

The Divergent Meridians and Miasmatic Nosodes

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ABSTRACT

Meridians were first correlated to muscles in 1970 by Dr. George Goodheart. Therapy Localization was likewise discovered by the aforementioned researcher in 1974. Therapy localization to the pulse points allows access into the primary channel system. Therapy localization to the pulse points combined with cervical spine rotation allows entrance into the divergent channel system.

Miasm is both a hereditary and/or acquired predisposition to disease and was first correlated by Samuel Hahnemann, M.D. He stated that miasms were the cause of chronic disease.

The divergent meridians were correlated to the miasms via Applied Kinesiology protocol by this author utilizing the specific miasmatic-nosode remedies. A seventh divergent meridian was discovered via the fourth pulse point which was added by Dr. Goodheart.

INTRODUCTION

Meridians are channels of energy discovered in the orient and form the foundation of acupuncture. The divergent meridians are deeper than the main meridians. They balance yin/yang in the interior and internal organs as well as strengthening the connection between yin and yang. The classical twelve divergent channels are paired to form what is known as the six confluences.

Therapy localization (T.L.) to the pulse points while turning the head will allow communication with the divergent meridians since they all emerge at the cervical spine where they join their associated main channel.

Miasms are the hereditary and/or acquired predisposition to disease requiring a specific trigger to initiate a chronic or acute disease. They form the

foundation of homeopathy which was discovered in the occident. Dr. Hahnemann originally described three miasms; currently they have been expanded to six. These six miasms have specific nosode remedy correlations. Nosodes are homeopathically prepared remedies from diseased products. The pulse point therapy localization with head turn will be negated by the appropriate miasmatic-nosode remedy.

DISCUSSION

ACUPUNCTURE

Oriental medicine dates to the origins of human history. China entered the clan commune period approximately 100,000 years ago. This primitive period may be divided into the old stone age (antiquity to 10,000 years ago), and the new stone age (10,000 to 4,000 years ago). A bian needle has been found in Mongolia and Shandong province dating to the new stone age period. Hieroglyphs of acupuncture appeared on tortoise shells during the Shang Dynasty (three thousand years ago). Bronze needles appeared during this time as well as yin/yang philosophy and the five elements. During the feudal age (475B.C. to 24 B.C.) iron, silver, and gold needles were developed of nine different shapes and uses. During the warring states period (475B.C. to 221 B.C.) meridians were recorded on silk scrolls. Emperor Huangdi's book Internal Classic (which includes the Miraculous Pivot and Plain Questions) summarizes the theory of acupuncture from previous history. In the Three Kingdom Period (220-265 A.D.), Dr. HuangFi Mi compiles one of the most influential books entitled Systematic Classic of Acupuncture and Moxibustion. The Ming Dynasty (1368-1644A.D.) showed tremendous development and organization of acupuncture including an extensive collection and revision of available literature, summarization of manipulation methods, formation of warm moxibustion, and development of new categories of extra points away from the fourteen basic channels. It was during the Qing Dynasty (1644-1840 A.D.) that an official order was given (1822) to permanently abolish acupuncture from the Imperial Medical College; herbs were considered superior. The revolution of 1911 further depressed the development and teaching of acupuncture. However, a book on electro-acupuncture in 1934

appeared written by Tang Shicheng. In 1945 the first acupuncture clinic was established in a hospital. The first official government sponsored course was in 1948. The first institute of acupuncture affiliated with the ministry of public health was in 1951. The 1970's demonstrated the rapid correlation of acupuncture with neuroanatomy, histology, biochemistry, anesthesiology and surgery. Acupuncture was disseminated to Korea, Japan, and India in the sixth century, and later to Europe in the sixteenth century. In 1975 by request of the World Health Organization international courses have been given in various locations throughout China.

