

## **“Pain Control With Reflexokinesia”**

By Fernando Maldonado Ramos, PRKP

### **Workshop will cover**

1. Electromagnetic protocol in Reflexokinesia.
2. Three types of muscle weakness:
  - a. Gamma-1 or Type 1.
  - b. Gamma-2 or Type 2.
  - c. Gamma-2 submaximal or Type 3.
3. Three types of K-27 switching patterns:
  - a. Cranial fault.
  - b. TMJ, possible tooth problem.
  - c. Tooth problem causing TMJ problem

Each test will focus on specific areas:

- Meridian
- Spine
- Cranial fault
- Organs and gland
- Immune system
- Injury
- Emotion

## REFLEXOKINESIA

The hands as a prolongation of our brain, possess a sensitivity and a wealth of reflexes that permits us to connect with the activity of any part of our body, giving us timely information about any unbalance which is produced, and at the same time permits us to treat (balance) some of the functions or systems of the body.

In the hand is faithfully reflected all and each of the parts and organs of our body. They reflect their perfect location according to anatomy and physiology in the west, but reflect as well the points and meridians of acupuncture; the energy centers of the Ayurvedic Medicine also appear, as do the Chakras, the 5 Elements: Earth, Water, Fire, Air and Ether. Through the reflexes in the hands it is possible to have access to psycho-affective information about the human personality, and many, many useful points that we will be showing throughout the manual.

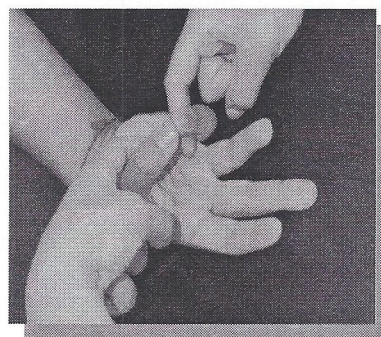
This wealth of data given to us by eastern reflexology is seen enriched by the contribution that Applied Kinesiology makes, by discovering and making systematic the relation of the tone of the muscle with the different functions of the person: organs, viscera, endocrine system, nervous system, acupuncture system, nutrition, emotions, etc.

This modern discipline begins as an original method capable of diagnosing and treating health disorders in humans.

Reflexokinesia combines different energy techniques within Natural Medicine, from the East as well as the West, mainly Applied Kinesiology, Acupuncture, Ayurvedic

Medicine, Reflexology and neurological principles.

As for the origin of the reflexokinesic method, it was developed from our knowledge of Applied Kinesiology, Reflexology and experience in Traditional Chinese Medicine in the hospitals of Peking. The main effort is adapting the different energy methods in order to obtain quicker, easier and more precise information from the body.



[www.reflexokinesia.com](http://www.reflexokinesia.com)

### 1. Electromagnetic protocol in *Reflexokinesia*.

Reflexokinesia works first with ELECTROMAGNETIC PROTOCOL:

Place all the fingers and thumb on the body (except over the navel), if the muscle goes weak then there is an electromagnetic imbalance and you must check the next:

1. Switching
2. Visual inhibition
3. Auricular inhibition
4. Ionization

5. Centering:

- a. Cloacals
- b. Hyoid
- c. Gait

6. Blood Chemistry

7. Cross Crawl

8. Acupuncture Electrical Screen

9. Chakras

2. Three types of muscle weakness:

- a. Gamma-1 or Type 1.
- b. Gamma-2 or Type 2.
- c. Gamma-2 submaximal or Type 3.

THREE TYPES OF MUSCLE TESTING:

- a. Examiner started (eccentric test):  
"GAMMA-I" or TYPE 1. *General Screening.*

This is the type of manual muscle testing employed by most examiners using Kinesiology. G-I weakness only is associated with problems arising from spinal level problems. Eg. Neurolymphatic reflex, acupuncture points, muscle problems, subluxations and fixations.

- b. Subject started to maximum (concentric test): "GAMMA-II" or TYPE 2. *Suprasegmental (Supraespal) problems.*

G-II weakness is associated with TMJ

and cranial faults, emotional stress, hypothalamic set point, imbalances of sympathetic and parasympathetic nervous system, hypothalamus and biochemical imbalances.

If G-II is bilateral weak, this can indicate that the organ is in trouble.

