

Kinesiology

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Kinesiology

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Writing a book and seeing it published is never a lone enterprise, although the name on the cover is of just one person – me.

There are many people who have contributed to this book without knowing it over the twenty plus years I have been involved in kinesiology. I have learnt from people who have taught me, from conference speakers, from books and journals I have read, from people I have met at workshops and conferences, from the students I have taught and, of course, from the many clients I have seen.

There are also people who have helped me specifically with this project. Many of them are mentioned by name in the book, but I'd also like to mention here Joyce Couper and Terry Larder, who have helped broaden my knowledge and understanding of the kinesiology systems I have not been exposed to myself. When I was unsure, I was able to check with them the accuracy of some of the things I wanted to say.

My partner, John Payne, has supported me throughout the process and has read and re-read the manuscript many times, reducing my errors and adding to the clarity of what I have written. Discussion with him about concepts and procedures, as ever, has been valuable and thought-provoking.

I hope this book will help promote kinesiology as a therapy that can totally change people's lives. It has done this for me.

I do not cover every kinesiology system in this book, but omission should not be taken to imply that a particular kinesiology system is unimportant or without value. From my own training I know more about some kinesiologies than others. For those I know less about I have had to rely on studying training manuals and/or talking to teachers and practitioners. Some kinesiology systems seem to have an abundance of people who wanted to communicate with me and help me understand about their kinesiology, whereas for others I found it difficult to make any useful contacts.

Legislation varies from country to country on the health claims practitioners are allowed to make. Claims of therapeutic benefits that are considered legitimate in one country may not be allowed in another. In addition, due to legislative changes a claim or comment made at the time the client was seen might now be deemed illegal.

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Introduction

Let me first tell you how to pronounce it. It is kin-easy-ology, although a few people pronounce it kine-easy-ology. There are many different kinesiology systems, but they all use the same basic tool - muscle testing, also called muscle monitoring.

The word kinesiology means 'the study of movement' and was originally used to describe a field of medicine concerned with the working of joints and muscles. There are still people known as kinesiologists who work in conventional medicine, particularly in North America.

Since the 1960's, other systems of kinesiology have evolved from it, based on the work and insights of an American chiropractor, Dr George Goodheart. These are the therapies we will be looking at in this book.

Muscle testing is a painless procedure involving the practitioner applying gentle pressure to specific parts of the body (often arms and legs) to test the response of the underlying muscle. The particular part of the body involved is placed in a specific position in order, as far as possible, to isolate the muscle that is being tested. The muscle will either easily be able to resist the pressure from the practitioner or will give way. The kinesiologist uses this response to access information about what is happening within the body and what is needed to improve health and wellbeing. (See page 14 for a more detailed explanation.)

This amazing tool was developed by George Goodheart into a system that became known as Applied Kinesiology. Subsequently John Thie took elements of it and developed a system called Touch for Health, which was designed for use by people without any formal medical training to use in their homes and with their families and friends in both a preventive and in a restorative way.

Over the years many people in many different countries have learnt Applied Kinesiology and/or Touch for Health. Some of them have gone on to develop their own kinesiology systems either for use by the general public or, more usually, by practitioners. (See page 46 onwards). They offer a wide variety of approaches and techniques but all share the same tool - muscle testing (muscle monitoring). Each kinesiology reflects the experience, knowledge and interest of its creator. All kinesiology systems also share many basic concepts and techniques and many of these are covered in this book.

Kinesiology produces more than its fair share of miracles for a therapy that is so casually dismissed by some as being rubbish, bizarre, silly, and only of interest to the gullible and the desperate.

