



## ***Introduction to Acu-K: Bridging the Worlds of Acupuncture & Energy Kinesiology***

By  
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### **Abstract**

The worlds of Energy Kinesiology and Acupuncture (via Chinese Medicine) are inexorably linked. Yet either side of this equation still has much to offer the other through their own models, furthered research, and clinical techniques that have not crossed over. With Acu-K, my intention is to begin to bridge the gap by integrating some of these philosophies and techniques for the benefit of both sides.

### **Introduction**

In George Goodheart's original Applied Kinesiology (AK) research, he found there was a relationship between muscles and organs. As organs also have a relationship with the Chinese meridians of acupuncture, it wasn't much of a stretch to bridge the connection between all three. This resulted in the integration of Chinese medicine philosophies (5 elements, balancing chi in the meridians) with Western modalities (Chapman's neurolymphatic reflexes and Bennett's neurovascular reflexes), all brought together through the process of muscle monitoring/testing.

John Thie introduced the basics of AK to the lay person through Touch for Health. Along with the modalities mentioned above, other balancing tools were brought over, such as Emotional Stress Release (ESR) points, cross crawl, and the Acupressure Holding Points (AHPs) – another tool from Chinese medicine that used a particular type of acupressure point known in the West as command points. As well, the Alarm Points of Chinese medicine began to be utilized as a means of assessing where one might find certain types of imbalances. The 5 Element model of Chinese medicine also was incorporated as an assessment tool to find more efficient means of balancing the body.

The underlying philosophy presented in Touch for Health was that if you balanced the flow of energy in the meridian system, such that various over- and under-energy meridians of the body were brought into balance, then the body would be better able to heal itself as it is designed to.

As Energy Kinesiology (the blanket term for the many modalities of muscle monitoring made available to lay people) developed further, this philosophy was carried through. Many modalities of Energy Kinesiology developed concepts and techniques of Touch for Health further, focusing on emotions, or brain integration, or nutrition, and more. They continued to utilize aspects of Chinese medicine to identify imbalances and accomplish goals, such as using the alarm points and drawing from various concepts of the 5 elements. In another case, the modality known as Applied Physiology (AP) continued to utilize and build on the models of Chinese medicine, expanding further on their concepts (such as the 7 Element model) and utilizing them to develop new techniques for balancing both physical and metaphysical dimensions of the body in innovative manners (such as the 7 Chi Keys method of balancing chakras using the acupressure system). But for the large majority, as new modalities of Energy Kinesiology emerged, aside from these original methods of integrating Chinese medicine/philosophy, many aspects of Chinese medicine are not utilized. One likely reason for this is that there may not have been awareness of the deeper aspects of Chinese medicine. And yet, for a method of healthcare that has been in development for thousands of years, one surmises that there is much that can still be tapped into.

Conversely, there are many things that have come out of Goodheart's original research, and furthered by developers of other Energy Kinesiology modalities such as Applied Physiology's Richard Utt, SIPS developer Ian

Stubbings, and others, that correlate meanings of the Chinese meridians and points that are not known by most acupuncturists and practitioners of other methods of Chinese medicine.

While it seems that kinesiology has caught on in the acupuncture world a little bit, those that use it extensively do so mainly through o-ring style muscle monitoring. Others, having observed this, are intrigued, yet don't have the understanding or confidence – and have not been taught properly – to use it proficiently. Nevertheless, I have witnessed prominent acupuncturists that trust muscle monitoring to the extent that, regardless of the treatment they devise from their diagnostic methods, they still muscle monitor every point and don't insert a needle into it if it doesn't "test up."

For years, I have resisted putting together a body of work and slapping another kinesiology name onto it, as I didn't believe the world needed another Kinesiology. My motivation for now doing so is not to establish a whole new modality, but rather with the following intent: to further bridge the worlds of Chinese medicine and Energy Kinesiology with adjunctive techniques. However, my desire is for the bridge to be bidirectional – one that makes Energy Kinesiology and its principles available to acupuncturists, and also brings more awareness of uses of Chinese medicine into the world Energy Kinesiology. Thus, the beginnings of Acu-K. As a beginning step, I have created a course to introduce acupuncturists to neurologically proper muscle monitoring and how to use an indicator muscle on the client/patient to get useful information, as well as particular energy balancing tools to integrate into an acupuncture treatment. It has been approved for continuing education credits for acupuncturists.

