

## Balancing Homolateral and Contralateral Muscles

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The idea of Homolateral Muscles has been around for some time (ref. 7). The original idea was that when you rebalance your brain control circuits from homolateral (unilateral) to contralateral (bilateral) using cross crawl with looking up and humming, or other equivalent exercise, there may be some individual muscles that retain a homolateral (unilateral) response when tested directly. A homolateral muscle will test unlocked after contralateral exercise and locked after homolateral exercise.

Similarly when you rebalance your brain control circuits to trilateral balance with the Five Finger Quick Fix, or other equivalent exercise, fully balanced muscles will test locked after either homolateral or contralateral exercise, but there may be some individual muscles that retain a homolateral (unilateral) response (as described above) or a contralateral (bilateral) response (locked after contralateral exercise and unlocked after homolateral exercise).

### Trilateral Balance Reviewed

As reported in previous papers (see refs. 1, 2, 5, and 6), after the brain control circuits have been balanced in all three directions, right-left, front-back, and top-bottom, (cf. Richard Utt's pitch, roll, and yaw concept, ref. 9) using our Five Finger Quick Fix or other suitable technique, we achieve a state that we can call Trilateral Balance.

Recall that in Trilateral Balance a balanced indicator muscle will normally test strong (switched on) after either contralateral (cross crawl) or homolateral activity.

**Note:** An over energy indicator muscle (i.e., frozen, or in Utt's terminology over-facilitated) will also remain strong after both contralateral (cross crawl) or homolateral activity. You can confirm that the indicator muscle remains in balance by CLing the K27 point on the same side while testing the muscle. If the muscle is truly in balance, it

will continue to test strong. If the muscle is over energy (frozen), it will test weak (switched off). (ref. 4)

In contrast in the familiar Bilateral Balance a balanced indicator muscle will normally test strong (switched on) after contralateral (cross crawl) activity and normally test weak (switched off) after homolateral activity.

In what we call Unilateral Balance a balanced indicator muscle will normally test weak (switched off) after contralateral (cross crawl) activity and normally test strong (switched on) after homolateral activity.

With this concept we have a hierarchy of brain control circuit balance states (ref. 6):

Unilateral Balance: right-left out of balance; front-back and/or top-bottom possibly out of balance.

Bilateral Balance: right-left in balance; front-back and/or top-bottom out of balance.

Trilateral Balance: right-left, front-back, top-bottom all in balance.

### Trilateral Muscle Balance

The balance correction to bring individual homolateral and contralateral muscles into a trilateral state is similar to the earlier method used to balance individual homolateral muscles into a bilateral state:

1. Put yourself into a trilateral state of balance using the Five Finger Quick Fix. (ref. 1, 5)
2. Test those individual muscles that you wish to check for laterality state and make sure that they are in balance (i.e., "switched on").
3. Do the cross crawl (25 steps), retest the muscles being checked, and note those that are "switched off". These are homolateral (unilateral) muscles.

4. Do homolateral marching (25 steps), retest the muscles being checked, and note those that are "switched off". These are contralateral (bilateral) muscles.
5. Repeat the Five Finger Quick Fix. This will now repattern those muscles that were "activated" in steps 2 and 3 by testing "switched off".
6. Repeat the cross crawl (25 steps) and retest the muscles that were "switched off" by cross-crawl; they should now be "switched on".
7. Repeat homolateral marching (25 steps) and retest the muscles that were "switched off" by homolateral marching; they should now be "switched on".
8. Cross crawl briefly to further anchor repatterning.

#### **Example 1:**

Hap had a problem with his teres major and middle trapezius muscle going out of balance, even though all reactive combinations had been corrected. When retesting using the above procedures, we found that these muscles plus the latissimus dorsi were homolateral even though his brain control circuits were in trilateral balance. Hap rebalanced these muscles to a trilateral state and has not had any trouble with those muscles since.

Hap also had a more complex problem with his legs that was aggravated by torn knee cartilages partially removed by surgery. After strenuous hikes (his favorite exercise) the knee joints would become painful and the muscles on the outside of the thighs would become tight and knotted. The muscles were neither reactive nor frozen (over facilitated). Releasing the muscle knots by massaging the spindle cells (see ref. 5 and 8) gave only temporary relief.

