

Update on Electromagnetic Balancing, Food Testing, And Reactive Muscle Procedures

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Abstract

Three muscle testing and balancing procedures are reviewed with updated techniques: 1) the Five Finger Quick Fix for Full Electromagnetic Balancing, 2) priority checking in Food and Supplement Testing, and 3) Reactive Muscle detection and correction by priority.

Introduction

Over the years we have presented papers at the annual Touch For Health meetings on how we have extended the procedures taught in Touch For Health to achieve exciting and effective results with many difficult physiological problems. This year we are sharing updates on three highly important procedures that we have presented to this group before. We use these frequently in our own lives and share them with others.

Full Electromagnetic Balance

The Five Finger Quick Fix that we introduced to Touch for Health in 1986 (ref. 4) has proven to be a valuable technique for establishing Full Electromagnetic Balance. In one simple correction the Five Finger Quick Fix balances all the imbalances covered by the standard ICAK (International College of Applied Kinesiology) screening test for Electromagnetics (ref. 7). This test consists of testing a strong indicator muscle while touching the testee's torso with the tips of all five fingers. Either the testee or the testor can do the touching. If the indicator muscle unlocks, one or more electromagnetic imbalances are present.

Electromagnetic imbalances are caused by disturbances in the electrical signaling system. The list of possible electromagnetic imbalances in Ref. 7 includes the following:

Right/Left Brain Dominance

Switching (right-left, up-down, front-back)

Cross-Crawl

Centering: Hyoid, Gaits, Cloacals

Acupuncture

We have found that the list should also include:

Central Meridian Reversal

Our initial procedure for establishing Full Electromagnetic Balance (described in ref. 4) involves rubbing of the pubic bone and the coccyx. Feedback from those using this procedure indicated that there was a problem with touching these parts in public, in the classroom, and other situations. Also this procedure uses Signal Lock (also called Pause Lock), which is considered beyond the scope of basic Touch for Health.

We have been able to develop a new procedure for establishing Full Electromagnetic Balance that does not use these techniques. As before, the balance involves establishing right-left, up-down, and front-back electrical balance in the presence of the Full Electromagnetic Balance test signal.

Step 1. Plugging In: Place all five fingertips of one hand around your navel and hold them there while doing steps 2, 3, and 4 with the other hand.

Step 2. Right-Left Balance: Rub the K27 points (the upper ends of the right and left kidney meridians).

Step 3. Up-Down Balance: Rub the lower lip (the upper end of the central meridian).

Step 4. Front-Back Balance: Rub the upper lip (the upper end of the governing meridian).

Our experimentation has shown that in all cases tested before and after, the Five Finger Quick Fix corrected all pre-existing electromagnetic imbalances, as defined by the list given above.

Note that acupuncture is on the list of imbalances that are electromagnetic in nature. Acupuncture imbalances include muscles that test weak due to under energy of the associated meridian. We checked this in several instances by doing 14 and 42 Muscle Balancing routines before and after doing the Five Finger Quick Fix and found that all muscles that tested weak due to meridian under energy before the Five Finger Quick Fix tested strong after the Five Finger Quick Fix.

When doing this experiment it is important to understand (as we showed in 1983, see ref. 2) that often muscles that test weak in the standard TFH 14 and 42 Muscle Balance do so because they are reactive. These reactive muscle imbalances are not corrected by the Five Finger Quick Fix.

We discovered that, after using the Five Finger Quick Fix, a strong indicator muscle remained strong to BOTH Cross-Crawl and Homolateral-Crawl, and to reading in a forward direction and a backward direction. We also found that strong indicator muscles on both sides of the body remained strong with counting (left brain activity) and humming (right brain activity). This clearly shows that the Five Finger Quick Fix achieves a relatively high level of right-left brain integration.

We have found that the Electromagnetic Balance achieved by the Five Finger Quick Fix is relatively stable, we believe that following up with Cross Crawling further strengthens the Electromagnetic Balance. Working with individuals, we found that people that had great difficulty and even virtual inability to Cross-Crawl before balancing were able to quickly learn to Cross-Crawl after balancing. We found the same thing while working with children in an elementary school special education class. We also found that most of these children took to the

Five Finger Quick Fix and cross motor exercises with surprising enthusiasm.

