Contributions from Biokinesiology

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On August 9, 2010 John Edmond Barton, developer of Biokinesiology (BK) and one of the pioneers in the world of kinesiology, passed away at the age of 72. Today I have chosen a topic to honor my mentor and friend, John Barton.

When I first met John Barton in the summer of 1979, I was impressed by the number of ways he could balance a muscle and I was intrigued by his use of at least 361 pairs of emotions. Consequently, I decided to take a 290-hour Biokinesiology Practitioner Course in 1980 at the Biokinesiology Institute in Talent, Oregon; then a subsequent 184 hours of further training between 1981 and 1988. I was invited to teach Biokinesiology overseas beginning in 1984 and over a period of years split it up into more specialized modules – Biokinetic Exercises, Energy Centers, etc., for teaching convenience.

The Biokinesiology Institute's Practitioner Training was no longer available after 1981; consequently I saw it as one of my missions over the years to introduce some of Biokinesiology's concepts to the Touch for Health community so that others could benefit from John Barton's vast research. Today I shall be demonstrating some of these concepts as we focus on the Quadriceps.

Quadriceps

Quadriceps means four-headed muscle and it occupies the front of the thigh. Only one of the four muscles – Rectus Femoris – crosses the hip joint. The other three muscles – Vastus Intermedius, Vastus Lateralis and Vastus Medialis – all originate on the thigh. All four muscles insert into the patella (knee cap) which is then connected by way of the patellar ligament into the tibial tuberosity. Thus these muscles need to be in balance to prevent deterioration of the knee joint. The Quadriceps muscle group has two primary functions. When we walk, Rectus Femoris and Psoas initiate the flexion of the thigh at the hip, and then the four Quadriceps muscles extend the leg at the knee so that we can take our stride.

For perhaps the first 20 years I was involved with Touch for Health we tested Quadriceps by flexing the thigh at the hip, then pushed on the distal end of the thigh to straighten the leg. This tests the Rectus Femoris muscle only. One or more of the other three muscles may have been out of balance but our muscle test was not able to let us know this. As soon as we began doing a two-handed Quadriceps test - one hand pushing on the distal thigh and the other attempting to flex the lower leg at the knee - we were then testing the Vasti muscles. However, we were often picking up imbalances in Vastus Intermedius only as its muscle fibers run parallel to and directly below Rectus Femoris. In Biokinesiology we had slightly modified tests that allowed us to differentiate all four muscles of the Quadriceps group.

Monitoring all Four Quadriceps Muscles

- **Rectus Femoris:** Client lying on back. Raise thigh 70˚ from table, lower leg is horizontal and supported by one of practitioner's hands. Press raised knee to extend leg back to the table.
- **Vastus Intermedius:** Client lying on back and practitioner standing on client's left side. Client flexes right knee 45˚ and keeps right foot flat on the table. Practitioner raises client's left leg 50˚ and places arm under the raised left leg with the hand resting on client's right knee and their left leg supported by practitioner's arm. The foot is kept vertical and the ankle of the left leg is pressed downward.

- **Vastus Lateralis:** Testing position is exactly as for Vastus Intermedius except that the foot is rotated medially. The distal end of the left leg is pressed downward, and slightly medial.
- **Vastus Medialis:** Testing position is exactly as for Vastus Intermedius except that the foot is rotated laterally. The ankle of the left leg is pressed downward and slightly lateral.

Hypertonic Muscles

In BK we recognize three conditions for a tissue. It is:

1. in balance,
2. showing a deficit of energy (e.g. hypotonic muscle), or
3. showing excess energy (e.g. hypertonic muscle; John Barton called it "overstressed")

Whenever you test or monitor a muscle, run a hand up the Central Meridian or Governing Meridian to surge more energy through the circuit, then remonitor the muscle. If the muscle unlocks, it has too much energy.