Qi is the fundamental substance constituting the entire universe. It denotes both the essence of the human body and its function via the Zang-fu organs. Qi permeates all parts and is the root of the human body. Qi promotes function, warms, defends, regulates, is transforming and nourishing. The source of Qi may be considered congenital and acquired. Qualitatively Qi may be differentiated into Primary Qi; Pectoral Qi; Nutrient Qi; and Defensive Qi. Primary Qi (Yang) is from congenital essence, takes root in the kidney and promotes functional activities. Pectoral Qi (Zung Qi) is a combination of inhalation and food essence. It involves both the heart and lung functions. Nutrient Qi (Ying Qi) is derived from food essence involving both stomach and spleen. It functions to make blood and provide nourishment. Defensive Qi (Wei Qi) is from food essence and it circulates outside the blood vessels. It defends the body against exogenous factors. According to Manaka, "Qi does work, is the result of work done, and is the medium of regulation." Qi therefore equals information!

Qi and blood are the foundation for the function of the body. Qi is Yang while blood is Yin. Blood is the mother of Qi and Qi is the commander of blood. Both originate from essential Qi in kidney and acquired Qi from food. Qi provides motive force and is warming. Blood provides nourishment and is moisturizing. Body fluid and blood arise from the same origin. Both are Yin, designed to nourish and moisten. Qi differs from body fluid in form, nature, and function. Formation, distribution, and excretion depends on the circulation of Qi.

“Yin and Yang reflect all the forms and characteristics existing in the universe.” according to the Book of Changes. This theory was formed in ancient China. Yin and Yang are applied to express dual and opposite properties and based on the properties of water (Yin) and fire (Yang) everything may be classified. The Qi of the body is either Yang (moving and warming) or Yin (nourishing and moistening). Yin and Yang are both opposite and interdependent. Physiologic balance is maintained through the opposition of Yin and Yang. Yin is related to nourishment while Yang to function; therefore Yin remains inside and Yang remains outside. If the balance between Yin/Yang is not maintained resulting in excess or deficiency then disease is produced. Yin and Yang may be divided into three subdivisions each. The Zang organs are Yin and the Fu organs are Yang. The Zang-Fu organs transform food and water into nutrients acting together to protect and support the organism maintaining a balance within the body. The occurrence of disease results from a loss of this balance. Yin/Yang is the basis of differentiating syndromes by the eight principles. Yin is interior, cold, and deficiency. Yang is exterior, hot, and excess. Therefore the basic function of acupuncture is to balance this Qi between Yin and Yang.

There are six Zang and six Fu organs. The six Zang organs are the heart, lung, spleen, liver, kidney, and pericardium. The six Fu organs are the brain, marrow, bones, vessels, and uterus. The Zang organs manufacture and store vital essence, Qi, blood, and body fluids. The Fu organs digest food, transmit and excrete waste. There is a structural, functional, and energetic connection by the meridians. This was known as Zang Xiang in ancient Chinese. The Zang-Fu organs are located on the inside of the body; however their physiology and pathology are reflected on the exterior. This is based on anatomy, physiology, pathology, and clinical experience dating back to antiquity in China.

Meridians are pathways which circulate Qi and blood. They run longitudinally and internally to the Zang-Fu organs while the collaterals run transversely and superficially. In Chinese they are termed Jingluo (meridians and collaterals). These pathways include (from deepest to superficial) the divergent, extraordinary, primary, luo-connecting, sinew or musculo-tendinous, minute collaterals and cutaneous. These channels are distributed internally and externally

transmitting Qi and blood to nourish the organs, skin, muscles, tendons and bones. According to the Miraculous Pivot, “so important are the meridians and collaterals which determine life and death in the treatment of all diseases and the regulation of deficiency and excess conditions that one must gain a thorough understanding of them.” The channels form the physiological interconnections that render the body an integrated whole. Furthermore the Miraculous Pivot states, “Nutrient Qi flows inside the meridians and defensive Qi flows outside the meridians, making the interior/exterior, upper/lower, right/left sides of the body in harmony and equilibrium. Therefore the entire meridian system serves as a series of barriers to prevent penetration of pathogenic factors. “The key point in acupuncture treatment is to know how to regulate Yin and Yang “and “acupuncture treatment must aim at regulating the flow of Qi,” Miraculous Pivot. According to Plain Questions, “A good Doctor will observe the patient’s complexion and feel the pulse, and thus take the first step in determining if it is a Yin or a Yang disease.” The basic function of needling is to adjust the Qi of Yin and Yang.