Feedback that we have received from others includes: A mother of a 3-month old baby that cried a lot found that the baby settled down and stopped crying after doing the Five Finger Quick Fix on the baby. A mother of third grader, who was behind in reading, started doing the Five Finger Quick Fix on the child every morning before school. The child was able to increase her reading speed for a poem used as a reading test from an unacceptable 80 seconds to an acceptable 30 seconds. A twelve year old, who had a "mental block" to memorizing material for his science class, such as the parts of a microscope and animal species, was able to do this homework satisfactorily after doing the Five Finger Quick Fix. An adult woman who went into sudden spasms was able to control and eventually eliminate these spasms using the Five Finger Quick Fix. In the first three cases no other corrections or exercises were used; however we believe from our own classroom experience it is often important for optimal results to add Cross-Crawl and other exercises used in Educational Kinesiology.

Food and Supplement Testing

Last year we presented a detailed paper on muscle testing for food and supplements (ref. 5). The bottom line was that for a test to be accurate:

1. both the testee and the testor must be in electromagnetic balance and
2. the muscles being used by both the testee and testor must be in balance, neither underenergy (that is, test weak) or overenergy (that is, test frozen),

These conditions must hold both before AND during the test. When the testee's strong indicator muscle remains strong under the conditions listed above while holding a food or supplement under the tongue or next to the torso, the item being tested is biogenic or biostatic.

When it came to testing for supplements, we wanted to be more selective to hold the list of supplements being taken to reasonable limits. For a while we used a

deliberately sedated (that is, weakened) Pectoralis Major Clavicular muscle and looked for it to strengthen in the presence of the food or supplement being tested, again always under the conditions listed above. In this case items that passed this test are biogenic.

We still found our list of supplements questionably long; so we decided to introduce the idea of Priority to our food testing. The ICAK concept of Priority is discussed extensively in Dr. Deal's AK Workshop book (ref. 7). In terms of foods and supplements, we interpret Priority to mean a food or supplement for which the body has an immediate physiological need.

We have incorporated this technique into our muscle testing procedure for testing foods and supplements as follows:

Step 1. Preliminary Check for Frozen Muscles: Find a strong indicator muscle. Retest indicator while testee touches their K27 on same side with two fingers. If the indicator becomes weak, correct by tapping alarm point for associated meridian. Repeat test while testor touches their K27 on same side with two fingers. If the indicator becomes weak, correct as above.

Step 2. Preliminary Check for Electromagnetic Balance: Test the indicator while testee touches their torso with five fingertips of other hand. Repeat while testor touches their torso with five fingertips of other hand. If the indicator tests weak in either case, use the Five Finger Quick Fix to correct.

Step 3. Food or Supplement Check: The testee holds the item to be tested next to the upper part of their torso while using the index and middle fingers of the same hand to touch their K27 on the same side as the indicator muscle. Then the testor checks the indicator muscle four times, first in the clear, then while touching the testee's torso with five fingertips of the other hand, then while touching their own torso with five fingertips of their other hand, and finally while touching their own K27 with two fingers of their other hand. If the indicator muscle

remains strong for all four tests, the item being tested is biogenic or biostatic.

Once the testee's and testor's test response patterns become familiar, it may be OK to simplify Step 3. dropping the cross-checks for electromagnetic balance and testor's frozen muscle, except when the test results suggest that there may be a problem.

Step 4. Priority Check: While the testee continues to hold the item to be tested next to their torso, repeat the muscle test one more time while the testor uses their other hand to touch the tip of their middle finger to the upper crease on the inside of their thumb. In this case the test item is a priority if the indicator muscle becomes weak, that is, changes state.

This procedure can be used to check supplement dosage. When the testee holds individual capsules or tablets against their body with the intention to check dosage, you will get a priority confirmation only when holding the proper number.

