept of "active" and "latent" reactive muscles and a testing technique for determining the presence of active reactive muscles in 1984 (ref. 2). The concept of sneaky reactive muscles was first introduced by us in 1983 (ref. 1), although the label, sneaky, was not introduced until ref. 2. We have reported additional information on dealing with reactive muscles in ref. 5

An active reactive muscle is a reactive muscle that has been recently activated so that the body energy system still has an awareness of the reactivity. A latent reactive muscle exists when there has been a sufficient time lapse since the reactivity has been induced that body energy system does not have a current awareness of the reactivity.

As reported 4 years ago (ref. 2), a screening test for active reactive muscles is testing a strong and balanced indicator muscle while holding the other hand a few inches above the testee's head. If the indicator muscle unlocks, active reactive muscles are present and ready to be corrected.

As far as we know it is not possible to muscle test for the presence of latent reactive muscles, precisely because the body energy system is not aware of their presence. However it is also important to

correct latent reactive muscles so that they won't cause a problem when they are activated at a later time. Latent reactive muscles can be activated by doing simple exercises that use the muscles in question. Typical examples are neck rolls, shoulder rolls, arm rolls, swinging limbs back and forth or in and out, knee bends, elbow bends, body bends, etc. Simulate the various motions used in your regular athletic or work routines. Activating potential latent reactive muscles has always been part of the art of correcting reactive muscles.

**The New Reactive Muscle Balancing Technique** balances all currently active reactive muscles:

- A. Place the fingers of one hand around the navel with the thumb on top. You are intending to simultaneously touch all the five element points with the thumb on the fire element point.
- B. Lightly touch the two stress release points on the forehead with the thumb and two fingers of the other hand.
- C. Deeply massage the five element points with both a squeezing and slightly rotary motion and simultaneously sense your body releasing tension.

**An Overall Procedure for Activating and Balancing Reactive Muscles** can proceed as follows:

1. Exercise muscles that are suspected to be reactive as suggested above.
2. If you have an assistant, have them check you for the presence of active reactive muscles by testing as described above. (That is, by testing a strong and balanced indicator while holding the other hand a few inches above the testee's head.)
3. If the test for active reactive muscles is positive, carry out the reactive muscle balancing technique just

described. If you do not have an assistant to confirm the presence of active reactive muscles, do the correction anyway. (Correct energy balancing techniques rarely have a negative impact; so, if you think there might be a problem, do the correction.

4. If you have an assistant, repeat the active reactive muscle test in step 2 to confirm that the active reactive muscles have been corrected.

5. If you wish, repeat the exercises done in step 1 and then the muscle test in step 2, to further confirm that this group of reactive muscles has been corrected.

6. Now if you think you have additional reactive muscles, go back to step 1 and repeat the entire procedure using different exercises to activate a new set of reactive muscles. As mentioned above, this is where you can bring your creativity and knowledge of muscles into play to activate the reactive muscles that are creating your problems.

For further confirmation that this technique is working, if step 2 indicates the presence of active reactive muscles, use one of the techniques described in ref. 5 or your own favorite technique to isolate and test the priority reactive muscle pair. Then, after carrying out the correction, step 3, retest the reactive muscle pair to confirm that it has been corrected. To date we have had 100 percent success in correcting identified reactive muscle pairs with this technique.

It is important to understand that this technique only corrects those reactive muscle that are currently activated. If the testee is still feeling the need of more balancing, this indicates that additional work needs to be done. There may be more reactive muscles to be activated and balanced, or there may be frozen muscles to be balanced, or there may be some other sort of problem, structural, etc.

#### **Frozen Muscles**

We were introduced to the concept of frozen (or over energy) muscles by Rick Utt (refs. 6 and 7). We provided a summary of our techniques for dealing

with frozen muscles in 1986 (ref. 3) and how frozen muscles could interfere with food sensitivity and allergy testing in 1987 (ref. 4). In this paper we have dropped the use of the term "hypertonic" (which literally translated means "over tension") to describe this muscle state because other practitioners use this same term with other meanings.