The divergent meridians run deeper than the primary channels and govern the inside of the body. The Yang divergent meridians depart from their respective primary channel, enter the Yang organ (and sometimes the associated Yin organ) after which they emerge at the neck joining their related primary channel. The Yin divergent meridians separate from their respective Yin primary channel with half connecting to their associated Zang organ, and then joining the related Yang primary channel at the neck. Therefore all divergent meridians connect with the Yang primary channels and emerge at the neck. (Figure 1) The divergent meridians have meeting points on the face and neck. (Figure 2)

The Bladder divergent meridian branches from the primary Bladder meridian in the popliteal fossa, goes to the rectum, ascending along the spine and connecting to the bladder and kidneys, disperses in the heart and then emerges at the neck to join the primary meridian. (Figure 3) The meeting point is Bladder 10. (Figure 2)

The Kidney divergent meridian separates from the primary channel in the popliteal fossa ascending to the kidneys and emerging at the neck joining the Bladder primary channel. (Figure 4) The meeting point is Bladder 10. (Figure 2)

The Gall Bladder divergent meridian separates from the primary channel on the thigh, it then enters the pubes converging with the Liver divergent meridian ascending to the liver, gall bladder and crossing the heart. It connects with the Gall Bladder primary meridian at the neck and then to the outer outer canthus of the eye. (Figure 5) The meeting point is Gall Bladder 1. (Figure 2)

The Liver divergent meridian separates from the primary channel of the foot ascending to the pubes converging with the Gall Bladder primary channel. (Figure 6) The meeting point is Gall Bladder 1. (Figure 2)

The Stomach divergent meridian separates from the primary channel on the thigh ascending to the abdomen entering the stomach, spleen and heart. It emerges at the neck uniting with the stomach primary channel and enters the eye. (Figure 7) The meeting point is either Stomach 1 or Stomach 9. (Figure 2)

The Spleen divergent meridian separates from the primary channel in the thigh and emerges at the neck joining the primary channel and enters the tongue. (Figure 8) The meeting point is either Stomach 1 or Stomach 9. (Figure 2)

The Small Intestine divergent meridian separates from the primary channel at the shoulder and enters the axilla crossing the heart it then ascends to the small intestine.(Figure 9) The meeting point is Bladder 1. (Figure 2)

The Heart divergent meridian separates from the primary channel in the axilla entering the heart; it ascends upward across the throat emerging at the face joining the Small Intestine divergent meridian at the inner canthus of the eye. (Figure 10) The meeting point is Bladder 1. (Figure 2)

The Triple Burner divergent meridian separates from the primary channel at the vertex of the head descending to the clavicle and joining the Three Burners dispersing in the chest. (Figure 11) The meeting point is Triple Burner 16. Figure 2)

The Pericardium divergent meridian separates from primary channel below the axilla entering the chest and joins the Three Burners. It ascends across the throat to the neck joining the Triple Burner divergent channel behind the ear. (Figure 12) The meeting point is Triple Burner 16. (Figure 2)

The Large Intestine divergent meridian separates from the primary channel at the shoulder entering the spine. It ascends to the throat and neck joining the primary channel. A branch descends from the supra-clavicular fossa connecting with the lung and runs downwards along the large intestine. (Figure 13) The meeting point is Large Intestine 18. (Figure 2)

