The Warren Balance

by Warren Jacobs, MD

This is the "Warren Balance" as used by Dr. Warren Jacobs, MD, adapted from the wonderful book *Touch for Health*, by Dr. John Thie, D.C.

A. Have the testee state his/her own name and test with an indicator. Have the testee state that his name is one other than his/her own and test with an indicator. You should find strength with the truth and weakness with what is not true.

B. CENTRAL - Zip up (from the perineal body up to the bottom of the lower lip). Test. Zip down (from the lower lip down to the perineal body). The subject tests strong on the zip up. This signifies that you are ready to proceed to C. If the subject is strong on down and weak on up, the subject is overwhelmed by something in his/her life and the energy is reversed. This must be identified and corrected before proceeding further.

Ask: "What is too much for you in your life at this time?"

To help the subject get from the general to the specific you may offer some choices as: career, money, personal relationship, health, or family. You may test each of these in turn to find which one makes a change in the person's energy.

When you sense there is sufficient identification, have the subject make the statement: "Such and such is too much for me right now."

Zip up and test with the indicator. It should be strong. Now you are ready to proceed to GOVERNING.

C. GOVERNING - Trace from the perineal body up the back over the head and down to the upper lip. If strong, proceed to D. If weak, this suggests the subject is overburdened.

Ask: "What burdens you?", "What is difficult for you at this time?" First come with the general list: family, health, money, personal relationship, career, etc. When the general area is identified, get more specific.

In the case money comes up, ask: "Money for what? Money for rent, clothing? Whose clothing? Ah, money for clothing for the children for the new year at school that is just beginning." Have the subject state: "I am burdened with the task of providing enough money for clothing for the children to start the new year at school. This is my burden. If it truly is the burden, we find, on re-testing governing, that it now holds strong.

D. With Central and Governing energy flowing properly, we now proceed to see in what realm does the subject's primary difficulty lie. Test the indicator muscle while the subject places his/her fingers in the positions listed below. Where the weakness appears, identifies what approach we will use to make the balance.

Structural	- thumb to the index finger
Nutritional	- thumb to the middle finger
Emotional	- thumb to the ring finger
Circuits	- thumb to the little finger

E. NUTRITIONAL - If the weakness occurs when the subject touches thumb to middle finger, this suggests the problem is nutritional, and so we state:

1. This person is lacking something. Test.

2. This person is taking in too much of something. Test.

Now we must identify just what it is. We go from the general to the specific.

This substance is a:

- 1. fat
 - 2. protein
- 3. carbohydrate

If strong on protein, we next determine if the protein is of animal or vegetable origin. If animal, we test to see if it is beef, pork, or lamb, and so on.

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When the specific substance is identified, we have the subject state: "I would do better without beer" (for example) and test the indicator. Should the subject object, have him/her state: "Two glasses of beer per day would not hurt," and test with the indicator.

F. EMOTIONAL - weak test response with thumb to ring finger Now that we have Central and Governing flowing in the right direction and have identified the treatment mode, we are ready to check the muscles to see what needs correction. We begin in accord with the time of the day. For example, 9-11am corresponds to Latissimus Dorsi (spleen). Refer to the following chart, based on page 110 in John Thie's *Touch for Health* book. This will show you where to start after checking the time of the day.

7-9 am	Pectoralis Major Clavicular
9-11 am	Latissimus Dorsi
11 am-1 pm	Subscapularis
1-3 pm	Quadriceps
3-5 pm	Peroneus
5-7 pm	Psoas
7-9 pm	Gluteus Medius
9-11 pm	Teres Minor
11 pm-1 am	Anterior Deltoid
1-3 [°] am	Pectoralis Major Sternal
3-5 am	Anterior Serratus
5-7 am	Fascia Lata

Test each muscle in turn to expose any weakness. If the weakness is bilateral, it is only necessary to rub the spine in a cranialcaudal direction in the vicinity of the neurolymphatic points for that meridian. Most often the weakness is unilateral and we then ask the question relating to the organ or meridian of weakness. The questions are as follows:

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SPLEEN	What do you hate yourself for?
HEART	This is either an issue of LOVE or SURENESS (test each in turn to see which holds)
SMALL INTESTINE	What is good in my life that I am not enjoying at present?
BLADDER	What seems hopeless?
KIDNEY	What is my greatest fear?
CIRCULATION SEX	What do I need to feel deeply satisfied?
TRIPLE WARMER	What has humiliated me?
GALL BLADDER	Who am I angry with?
LIVER	What distressed me and made me think less of myself?
LUNG	Who/what do I miss?
LARGE INTESTINE	What is it I do not like about but wish this did not trouble me?
STOMACH	Who do I feel sorry for?

