



BALANCING IONIZATION

by

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ABSTRACT: Herein lies a method of balancing positive and negative ions by the use of mineral supplementation. A distinction is made whether the problem is due to too many positive ions or not enough negative ions; conditions which were previously treated as the same problem. Or could it be the other way around, meaning too many negative ions or not enough positive ions. This balancing is accomplished by using four ® different kinds of minerals which include tow (2) types of calcium and two (2) types of potassium.

HISTORICAL:

It was Dr. George Goodheart who first made us aware of ionization as it pertains to Applied Kinesiology by his famous example of chronic clonic tonic intermittent torticollis. He stated that if he had the patient breathe in through one nostril only for one hundred or more times it would afford the patient a period of relief from this devastating condition. This was based on the conclusion that the right nostril specialized in positive ions and the left nostril specialized in negative ions. The treatment was very affective but of short durations because when the patient resumed breathing through both nostrils, the preponderance of one ion or the other was lost. At that time there were comments to the affect, it was not by accident that the human body was designed with two nostrils rather than one. When the comment was made that we would look funny if we only had one nostril, the person was reminded that we would not look funny if everybody one had one nostril instead of two, because we would not know it any other way.

In the field of otolaryngology it has been shown by instrumentation that the nasal cycle changes approximately every 20 minutes, meaning that we receive a preponderance of our air we breathe in through one nostril for 20 minutes and then it changes over to the other nostril for 20 minutes, etc., etc.. This would explain why we all have had the experience of having one nostril occluded during an episode of acute rhinitis only to find that suddenly, with no apparent explanation, the occluded side opens up and the previous patent side becomes occluded. This research also showed that the amount of air passing through the nostril was not dependent on nor in proportion to the size of the lumen of that nostril. This same instrumentation showed that positive ions came through the right nostril and that negative ions came through the left nostril. Thus, it became established that the turbinates of the right nostril form an ionization chamber specializing in positive ions and the turbinates of the left nostril form an ionization chamber specializing in negative ions.

OBSERVATIONS:

The above data is a good basis for why it is important for us to have a balance of positive and negative ions in our body to start with. There are many conditions in our world where we are exposed to a predominance of either positive or negative ions. Such is a weather front moving through the area where we live, which is preceded by an abundance of positive ions and succeeded by an abundance of negative ions, or being around electrical equipment or internal combustion engines which give off an abundance of positive ions. If we have a balance of ions in our body to start with, then we are not bothered by a temporary exposure to a preponderance of one kind or another of ions. But if we have an imbalance of positive or negative ions to start with and then we are exposed to a condition such as described above, a preponderance of one kind or another of ions, we then become further imbalanced as the original condition becomes exaggerated.

Another interesting observation in the field of personology is that people who are predominantly negative in their habits, attitudes, and personality have a larger opening of the left nostril and people who are predominately positive in their habits, attitudes, and personality have a larger opening of the right nostril. The idea is that we need a balance in our lives and, therefore, we ideally should have equal sized nostrils.

In applied kinesiology it has been established that if a patient breathes in through the left nostril and out through the right nostril and this weakens a previously strong indicator muscle, that patient is low in positive ions. An interesting observation in this patient is that they will therapy localize with the palms against the body only. If the condition is reversed, meaning that breath in through the right nostril and out through the left nostril weakens a previously strong indicator muscle, that patient is low in negative ions and will therapy localize only with dorsum of the hand against the body.

So for therapy localization purposes only, it is important to establish whether or not there is an ionization problem in the patient. I have had a few patients who were low in negative and positive ions and, hence, would neither therapy localize palms up or palms down! When you fix this kind of patient that other doctors have failed on, you are a hero.

The obvious advantage here is, if you will establish ionization first in your patient, then you do not have to therapy localize everything twice, meaning once palms up and once palms down.

I have had some remarkable success with patients who indicated to me that their symptoms came only when it rained or that they felt particularly elated or particularly depressed at the beginning of a storm or at the end of a storm, or that weather changes always made a difference in how they felt, just by checking and correcting ionization.

As mentioned earlier, the original correction for this condition was to have the patient breathe in through one nostril only according to which side they showed a need. More recent investigation shows that breathing in through the right nostril only activates the left brain and, thus, is conducive for stressing left brain activities and vice versa, meaning; breathing in through the left nostril only activates the right brain and is conducive for stressing right brain activities. The catch to all this is that it has a temporary effect only.

