

Hidden Levels of Muscle Unbalance which Limit the Access to the Information of the Human Biological Computer

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The purpose of the following material is to allow the Kinesiology practitioner to understand the tested muscle reaction during muscle monitoring, and to try to understand what caused it to find the most suitable balance.

The test used at IKSEN (Institute of Specialized Kinesiology and Naturopathy) is the one used in Three-In-One and Applied Physiology, i.e. the test performed with the muscle in the contracted and extended position. According to this research, during the test in contraction or facilitation, the indicator muscle can be found in 7 states or conditions. These 7 conditions can be also found when we evaluate the extended muscle.

In the following paper I am going to describe only how to evaluate the muscle state when it is in a contracted position. We must not forget that every single state can be called in a different name according to the various schools of Kinesiology.

7 Muscle Conditions when tested in contraction (see figure 1).

A) Hyperfrozen

In this case the muscle tends to remain in its state of maximum contraction and shows an unbalanced, rather excessive tone. The kinesiological test is difficult to apply.

B) Frozen

The muscle is not inhibited when we challenge in sedation the spindle cells or the Golgi tendon.

C) Hypertonic

The muscle is inhibited when we challenge in sedation, but shows an irregular inhibition pattern, as if blocked.

D) Tonic

The muscle can resist pressure during muscle monitoring and is inhibited when the appropriate techniques are used.

E) Hypotonic

The muscle can hold the test position, but is inhibited when pressure is applied.

F) Atonic

The muscle can hardly hold the test position for a longer period; this is evident when it has to work against gravity. In an atonic muscle during muscle test you will feel a slight resistance.

G) Flaccid

The muscle cannot perform the proper movement. It is not possible therefore to perform the muscle test.

While the states A and G show a disease with often hardly irreversible damage, all the other conditions are commonly found during muscle testing.

Most of the times when a muscle is in an unbalanced state, one of its antagonists is in the opposite unbalanced state. For example an hypotonic agonist shall correspond to an hypertonic antagonist. We have identified 4 of these states which are shown in the diagram from number 1 to 5. In some cases, traumas, infirmities or neurological states can lead to an extreme unbalance (e.g. a flaccid agonist with an hyperfrozen antagonist) or to a similar condition of agonist and antagonist (both atonic, for instance). We have listed 8 of these states which are described in the diagram from number 14 to 21 (fig.4).

In the third diagram we find a series of totally different states, so called states with an abnormal basic tone. These states happen when the body or part of it adjusts itself to a higher or lower level, which becomes the normal standard of reference. We are talking

of a totally hypertonic area or of a hypertonic person, to give an example (fig.5). This adjustment is sometimes so subtle that a muscle resulting frozen with a normal nervous input, can now result normal with kinesiological tests on spindle cells or the Golgi tendon. Sometimes a different response can be perceived, but you need a great sensitivity to notice it and often this is not enough either.

When we do not correct a person or an area with an abnormal state, a whole spectrum of information might never be seen through muscle biofeedback. Practically our computer (the muscle) receives only that part of information which is closer to the state to which the body has adjusted itself. The correction will thus be beneficial, but will work to balance a state which remains outside normal values. Any agonist-antagonist relations in abnormal states are described in the diagram with number 6 to 13 (fig.3).

To emphasize the unbalances between agonist and antagonist we use some main meridians points. Since they have an electromagnetic charge, they transmit via channels which can access some circuits more easily than other systems or body organisms based on more physical reactions. This allows us to gather information which might otherwise be missed.

Dr.Sheldon Deal taught me the points of the first diagram in 1991. The other points and research were developed afterwards.

The material is an extract from the lessons on Kinesiology basic aspects which are held within the professional course at the IKSEN. I believe however that this presentation will provide enough information for you to apply these techniques in your kinesiological balancing procedures.

MEMORANDUM

Points to use when the person or the basic tone of treated area are normal (common signals)

When a muscle is hypertonic it is inhibited by C.L. K27, on the same side of the body and can be treated with the same point.

When a muscle is frozen it is inhibited by C.L. K10 on the same side of the body and can be treated with the same point.