The Lung divergent meridian separates from the primary channel at the axilla passing into the chest connecting with the lung and ascends to the throat joining the Large Intestine channel in the neck. (Figure 14) The meeting point is Large Intestine 18. (Figure 2)

In classical acupuncture, there are six pulse points and twelve divergent meridians. However, Dr. Goodheart added a fourth pulse point on the proximal thenar eminence. Therapy localization to this point accesses the Conception Vessel/Governing Vessel meridians. As with all the pulse points, therapy localization with head rotation accesses the divergent meridians. In classical acupuncture there are no divergent Conception/Governing Vessel meridians; as well as no distal fourth pulse point. However research conducted in the past by Dr. Goodheart as well as many others and currently by this author confirms the existence of this fourth pulse point. The meeting point for the Conception/Governing Vessel divergent meridians is Conception Vessel 24. (Figure 2)

In summary from the fifth chapter of Plain Questions, “A good Doctor will...feel the pulse, and thus take the first step in determining if this is a Yin or a Yang disease.” Therefore utilizing current technology, the pulse points are therapy localized with head rotation. The one pulse point that therapy localizes is the most deficient meridian. The muscle/meridian associations are identical to the original descriptions by Dr. Goodheart except that most of the time the muscles will not test weak in the clear but will exhibit repeated muscle activation

patient induced (RMAPI) weakness, that is, they will test weak after the patient contracts the muscle ten times. In addition, all the muscles related to both the Yin/Yang meridians will display this weakness pattern based on the particular pulse point therapy localization. For example, if the left classic distal pulse point therapy localizes with head turn, then all the small intestine and heart related muscles will demonstrate RMAPI pattern weakness. (abdominals, quadriceps, and subscapularis) This weakness pattern will be negated by the appropriate homeopathic miasmatic-nosode remedy in the 1M or 10M potency.

These pulse points are numbered and are related homeopathically and structurally as follows: the left proximal pulse point is number one and related to tuberculinum and the first rib, the right middle pulse point is number two and corresponds to medorrhinum and the second rib, the left middle pulse point is number three relating to carcinosin and the third rib, the left classic distal pulse point is number four relating to psorinum and the fourth rib, the right classic distal pulse point is number five corresponding to syphylinum and the fifth rib, the right proximal pulse point is number five relating to vaccinum and the sixth rib, and finally the fourth pulse point on the proximal thenar eminences is number seven relating to schirrhinum and the seventh rib. (Figure 15)

The divergent meridians run deep in the interior of the body and internal organs. They function to balance Yin/Yang in the interior of the body and in the internal organs. They also strengthen the connection between Yin/Yang organs. Another function is to balance Yin/Yang in the head. This is achieved by the upper meeting points of the divergent meridians. Four of the six meeting points are also window of heaven points. These points help to regulate the ascension and descent of Qi to and from the neck. (Figure 2) Additionally in Chinese medicine there are seven energetic layers. These run from superficial to deep as follows: skin, the space between the skin and muscles, muscles, membranes and fat tissue, sinews, blood vessels and bones. The relationship between these energetic layers and meridians are as follows: (from superficial to deep) superficial luo, luo, musculo-tendinous, primary, deep luo, and finally the divergent meridians. (Figure 16) Except for these meeting points the divergent meridians do not have points of their own. If the patient is dosed with the

appropriate homeopathic miasmatic-nosode at the appropriate potency and the meeting point is manually tapped several times, a strong indicator muscle will not weaken.

HOMEOPATHY

The concepts of homeopathy date to the dawn of western medicine itself. Hippocrates who is considered the father of medicine said; “By similar things a disease is produced and through the application of the like, it is cured.” The word itself, homeopathy, origins from classical Greek meaning equal suffering. The great Greek physician Galen who was considered the authority in medicine for over one thousand years wrote of “natural cure by likes.” The famous Swiss physician Paracelsus (Theophrastus Bombastus von Hohenheim) stated that “sames must be cured by sames,” and that diseased organs had its corresponding remedy in nature. Again in the seventeenth century, the Danish physician Dr. George Stahl said, “...I am convinced that disease will yield to, and be cured by remedies that produce similar affections.”