You will read about some amazing things in this book that cannot be explained by current scientific and medical knowledge. Some improvements in symptoms may happen anyway, some may happen because of the placebo effect (see page 44), but there are others that defy any conventional explanation: animals or children too young to understand what was happening or clients who were sceptical or had a rigid scientific background. Kinesiology has

attracted practitioners and developers with rigorous scientific backgrounds including doctorates (PhDs) in solid state physics (Diego Vellam, see page 79), in physiological psychology (Jimmy Scott, see page 84), in geology (Wayne Topping, see page 173) and biology and physiology (Charles Krebs, see page 50) and a research scientist in molecular biology (Barbara Grimwade, see page 81). Susan Eardley has been awarded a doctorate by Southampton University (UK) for her work showing the effectiveness of one kinesiology system in the management of chronic low back pain (see page 136). People with a medical background have also become deeply involved and committed to kinesiology, including Bruce Dewe (see page 136), a medical doctor, and Helen Bradley (see page 164), a speech and language therapist.

I have been involved in kinesiology for more than twenty years and during that time I have often met people who have said something to me along the lines of: I'm a scientist so, of course, I can't accept this. What an unscientific attitude to dismiss something without investigation, assuming that it cannot be correct because it does not fit current understanding.

Some critics dismiss kinesiology and similar therapies, claiming it attracts the woolly-minded and will not stand up to real scrutiny. In fact, kinesiology attracts people who are prepared to assess what they see objectively and without preconceptions.

History/Origins Of Kinesiology

The originator of kinesiology muscle testing as we know it was a US chiropractor called George Goodheart. His work ultimately resulted in a system now known as Applied Kinesiology.

George Goodheart & Applied Kinesiology

I am indebted to an article on the history of kinesiology on the web site of the International College Of Applied Kinesiology (www.icak.com) for some of the information in this section.

Although Dr Goodheart is recognised as the founder of kinesiology as a therapeutic system, the original work in this field was done by an orthopaedic surgeon, R.W. Lovett, in the 1920's. He developed a system for testing and grading the functioning of muscles. This work was further developed and systematized by Henry and Florence Kendall, who published a book in 1949, entitled *Muscle Testing And Function*.

In the early 1960's George Goodheart developed this work further. His first major insight was into the relationship between back pain and weak muscles. At that time back pain was understood to occur as a result of muscle spasm. Treatment was, therefore, focussed on relaxing the tense muscle or muscles. Goodheart saw back pain occurring as a result of muscular weakness. In his view muscle weakness (or inhibition as it is known technically) results in an associated muscle becoming tight, resulting in pain. From this understanding it follows that the muscle that needs attention is the weak muscle, as the tight muscle is a response to, not a cause of, the problem. As the weak muscle is corrected, the tight muscle lets go of its tension.

Goodheart's next major insight came when he examined a patient who was unable to work because of shoulder instability. He observed nodules in the muscle insertion and he applied heavy pressure with his fingers to reduce these nodules. Immediately afterwards the man was able to move his shoulder in a way he had not been able to do for fifteen years. Goodheart checked other patients and found that many responded to this vigorous stimulation at either the origin or insertion of the weak muscle. At the time it was believed that this was correcting micro-tears in the muscle fibres. This procedure became known as the origin/insertion technique (see page 38).

Goodheart also found that particular symptoms were often related to weaknesses in particular muscles. He then amalgamated his research with the work done in the 1930's by Frank Chapman, an osteopath. Chapman had examined the bodies of patients hospitalised for a range of problems. He found that people often had tender nodules on their bodies. These nodules were in the same place for people with similar symptoms, although not necessarily in the physical area of the problem. Chapman discovered that if he massaged the tender places on the body, the area would stop being tender and people's health often improved. He believed that he had found an internal switch or switches for each organ of the body and that stimulation of these points lead to a draining of the organ via the lymph system.

Goodheart found that these lymphatic points related to muscles: a particularly tender set of nodules (mapped by Chapman as relating to a particular organ system) would also correspond with a particular weak muscle or muscles. Massaging the tender nodules lead to a strengthening of the muscle and an improvement in symptoms associated with that organ. These nodules subsequently became known as neurolymphatic points (see page 37).

Goodheart also used the work of Terence Bennett, a chiropractic physician. Working in the 1930's Bennett had identified pulse spots that, when activated, improved blood supply to specific organs of the body and enhanced their function. These points, which were mainly on the head, became known in kinesiology as neurovascular points (see page 37).