In this presentation, my goal is to share background information, concepts and techniques that will offer "new" tools drawn from Chinese medicine to Energy Kinesiology practitioners of whatever related modality. My particular focus here will be on working with organ energy.

### **A Little History**

I have long been aware of different concepts involved with Chinese medicine. Through my introduction to Shiatsu therapy over 20 years ago, and continued through my journeys in Energy Kinesiology, the 5 element model was naturally in the forefront. I was also aware of other models that involved looking at the influences on health, such as wind, damp, cold, heat, etc. Strangely though, I only recently became aware that this latter model has its own name – Traditional Chinese Medicine (TCM). I had, for decades, used that moniker as a blanket name for everything in Chinese medicine, including the 5 elements, but I've now realized that to be incorrect. TCM and 5 Elements are actually 2 different schools of thought in the larger context of Chinese medicine, each with its own history.

The 5 Element model was based on an observational model, upon which acupuncture originated. The use of acupuncture spread throughout Asia in a variety of ways, but in Japan, the 5 element method was embraced and grew extensively. With new innovations came new models that differed from Chinese acupuncture. Smaller and thinner needles were utilized, using an entirely different viewpoint on how to move energy. In Japan, if the patient experiences any pain from the needle, that is considered bad, whereas in China, it is often felt that if there is no experience of the needle, then nothing is happening. These are pretty opposing viewpoints! More recently, with the advent of electricity and technology, electro-acupuncture utilizing electric current through the meridians was developed initially in Japan and later in Germany, and added to the repertoire.

Originally, TCM was developed as a model for diagnosing the use of Chinese herbs as a treatment. Over the course of history, and due to the variety of political influences in China, including a period where acupuncture was banned, TCM eventually emerged as a style of acupuncture as well. In TCM, each acupuncture point is considered more individually rather than in the context of the 5 elements and the various relationships inherent in them. A diagnosis is established given the influences considered in TCM (as mentioned above), and points are chosen that address those influences and their relationship on specific organs. This often results in treatments that involve more points/needles than in 5 Element acupuncture.

As acupuncture has moved its way west and come to be more accepted in the U.S., there have naturally been complications. Translation of ancient texts have resulted in naming irregularities, and there has been some conflict about what models to use. As a result, states that adopted licensure of acupuncture have had to choose between the two. Many states that license acupuncture focus more on the TCM method of acupuncture and herbs, while others focus on the 5 Element model of acupuncture. Those that study in the TCM method clearly don't get much education in 5 Element theory unless they pursue it themselves extracurricularly.

As I've become more acquainted with this world of acupuncture, it seems to me quite clear that the methods and philosophies of AK and Touch for Health were steeped largely in the Japanese school of 5 Elements. As I listen to 5 Element teachers and read books on the subject, I feel like I'm back in Touch for Health, listening to the same concepts about balancing the body as was espoused there. Acupuncture Holding Points are clearly an old-style method of balancing the body's energies using the philosophy of tonification and sedation of meridians based on a metaphor of family – the relationship between parent and child, and grandparent.

I find the philosophies of both TCM and 5 Element to be fascinating. And as I learn more and speak with many acupuncturists from around the globe, I find that the TCM method really is best considered as an assessment model for herbal therapies, while the 5 Element model seems to be more suited to acupuncture, and therefore, also as a balancing model for Energy Kinesiology. I have run into many examples of TCM practitioners moving over to the 5 Element model of acupuncture for needling, continuing to use their TCM perspectives for herbal assessment. But I haven't met 5 Element acupuncturists switching to TCM style acupuncture. Nevertheless, there are certain acupoints that, when viewed from the TCM perspective, offer some very useful applications as well, and some 5 Element practitioners recognize this and integrate some of the TCM points into their treatments. Regardless, both schools have much to offer in the way of balancing that has yet to be tapped into in Energy Kinesiology.

In particular, due to the simpatico relationship between 5 element acupuncture and kinesiology, there is much that can still be shared beyond what has already. I would like to present some concepts and techniques I have found to be quite useful from my explorations which are easily integrated into the Energy Kinesiology practitioner's repertoire.

### **Yoshio Manaka, M.D.**

This name deserves some attention, and has provided a wealth of material and understanding in the world of acupuncture. His work has delivered on many levels: deeper understanding of ancient principles from a modern perspective, new models that have developed from that understanding, integration of new techniques and modalities (such as electro-acupuncture and kinesiology), and when some answers were not clear, new questions to further the study along. He passed away in 1989. Many of the concepts and techniques I present here were either developed or furthered by Manaka from his work.

