

Explorations of the Hologram: A Single Meridian Focus

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Abstract: There are times when a specific meridian of Chinese acupuncture is under considerably more stress than others. It may be beneficial to focus on that meridian as a means assisting its return to homeostatic balance relative to the whole system. Applied Physiology's Can Opener Hologram is a powerful way of focusing on a single meridian for thorough balancing.

Introduction

Starting with early Energy Kinesiology training, we learned that the meridian system functions as a whole; that an energy deficiency or excess creates stress throughout the system. By balancing the whole system, the energy flow becomes normalized, and the being returns to health. However, there may be times, usually as a result of injury, trauma or disease, that a particular meridian (and often its associated organ) becomes so out of balance, that systemic balancing is not enough. At those times, it may be beneficial to focus on the specific meridian to help bring its energy to a level where it can then participate effectively within the entire system, and return to health through overall energy balancing.

In the Applied Physiology (AP) holographic approach to energy balancing, the practitioner is always looking at the relationships between meridians – not just overtly, but intrinsically. In other words, rather than just looking at where the under and over-energies are in the *overall* meridian system, once an out of balance meridian is identified, AP can look at the relationship of that meridian to each of the other meridians within the context of the single meridian's imbalance. One method in which Applied Physiology approaches this focus is called the Can Opener.

Why the Can?

There are many reasons why it might be beneficial to take this focused approach to a meridian. Often it is because of a physically related issue that puts a specific meridian's organ under stress.

For instance, maybe a client has been a smoker for many years. This constant attack on the lungs has put an inordinate amount of stress on that specific organ, more so than others. Another client may have a diseased kidney and be facing dialysis. Another may have drunk too much alcohol, been subject to hepatitis, or had to take a lot of medications that stressed the liver. Yet another may have had to deal with irritable bowel syndrome or Crohn's disease. While there are certainly reasons to look at the systemic imbalances involved with all of these scenarios, it may be necessary to focus on the single meridian in order to bring it back enough to participate in systemic balancing.

Applied Physiology's Can Opener approach provides the practitioner with a means of examining a single meridian's relationship to all the other meridians, thereby potentially offering a great deal of extra information that might not be otherwise as easily available.

In this paper, I will present a version of AP's Holographic Can Opener that will allow

practitioners of any kinesiology discipline to access this type of balancing. This requires, however, leaving out certain details of Applied Physiology's system that are certainly beneficial to the process. If this method of balancing is of interest to you, I highly recommend attending the AP Agape Quest series or intensive to further learn how beneficial this approach can be to your clients.

Opening the Can

In past years, the background of the AP Hologram has been presented, with theory and application. I will therefore not repeat here, in any depth, that extensive information, but rather draw from it. If you are unfamiliar with this, I refer you to the journals of the past three years, particularly the 2000 journals of Touch for Health and ASK-US – "Applied Physiology Made Easy."

The main concept behind the holographic approach is that each piece contains the whole. This is seen in holography when a piece of holographic film is cut up into many pieces. When a light is shone on cut-up piece of film to reveal the image, you still see the whole image! Don't try this with your favorite photographs at home!

When applied to muscle monitoring, this may be applied by monitoring a muscle throughout its range of motion. With seven positions in each direction (contraction towards extension and back again), the muscle's meridian is related to all 14 meridians – the 12 bilaterals as well as Central and Governing. As there is a specific formula for identifying which meridians belong to each position for any given muscle, I will not go into detail here regarding this. The previously mentioned reference explains this in detail.

While monitoring a muscle in the specific position related to found imbalances is an important step, a lot may still be done without doing so. The procedure detailed here will give the practitioner the basic ability to "open the can" of a single meridian, without the specific muscle monitoring step. If you have experienced AP, or are comfortable with the process of position monitoring and its associated meridian relationship as detailed in

prior papers, then entering this step will add considerable depth to your balance.

The key to opening a meridian's can is *Can Opener Hologram Mode*. By pause locking (P/Ling) the mode, you alert the body that you are going to be looking at a single meridian and its relationship to several other meridians. This is different from AP's generic Hologram Mode, where the body presents an *object meridian* (the meridian that is the main point of focus) and its related *reference meridian* (the meridian in direct relationship to the object meridian). With Can Opener, there is only one object meridian, and it is examined in relation to several reference meridians.