In the 1960's Goodheart published a paper entitled "Chinese Lessons for Modern Chiropractic". He had found that pressing on acupuncture points could bring about changes, and so he concluded that needles were not essential for obtaining a positive result.

By now Goodheart had identified different ways of strengthening weak muscles using:

- Origin/insertion massage
- Neuro lymphatic points
- Neuro vascular points
- Acupuncture points

Initially Goodheart had seen muscle weakness as a sign of injury within the muscle and that the origin/insertion massage was correcting this. Gradually he had come to realise that muscle weakness could be an indicator of a less localised, more systemic problem. He had also discovered that using these muscle strengthening techniques often led to a corresponding improvement in the vitality and health of a body organ.

Goodheart understood that muscle testing could act as a language between the doctor and patient, and that if he worked to strengthen muscles, other health problems would improve or even disappear. This series of insights really opened up the depth and breadth of his work.

Goodheart then turned his attention to nutrition. He found that some foods and vitamin supplements would consistently strengthen particular muscles, so he began carefully to record his findings. He also looked at the importance of cranial bones to the health of the body. Microscopic movement in these bones allows for the proper flow of cerebro-spinal fluid.

By 1968 he had a coherent system, giving him various techniques he could use to bring about better body functioning and improved health. Although he was having a lot of success at strengthening muscles, he often found it difficult in cases where bilateral muscles were involved. This is where the same muscle on both sides of the body tested weak. Eventually he found the problem was often vertebral fixation (restricted movement of groups of vertebral segments). Goodheart found a specific chiropractic adjustment would often be the key to relieving this problem. Goodheart went on to identify other procedures that could be safely used by chiropractic doctors.

In 1974 he had another major insight which resulted in a procedure that became known as therapy localisation (see page 31). He found that he could use an indicator muscle (see page 18) to find an area of the body that needed attention. The patient touched an area of their own body with their hand, while he tested any muscle. If the area touched needed therapy, the muscle would weaken (if it had previously tested strong) or strengthen (if it had previously tested weak). Goodheart also found that, once the correct therapy had been applied, there would no longer be a change in the muscle (from strong to weak or from weak to strong).

This can seem a little confusing: the chiropractor tests a muscle and finds it tests weak, applies a therapy and the muscle still tests weak. But here it is important to realise that the muscle is being used as an indicator and is not being tested for its own integrity as in all of Goodheart's earlier work.

Goodheart gave the name Applied Kinesiology (AK) to his system. In 1976 The International College of Applied Kinesiology (ICAK) was established to promote research and the teaching of applied kinesiology muscle testing.

The ICAK describes Applied Kinesiology in this way:

... a system which evaluates the structural, chemical and mental aspects of a person, has attracted doctors from all fields of health care. It utilizes standard muscle testing, as well as other accepted methods of diagnosis. Nutrition, diet, manipulation, acupressure, exercise and education are used therapeutically to help restore well-being.

Before studying Applied Kinesiology, practitioners have training in other specialist health modalities such as medicine, osteopathy, chiropractic or dentistry, but not everyone in these professions is also an Applied Kinesiologist. People who satisfactorily complete the ICAK training are known as ICAK diplomates.

John Thie & Touch for Health

John Thie was also a US chiropractor and he trained with Goodheart, and they became personal friends. Thie wanted Goodheart to develop a kinesiology syllabus for non-chiropractors, one that could be used by chiropractic assistants, nurses and even lay people. Thie and his wife Carrie had for a long time had a desire to help families be healthier through natural methods. Thie kept encouraging Goodheart to write a book aimed at ordinary people and using some of the techniques from applied kinesiology on a self-help basis. In the end Goodheart told Thie to write the book himself. Thie realised that writing a book aimed at lay people needed a lot of thought. Meanwhile he and his wife started to run seminars in these techniques, and gradually participants came to them and said they would like to be able to teach the information to others.