### **Assessment Points**

#### **Alarm Points**

One of the original means of assessing meridian energy in kinesiology was the use of the Alarm Points of acupuncture. Touch for Health uses them to find over energy meridians, and then uses that information to create a formula for balancing. In acupuncture, these points are used in assessment and treatment, and a little history might help to better understand them.

In Chinese Medicine, these points are known as Mu points, or “front” Mu points to acknowledge their location on the front of the body. However, the word “Mu” does not translate as “Alarm.” Rather, the word Mu (or “Mo” as it originally appeared in ancient texts) means to collect, summon or enlist. The original concept is thought to be in relation to the points' role to “support and defend,” likely related to their effect on different types of chi considered in Chinese medicine.

As “collecting” points, Mu points have a tendency to become sensitive to touch, and perhaps even show discoloration and other surface changes, when their related organs are out of balance. This leads Mu points to be valuable for diagnostic purposes. However, they can also be used for treatment in acupuncture. Classic literature

tends to assign their treatment importance to the yang organs, seemingly due to their yin nature being on the front of the body balancing those organs. As well, they are usually considered to be stimulating in their treatment effect, and as such, are best used for organs suffering from deficient scenarios rather than excess.

The English name “Alarm Points” was coined by Felix Mann, which was based on one of the earliest western translations of Chinese texts by a Frenchman named Soulie de Morant. Thus, the name is really a western concept assigned to these points, though that assignation may have been somewhat based on Morant’s interpretations of writings by later Chinese interpreters of acupuncture.

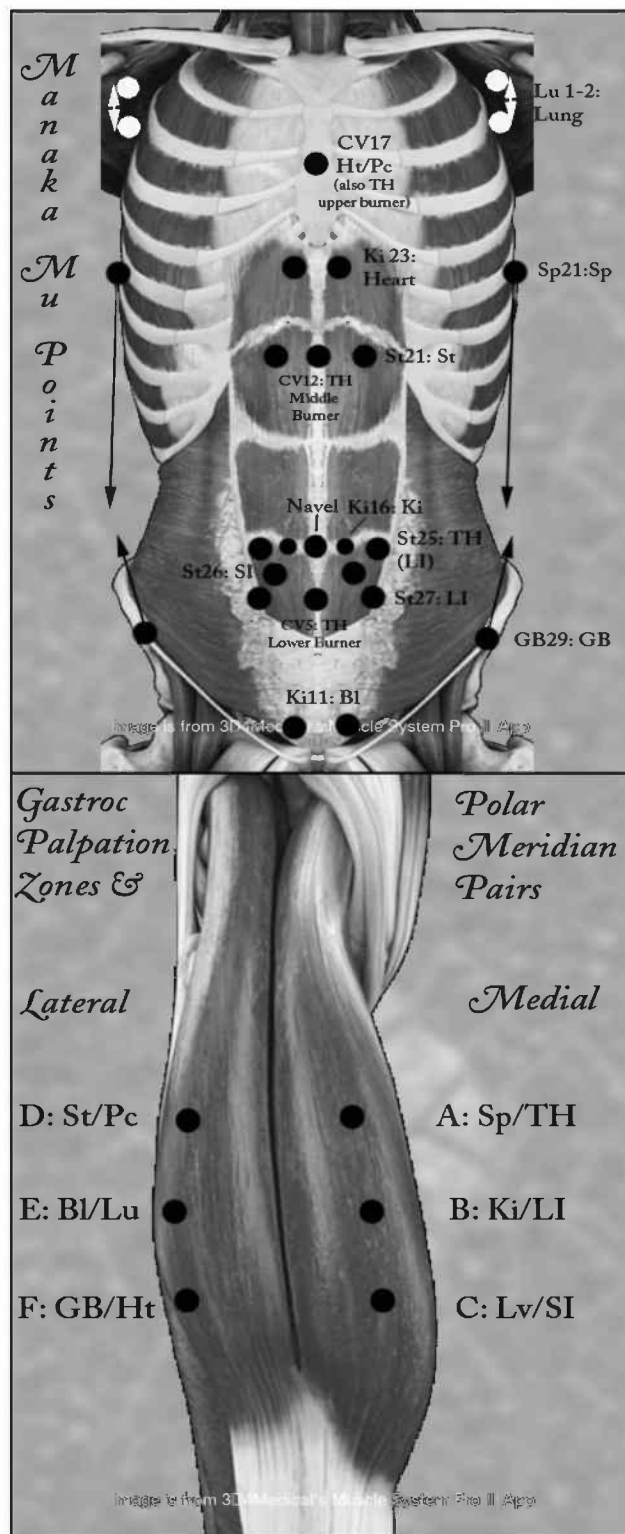
Of interest is a set of modified Mu points by the above named Yoshio Manaka. Manaka was intrigued as to why some mu points were represented on the midline, even when they were bilateral in nature. His investigation found that the Mu points seem to change when a person is lying down. Keep in mind that the traditional use of these points was via palpation to assess if there was an organ problem. His research indicated that there are several points that are better assessed when supine. The diagram shows the different points that Manaka uses for Mu point assessment in these cases.