When a muscle is inhibited and has a frozen antagonist, it gets stronger by C.L. L8 on the same side of the body and can be treated with the same point.

K12 is a point acting for all three above points and can be treated for all 3 cases.

Points to use when the person or the area are affected by neurological, traumatic states or infirmities.

When one or more muscles or all muscles of the body tend to get inhibited easily, even after normal correction, C.L. L.I.16 on the same side of the body. Check if stimulation of L.I.16 is a priority and is enough to make the correction. If not, pause-lock L.C. : of L.I.16 and perform D.D. to find the correction.

When one or more muscles or all muscles of the body tend to freeze easily and frequently, even after normal corrections, C.L. K25.

If the IM is inhibited, check if the stimulation of this point is a priority and is enough to make the correction. If not, C.L. K25 and perform D.D. to find the correction.

When a muscle is hypertonic and does not respond to normal C.L. of K27 , C.L. with finger and hand corresponding to the same electromagnetic charge of that side of the body. If we obtain an indicator change, there is an hypertonic antagonist muscle. Correct by challenging K27 with finger and hand with the opposite electromagnetic charge.

When a muscle is frozen and does not respond to normal C.L. of K10, C.L. with finger and hand corresponding to the same electromagnetic charge of that side of the body. If we have an indicator change, there is a frozen antagonist. Correct by challenging R10 with finger and hand with the opposite electromagnetic charge.

Points to use when the person or one of his parts of the body show an abnormal state.

To emphasize an hypotonic basic tone of an area o person, use Sp.16.

To emphasize an hypertonic basic tone of an area o person, use GB23.

To emphasize a frozen basic tone, use K20.

The points can be used as corrections, when they are kinesiologically a priority, or, once we have detected the type of unbalance, pause-locked to emphasize the most suitable correction.

Generally speaking we can understand when a person is in an abnormal state, since the muscles do not react to the acupuncture points

described in the previous 2 categories, however not always are there unbalances which lead us to reveal such states. In other words, the general state of the person or area can be hypertonic and the muscle can react normally. Therefore it is useful to check these points when in doubt, when the results are not satisfactory or when the client shows some of the signs listed in the column "possible causes".

References:

Basics of Kinesiology Manual, IKSEN

One Brain, Gordon Stokes and Daniel Whiteside, 3210 West ,Burbank Blvd, suite A, Burbank, CA, 91505 USA,

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Fig.1 MUSCLE STATES

---	--	-	0	+	++	+++
Flaccid	Atonic	Hypotonic	Tonic	Hypertonic	Frozen	Hyperfrozen

Fig.5 MUSCLE STATE

---	--	-	0 Basic state of person or area	+	++	+++
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Flaccid	Atonic	Hypotonic	Tonic	Hypertonic	Frozen	Hyperfrozen
	Hypotonic	Normal	Hypertonic	Frozen	Hyperfrozen	
		Hypertonic	Frozen	Hyperfrozen		
		Atonic	Hypotonic	Normal		

Fig.2 MORE OR LESS COMMON CORRELATIONS BETWEEN AGONIST AND ANTAGONIST MUSCLES
 The person or the body area have a normal basic tone

Agonist	Antagonist	Frequency	Possible causes	Kinesiologial evidence	Possible intervention
1. Atonic	Frozen	Frequent	defense reaction, tension, joint unbalance, incorrect joint activity, traumas, unbalance between 2 meridians	The muscle results weak at MT: it becomes strong with L.C. L.8 on the same side of the body	strengthen the agonist, challenge L.8 or K12, isometric correction in test direction of agonist muscle. Maintain always the same pushing plane and slightly change the vector
2. Hypotonic	Hypertonic	Very frequent	Postural or meridian unbalance, inadequate muscle activity, partial dislocation or compression of spinal segmentation	The muscle results weak when tested and becomes strong touching K12 homolaterally	Work with agonist, if necessary tapping on alarm points of antagonist or challenge K27 on the same side of antagonist while touching it
3. Tonic	Tonic	Normal	Homeostasis	The muscle is strong	Not necessary
4. Hypertonic	Hypotonic	Very frequent	As point 2	The strong muscle weakens touching K27 or K12 or its homolateral AP; or it does not weaken by stroking downwards on C.V	Tapping on AP of agonist or stimulation of K27 or R12 on the same side of muscle. The reinforcement of hypotonic antagonist is often useful
5. Frozen	Atonic	frequent	as point 1	The strong muscle weakens with C.L. K10	Challenge K10 or K12, isometric correction in opposite direction to agonist test. Slightly change vector keeping the same pushing plane. Reinforce the antagonist.