A frozen muscle is a muscle that will not unlock (become weak) in the presence of an unlocking signal (such as pinching the spindle cells) since it has too much energy ("over tension" or "over energy").

The test that we use to determine if a muscle is frozen is for the testee to touch their K27 with two fingers on the same side as the muscle being tested. If the muscle tests strong before the K27 is touched and weak while the K27 is being touched, the muscle is frozen.

Ref. 3 reported our first innovation in this field, the correction of a frozen muscle by tapping the alarm point for the associated meridian. We now report on a new correction procedure that we have discovered. This procedure does not require knowledge of the meridian or for that matter the particular muscle or muscles that are frozen. This enables the procedure to be carried out without muscle testing to determine the proper points to activate and thus becomes a viable do-it-yourself technique.

**The Frozen Muscle Balancing Technique** works as follows:

A. Place the thumb pad on the index fingernail and lightly touch the stress release points on the forehead with the middle and ring fingers, using both hands.

B. Visualize the tight muscles relaxing.

C. Briefly exercise tight muscles and repeat release as desired.

As with the reactive muscle correction, it is helpful for you, when you initially experiment with this new technique, to identify specific frozen muscles by using the K27 test or whatever other test you trust before doing the correction and retesting after the correction. Again we

have to date experienced 100 percent success in balancing previously identified specific frozen muscles using either the K27 or spindle cell test.

Much of the neck and shoulder tension we experience at work and in other stressful situations is caused by frozen muscles. So this balancing technique becomes a powerful tool for release of this tension. Often we hold our emotional stress in tight muscles. This procedure is doubly effective because it is providing muscle stress and emotional stress release at the same time.

### Examples

Elizabeth provided a good example of how this technique can be used for self help. She tripped on a low stone wall and fell hard, skinning her knee; becoming quite disoriented from the force of the fall. Based on previous similar incidents, she could reasonably expect to develop severe muscular aches and pains due to pulled and reactive muscles. However she immediately carried out the reactive muscle correction and the frozen muscle correction just described. That evening she remarked that she was experiencing absolutely no after effects from the fall.

P. K. arrived with painful stiff neck and shoulders. The right shoulder was very sore and tender and was also noticeably lower than the left shoulder. She had very limited range of motion with her arm; she could not put her hand behind her back or raise it above her shoulder. This condition had persisted for several months. We had her do the frozen muscle correction; she immediately felt relief from the neck and shoulder tension. Next we had her lift her hand as high as she could and to move it as far as she could towards behind her back. Then we had her do the reactive muscle correction followed by the frozen muscle correction. We repeated this sequence several times. Each time there was a significant increase in the range of motion of the right arm.

At this point P. K. was experiencing considerable relief from pain, much improved range of motion in the right arm, and her shoulders were level. She

had done all the corrections herself, and, although we were using the reactive muscle screening test described above to show that reactive muscles were being activated and then corrected, P. K. did all the corrections herself and could have done them without any muscle testing.

P. K. was still experiencing some discomfort, even though all the reactive and frozen muscles involved were clear; so to make further progress it was necessary to look for other types of imbalances using advanced techniques. We found an energy imbalance in the pelvic area, corrected it with energy balancing. Then we had P. K. repeat the reactive muscle and frozen muscle techniques to correct any imbalances triggered by the pelvic corrections. This cleared the problem. All that remained was residual muscle soreness reflecting the need for some time for the muscle tissue to heal now that the stress has been eliminated. Rechecking P. K. two days later showed that the corrections were holding.

This second example shows how someone with a very severe problem can achieve a great deal of relief with simple do-it-yourself techniques, but some more sophisticated techniques may be required to attain complete relief. We are looking forward to the day when additional simple do-it-yourself techniques will further close this gap.

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