As Manaka also used muscle testing in his work, he noted that sometimes, while palpation tenderness shifted to a new area, the traditional point might still indicate with a muscle test. He began to correlate the 2 methods, using palpation of the new area to confirm a kinesiologically active point, and vice versa. When he found this, he knew he was onto something. (note: only the “new” points are shown. The arrows indicate area of palpation for the points they come out of)

As an added note by the author, in exploring these points, I have found the Manaka spleen and gall bladder reflex points particularly useful for muscle monitoring. For whatever reason, I had noticed over many years that gall bladder in particular rarely showed in my alarm point assessments. Upon utilizing Manaka’s alternate for this, the point shows significantly more often now, and as such, has provided useful information in my balancing process. I share this with you to explore and find what works for you.

### Gastrocnemius Assessment

Wally Schmidt, D.C., one of the original “Dirty Dozen” of Applied Kinesiology, often quotes a mantra in his work – “measure, measure, measure.” While he uses kinesiology extensively as a communication and assessment tool, he stresses the importance of other means of confirming what he finds through kinesiology testing. As an example, while several supplements might indicate through muscle monitoring that the body would benefit from them, each also



gets challenged with the client's ability to demonstrate range of motion of a particular muscle or larger body movement. The supplement(s) that also demonstrably increases ROM becomes the priority for utilization.

In acupuncture, palpation (looking for tender points) is also important. An example of this, that comes from doctor Yoshio Manaka and a student of his, is the gastrocnemius test. Each gastroc can be palpated in 6 places or zones. Each zone relates to a pair of meridians that Manaka refers to as Polar Pairs – the meridians that are opposite each other in the time of day wheel. If any of these zones create significant discomfort, then the polar meridians related to the zone(s) can be checked for imbalances and/or used to identify balancing options.

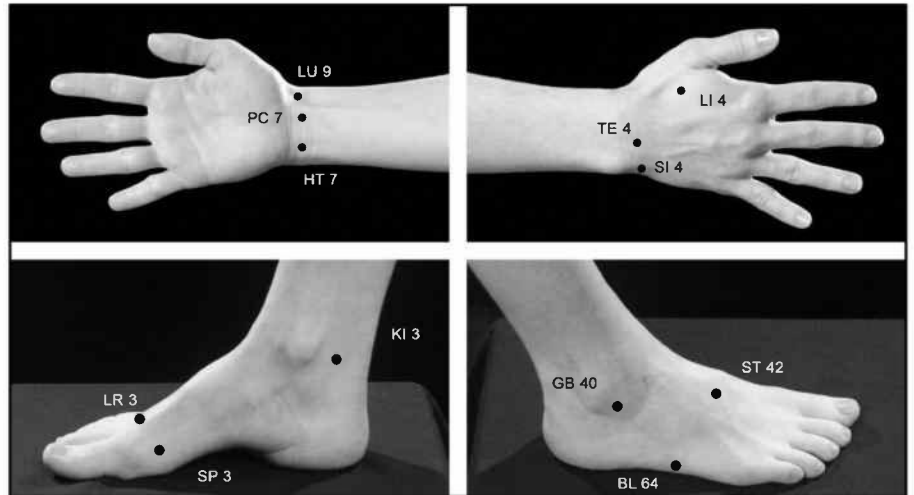
A simple check of the zones before doing a balance, regardless of the meridians the painful zone(s) relates to, becomes a reference measurement to return to after any balancing to see what kind of change has been made. However, we will use the information to help identify what meridian/organ would benefit most from some attention. The difference can be quite dramatic when, having had the client respond emphatically to one or more zones, there is no response whatsoever after doing a balance.

