

IDENTIFYING BODY ENERGIES

By

Sheldon C. Deal, D.C., N.D.

And

Richard Utt

ABSTRACT: Energies differ in the body in their characteristics according to what level you are measuring. The energy of the acupuncture systems differs from the electrical characteristics of neuro lymphatic and neuro vascular points. The doctor may increase his proficiency at treating the human body by being able to use effective body language to distinguish whether these circuits are hyper or hypo.

GENERAL INFORMATION: The picture on a television screen can be seen to rotate in a counter clockwise direction when approached by the north pole of a magnet, and clockwise when approached by the south pole of a magnet. This is a good method to demonstrate the different energies coming off the north and south poles. Based on the law that likes repel and opposites attract, it can be demonstrated that: the index finger on the right hand is positive (south pole), the middle finger is negative (north pole), the ring finger is positive and the little finger is negative, with the thumb being neutral. This pattern reverses itself on the left hand with the index finger being negative and the other fingers following suit. The above can be demonstrated by placing one finger at a time on the surface of a magnet and testing a previous strong indicator muscle. One of the points to be learned from the above is to use a double finger contact when doing therapy localizing or challenging to avoid

entering a new factor into the equation such as tonifying with the index finger or sedating with the middle finger when using the right hand.

It was Earl Column who first brought it to our attention that you could challenge a point on the body clockwise or counter clockwise to determine direction of correction over a lesion that needed therapy such as a neuro lymphatic.¹ When this criteria was applied to acupuncture points, it was found that it did not follow the same pattern, thus the beginning of the investigation which led to this paper.

ACUPUNCTURE FINDINGS: It was Shafica Karagulla in her book, "Breakthrough to Creativity"², that described points of light extending from the body and the basic energy patterns that surround the entire body containing different vortices. Images of the human torso have revealed electro dermal energy points which correspond to the traditional acupuncture points.³ The scientific community seems to prefer the terminology of electro dermal points rather than acupuncture points.

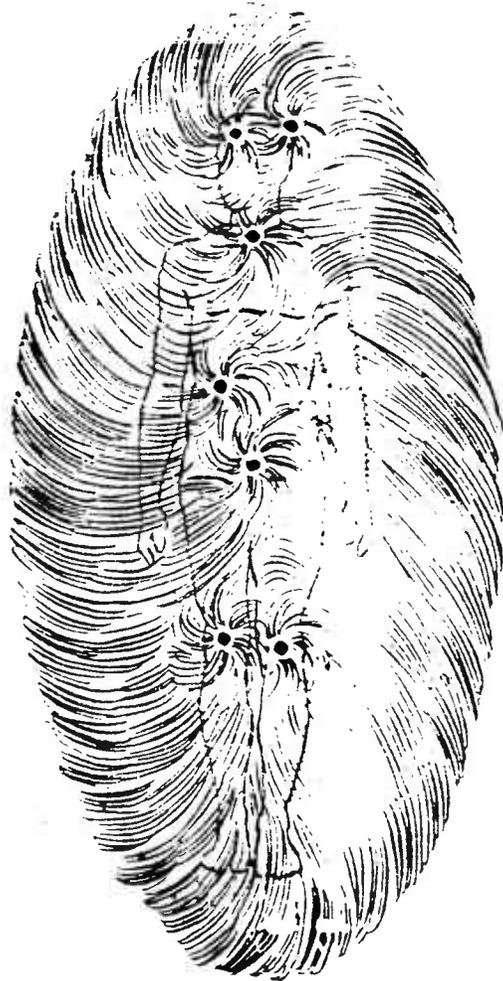
Our research has shown that there is a definite connection between individual acupuncture points and individual muscles. We contend that it is not by accident that when you add up the number of acupuncture points on each side of the body plus the conception and governing vessels that it closely approximates the total number of muscles in the body. Due to the large number of points involved and the complexity of the research, the progress has been slow. Listed below is a partial list of acupuncture points identified with specific muscles.