Dr. Samuel Hahnemann studied chemistry, botany, and languages before entering medical school in 1775 at Leipzig. He became disenchanted there and transferred to a hospital in Vienna to gain some practical experience. He received his medical degree in 1779 from the University of Erlangen. A book he had written in 1784 entitled Directions for Curing Old Diseases was published. In it he stressed proper hygiene, fresh air, sleep, regular exercise, and diet. In 1790, while translating a book by the Scottish physician, William Cullen, he read about Peruvian bark (Cinchona) used for treating malaria. He ingested this drug and immediately took on the symptoms of malaria; his feet and hands became cold, heart palpitations, drowsiness, thirstiness, trembling and a fast pulse. The symptoms abated when he stopped ingesting the drug. Thus he established the basic premise of homeopathy, Similia Similibus Curentur or let likes be cured by likes. In 1796 His essay New Principles for Ascertaining the Curative Power of Drugs was published. In it he stated, “...every effective remedy incites in the human body an illness peculiar to itself...one should apply in the disease to be healed,...that remedy which is liable to stimulate another artificial disease as

similar as possible, and the former will be healed.” In this same year; Dr. Edward Jenner introduced the concept of immunization to smallpox by transferring the infection of cowpox to an infected boy. Over the next year Hahnemann continued his observations and publications of same. The quintessential book of homeopathy entitled *The Organon of Rational Medicine* was published in 1810. It is still considered the authoritative statement on homeopathy. It has six editions and has been translated into many languages. In this he states that, “The only calling of the physician is to cure rapidly, gently, and permanently.” After the battle of Leipzig between Napoleon and the allies, a breakout of typhus occurred. The mortality rate for conventional treatment was 50%, while under homeopathic treatment out of 180 patients, only 2 had succumbed. These results were published and Hahnemann’s practice started to flourish as well as attracting other physicians interested in studying with him. These physicians carried out provings on themselves (ingesting toxic doses of drugs and noting very carefully all the symptom manifestations). These were published between 1811 and 1821 in six volumes entitled *Materia Medica Pura*. In it he stated, “It is the duty of physicians to distinguish subtle variations of every individual case - that is to specialize and individualize in each personal case, instead of treating the disease.” This is very similar to what Dr. Goodheart (the father of Applied Kinesiology) stated, “Diagnose the need, supply the need, and observe the results.” Persecuted unrelentingly by allopathic physicians, he moved from Leipzig to Kother. In 1812, *Chronic Diseases: Their Peculiar Nature and their Homeopathic Cure* was published in two volumes. In the second volume he referred to the vital force. In the *Organon* he had this to say, “In the healthy condition of man the spirit-like vital force, the dynamis that animates the material body, rules with unbounded sway and retains all the parts of the organism in admirable, harmonious, vital operation, as regards both sensations and functions, so that our indwelling, reason gifted mind can freely employ this living healthy instrument for the higher powers of an existence.” It is this energy that maintains life in the individual. In chiropractic it is called innate intelligence. Most importantly in this second volume he introduced the theory of miasms.