While the book was being written, the Thies taught the first nine prospective teachers. Thie found additional help via his chiropractic practice. A patient of his, Mary Marks (a writer), Mary's mother, Pat Gill (an anatomical artist) and her husband, (a graphic artist) helped with various aspects of the book.

Originally the Thies called the system Health From Within, but (at Pat Gill's suggestion) changed the name to Touch for Health. The first book was printed in 1973 and was hugely successful, so was quickly reprinted.

John Thie had envisaged chiropractors using applied kinesiology and the public using Touch for Health coming together in a spirit of co-operation and harmony:

I originally believed, as I helped to organize the ICAK and wrote the Touch for Health book for lay and paraprofessional use, that there would be one Kinesiology organization whose membership would include professionals from all medical specialties, paraprofessionals in the healing arts and lay teachers of the Touch for Health classes.

(www.touch4health.com/history.html)

Thie organised seminars, but gradually the chiropractors stopped attending, and the members of the ICAK (International College of Applied Kinesiology) decided that membership of their organisation should be exclusively for professionals who were licensed to diagnose. This excluded many paraprofessionals and TFH lay teachers.

In 1975 the Touch for Health Foundation was established and the training programme expanded rapidly. Some of the people who learnt Touch for Health began to expand and systematise it in different ways, creating new modalities with new names.

Touch for Health continued to grow and teachers took the information to other countries, including Argentina, Australia, Brazil, Canada, Germany, Ireland, Japan, the Netherlands, New Zealand, South Africa, UK, Russia, Switzerland and the Ukraine. The TFH book was translated into Braille, Danish, Dutch, French, German, Italian, Japanese, Portuguese, Polish, Slovak, Russian Spanish and Swedish. TFH Associations were also set up in many countries to promote Touch for Health.

In 1990 the Touch for Health Foundation was closed, as John and Carrie Thie decided to step down from such active involvement in the promotion of TFH. The International Kinesiology College based in Zurich Switzerland took over the certification of TFH trainers.

Nevertheless John Thie continued to work and produce new insights and ideas. In 1992, for example, in the revised Touch for Health manual he described a new way of correcting bilateral muscle inhibition. Up to this time the most effective correction for this problem had been a chiropractic adjustment, which was unsuitable for non-chiropractors. Thie called the new procedure spinal reflex technique (see page 37.)

Touch for Health (see page 160) remains a system designed for people to use with family and friends, although some kinesiologists and other practitioners will use aspects of it in their practice.

Other Kinesiologies

Some of the people who attended Touch for Health classes went on to develop their own branch of kinesiology, taking the original concepts in different directions. Although Touch for Health itself was aimed at the general public, many of these new kinesiologies became

oriented more to the professional practitioner seeing patients or clients. Over the years further kinesiologies have been developed building on aspects of different existing kinesiologies. There is more information on these different kinesiology systems starting on page 46. Some of the techniques and concepts from these different kinesiology systems have fed back into the basic Touch for Health teaching.

There are fundamental differences between Applied Kinesiology practitioners (ICAK diplomates) and other kinesiologists. Applied kinesiologists have formal medical training in chiropractic, osteopathy, dentistry, medicine, etc., whereas other practitioners may not have a medical or physical manipulation background. AK practitioners are licensed to diagnose and treat medical conditions, whereas most other kinesiologists work with imbalances and stress.

Confusingly some people use the term 'applied kinesiology' as an umbrella term for all kinesiologies, covering those such as ICAK members who are licensed to make a medical diagnosis and other practitioners who are not. The ICAK has legal rights to the trademark Professional Applied Kinesiology and the term PAK.

The word kinesiology itself is open to confusion, as it is also used to describe the regulated health profession that focuses on physical activity with a strong basis in science and medicine. This is particularly prominent in the USA.

Subtle Energy, Elements, Meridians & Muscles

In order fully to understand about muscle testing and what goes on in a kinesiology session, it is necessary first to understand something about subtle energy and the other concepts in this section. All kinesiology systems work with meridians and elements, but not all systems make use of some of the other concepts that are described.