The kitchen door held in place by two springs, as illustrated in Figure 1 on page 5 of *Touch for Health: the Complete Edition*, is a simple model to illustrate how when one muscle weakens an opposing muscle tightens. Thus a general weakness in the Quadriceps (hypotonic) can cause a tightening of the Hamstrings (hypertonic) and the abdominal muscles becoming hypotonic can cause back muscles to become hypertonic. Vastus Lateralis and Vastus Medialis often show this hypotonic / hypertonic relationship.

What Are We Testing?

Whenever we do a muscle test in TFH we assume that we are testing the muscle. John Barton used circuit locating to determine what was out of balance and found that it could be muscle, tendon, ligament or fascia. Thus when we are monitoring the Vastus Intermedius muscle, an unlocking muscle test could be due to the muscle being hypotonic, or its tendon. This is important because the nutrients and emotions to balance the muscle and its tendons are different. Also, the biokinetic exercise that balances the muscle will balance the tendon but needs to be held for twice as long.

By circuit locating tissues, and using emotions to see which meridians they were correlated with, John Barton was able to link over 1000 different kinetic tissues – muscles, tendons, ligaments, cartilages, fasciae, intervertebral discs, and synovial membranes – with their respective meridians. To give you some idea of what this means let's consider the Heart Meridian. In TFH we have one muscle associated with the Heart Meridian: Subscapularis. In BK we have 54 kinetic tissues associated with the Heart Meridian!

Another Antagonistic Relationship

Earlier we discussed the physical relationship between agonists and antagonists such as Biceps and Triceps. John Barton recognized that an energetic pairing also existed, but based on meridians.

Imagine two tissues (*A* & *B*) that are in balance on opposite ends of a see-saw (teeter-totter). When one end of the see-saw goes down, such as a muscle becoming hypotonic or not having enough energy, then the tissue at the other end of the see-saw becomes hypertonic or now has too much energy.

If tissue *A* is related to the Gall Bladder Meridian then tissue *B* is related to the Liver Meridian, *A* could be related to the Spleen Meridian and *B* related to the Stomach Meridian. This is the husband / wife relationship within each of the Five Elements.

The Eight Extra Meridians are paired as shown below:

- Central – Governing
- Vital – Belt
- Mobility Yin – Mobility Yang
- Regulating Yin – Regulating Yang

Balancing out one end of the see-saw should balance out the other end simultaneously. This phenomenon has some obvious advantages. For example, the antagonist to the Vastus Medialis Tendon is the Pubic Cartilage. The same nutrition will balance both tissues. Working with the series of emotions for one of the tissues should balance the other. However, doing the biokinetic exercise for Vastus Medialis Tendon, whether it is hypotonic or hypertonic should help balance the Pubic Cartilage also.

You might be wondering, why is it important to balance out a cartilage, fascia, disc or tendon? Symptoms occur whenever a specific tissue is out of balance. When that tissue goes back into balance the symptoms disappear. For example, on one occasion I was eating a raw salad when I suddenly had severe abdominal cramping. I muscle checked to see if I was allergic to any of the ingredients and discovered that I was temporarily sensitive to carrots. I looked up carrots in the index to the *Allergies: How to Find and Conquer* book put out by the Biokinesiology Institute. The following six tissues were listed:

- Abductor Hallucis Medial Head #2
- Obliquus Capitis Inferior Upper
- Bulbocavernosus Tendon
- Semitendinosus Tendon
- Iliacus
- Serratus Posterior Superior #1 Tendon

I circuit located each, found that the Iliacus muscle was out of balance, did the biokinetic exercise for this muscle and my intestinal cramping disappeared immediately.

As an aside; some might not be comfortable balancing people to eliminate allergies, so let me give you another perspective. Allergies are just one of many symptoms that a person can manifest when a specific tissue is out of balance. Therefore, you can use the allergen to identify a specific tissue which, when balanced, can eliminate many symptoms the person may be manifesting. I remember working with a woman who had tailbone pain for about three weeks and a long-standing milk allergy. I circuit located seven different tissues that could result in sensitivity to milk products and found the Coccygeus Extensor muscle bilaterally weak. The symptoms John Barton listed with this muscle are:

- Allergy to milk products, alfalfa sprouts
- Allergy to Alfalfa, Laxative, Comfrey-Pepsin, Kelp, Herbal Diuretic (These five products are all supplements from the Douglas Cooper company).
- Gas.
- Disorientation.
- Tailbone pains. Malalignment of tailbone. Tailbone bent forward too far.
- Teeth on edge?
- Temporal headache.