Miasm is from the Greek word *miainein*, which translates into defilement or to pollute. Dr. Hahnemann felt this was the cause of all chronic disease. According to Ortega, “an understanding of the miasmatic is, in our judgement, the ultimate concern of the physician, because it involves nothing less than a maximum understanding of the human, both with respect to the qualities which lead him to persist and to realize his full potential, and with respect to those defects which hinder him both with respect to those defects and failures which hinder him.” Grosso stated that, “When we say miasm we mean causes, the etiology of acute and chronic disease.” Miasm is not the disease itself but is the factor responsible for a disturbance in the vital force which allows the disease to manifest. These may be thought of as hereditary influence in the genetic codes. According to Trevor Cook, “The miasm is defined as a taint or stigmata, either inherited or acquired, which permeates every cell in the body and is then passed on genetically to each succeeding generation” and further “Thus, these chronic diseases lie dormant in the body – are susceptible – and can be activated according to our sensitivity. Miasms may be treated homeopathically with high or very high potencies to act upon the genetic code.” It is also now understood that miasms may be acquired via allopathic medication, blood transfusions, and vaccinations. Non-miasmatic diseases can be thought of as poor hygiene and/or pollution, allopathic iatrogenic treatment, and occupational hazards. Miasmatic diseases may be subdivided into acute and chronic. Acute miasmatic diseases may include any number of infections (viral, bacterial, parasitical, amoebic, worms, etc.). Chronic miasmatic diseases originally included three; sycotic (gonorrhoea), syphilitic, and psoric. A fourth miasm credited to both A. Nebel and H.C. Allen is known as tuberculinic. New miasms include both oncotic (caracinum and/or schirrhinum) and vaccinosis.

The first pulse point (left proximal wrist-kidney/bladder divergent meridians) is related to the tubercular miasm; the miasm of exhaustion. Body sweats, weight loss, depression, anxiety, insomnia, infection susceptibility, slow to recover, lung symptoms, arthritis, and other bone diseases. The homeopathic nosode correlation is tuberculinum. Tuberculinum is indicated in kidney and bladder afflictions, lung troubles, fatigue, symptoms changing constantly, skin

problems, trembling, epileptics, exhaustion, rheumatism, arthritis, and patients who are very sensitive mentally and physically.

The second pulse point (right middle pulse point-spleen/stomach divergent meridians) is related to the sycotic (gonorrhoea) miasm. The miasm of excess. Mucosal proliferation, condyloma, irritability, deep skin changes such as moles, lipomas, joint pain, digestive dysfunction, sex organ dysfunction, confusion/incoordination and hypertrophy of tissues. The miasmatic nosode is medorrhinum. Medorrhinum is indicated in edema, chronic pelvic disorders, rheumatism, sinus symptoms, trembling, collapse, phobias, suicidal tendencies, irritability, ailments tend to be chronic, feeling hopeless, nocturnal enuresis, enlarged tonsils, and difficulty in mental concentration.

The third pulse point (left middle pulse point-liver/gall bladder divergent meridians) is related to the new oncotic miasm. This new miasm correlation has been credited to Leon Vannier. This is the miasm of adaptive failure. Change in warts/moles, persistent indigestion, sores that do not heal, prolonged hemorrhage from any orifice, discoloration of skin, lumps, change in bowel or bladder habits, body odor, and any unusual discharges. The associated miasmatic nosode is carcinosin. Carcinosin is known to have a positive effect of all cases of carcinoma, glandular pain, offensive discharges, rheumatism, hemorrhage and pain.

The fourth pulse point (left distal pulse point-heart/small intestine divergent meridians) is related to the psoric miasm. This is the miasm of deficiency. This is the hypersensitivity miasm producing functional disorders such as eczema, psoriasis, skin rash and/or any skin itch with any skin symptoms, allergies, morning fatigue, hemorrhoids, and an overactive vital force. The miasmatic nosode remedy is psorinum. The drug picture is extreme sensitivity to cold, debility, immune reaction lacking, heart weakness, secretions and discharges offensive smelling.

The fifth pulse point (right distal pulse point-lung/large intestine divergent meridians) is related to the syphilitic miasm. This is the miasm of destruction. Chancres, skin ulceration, anxiety, memory loss, insomnia, premature aging,

muscle cramps/aches, cancer and neurodegenerative disorders. The miasmatic nosode is syphilinum. The syphilinum picture often displays morning debility, rheumatic pains, tendency to alcoholism, ulcerations, abscesses, feels as if going insane, increased salivation, and chronic inflammation of the eyes.