Each muscle has a reciprocal acupuncture point and also an association with a TMJ muscle, but that will be the topic of a future research paper.

Lung 1	Supinator
Lung 11	Anterior Deltoid
Large Intestine 1	Popliteus
Large Intestine 20	Anterior Tibialis
Stomach 1	Anterior Serratus
Stomach 45	Coracobrachialis
Spleen 1	Pyramidalis
Spleen 21	Gluteus Medius, Anterior Division
Heart 1	Pectineus
Heart 9	Teres Major
Small Intestine 1	Pubococcygeus
Small Intestine 19	Semispinalis Capitis
Bladder 1	Quadriceps
Bladder 67	Temporalis, Parietal Division
Kidney 1	Rectus Femoris, Straight Head
Kidney 27	Gastrocnemius
Pericardium 1	Deltoid
Pericardium 9	Rectus Abdominus Lateralis 4th Section
Triple Heater 1	Sternocleidomastoid
Triple Heater 23	Buccinator
Gall Bladder 1	Biceps Femoris Longhead Tibial Division
Gall Bladder 44	Teres Minor
Liver 1	Gluteus Medius Posterior Division
Liver 14	Biceps Femoris, Longhead
Heart 7	Triceps, Lateral Head
Bladder 30	Biceps, Short Head

BASIC ENERGY PATTERNS: In physics we are taught that magnetic energy and electrical energy differ in their axis by 90° and since light takes on the characteristics of both, but is neither one, it is called electromagnetic. Thus the electromagnetic spectrum is created with all its divisions according to different wave lengths. The human body has energy patterns that parallel the surface of the body and seem to be supplied by the vortices called chakras⁴ or pre and post ganglion plexi.

Under normal conditions this energy field turns clockwise over the surface of the body and parallel to the surface.



The human body also has the electro dermal or acupuncture points radiating out from the body at right angles to the surface of the body. Since these two energy fields (the chakras and acupuncture points) differ in their axis by 90° , we believe this 'accounts' for the difference in their challenge characteristics and thus the therapy application.

HYPO VERSUS HYPER: In applied kinesiology it always helps to understand what we are doing, if we realize what the normal is for the particular circuit we are working on. In the case of a neuro lymphatic point which is supplied by the energy field that parallels the body, remember that that field normally turns clockwise. If we are dealing with a hypo (sedation) condition then manually torquing the lesion clockwise will make a weak muscle indicator go strong or manually torquing the lesion counter clockwise will make a strong muscle indicator go weak. If we use a magnet over the lesion, the south pole (positive) will make a strong indicator muscle go weak and the north pole (negative) will make a weak indicator muscle go strong. (Remember, as we look in the direction the north pole is pointing we see it turning counter clockwise, but from inside the body looking out at the north pole, we would see it turning clockwise).

Now if we take a neuro lymphatic lesion that is hyper (tonified), then manually torquing the lesion clockwise will make a strong indicator muscle go weak or manually torquing the lesion counter clockwise will make a weak indicator muscle go strong. If we use a magnet over the lesion the south pole will make a weak indicator go strong and the north pole will make a strong indicator go weak.

All of the above changes to the opposite when we deal with acupuncture points because they are supplied by an energy field that runs at right angles to the surface of the body. If the acupuncture point is hypo (sedated) thus our specific muscle indicator is weak in the clear, then manually torquing the acupuncture point clockwise or touching with a negative finger will make a neutral strong indicator muscle go weak or the specific muscle for that particular acupuncture point

will remain weak. When the same acupuncture point is manually torqued counter clockwise or touched with a positive finger, the specific muscle for that point will go strong. When the same acupuncture point is approached with the south pole of a magnet the specific muscle for that acupuncture point will go strong and a neutral indicator muscle will stay strong. If the same point is approached with the north pole of a magnet the specific muscle for that acupuncture point will stay weak or a strong neutral indicator muscle will go weak.