Fig.3 THE PERSON OR THE BODY AREA HAVE AN ABNORMAL BASIC TONE

Agonist	Antagonist	Frequency	Possible causes	Kinesiological evidence	Possible intervention
6. Hypotonic	Hyperfrozen (hypertonic basic tone)	rare	diffused evident tension in a specific area; overactivity, hypertension	The muscle is weak when tested and gets stronger touching GB23	Reduce causes of tension stimulate GB23
7. Tonic	Frozen (hypertonic basic tone)	rare	General state of tension	The muscle is strong when tested and gets weak with C.L. on GB23	Reduce causes of tension
8. Hyperfrozen	Hypotonic (hypertonic basic tone)	rare	as point 6	The strong muscle weakens touching GB23	see point 6
9. Frozen	Tonic (hypertonic basic tone)	rare	as point 7	The muscle results strong when tested and weakens with C.L. GB23	Reduce causes of tension
10. Hypertonic	Hyperfrozen (frozen basic tone)	occasional	temporary state of strong tension, that might become cronic in certain areas (eg. periarthritis s.o.) locked organs	The muscle is strong when tested and weakens with C.L. K20; it does not weaken when stroking downwards on V.C.	try to relax the specific area challenge K20
11. Hyperfrozen	Hypertonic (frozen basic tone)	occasional	as point 10	The strong muscle weakens with C.L. K20	See point 10
12. Atonic	Tonic (hypotonic basic tone)	rare	general or specific asthenia of one or more body areas	The muscle is weak; it gets strong with L.C. Sp16	find the cause of the general or specific amyotonia and correct challenge Sp16
13. Tonic	Atonic (hypotonic basic tone)	rare	as point 12	The strong muscle becomes stronger with C.L. Sp 16	As point 12

Fig.4 THE PERSON OR THE AREA ARE AFFECTED BY NEUROLOGICAL, TRAUMATIC STATES OR INFIRMITY

Agonist	Antagonist	Associated diseases and frequency	Possible causes	Kinesiologial evidence	Possible intervention
14. Flaccid	Flaccid	Coma, Tetraplegia Paraplegia	Traumas, accidents	Not possible	
15. Flaccid	Hyperfrozen	Stroke Hemiparesis	Stress, anxiety, accentuated homolaterality, circulation problems	Not possible	Cross-crawl exercises, stress reduction, adequate nutrition, rehabilitation
16. Atonic	Atonic	Occasional traumas	Fractures, prosthesis	Difficult	proprioceptive rehab., nutrition
17. Hypotonic	Hypotonic	Occasional	disease, convalescence, lack of activity, liver toxicity, reduced absorbtion or assimilation, hypotension, meridian unbalance	The muscle is weak; it gets strong on L.I.16	Gradual recovery of activity, fresh air. Detoxifying nutrition, antioxidants, eupeptics, circulation activators stimulation of L.I.16
18. Hypertonic	Hypertonic	Occasional	Traumas, weak areas, defence, tension, toxicity, especially large intestine	The strong muscle weakens touching K27 on K12 with a positive finger of right hand towards right and with a negative finger of left hand to the left	Touch of negative finger on K27 of right and viceversa. Use right hand for right side and the same for left.
19. Frozen	Frozen	Occasional	Defence state of an area, complete blockage	The strong muscle weakens touching K10 on K12 with the positive finger of right hand to the right or viceversa	Touch of negative finger on K10 of right and viceversa
20. Hyperfrozen	Hyperfrozen	CNS diseases, muscular dystrophy, Parkinson	holding intense anger	Strong IM weakens with C. L. of K25	Emotional work with nutritional intake (antioxidants)
21. Hyperfrozen	Flaccid	Stroke Hemiparesis	as point 2	not possible	As point 15