Setting Up the Can

To initiate this type of in depth balancing, the practitioner simply P/Ls Can Opener Mode. The mode is the thumb pad over the distal knuckle (closest to the fingernail) with a light touch (generic hologram mode uses the same hand position, but with a medium touch). An indicator change (I/C) is not necessary, as this is often the practitioner's choice to initiate, and more information is necessary before the client will indicate stress through an I/C.

Because, as mentioned above, the choice to "do a can" is the practitioner's, based on his/her knowledge of the client and the client's issue, the meridian is also usually known. Therefore, with the mode in P/L, the practitioner circuit locates (C/L) the alarm point of the meridian in question. You can C/L just one side's alarm point, or bilaterally. This is based on the individual circumstance of your client. For instance, if the client has one bad kidney, you might just C/L that side's kidney alarm point.

In order to further specify the meridian that is to be "canned", the practitioner also puts that meridian's muscle into its contracted monitoring position. In Applied Physiology, this is called position #1. It is the same position as you would have learned in Touch for Health. For instance, if "canning" the heart meridian, you would put Subscapularis into its monitoring position. You do not, however, actually monitor it!

While the client holds the muscle in its position, the practitioner C/Ls the alarm point(s) and adds this to the circuit via the pause lock mechanism. (For an in depth discussion of pause lock, see the paper from the 2001 journal).

The body is now setup to look at the meridian to be canned as it relates to each of the other meridians, and determine which ones have stress that requires balancing. It is possible that at this point, you still may not have had an indicator change. This simply means that, even with the imbalance that exists within this meridian, the body has compensated to the point where it doesn't recognize there is a problem.

Looking in the Can

It is now time to see where the imbalances really exist with the meridian being canned. To do this, once more C/L the alarm points – **with a light touch!** Remember, light touch on the alarm points shows over-energy imbalances. These are the ones that the body is compensating for – bulling its way through in order to continue to function. The first priority I/C is the first relationship to be examined. Pause lock the alarm point, and note it.

C/L the alarm points again with light touch until you get another priority I/C. P/L and note it. Repeat this process until no more alarm points give an I/C.

If you know how to determine and monitor the muscle position for each found reference alarm point, then do so after you find each alarm point. Remember that, because you are canning a single meridian, the muscle you monitor will always be the same. Only the position you monitor it in will change. In AP, this is known as “entering the hardware”, and is an immensely useful step if you know how to do it.

If you monitor the muscle in its various positions, note as well whether the muscle is under- or over- facilitated (in contraction) or inhibited (in extension). If you are familiar with the AP concept of *powers of stress*, enter that at each step along the way as well

(powers of stress is also detailed in the 2001 conference paper).

When no more alarm points show with light touch, then go through them again **with deep touch**. The under-energy imbalances that using deep touch shows, are the really long-standing stressors that are now resulting in energy exhaustion in the meridian. However, after finding a deep touch stressor, it is important to check the alarm points with light touch again before doing another round of deep touch. Only after no light touch alarm points show is it OK to do one round of deep touch. If after doing a round of deep touch you find no light touch, then you can check deep touch again.

When no light touch or deep touch alarm points show on consecutive passes, then the can setup is complete.

Thinking Can

Let's pause for a moment and consider the implications of the information you've gathered in this process.

First, consider what you might have done in another circumstance. Suppose someone came in with emphysema, and you wanted to focus on the lungs. You might monitor either anterior serratus or middle deltoid in contraction to find stress. Some might also monitor the muscle in extension. You then would balance until the muscles monitored as being in homeostasis. The information you receive would come mostly from the balancing modalities that showed in the process, without any further initial information other than the state of muscle imbalance in contraction and extension.

When you setup a can, you immediately get an enormous amount of information before you even begin to balance. By looking at the object meridian (the one you've chosen to can) in relation to all the reference meridians that show through the alarm points, and whether they've shown as over or under energies (light and deep touch respectively), you've already been given very valuable insight into the nature and history of the imbalance.

In our lung example, suppose you find, in order, the following meridians: light touch

liver (Lv), pericardium/circulation/sex (Pc), deep touch central vessel (CV), light touch lung.