- c. Subject started testing with submaximum contraction (concentric-eccentric test): "GAMMA-II SUBMAX" or TYPE 3. *Pain Pathway (Injury Recall Technique-IRT) (Dr. Schmitt). Immune System Challenge Technique. Visual Motor Functional Testing.*

G-II submax is associated with tissue injury and nociceptor stimulation. This pattern may also be associated with visual motor activity including accommodation and near-to-far reflex and some extraocular activities. Allergy, hypersensitivity, and some infections.

Three Types of weakness and pain control:

Pain is now viewed as an emotional experience rather than a sensory experience. We do not have special sense for pain as we do for touch, hearing, vision, smell, or taste. We "experience" pain or are "aware" of pain, but technically, we do not "sense" pain. Pain results from an activation of certain neurons in the brain in the emotional areas of the limbic system of the cerebral cortex.

G-I weakness: Neurolymphatic, *Melzack-Wall Technique* and/or spinal manipulation.

G-II weakness: Set Point Technique, Holographic techniques and visceral Techniques.



G-II submax weakness: Immune system, Injury Recall Technique (IRT), Nociceptor Stimulation Blocking Technique (NSBT), Duramater.

Muscle testing Gamma-II submax or Type-3: Injury or trauma (the neurological memories of these injuries creates a potential source of interference with normal neuromuscular activity).

- Screening for injuries' effects:
  - ♦ IRT: *Injury Recall Technique*
  - ♦ NSB: *Nociceptor-Stimulation Blocking*.
  - ♦ SP: *Set Point*.
- 1. Test weak muscle for G-II Submax.
- 2. *Autogenic Facilitation* no effect: IRT. (*Autogenic Facilitation (AI)*: Spread the muscle spindles apart in the belly of the weak muscle should cause a strengthening response on all 3 types of testing. This is called the Autogenic Facilitation challenge and was elaborated on by Dr. Richard Belli, D.C.)
- 3. *Autogenic Facilitation* effect: NSB or SP.
  - a. *Activating pain causes general weakness: NSB*
  - b. *No pain or activating pain = no weakness: SP*
- 4. LOCATING THE PROBLEM AREA:
  - In IRT, rubbing over injury site strengthens.*
  - In NSB or SP, pinching over injury site strengthens.*

#### NSB TECHNIQUE:

Used immediately after an injury up to days or weeks after an injury. It is used in conjunction with:

#### PROCEDURE:

1) Presence of pain causes general weakness. The weakness from pain may be present immediately after injury, induced by direct pressure or by movement.

2) Pain induced weakness is negated by subject TL to or examiner tapping to an ipsilateral

#### *Hypothalamic Set Point*

3) To relieve pain immediately after injury, tap the related *Set Point* until the pain is reduced.

4) If weakness is induced by pressure or movement, tap related *Set Point* while intermittently activating pain (about once every 2-3 seconds.)

5) Tap until pain reduction is maximized.

#### SET POINT (SP) TECHNIQUE:

1) Area of previous injury may be recent or ancient. Pain may be present or absent.

2) TL to area is negative.