If your body requires an unusually large dosage, there may be something out of balance creating a stress that tricks the body into thinking it needs lots of a nutrient. For example, Elizabeth indicated a need for heavy iron supplementation that was associated with a lumbar imbrication. The correction for lumbar imbrication would not hold until a frozen psoas muscle was found and corrected. Then both the lumbar imbrication and the indicated need for iron supplementation went away.

We have found that our nutritional supplementation needs vary from day to day, depending on the weather, our current state of health, what we are eating, etc. So we test ourselves almost every time we take supplements.

We must remember that testing supplements in this way is testing the whole product including fillers, tableting and encapsulation materials, and container materials. If a supplement tests negatively, it may be because of these

factors. So if you have reason to believe that the testee really needs a nutrient that is testing negatively, try testing it in another form or another brand.

Another approach is to use Dr. Riddler's nutrient test points (see ref. 7) to determine the needed nutrients and then the tests described above to find a suitable formulation and dosage.

The suitability of a particular nutrient often depends on the testee's acid-alkaline balance at the time of the test. An important example is Vitamin C. A person with a mildly acid urine PH (the most common case) does best with ascorbic acid, a person with an alkaline urine PH does best with calcium ascorbate to avoid the alkalizing effect of the ascorbic acid, and a person with a very acid urine requires sodium ascorbate to neutralize their hyperacidity (ref. 1). The optimal form of mineral supplements, orotate, aspartate, lactate, gluconate, citrate, etc. also depends on the body PH and can be determined by priority food testing.

A required nutrient may test positively only in the presence of another nutrient that is a required co-factor. For example, vitamin D may have to be present to obtain a positive test on calcium and magnesium supplements. Betaine hydrochloride may also have to be present. Protein frequently requires betaine hydrochloride, as do some herbs. Iron supplements frequently require a co-factor to be effective. Etc. If a Riddler point test shows the need for a nutrient and a muscle test with a suitable nutrient does not confirm it, look for a possible co-factor.

A person with allergies or a candida imbalance must select their supplements with special care, avoiding yeasts and other sensitive factors.

You will find the field of nutrient muscle testing to be complex, often subtle, fascinating, and challenging. We have found the procedure described above to be a versatile tool for getting accurate results, but an open and inquiring mind, a sensitivity to how your body reacts to what you put into your mouth and a good

understanding of nutrients are also required to achieve optimal results.

Reactive Muscles

After the Five Finger Quick Fix, Reactive Muscle correction is the most useful and versatile of the balancing techniques available to us. As we demonstrated 5 years ago (ref. 2), many muscles that test weak in a standard 14 or 42 muscle TFH balance are weak because they are reactive.

As reported earlier in this paper, the Five Finger Quick Fix will correct all muscles that are weak due to acupuncture, that is, all muscles that are associated with under energy meridians. Thus in most cases after doing a Five Finger Quick Fix, the only muscles found to be weak in a 14 or 42 muscle balance will be reactive muscles. Stable corrections for these muscles can only be achieved by correcting the muscle reactivity.

Many persistent aches and pains are associated with reactive muscles. This includes conditions diagnosed as arthritis, bursitis, tendonitis, whip lash, pulled muscle, TMJ syndrome, etc. that can often be permanently alleviated by reactive muscle balancing. Persistent structural misalignments are often the result of uncorrected reactive muscles. We have found that ileocecal valve malfunctions, hiatal hernias, persistent hiccupping and burping, and colon cramping can be best corrected by balancing associated reactive muscles.

With all this going for it, you might wonder why reactive muscle correction is so little used. We believe this is due to difficulty in determining if there are reactive muscles present that require correction and, if so, which are the priority reactive muscle pairs to correct. We found out early that, when reactive muscles are present, there are generally a large number of them. It is impractical to correct all of them individually, and, if you correct a few at random, you can actually leave the testee in worse shape. On the other hand when you correct in priority order, many secondary pairings will self correct,

significantly reducing the total amount of work to do, and the testee will not be left with undesirable aftereffects. But still a person with many reactive muscle problems may take several 1-hour sessions to correct fully.

As we reported 4 years ago (ref. 3), a screening test for ACTIVE reactive muscles is testing a strong indicator muscle while holding the other hand a few inches above the testee's head. If the indicator muscle unlocks, ACTIVE reactive muscles are present and are ready to be corrected.

