

Health Kinesiology

by

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(excerpts only)

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GLOSSARY

Excerpts

What Is Kinesiology?

Kinesiology is the healing system from which health kinesiology developed. 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, but, since the 1960's, other systems of kinesiology (including health kinesiology) have evolved from it.

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 strength 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, an American chiropractor, developed this work further, when he realised that muscle weakness could often be rectified, at least temporarily, by massaging the beginning and end of the weak muscle, a procedure that came to be called the origin/insertion technique. Goodheart also recognized that particular symptoms were often related to particular muscle weaknesses. He then integrated his insights with the work done in the 1930's by Frank Chapman and Terence Bennett. Chapman had found that, if he massaged certain tender places on the body, the area would stop being tender and people's health often improved. He related these to the lymph system of the body. The lymph system is part of the immune system of the body: massaging these points leads to an increase flow of lymph. Bennett found specific points (mainly on the head) that, when held, would lead to an increase in blood flow in the body. George Goodheart recognized that massaging Chapman reflex points and holding Bennett reflex points could also affect the response of the muscles. He now had three different ways of strengthening muscles: massaging the beginning and end of weak muscles, massaging points to increase lymph flow and holding points to increase blood flow. Goodheart also found that, if he worked to strengthen muscles, other health problems would improve or even disappear.....

Why Do People Consult A Health Kinesiologist?

They may be physically ill and want some help with their problems. Health kinesiologists have successfully treated people with a wide range of physical problems. Clients may have been through a whole range of medical tests and have no diagnosis for their symptoms. They may be anxious to reduce their dependence on drugs. They may be emotionally distressed and want help with depression, anxiety, panic attacks, lack of self- confidence, etc. An athlete may be seeking to enhance performance. A parent may be worried about a child's poor school report. A manager may be stressed by his or her workload. An accident victim suffering pain and emotional trauma, or a person who cannot see the way forward may follow up a recommendation and consult the nearest HK practitioner. People from all walks of life find an answer within health kinesiology for their needs. They respond to a system that respects the body's own inner knowledge about itself and its problems....

How Long Before The Client Notices An Improvement?

Many practitioners will also muscle test to see what benefit the client can expect to see before the next appointment. Sometimes there will be no specific benefit, because the work needs to be processed, and the healing needs to occur over a longer period of time. The work may be of a preliminary nature, and so the client will not be aware of any positive benefit. Sometimes the client will notice a gradual improvement over the next few weeks and months. Sometimes nothing will appear to happen, and then suddenly one day there will be a dramatic improvement.

Some clients, however, notice an immediate, dramatic benefit from the treatment.

One client got off the couch and said to me: "I didn't feel anything." I explained that some clients do not experience anything while they are lying on the couch but that does not mean that they will not get better. She said: "No, I didn't mean that. What I meant was that I experienced no pain when I got off the couch." She had had a hip replacement operation seven years earlier and told me, when I was taking the case history, that she had simply changed one constant pain (from her damaged hip) for another constant pain (the artificial hip). She was extremely surprised and excited that she had been able to get off the couch without experiencing any pain.

What Will The Improvement Be?

Health kinesiologists do not predict the future, but they can use muscle testing to establish the likely outcome of the session. Prediction involves being able to see into the future, whereas the HK practitioner uses muscle testing to project what will happen if everything occurs as expected.

So the practitioner can ask questions such as:

- Will the client notice any improvements in their existing symptoms as a result of the treatment?
- Will the client notice any mental benefits (e.g. increased concentration, better memory) as a result of the treatment?
- Will the client have more energy as a result of the treatment?
- Will the client feel more confident as a result of the treatment?

These questions allow the therapist to estimate when the person will be well and how they will experience the benefit. This is a difficult skill to acquire, and it also does not take into account circumstances that may change which the therapist cannot foresee....

Meridian Analysis

Meridian analysis is another way of structuring the energy work. The previous three ways (client specified issues, HK tested issues and overall body sequence) are the most common ways of working, but sometimes meridian analysis is most appropriate.

If meridian analysis is chosen, it means that the best way to help the person is by looking at the synchronization, energy and information exchange and feedback between the different acupuncture meridians. As well as energy flowing *through* the meridians, it also flows from the meridian to the cells of the body and *between* meridians, connecting everything in a unified whole.

A good example of meridian analysis is the work I did on Mike Collins.