Very likely, the person was a smoker, so it's not surprising that lung showed up, with the smoking having a direct effect on the lungs and the lung meridian. CV showing indicates the potential distress on the brain, which needs large amounts of oxygen to function. The fact that this showed with deep touch indicates that the brain has maybe suffered more than other areas as a result of the imbalance. You might ask if the person is experiencing any cognitive difficulties or other effects of brain stress. This might become a place to focus some attention at a later point. Pericardium showing indicates other possible circulation stressors that can affect any number of other parts of the body. Exploring the heart, kidneys and spleen might be some things to think about further on down the line as a result of this. The liver might be indicating some toxicity involvement. You might ask if the person has been on any medication that could be causing stress, and follow that up with some balancing to relieve the stress of the medicine.

So as you can see, just from the physiological standpoint, you already have considerable information to work with that may or may not have come out otherwise, offering choices about further balancing that might be helpful later on, or even in the context of the balance you are about to perform.

Sometimes looking at the emotional relationships of the meridians and their corresponding elements can provide valuable insights as well. Whether you use the Touch for Health metaphors, traditional 5 Element emotions, or other means, you are now able to ask specific questions based on the meridian relationships found in the can setup, rather than wait for these emotions to come up (or not) in other parts of the balancing process.

One of the wonderful aspects of the holographic system of muscle monitoring, as seen here in the can opener process, is the empowerment of the practitioner to *think*, both logically and intuitively, about the information being gathered, and use that information to assist in the balancing process,

rather than rely on the client's body to always lead the way. When imbalances are so severe, the body has lost its way, and no longer recognizes that it has become so imbalanced. The compensations have gone on so long that the imbalances have become status quo. It needs the direct questions offered by hand mode and acupoint formatting in order to see that the status quo is not necessarily how it should be.

Now What?

A fine question! Well, now it's time to balance!

While Applied Physiology has a plethora of powerful balancing options, its real contribution here is that of the setup. So now that it's time to balance, you can use any balancing method that you have at your disposal.

It is beyond the scope of this presentation to go into the various possibilities that AP offers specific to balancing a Can Opener setup. However, just going into general balancing at this point will still accomplish some wonderful results due to the setup itself. However, I'd like to offer a couple of specific ways that AP uses some traditional Energy Kinesiology balancing techniques applied in a holographic manner.

NeuroLymphatic Balance

If you would like to balance with NeuroLymphatic (NL) reflex points, as likely originally learned in Touch for Health, this can now be done in a new holographic way.

Instead of using just the NL of the meridian being balanced, you now will use the NL of the can meridian in conjunction with the NLs of the reference meridians.

Have the client rub the NLs of the can (object) meridian as you rub the NLs, one pair at a time, of each reference meridian in the order they showed up. You are now directing the energy of the NL balance to the specific relationships that were indicated in the can setup.

NeuroVascular Balance

This is virtually the same as the above NeuroLymphatic balance, except that the client holds the NeuroVascular (NV) while the practitioner holds the reference NVs, one at a time, in the order they showed up.

Spinal Reflex

As in Touch for Health. Usually used for bilateral imbalances. So if the reference alarm point showed on both sides, this might be helpful. Because it is most likely difficult for the client to rub their own object spinal reflex, the practitioner can do this with their dominant hand while the client touches that arm of the practitioner. Then, with the non-dominant hand, the practitioner rubs the reference spinal reflex.

Reflexology

Particularly helpful in toxicity cases, rub the reflex area of the object meridian while rubbing simultaneously each of the reference areas, one at a time, in the order they showed. You can use traditional reflexology charts to determine the areas. This can be applied on the feet or the hands. Hands tend to be better for long term toxicity issues.

There are a few other guidelines for using these balancing methods in context with the hologram that are beyond the scope of this paper (but are taught in the Agape Quest and other workshops), but significant benefit can be derived from these applications as described above. And, with this as a template, you might think of other ways of applying balancing techniques you've learned from other experience in a holographic context. Be creative!

Conclusion

The purpose of this paper/presentation has been to offer a means of delving deeper into a meridian that has a history of imbalance that requires more attention, has had difficulty staying in balance, or is under inordinate stress that may be caused by trauma, injury or disease. It is rarely the first thing you would do with a client, but provides a powerful direction to go in as you work with a specific issue over time.

The Can Opener Hologram offers the practitioner the means of gathering helpful information that might not otherwise be easily attained, and applying balancing techniques that are directed to the specific relationships identified in the Can Opener setup. The results achieved by following the procedure (detailed more concisely in the appendix) have proven over time to be quite amazing.