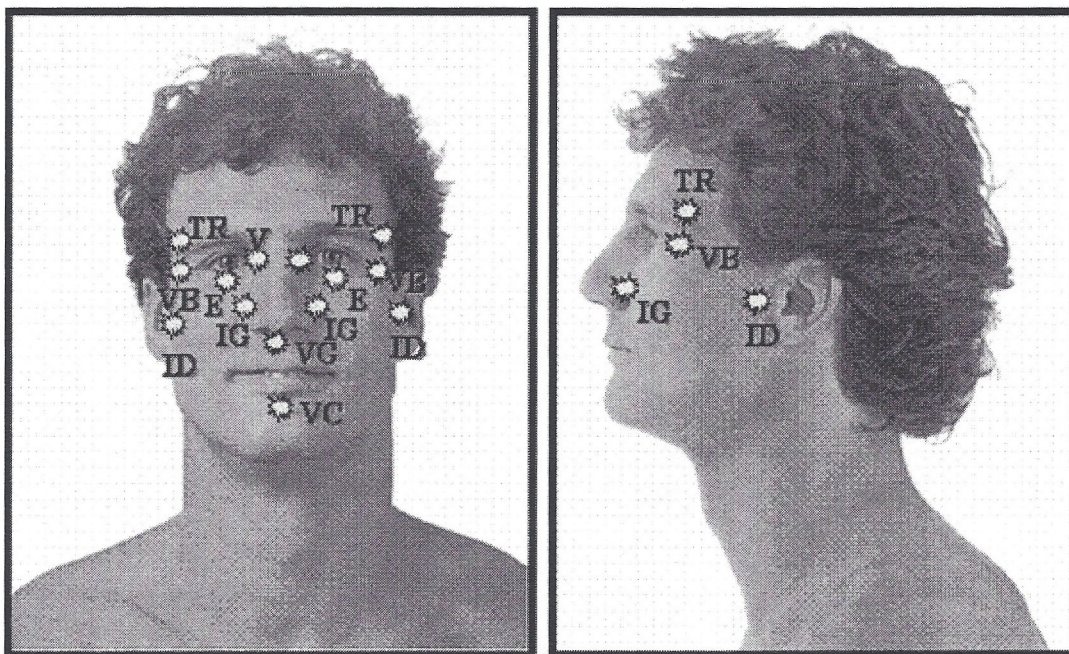
3) TL to associated *Set Point* is negative.

4) Simultaneous TL to area of injury plus TL to or tap to an ipsilateral *Set Point* is positive.

5) Tap 50 to 100 times on *Set Point* while patient maintains TL to area of injury.

**INJURY RECALL TECHNIQUE (IRT):**

1. Area of previous injury may be recent or ancient. Pain may be present or absent.
2. Only proceed if the muscle stays strong while touching the injury site.
3. Without moving the hand on the injury, tilt the head backward as far back as it will go (extension). If the muscle weakens IRT is the treatment of choice in this case.
4. Without moving the hand on the injury, tilt the head forward as far as it will go and hold. When the subject breathes out, push gently down on the back of the head. As the subject breathes in, release the pressure so it is resting lightly on the back of the head (5 to 10 breathes).



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3. Three types of K-27 switching patterns:
  - a. Cranial fault.
  - b. TMJ, possible tooth problem.
  - c. Tooth problem causing TMJ problem.



Following correction of injuries by Injury Recall Technique, 3 types of switching may be present. Some subjects have tooth pain, or referred pain from a tooth (temperature sensitivity), headaches, or tooth related TMJ problems and/or cervical symptoms. Any factor which impacts cervical proprioception can result in K-27 switching (adaptation cervical). This includes cranial faults, TMJ problems, and various tooth problems. Through the years, many doctors have observed the following 3 patterns related to TLing to K-27 points. Note that Crossed K-27 TL and Dorsal Regular K-27 show identical patterns as described below.

**A. Regular K-27 TL:**

Right hand to Right K-27 + Left hand to Left K-27.

**Significance:** Cranial fault.

**Assessment:** Pre-test imaging strengthens. Rubbing (examiner) over cranial bone strengthens.

**Treatment:** Correct cranial fault. Traditional mechanical correction or general correction.

**B(1). Crossed K-27 TL:**

Right hand to Left K-27 + Left hand to Right K-27.

**B(2). Dorsal Regular K-27 TL:**

Dorsal Right hand to Right K-27 + Dorsal Left hand to Left K-27.

**Significance:** TMJ – possible tooth problem (Neurological tooth, IRT, SP, or NSB).

**Assessment:** TMJ TLs with neck in extension – possibly negated by TL to a tooth.

**Treatment:** IRT TMJ and TMJ muscles; Tooth techniques.

**C. Dorsal Crossed K-27 TL:**

Dorsal Right hand to Left K-27 + Dorsal Left hand to Right K-27

**Significance:** Tooth problem (Neurological tooth, IRT, SP, or NSB) causing TMJ TL

**Assessment:** TMJ TLs with neck in extension – negated by TL to a tooth

**Treatment:** Tooth techniques.

Combinations of the various techniques are possible:

- Neurological tooth problems. Corrected first.
- Recheck the tooth for IRT (neck extension),
- Two hand TL: Tooth and Set Point for the SP.
- Tapping with the finger nail for NSB.

**NOTE:** If any tooth involvement continues to recur, referral to a dentist is usually necessary for dental intervention.

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