It was Dr. John Stoutenburg who established in the early 1970's that the taking of calcium would provide positive ions and that the taking of potassium would provide negative ions. The big advantage being that now the correction would last longer.

Once when I had presented the above evidence in a lecture at the University of California at Davis Medical School, I was asked why did that work since calcium and potassium were both positive ions. My answer was that since calcium had a valance of plus two and potassium had a valance of plus one; calcium was twice as positive as potassium and potassium was twice as negative as calcium, and, thus, the difference was a relative one. To date, I have not found a better answer and, therefore, I still use that same explanation.

CURRENT OBSERVATIONS:

Since I do a tremendous amount of work with nutrition in my office and I have been exposed to the work of Dr. Herschel Robertson from Higginsville, Missouri, I became aware that there is a difference between having too many negative ions or not enough positive ions, which previously was treated as the same condition.

This can be established kinesiologically by having the patient breathe in through one nostril only and testing your indicator muscle and then having the patient breathe out through one nostril only and testing your indicator muscle. Whereas before this was all one test. Now we can establish if the condition is due to too few positive ions (breathe in through the right nostril only) or is the condition due to too few negative ions (breathe out through the left nostril only) or it could be due to too few positive ions (breathe out through the right nostril only.)

It has been established that one form of a particular mineral has a positive reaction in the body, whereas another form of the same mineral has a negative reaction in the body. It was on this basis that I established which form of the mineral to use by breaking down the ionization testing into about four (4) parts. By following these methods, I found that the condition of too many positive ions would respond to potassium gluconate, but would not respond to potassium citrate, for example. I found that the condition of too many negative ions would respond to calcium gluconate, but would not respond to calcium lactate,

another example. I also found that the condition of too few positive ions would respond to calcium lactate, but would not respond to calcium gluconate, another example. I keep saying for example because there are other forms that will work also.

For the purpose of learning this phenomenon and using these principles in your office, I have devised the attached chart.

CONCLUSION:

We now have a kinesiological method of more precisely balancing the ions in the body and the minerals used to do so not only bring about a lasting effect, but also greatly help to balance the patient's chemistry. We previously knew that the acid or negative calcium lactate was preferred if the urine Ph was over 6.4 and that the alkaline or positive calcium gluconate was preferred if the urine Ph was under 6.4. So now we have another piece of the jigsaw puzzle to help us determine kinesiologically which calcium to use. Not only can we help our patients by choosing the correct form of calcium or potassium, we also help the assimilation of all their nutrients because we are changing the Ph of the body to a better level.

Dr. Deal was one of the original dirty dozen, along with Dr. Goodheart, who formed the International College of Applied Kinesiology. He was president of the College from 1978 to 1983. He was president of the I.C.A.K. Board of Examiners for 20 years, and he is still on the Board of Examiners. He has taught kinesiology classes in Russia, Australia, and 12 countries in Europe and England, not to mention the classes locally in the United States. He has written 4 books, two on nutrition and two on kinesiology. He is the head physician at Swan Clinic of Natural Healing in Tucson, Arizona, which boasts a staff of 20 people, including six doctors. Dr. Deal is a naturopathic physician and, also, is a chiropractic physician. He and his wife, Cindy, have four children and 10 grandchildren. He is frequently found lecturing to lay groups, as well as to professional healthcare providers.

NASAL IONIZATION AND MINERAL BALANCE

| Condition: | Indicator muscle changes when patient breathes: | Corrected by: |
|------------------------------------|--|--|
| Excessive | In through the left nostril | <u>Positive Calciums:</u> Calcium Oxide Calcium Carbonate Calcium Gluconate |
| Deficient Positive Ions | Out through the right nostril | <u>Negative Calciums:</u> Calcium Lactate Di Calcium Phosphate |
| Excessive Positive Ions | In through the right nostril | <u>Positive Potassiums:</u> Potassium Oxide Potassium Carbonate Potassium Gluconate |
| Deficient Negative Ions | Out through the left nostril | <u>Negative Potassium:</u> Potassium Citrate Potassium Aspartate |