I balanced this tissue by working with emotions. Muscle testing now indicated that the sensitivity to milk products was gone and her tailbone pains had disappeared. She was so excited that she went upstairs, woke her husband up, and showed him how she could bounce up and down on the side of their bed, free of pain!

Back to the Quadriceps

While a muscle such as the Latissimus Dorsi, Teres Major or Teres Minor behaves as a single muscle regarding nutrients, emotions and primary meridian, some other muscles can be subdivided further. For example, although we in TFH regard the Anterior Serratus as a single muscle, in BK John Barton found it to be a group of nine distinct muscles and their tendons related to at least 12 different meridians. In BK Serratus Anterior #3 is the same as the muscle test we do in TFH and it is associated with the Lung Meridian.

The four muscles of the Quadriceps group are generally recognized as four distinct muscles. However, the Rectus Femoris is attached by two separate tendons at its origin – namely Rectus Femoris Straight

Head tendon and Rectus Femoris Reflected Head tendon. The two tendons and the two parts of the Rectus Femoris muscle to which they connect behave as four quite distinct units, with different emotions and meridians. They are so close together that the same biokinetic exercise that would balance one should balance all four simultaneously. The distinction is important, however, because the symptoms related to each are quite different. As an example:

- **Rectus Femoris Straight Head Tendon:** Allergy to every food except figs, raisins, potatoes, citrus. Knee pains. Difficulty in raising legs while walking. Sensitivity to polluted water.

- **Rectus Femoris Reflected Head Tendon**: Allergy to apricots, honey. Weak legs. Malaise. Pain in occipital bone. Posterior (occipital) headache.

Before, I mentioned that balancing one end of the see-saw will balance the other at the same time. The following example illustrates how useful this can be. The antagonist tissue to Rectus Femoris Reflected Head Tendon is Bulbocavernosus Tendon. In the book, *Allergies: How to Find and Conquer*, John Barton lists the following symptoms for this tendon:

> **Bulbocavernosus Tendon:** Allergy to proteins, yogurt, cheese, nuts, grains, curly dock, carrots, cabbage, broccoli, rice, legumes, garlic, Iron (Cooper's supplement), cats. Gas. Runny nose. Pain during intercourse. Tailbone plexus out of balance. Pain in the tailbone area. Headache or tenderness in the back of the head. Temporal headaches (Sphenoid bone). Sacral pains. This muscle is frequently traumatized during birthing.

Considering that this tendon is on the pelvic floor for women, one can immediately see the advantages of balancing out the other end of the see-saw, i.e. Rectus Femoris Reflected Head Tendon!

Biokinetic Exercises for the Quadriceps

A. Rectus Femoris Straight Head & Reflected Head; Vastus Intermedius

1. Stand with your feet about 1-½ feet apart, pointing feet forwards.
2. Bend forwards from the hips until your body is horizontal.
3. Grasp your knee caps and pull them upwards, keeping your knees locked backwards.
4. Rest for one minute.

B. Vastus Lateralis

1. Stand with your legs about 2 feet apart and turn your left foot in 45˚.
2. Hyperextend your knee, bending forward and slightly to the left and pull firmly up on the knee cap.
3. Rest for one minute.
4. Repeat for right leg.

C. Vastus Medialis

1. Stand with your feet about 2 feet apart; turn your feet out about 80˚.
2. Bend forward at the hips while keeping your upper torso straight and pull up on your knee caps.
3. Rest for one minute.

References

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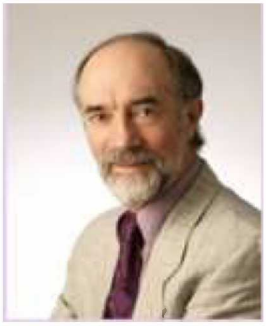

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