Energy

Many kinesiologists talk about 'energy'. Sometimes they mean the usual definition of this – action, force, vigour, but more commonly it is short for subtle energy. The Concise Oxford Dictionary defines subtle as: 'tenuous or rarefied.... evasive, mysterious, hard to grasp or trace... making fine distinctions'. Subtle energy is a loose term used to describe any energy that is not specifically recognized and categorized by conventional scientific knowledge.

In her book *Energy Medicine* Donna Eden describes this energy as:

... the common medium of the body, mind and soul. Its wavelengths, rates of vibration, and patterns of pulsation form their shared vocabulary.

Just as the body has a physical system, it is understood by Chinese Medicine and Ayurvedic practitioners to have a subtle energy system, not recognised in general by science and medicine. The subtle energy system interacts with the physical body, but its essence is vibrational rather than physical. Other subtle energy concepts include subtle bodies, chakras, nadis and, most importantly for an understanding of kinesiology, meridians.

Some kinesiologies (such as Integrated Healing) work explicitly and extensively with the subtle energy system, whereas others (for example Applied Kinesiology) focus on working with meridians.

Subtle Bodies

Almost everyone recognises that human beings are not just physical bodies, but many traditions and therapies have a complex theory of subtle bodies to explain this additional 'something'. There is some disagreement about how many subtle bodies there are and what they are called. Most writers on this subject accept that, as well as there being a physical body, there is also an etheric body, an astral or emotional body, one or more mental bodies and a spiritual body. Many systems include additional bodies. Because of the inter-relation between the bodies, when one of them is disturbed, it affects the other bodies and can lead to physical problems and psychological distress.

Chakras

In Sanskrit chakra means 'disk' or 'wheel', which is how the chakras often appear to clairvoyants. Chakras are viewed as subtle energy centres linking different parts of the subtle energy system together. Some kinesiologies make little use of the concept of chakras, whereas others (such as Optimum Health Balance) make extensive use of them.

Most writers in this field believe that there are seven major chakras: the base chakra, the abdominal chakra, the solar plexus chakra, the heart chakra, the throat chakra, the brow or third eye chakra and the crown chakra. There are also many minor chakras, known as nadis. Each chakra is seen as having particular characteristics (such as emotional qualities, colour, sound, and so on) associated with it. Each chakra is also linked to a particular organ of the endocrine system. So, for instance, the throat chakra is related to the thyroid gland (located in the throat) and is associated with the emotions of shyness and paranoia. The brow chakra is associated with the pituitary gland (the master gland of the hormonal system) and with the emotions of anger and rage. Chakras also have other qualities, so, for example, the brow chakra is also associated with intuition.

Acupuncture Meridians

The meridian system is a central concept for most kinesiology systems. Meridians were first identified by Chinese practitioners thousands of years ago. They are seen as forming a subtle energy grid that supports and integrates the different aspects of each individual: physical, emotional, mental and spiritual. The meridian energy system distributes Chi energy or life force to the body and this energy carries with it (or possibly even is) information to allow all the parts to function harmoniously. Imbalances in this system can lead to acute or chronic ill health, as the life force energy is not fed correctly to the tissues and cells of the physical body.

In classical oriental medicine there are fourteen major meridian lines. There are two meridian lines on the midline of the body: the governing vessel running up the back of the torso, and the central or conception vessel running up the front of the torso. The other twelve meridians all run bilaterally on the surface of the body. These meridians are named after specific organs (e.g. the liver meridian, the small intestine meridian), but are not necessarily on or near the named organ. For example, the lung meridian runs down the inner arm to the thumb, one meridian on each arm.

The 14 meridians are:

- Central Meridian
- Governing Meridian
- Stomach Meridian
- Spleen Meridian
- Heart Meridian
- Small Intestine Meridian
- Bladder Meridian
- Kidney Meridian
- Circulation-Sex Meridian
- Triple Warmer Meridian
- Gall Bladder Meridian
- Liver Meridian
- Lung Meridian
- Large Intestine Meridian

The acupuncture meridians may relate directly to the health of the internal organ associated with it, although it is possible for the meridian to be out of balance and yet the related organ to be healthy. However if a meridian is continually out of balance it is likely that the organ itself will eventually be affected.