Mike came to see me because he had been diagnosed as having a slightly over-active thyroid gland. He had been given medication by his GP and that was beginning to help, but the GP was still talking about the possible need for surgery. Mike's first appointment was in July and I did not see him again until the December because his job takes him out of the country a lot.

On the first visit his energy system chose meridian analysis: the large intestine meridian was not able to receive energy and feedback properly from the triple warmer meridian. On the second visit his energy system again chose meridian analysis, but this time the focus was that

the gall bladder meridian was not able to receive energy and feedback properly from the triple warmer meridian. The triple warmer meridian is concerned, among other things, with the health of the thyroid. It is interesting that in both sessions the energy system said the problem was not with the triple warmer meridian itself, and by implication not with the thyroid gland itself. The over-activity of the thyroid gland was a symptom of problems elsewhere in the energy system. The problem was with the meridians that should have been receiving energy from the triple warmer meridian: large intestine and gall bladder. So the work we did focused in the first session on making the large intestine meridian able to accept the triple warmer meridian energy. In the second session the work focused on the gall bladder meridian. Another way of looking at this is to say that in Mike's case there was nothing wrong with the thyroid energy: it was hampered in its job because other parts of the energy system were not working correctly, causing an over-energy state in the triple warmer meridian. This fits with the thyroid gland being overactive.

BBEI Corrections

A particularly powerful yet simple technique in health kinesiology is the BBEI correction. BBEI stands for body brain energy integration, and this wording reflects the fact that this type of disturbance affects the connection from the body to the brain.

BBEI corrections deal with primitive fears, set up in early life, that hinder the smooth transmission of energy between the body and the brain. These primitive pre-language fears begin either in the womb or during birth or before two months of age. I suspect that after two months of age the baby's brain is sufficiently developed to stop the possibility of distressing events affecting its functioning in this way. Although these are fears, they do not include phobia-type fears such as a fear of spiders. Phobias are psychological fears and are corrected using psychological procedures (see page 00).

The BBEI correction procedure is very simple and straightforward. The practitioner has a list of the most common BBEI items. Having established, through muscle testing, which of the items need correcting during the session, the practitioner holds the specific BBEI reflex points while the client thinks the words, for example *fear of not being free*. The client thinks these words over and over again; sometimes the words will generate images or emotions, sometimes they will not.

Examples of typical BBEI items:

- *fear of being abandoned*
- *fear of not being loved*
- *fear of not being able to know what I want*
- *fear of not being able to breathe*
- *fear that I won't be good enough*

Obviously the foetus or baby does not think in these terms: this is adult wording for these primitive feelings. When the client thinks *fear of being abandoned*, for example, it recreates energy stresses similar to that experienced by the baby or foetus.

BBEI fears can be set up as the foetus or young baby responds to its environment. People usually have many of these types of fears. This does not necessarily mean that they had a difficult start in life, but simply reflects the baby's inability to analyze and understand what is happening. For example, when the baby is hungry, it does not have the concept that this will only last for a short time because someone will feed it, so *fear of hunger* can be set up. If the bedclothes accidentally cover the baby's face, it does not have the ability to remove them, and so *fear of suffocating* can begin.

BBEI fears can also start because of the mother's experiences. The psychological stress of the mother gets transferred to the foetus and a BBEI fear starts for the baby.

Practitioner John Payne saw a ten-year-old boy, who had difficulty going to bed and sleeping. Various corrections were done including a BBEI *fear of being falsely blamed*. At first his mother said: "Oh yes, that seems just like him; he's always saying he gets blamed when it's his brother's fault." After a few moments she said: "It could be more about me, because, when I was pregnant, my husband and his family blamed me for almost everything. I couldn't do anything right almost from the time we met." The child soon stopped being difficult about going to bed.

Julie Flower went to see practitioner Sandie Lovell. As part of the work Sandie found that she needed to do some BBEIs on Julie. One of these was *fear of water*. As Julie started to think the item, she started to see detailed images of three children in 1940's style clothes, playing in a pond with a tractor tyre as a makeshift boat; the little girl fell into the pond and was very upset, as she could not swim. Julie subsequently found out that her mother had had such an experience when she was six years old, but had never told anyone about it.

Books By Jane Thurnell-Read

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ISBN 978-0-9542439-7-5, Life-Work Potential Limited, 2011
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Nutritional Testing For Kinesiologists And Dowzers

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Verbal Questioning Skills For Kinesiologists

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