Very often important reactive muscles are LATENT when you start the muscle testing session, in which case they won't show with the screening test. To find them they need to be activated. The most direct way to do this is to move the muscles involved. Have the testee move those parts of their body where the pains are; then recheck with the screening

Sometimes things are more subtle than this, and you need to recreate specific movements. Have the tennis player practice their forehand and backhand swings, have the typist practice typing, have the musician play their instrument. (For example, we helped a tuba player whose right arm muscles, which he used to control the valves on his instrument, were reactive to the muscles in his left foot, which he tapped to keep his rhythm. He also had a reactive diaphragm muscle, a common condition with musicians.)

For physiological problems, such as ileocecal valve or hiatal hernia, related reactive muscle activity will be indicated after the test for the presence of the imbalance is entered into signal lock or if the test point for the condition is circuit localized while doing the reactive muscle screening test.

Once the screening test shows the presence of ACTIVE reactive muscles, the next task is to identify the Priority reactive pair. The quickest and most direct way to do this, assuming that you are adequately familiar with the location and function of the muscles involved, is to test verbal statements, such as, "The

priority strong muscle is below the waist." If the indicator muscle tests strong, the statement is true. If it tests weak, the statement is false. Usually you can determine the specific priority strong muscle more quickly by identifying its location first, then checking specific muscles. After determining the priority strong muscle, you can then determine the priority weak muscle by the same technique. You can confirm the selection by testing the actual muscles for reactivity. Once you have a confirmed priority reactive pair, correct by the usual TFH techniques for reactive muscle correction (ref. 8).

Now you are ready to repeat the screening test to see if there are more reactive muscle pairs to correct. Again have the testee move their body in appropriate ways to activate additional latent reactive muscles.

In addition to the 42 muscles in the TFH Handbook (ref. 8), it is very helpful to be familiar with the muscles in the TFH 4 book (ref. 6). To deal with TMJ and PMS, you will need to work with additional muscles in the jaw and vaginal area respectively.

If you are uncomfortable with muscle testing statements to determine the priority reactive muscle pair, the following procedure will help you to narrow the possibilities. After completing a screening test that confirms the presence of active reactive muscles, muscle test all the meridian alarm points and all the wrist pulse points to find those that give a weak muscle test response. If there is more than one of each, use the Priority test technique, described in the preceding section, to narrow down to one each. The priority alarm point gives the meridian associated with the priority strong reactive muscle. The priority wrist pulse gives the meridian associated with the priority weak reactive muscle.

Using this information together with a knowledge of where the reactive muscles may be located and what motions are triggering them allows you to make a good guess on the priority reactive

muscle pair. This can be confirmed by testing the muscles.

Note

Since writing this paper, we have discovered a much simpler way to correct reactive muscles. This is described in the following paper titled, *New Techniques for Balancing Reactive and Frozen Muscles*.

References

1. Aihara, Herman, *Acid and Alkaline*, George Ohsawa Macrobiotic Foundation, 1980
2. Barhydt, Hamilton, *A Approach to More Stable Muscle Balancing*, page 45, International Journal of Touch for Health, July 1983
3. Barhydt, Elizabeth and Barhydt, Hamilton, *Sneaky Reactives*, page 137, International Journal of Touch for Health, July 1984
4. Barhydt, Elizabeth and Barhydt, Hamilton, *Some New Ideas in Muscle Testing and Energy Balancing*, page 56, International Journal of Touch for Health, July 1986
5. Barhydt, Elizabeth and Barhydt, Hamilton, *Some Important Considerations in Muscle Testing for Foods and Supplements*, page 18, International Journal of Touch for Health, July 1987
6. Dewe, Bruce and Dewe, Joan, *Touch For Health Four Workshop Manual*, Touch for Health Foundation, 1986
7. Stokes, Gordon and Marks, Mary, *Dr. Sheldon Deal's Chiropractic Assistants and Doctors Basic AK Workshop Manual*, Touch for Health Foundation, 4th edition, 1983
8. Thie, John F., *Touch for Health*, DeVorss & Co, revised edition 1979