There are various points along each of the acupuncture meridians, and skilled practitioners can ‘feel’ the location of these points. These points have also been mapped electronically. They are the points that are needed in an acupuncture session. The points are numbered starting with number 1. So, the central meridian runs up the midline of the torso from point 1 (known as central Vessel 1 or Cv 1) at the perineum to Cv 24 just below the lower lip on the midline.

The number of points on each meridian can vary, although where the meridians are bilateral, the meridians are mirror images of each other. So, in the case of the lung meridian, point 1 (Lung 1 or Lu1) is on the upper front of the chest close to the top of the arm and Lu 11 is on the thumb. The left side meridian starts with Lu1 on the left side and ends with Lu 11 on the left thumb; the right-sided meridian starts with Lu1 on the right side and ends with Lu 11 on the right thumb.

Acupuncturists insert fine needles into these points, whereas kinesiologists use other methods, including touching or tapping. Whatever technique is used, the aim is the same: to balance the flow of energy within the meridians.

For a long time the power of acupuncture was dismissed by Western medicine, because acupuncture theory did not fit with the medical understanding of how the body functions. However, gradually some doctors began to find that acupuncture could work for pain relief. As the body of evidence for the success of acupuncture with adults, babies and animals mounted, medical researchers began to consider the possibility of these subtle energy concepts more carefully, although many feel acupuncture works through the nervous system in some way. In fact, the reality of meridians and acupuncture points is becoming more evident in the availability of electrical devices which are used to locate acupuncture points. The electrical resistance of acupuncture points seems to be lower than that of the surrounding skin area. This suggests a real physical presence for acupuncture points.

Meridians And Muscles

In kinesiology each meridian is associated with one or more muscles. For example, the central meridian is associated with the supraspinatus. The spleen meridian is associated with five muscles: latissimus dorsi, lower trapezius, middle trapezius, opponens pollicis longus and triceps. Each of the basic fourteen muscles used in kinesiology (see page 17) is related to a meridian, so in testing the muscle you are also accessing information about that meridian:

Basic Fourteen Muscles	Meridian
Supraspinatus	Central
Teres major	Governing
Pectoralis major clavicular	Stomach
Latissimus dorsi	Spleen
Subscapularis	Heart
Quadriceps	Small Intestine

Peroneus	Bladder
Psoas	Kidney
Gluteus medius	Circulation-Sex
Teres minor	Triple Warmer
Anterior deltoid	Gall Bladder
Pectoralis major sternal	Liver
Anterior serratus	Lung
Fascia lata	Large intestine

Acupuncturists feel pulses to establish which meridians are out of balance, whereas kinesiologists use muscle testing, working with the meridian-muscle connection to establish which meridians need attention. So, for example, if the psoas muscle unlocks when muscle tested, it means (among other things) that there is likely to be an imbalance in the kidney meridian.

Elements

In traditional Chinese Medicine the material world is seen to be made up of five elements:

- Wood
- Fire
- Earth
- Metal
- Water

The five elements interact and have specific relationships with each other. Each element also has a relationship with a season, a stage in the life cycle of humans and animals. Particular elements are more prominent at particular times of the year and at particular times of our lives. Each element also has specific emotions, sounds, colours, taste, parts of the body, etc. associated with it. There are particular questions associated with each element. An individual can have too much or too little of an element within their life and their body. An imbalance in a particular element is likely to result in specific types of illnesses.

The wood element is associated with spring, with birth and the early years of life. It is also associated with the colour green and with rancidity, sourness and anger. A wood-type question is: Do you have enough roots to sustain your growth; and enough fuel to sustain your passions? People suffering from repeated imbalances in the wood element are likely to suffer from headaches, conjunctivitis and anxiety.