Testing the quadriceps, using the standard Touch for Health technique (ref. 8), indicated that the overall muscle group was in trilateral balance on both sides. Testing the lateral (outside) fibers of the quadriceps showed that portion of the muscle group to be contralateral on both sides (i.e., switched "off" after homolateral movement). Testing

the fascia latas showed them to be homolateral on both sides (i.e., switched "off" after contralateral movement).

**Note:** The lateral (outside) fibers of the quadriceps may be tested by placing the muscle in the normal test position and swinging the lower leg out towards the side about 30 degrees. Then push straight down just above the knee cap as in the standard test.

For a hiker this is an interesting result. Efficient level walking swinging the leg from the hip is a contralateral movement and uses the fascia lata muscles. Efficient climbing on uphill slopes (or stairs) is a homolateral activity and uses the quadriceps muscles. Thus each muscle group was switching off to the type of walking activity where it was most heavily used. After bringing both these muscle groups into trilateral balance, Hap was able to hike without the knee joints becoming painful or the muscles on the outside of the thighs becoming tight and knotted.

#### **Example 2:**

Elizabeth noticed a sore neck after playing RummiKub, a game played at a table with domino sized playing pieces. Muscle testing quickly confirmed that extensive previous balancing had cleared all reactive and frozen muscles as well as all structural imbalances associated with the neck and shoulders. So we searched for homolateral and contralateral muscles. In the neck area the right posterior neck tensor and left levator scapulae were found to be homolateral and the right anterior neck flexor was found to be contralateral. In the shoulder area the upper and middle trapezius and the teres major muscles were found to be contralateral on the right side and homolateral on the left side. Correcting these imbalances corrected the sore neck.

Again in this case we notice a rough pairing of homolateral and contralateral muscles that tend to work against each other.

#### **Example 3:**

A more complex example shows how extensively homolateral and contralateral

muscle imbalances can impact one's state of health. Elizabeth has had a long history of problems apparently deriving from a herniated 5th lumbar disk resulting from a teenage fall off of a truck. She had been having success treating the injury by taking Standard Process Cyruta Plus and Ligaplex II per Dr. Versendaal's Contact Reflex Analysis (ref. 10). In two month's time she was feeling much better and discontinued the treatment in order to treat other problems.

3-1/2 months later the condition flared up again. Initial Versendaal Contact Reflex Analysis indicated a negative metabolic triad involving the spleen, liver, and thymus. The 5th lumbar also indicated a negative CL. Brushing up on the 5th lumbar reflex cleared that reflex and also the metabolic, spleen, liver, and thymus reflexes. On the other hand, brushing down on the metabolic reflex did not clear the 5th lumbar reflex, indicating that 5th lumbar problem was triggering the triad.

All reactive muscle, frozen muscle, and structural imbalances were cleared using our Reactive Muscle, Frozen Muscle, and Structural Basic Balance techniques (ref. 5), but this did not relieve the pain or clear the 5th lumbar. We continued with testing for and balancing homolateral and contralateral muscles. We found and balanced the following:

#### Homolateral

gluteus medius, both sides  
piriformis, both sides  
teres major, left side  
teres minor, left side  
rhomboids, left side  
sartorius, right side

#### Contralateral

psoas, both sides  
fascia lata, both sides  
quadratus lumborum, both sides  
popliteus, both sides  
sartorius, left side

After balancing these muscles, Elizabeth's back pain was substantially eliminated, and she could move more easily. In addition the CL reflex indications for the 5th lumbar and

the metabolic triad cleared, suggesting that these imbalances derived from the homolateral and contralateral muscle imbalances. Continuing treatment involved returning to the nutritional supplementation for the herniated disk (Ligaplex II and Cyruta Plus) as well as continued monitoring of muscle balance and correction as necessary.

### **Antagonist Groupings**

An interesting observation in working with contralateral and homolateral muscles is that we often find that the contralateral muscles tend to be antagonists of the homolateral muscles

### **Summary**

Finding and balancing contralateral and homolateral muscle groups has often cleared up muscular aches and pains remaining after clearing all reactive and frozen muscles as well as structural imbalances.

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