The zones and their polar meridian pairs are detailed in the diagram.

As seen in the gastrocnemius assessment, palpation can be a useful before/after measurement when assessing treatment options or balancing results. Other points and body zones, such as mu points, may be useful in this manner as well. Their response can be so immediate that they can be useful to identify what balancing modality will work best for the client.

### Source Points

In introductory Energy Kinesiology workshops, we learned about using Alarm Points as a means of finding meridians that are out of balance. In acupuncture, these mu points are found useful due to their relationship with the organs, which is considered due to the locations of the points being in the area of the organs they relate to. However, in Acupuncture, there are many other types of points that can be used for different reasons or types of assessment. Let's look at some of these other types of points and what they mean to see what we might learn by assessing them.



### Source Points

*Source Points* are a specialized point on each meridian that have a special meaning. Specifically, Source Points have *direct* connections to the organ from the meridian – different from using the mu points and their organ relationship due to their location on the body. Therefore, by checking the source points, we get a more direct response of a meridian's organ relationship.

As a balancing point, source points are considered to be “regulatory” in nature. In other words, they will provide balance, regardless of whether the situation is under or over-energy. As a result, when we assess the source points, an indicator change doesn't necessarily tell us what the energy state is, simply that it is not in balance. Again, this might present a different result than mu points, which are considered to be stimulatory in nature, and therefore may show only when organ energy is deficient.

For these above reasons, source points might be more advantageous to use for assessing organ energy than the alarm points that have been used traditionally in Energy Kinesiology.

After we look at another type of point, we will see how we can use a combination of points to identify more specifically what the state of imbalance in an organ is when the source point creates a muscle change.

### Association Points

*Association Points*, known in acupuncture as *Back Shu points*, are found on the bladder meridian as it passes down the back on either side of the spine. They are often spoken of in combination with the front Mu points, and similarly act as “alarm” points for the meridians. In older texts, due to their location on the back (yang), they were used to treat the yin organs, in the same manner that the front mu points were used to treat yang organs. But in contrast to the front Mu points, they tended to indicate over-energy and were used for energy sedation in treatment.

In kinesiology circles, association points are taught as acting as “capacitors” for the meridians. This means that if a meridian is over energy, it can send some of that energy to it’s associated back shu point until the meridian comes back into balance and then draw that energy back when needed. However, if the energy remains chronically over-energy, and it continues to dump the excess into the back shu point, then the associated point may develop problems that spreads to the surrounding tissue. This can go so far as knocking vertebrae out of alignment!

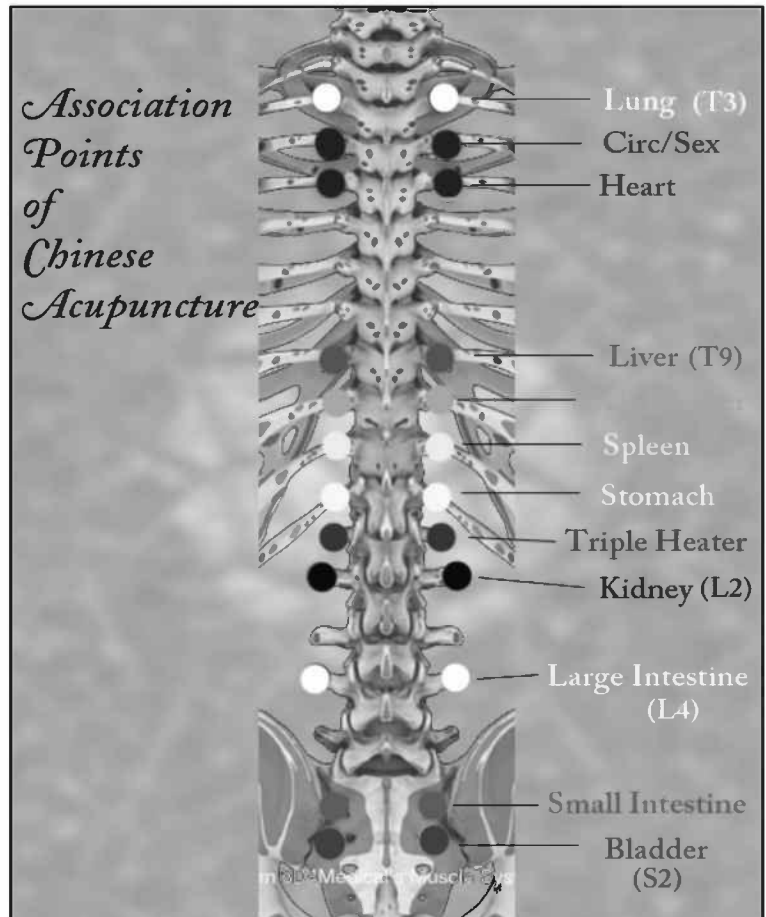
By checking these points, and doing something to balance them, relief can be experienced by the client for a variety of issues. As well, it might expose a problem meridian that is checking out as OK because it has dumped it’s excess energy out to this point, and therefore looks “normal.”