Now if we take an acupuncture point that is hyper (tonified) and the specific muscle for that acupuncture point is strong in the clear and will not sedate using the normal methods, (example: PMC stays strong when ST-45 and LI-1 are contacted at the same time), then manually torquing the acupuncture point clockwise will cause the muscle to stay strong and manually torquing the acupuncture point counter clockwise will cause the indicator muscle to go weak. Please note that all manual torquing should be done with a double finger contact (positive and negative) or the thumb which is also neutral. If the hyper acupuncture point is approached with the south pole of the magnet the indicator muscle will go weak or if the north pole of the magnet is used, the indicator muscle will stay strong.

Due to all of the above being rather involved and complicated when you are first exposed to it, we have devised the following chart to help keep it straight in your mind as you work with these principles.

BODY ENERGIES				
Challenge Application	N.L., N.V., Stress Receptor, ect.		Acupuncture	
	HYPO	HYPER	HYPO	HYPER
Manual C.W.	strong	weak	weak	strong
Manual C.C.W.	weak	strong	strong	weak
South Pole	weak	strong	strong	weak
North Pole	strong	weak	weak	strong
+ Electricity	no change	no change	strong	weak
- Electricity	no change	no change	weak	strong
Positive Finger	weak	strong	strong	weak
Negative Finger	strong	weak	weak	strong

FURTHER CONSIDERATIONS: The bottom line of all this challenging is to be in a better position to make more accurate application of therapy to our patients and thereby increase the percentage of favorable results. For example, if we always use a double finger contact (neutral) when we have the patient therapy localize or when we the doctor challenge, we will avoid asking the body too many questions at one time and thereby get clearer answers to our probing questions. Once we find a lesion that does T.L. or challenge then we can reapproach the lesion one finger at a time (once with a positive finger and once with a negative finger) to tell if the lesion is hypo or hyper and consequently the correct therapy becomes obvious.

Another application of these principles is that you may turn off (sedate) a certain muscle by placing the north pole of a round magnet over the specific acupuncture point and hold a positive finger on the point through a hole in the center of the magnet, while you search for a certain nutrient, cell salt, amino acid, ect., that

will turn it back on, and thus you have identified a specific nutrient for that muscle. Perhaps it is awkward to hold one finger in the center of the magnet and you need both hands to do your searching, you may shine a laser light through the magnet onto the acupuncture point and now the muscle will stay weak by itself until you do something to turn it back on. Obviously this method can be used for therapy also, as the south pole against the skin with the laser directed through the center will produce tonification, or there may be cases where you want to sedate using the north pole and laser.

It is interesting to note that when you tonify or sedate a normal muscle that the antagonist muscle does the opposite. For example, if you sedate the biceps, the triceps become hypertonic or if you tonify the biceps the triceps become weak in the clear. Even more interesting is, in a normal circuit (meaning that there is no switching of any kind going on) when you tonify or sedate a muscle on one side of the body, the same muscle on the other side (contralateral) of the body does the opposite. For example, when you tonify the biceps on the right, the biceps on the left become weak in the clear. Again, it becomes obvious that by knowing the above normal characteristics of the body it becomes advantageous in tracing down energy problems in the complicated patient.

CONCLUSION: Having been an early developer of an electronic muscle testing machine with a hand held transducer and having seen how that the machine would not always agree with artful manual muscle testing, I have in recent years felt like a member of a silent conspiracy. Meaning that while we were searching for a scientific explanation as

to why muscle testing worked, including granting research, deep inside I felt we were barking up the wrong tree. The scientific search always included using electronic equipment. It is my humble opinion that the phenomenon of muscle testing is a result of the interplay of energies between the testor and the testee. If this be the case, then we will never explain it by using a machine which is void of half the energy required. Perhaps nowhere else to date has this interplay of energies in applied kinesiology been exemplified more than in this paper.

BIBLIOGRAPHY

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