G. After the specific answer is obtained for the question pertaining to the weak meridian, the muscle should test strong on retest - and instantly so as the subject acknowledges this connection that has heretofore been denied to consciousness. This is demonstrated by retesting at this juncture. Reinforcing measures are:

1. Massaging the appropriate (and usually tender) neurolymphatic points and

2. Tracing the meridian.

The muscles are tested in turn in keeping with the sequence as listed above. You may note that the lines of the meridians are not truly separate. Where one "ends" the next "begins". In reality, we have chosen to break this continuous energy flow into sections which we assign to the organ functions of the organism.

Upon completion of the 14 muscles - when all are strong we trace central and governing and invite the subject to sit up slowly as often there is a sensation of lightness or dizziness. Usually a pleasant relaxed feeling is reported by the subject. This completes the balance for the emotions.

H. CIRCUITS: Should the subject weaken when touching thumb to little finger, this is suggestive of circuit energy imbalance. One should then determine utilizing an indicator muscle whether this is Tibetan Eight energy or some activity such as cross-crawl or even perhaps some sport activity such as jogging or some recreational activity such as dancing.

I. STRUCTURAL: Should the subject weaken with thumb touching index finger, it is good to look for a structural problem. Should none be apparent, consider X-ray, C-T scan, and/or MRI. In the treatment consider referral to a chiropractor for manipulation.

IN SUMMARY

1. Test with the name to see if the main switch is on.

2. Check CENTRAL and GOVERNING to make certain the energy is flowing in the proper direction.

3. Check the finger modes to see where the primary correction lies, whether structural, nutritional, emotional or circuits.

4. Test the remaining muscles in turn, beginning with the time of day appropriate muscle (that is if the mode is emotional).

5. Ask the question relating to the muscle found to be weak - moving from the general to the specific.

6. After identifying the specific emotion and its relation to the subjects life experience retest the muscle to see if it is now strong.

7. Reinforce by massaging the neurolymphatic points and trace the meridian.

8. Repeat for each weak muscle found.

9. Trace central and governing and have the subject sit up slowly.

10. The hug is optional.

GOOD LUCK!

Warren Jacobs, M.D., is a medical doctor with thirty-five years experience in the practice of family medicine. For the past fifteen years he has been involved in the use of alternatives to the standard surgical and pharmacological approaches to health problems, especially the use of applied kinesiology. He has been most influenced by the work of George Goodheart, D.C., John Thie, D.C., and John Diamond, M.D. These techniques draw upon the concepts of health and balance found in the ancient societies of China and India.

This approach to health care sees the therapeutic relationship between doctor and patient as a partnership with shared responsibilities for the outcome. Often the clue for the direction for the treatment lies within the patient rather than with the doctor. This method is used to facilitate the exposure of what is perhaps already known by the patient on some level, but which has been heretofore denied to consciousness. This is in contrast to the traditional western approach where the patient has the pain, the fear, the illness, and the QUESTION while the doctor has the s alternate method suggests that often the patient has the question, etc. and also has the answer! The doctor functions more as a facilitator, teacher, partner, and friend. He has the method by which the patient can gain access to that which is already inside himself but resides on some level where it remains hidden and as vet unusable.

Initially, a determination can often be made with kinesiology to establish where the complaint has its roots. Is the root of the problem in nutrition, structure, or emotion? From this beginning one can explore in increasing depth from the general to the specific depending on the willingness of the patient and the art and skill of the facilitator. This method is rapid, painless, cost-effective, and safe.

Warren Jacobs, M.D., with his techniques in applied kinesiology, has been enthusiastically received in the United States, Canada, Switzerland, Italy, Israel, Austria, and Spain. He is a certified Touch For Health Instructor with a certificate granted by the International Kinesiology College of Zurich, Switzerland, and has served on the Board of Directors of the Touch For Health Foundation, John F. Thie president for the past six years.

So often traditional western medical treatment. despite the application of the wonderful advanced technologies presently available and despite great expense and careful investigation by competent medical experts, the patient is much the same as when he began treatment. Dr. Jacobs finds that with applied kinesiology often and quickly a determination can be made as to the cause of the problem. Approaching the person from a perspective that allows a view of dis-ease to be a reflection of the interaction of nutrition, emotion, activity, or past experience, (whether conscious or unconscious) is often more rewarding than merely treating symptoms. Taking this concept one step further, man, in both mind and body, exists not in a vacuum but rather is influenced by his position in the family, in the group (at work, sport, religion, social association) or what have you. One must be willing to take all this into account if it is so directed by the body during muscle testing.

George Goodheart gave us the muscle test. John Thie tied the muscle test to the eastern concept of balance within the individual organs, structures, and energies. John Diamond went a step further using kinesiology to demonstrate and uncover, in a layer by layer fashion, the emotional imbalances that often block and control our behavior in unhealthy patterns. Next, the International Kinesiology College of Zurich, Switzerland, headed by Bernhard Studer and Rosmarie Sonderegger, gives us the model learning center for training in the use of these successful methods.

What grand tools these are. Dr. Jacobs takes great joy in sharing the wonder and effectiveness of these techniques with those who wish to expand their skills in the uses of kinesiology, to those who seek to increase their understanding of the workings of the body, and to those who wish to be of help to their fellow man.