Using these association points in acupuncture treatments usually comes later in the process. They are often considered to be a branch (symptomatic) treatment option, or a latter stage root (causal) treatment – addressing root yang imbalances after the yins have been taken care of.

### Assessment Methods

It probably goes without saying that, after thousands of years, many methods of assessing and treating energy imbalances have developed. TCM and 5 Element are 2 completely different approaches in and of themselves, and within them, there are still many models.

In the 5 Element school, as mentioned, the underlying philosophy is to balance the flow of energy in the meridians and the body will be better able to take care of itself from there. But how to assess and go about that balancing can create many options. Nevertheless, another pair of philosophies that go with that are to address the cause first (referred to as the root) – usually meaning to balance the systemic picture, or flow of energy in the meridians – and then see if there is more that can be done to address the specific complaint/symptom (known as the branch). Secondly, the yin imbalances take precedence, and should therefore be addressed first. This is not too surprising given the nature of the yin organs – working all the time, and with many specific life-necessary functions.



One approach that has evolved from the Japanese method is to initially identify the underlying yin causal pattern. There are 4 primary patterns considered: Liver, Spleen, Kidney and Lung. Interestingly, Heart is left out, though you might wish to consider a Heart pattern as well if it shows that way.

To identify the pattern, use your assessment method of choice. Traditionally, this would have been done with pulses. But using mu/alarm points with kinesiology or palpation, gastrocnemius palpation, and other methods are fine as well. A method of assessment and correlation is presented in the procedure at the end of this paper. Once the imbalances are identified, you look for 2 or more out of balance yin meridians in a row on the 5 element chart. The latter of these going clockwise is the priority meridian, and should be balanced first, and the pattern is named for it. For example, if Lung and Kidney were found, it would be considered a Kidney pattern, and Kidney would be where to begin the balancing. The thought is that by balancing Kidney, it might resolve the whole pattern of imbalances and nothing else would need to be done. However, if it turns out that more is necessary to do, you then follow a pattern of treatment as follows: yin under-energies, yin over-energies, yang over-energies, yang under-energies. This defines the sequence of your root treatment.

### **Assessing & Balancing Organ Energy**

What I'm presenting here is a method for assessing and balancing organ energy. This can be useful for people who are experiencing specific organ dysfunction. Certainly the yin organs can provide many examples of need, and if identified in the pattern method mentioned above, are priority. Sometimes, however, there may not be an obvious pattern, yet a person knows they have a specific organ problem. As well, if the root pattern shows a particular organ/meridian is to be balanced first, the client might have another organ that they are experiencing symptoms in that might benefit from further branch balancing.

Putting together what has been presented above about various types of points, we have a means of effectively identifying organ systems that are in need of attention, what energy imbalance they're experiencing, and options of how to address them.

### **Organ Assessment & Balancing Procedure:**

1. Perform Gastrocnemius Zone assessment. Note any zones that the client reacts to, which are most sensitive, and what side (left or right gastroc) the sensitivity occurs on.
2. C/L and palpate the front mu points, both traditional and Manaka. Note which ones show with an indicator muscle, and which ones are tender when palpated.
3. Compare the results of Steps 1 & 2. If a meridian correlation exists between gastroc zone palpation, mu (alarm) point muscle monitoring and mu point palpation, then this is your priority for balancing.
  - a. If there is more than one possibility, look at the yin imbalances on a 5 element chart and determine the pattern. If there are 2 or more in a row, the furthest one clockwise in the pattern is the priority.
4. C/L the source point of the determined priority meridian with a neutral polarity touch (thumb or 2 adjacent fingers) and check a locked clear indicator muscle (IM). If I/C, continue to next step. No I/C, skip to step 7.
  - a. If Steps 1-3 provided no clear priority organ/meridian to balance, then check all source points. Correlate any that show with the gastroc, mu point indicator, and mu point palpation assessment to see which seems to be the most likely organ.
5. While maintaining contact with the priority source point, or putting it into pause lock (unlocked IM), C/L the mu point for the meridian of the source point.
  - a. If the IM changes (locks), then the organ related to the source point meridian is under-energy.
  - b. If the IM does not change (remains unlocked), then the organ related to the source point meridian is over-energy.