By contrast the fire element is associated with summer, the colour red, bitterness (both as a taste and an emotion) and joy. Once again it is possible to have too much or too little of this element in your life. Fire questions include: Are you too cold, unable to be passionate? Fire element imbalances can lead to insomnia, hearing problems and a lack of joy in life.

Earth is the element associated with late summer, the colour yellow, dampness, humidity, sweetness and the emotions of sympathy and empathy. People who have too little of the earth element in their life are selfish and focussed solely on what they want. People who have too

much are constantly at the beck and call of others, putting others needs before their own in an unhealthy way.

The metal element is associated with grief, white, autumn, dryness and pungency. Questions associated with this element include: Are you too hard on yourself? and What have you lost? It is also associated with rationality, precision, self-control and a tendency to pessimism.

The water element is associated with decline and the end of life. It is also associated with the winter months. This element is associated with fear. It is important to have a certain amount of fear in life, otherwise we would put ourselves into unnecessary danger, but too much fear and anxiety can be stifling. The colour blue is associated with the water element, so wearing more blue may bring this element back into balance. However, if there is too much energy in water, reducing the amount of blue worn is likely to be beneficial. A cool climate is associated with this element too.

Each element is said to be the mother of (or the creator of) the one that follows. So, wood creates fire, which creates earth which creates metal which creates water which creates wood. The cycle continues and continues with no element being any more important than any other element. This is known as the creation cycle.

There is another important cycle known as the control cycle:

- Wood controls earth
- Earth controls water
- Water controls fire
- Fire controls metal
- Metal controls wood

These two cycles are used by many kinesiologists in the work they do to help rebalance the energy system.

Yin And Yang

Yin and yang are fundamental concepts in the oriental view of the world. Everything manifests through an interplay of opposites: yin and yang. Everything has yin and yang qualities within them, but the balance between yin and yang varies. Yang qualities include expansiveness, dryness, masculinity, lightness, heat and hollowness. Yin qualities include femininity, receptivity, darkness, coolness and solidity. Each meridian is seen to be predominantly yin or predominantly yang. Each yang meridian needs its paired yin meridian for its completion. Each yin meridian needs to be balanced by its paired yang meridian.

Each meridian flows in a particular direction. In general yin meridians flow from the feet towards the head, and yang meridians flow from the head to the feet.

Each pair is also linked to an element, except for the fire element which has four meridians associated with it:

Element	Yang Meridian	Yin Meridian
Wood	Gall Bladder	Liver
Fire	Small Intestine Triple Water	Heart Circulation-Sex
Earth	Stomach	Spleen
Metal	Large Intestine	Lung
Water	Bladder	Kidney

Some kinesiology systems focus on the traditional five elements, but others, such as Applied Physiology and Health Kinesiology also include the central and governing meridians and treat these as a separate element.

Eight Extra Meridians

Some kinesiologists also work with eight extra meridians. These are believed to be the first meridians that develop in the foetus and carry the baby’s genetic inheritance. They run deep within the body and provide the other meridians with life force energy. Wayne Topping (see page 173 has developed muscle tests involving these eight extra meridians, which allow the five element meridians to be balanced at the same time using emotions, nutrients, biokinetic exercises (see page 43), etc.

Aura/Auric Field

Aura, or auric field, refers to a field of subtle, luminous radiation surrounding a person. Some people believe they can see this. Some kinesiologists will test for the strength of the person’s aura and may scan the aura looking for holes in the energy field that need repairing, although other kinesiology systems do not consider the aura at all.

Energetic Cords/Karmic Strings

This is another concept that is not part of some kinesiology systems. Where it is used, the understanding is that there are connections between people that directly affect a person’s health and well-being. One person may try consciously or subconsciously to bind someone else to them and dictate the course of the other person’s life. These terms recognise that this can operate at an unseen, energetic level as well as more obviously through verbal communication and behaviour. These energetic connections can come about as a result of an argument not satisfactorily being resolved or a parent not allowing a child to become independent or, some practitioners would argue, from a past life encounter.

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