6. Check the back shu (association) point of the meridian whose organ you have found. Note if I/C or tender.
7. Check one or more muscles related to the priority meridian. If it remains locked, use the spindle cell technique to determine if the muscle is over-facilitated (OF). (A muscle may still be OF when an organ monitors as being under-energy).

| Meridian                        | Tonification | Sedation |
|---------------------------------|--------------|----------|
| Stomach                         | St 41        | St 45    |
| Spleen                          | Sp 2         | Sp 5     |
| Heart                           | Ht 9         | Ht 7     |
| Small Intestine                 | SI 3         | SI 8     |
| Bladder                         | Bl 67        | Bl 65    |
| Kidney                          | Ki 7         | Ki 1     |
| Pericardium/<br>Circulation/Sex | Pc 9         | Pc 7     |
| Triple Heater                   | TH 3         | TH 10    |
| Gall Bladder                    | GB 43        | GB 38    |
| Liver                           | Lv 8         | Lv 2     |
| Lung                            | Lu 9         | Lu 5     |
| Large Intestine                 | LI 11        | LI 2     |

8. Balance.

a. If an organ is under-energy, consider the following possibilities for balancing:

- i. The source point (acupressure bilaterally, use tai shin, laser, or other point stimulating device).
- ii. The meridian's tonification point (see chart - balance as if source point above).
- iii. The alarm point (balance as if source point above).
- iv. Neurolymphatic reflexes.
- v. Mu-Shu technique. If the association point indicated when checked, you may also use a technique known as Mu-Shu technique – hold both the association points and the mu point(s) for the indicated meridian until you feel synchronized pulsing in the points. You may experience other palpable changes as well.
- vi. If a clear correlation was found with the gastroc zones, then balance both the tonification and sedation points for both meridians on the opposite side of the body to the zone that was most sensitive. Using acupressure, hold each point for the yin meridian, pulse and synchronize. Then repeat with each point from the yang meridian.

b. If an organ is over-energy, consider the following possibilities for balancing:

- i. The source point (acupressure bilaterally, use tai shin, laser, or other point stimulating device).
- ii. The meridian's sedation point (see chart - same as TFH, balance as if source point above).
- iii. Neurolymphatic reflexes
- iv. Mu-Shu technique. If the association point indicated when checked, you may also use a technique known as Mu-Shu technique – hold both the association points and the mu point(s) for the indicated meridian until you feel synchronized pulsing in the points. You may experience other palpable changes as well.
- v. If a clear correlation was found with the gastroc zones, then balance both the tonification and sedation points for both meridians on the opposite side of the body to the zone that was most



sensitive. Using acupressure, hold each point for the yin meridian, pulse and synchronize. Then repeat with each point from the yang meridian.

- Note: One possibility for assessing which balancing technique to use is to stimulate the point involved and recheck the areas of original assessment. For example, assume the pattern you establish is Spleen, with Spleen 21 tenderness on palpation and Zone A of gastroc palpation causing discomfort. If you rub the neurolymphatic reflex for spleen momentarily, or have the client touch it, and you reassess the painful areas and the pain is now gone in both places, you have a strong confirmation that neurolymphatic reflexes are the best choice for balancing.
- 9. After balancing, recheck all the indicators – note if gastroc zones, palpation to mu and shu points are no longer tender, and meridian related muscles are in balance. If any still indicate, more balancing is necessary. Consider emotional aspects.

### Conclusion

Given the nature of the healing philosophies common to the world of Asian healing arts/acupuncture and the world of Energy Kinesiology, it seems very natural to continue to bring the 2 worlds further together. With a little bit of practice, and becoming more familiar with the points involved, the tighter integration of Asian modalities and Energy Kinesiology provides the practitioner with formidable tools both for assessment and balancing. I hope what has been presented here provides the means for the Energy Kinesiology practitioner to explore this natural affinity and continue to build the bridge. As for Acu-K... there's more to come!

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