The sixth pulse point (right proximal wrist-pericardium/triple burner divergent meridians) is related to the new miasm of vaccinosis. (This new miasm is also called AIDS according to Harimohan Choudhury). This miasm classification may originally be attributed to J. Compton Burnett. This is the miasm of chronicity. "Vaccination has a profound disturbing effect on the health of an individual, particularly in relation to chronic disease," J. Compton Burnett, (March 1884). According to George Vithoulkas, "Whenever a vaccine is administered, it tends to change the electromagnetic vibration rate in the same way that a severe illness or allopathic drug does." Symptoms may include ARC (aids related complex) such as weight loss, swollen glands, malaise, sweats, fever, persistent diarrhea, persistent candidiasis, and neurologic disorders. The miasmatic nosode is vaccinum. This nosode is related to the symptoms of vaccinosis and chronicity of all health issues; skin, nerve, cough, indigestion, irritability, nervousness, chilliness, and headache.

The seventh pulse point (right and left wrists of the proximal thenar eminences-conception/governing vessel divergent meridians) is related to the oncotic miasm, but the homeopathic nosode is schirrhinum. This is a new miasm related to adaptive failure. The signs and symptoms are similar to the third pulse point but with some variations. Schirrhinum has proven invaluable in cases of worms, cancer, enlarged glands, varicosities, hemorrhages, along with a potential tremendous sinking sensation at the navel.

Nosode as defined by Yasgur's Homeopathic Dictionary is "The potentized homeopathic remedy prepared from diseased tissue or the product of disease. It can be used to prevent or treat a miasm, as well as for many other uses." Nosodes are the most important category according to Dr. Trevor Cook. Constantine Herring was the architect of homeopathy in North America and founded The American Institute of Homeopathy in 1835 which is the oldest

medical professional association in America. He was the first to suggest the use of nosodes. He also laid down Herring's Laws of Cure which states that healing occurs from above downwards, from within outwards, and from the most important organs to lesser important and in the reverse order of their appearance. This may involve a homeopathic aggravation and is frequently encountered in practice. According to Trevor Cook, "Putting it very simply this may be viewed as the induced similar symptoms of the artificial disease being superimposed momentarily over the symptoms of the natural disease before mutual elimination-the law of similars in action." This process is based on provings. Yasgur's Homeopathic Dictionary defines proving as "The process of determining the medicinal/curative properties of a substance. This process involves the administration of substances in either crude form or in potency to healthy human subjects in order to observe and record symptoms." Furthermore according to G. von Keller "...A drug proving produces an illness called pathogenesis...this artificial illness is also transmitted to the patient. It is stronger than the natural illness which it replaces and causes to vanish." These provings are recorded down in a book called a Materia Medica.

The Arndt-Schultz law states that the function of the drug dose is inversely proportional to the effect of the drug. Therefore a small stimulus stimulates life activity, large doses impede life, and very large doses destroy life. The potency for the miasmatic-nosodes is usually either 1M or 10M. A 1M potency is the same as 1000c. A 1c potency is 1 part mother tincture and mixed with 99 parts of liquid containing 87% alcohol and percussed releasing the kinetic energy. Therefore, lower potencies act more superficially for acute conditions and higher potencies act on the mental or chronic conditions at a deeper level.

ACUPUNCTURE AND HOMEOPATHY VIA APPLIED KINESIOLOGY

"When educated intelligence can communicate with innate intelligence, a point at which the not-too-distant future may hold, then a correct diagnosis and treatment will be made and rendered", -D.D. Palmer. Utilizing the process of therapy localization to the pulse points with head rotation (since the divergent meridians end at the neck) will access the divergent meridians. The one pulse

point that therapy localizes (T.L.) will be the most deficient meridian at that moment in time. The correct miasmatic-nosode correlation (Figure 15) will negate the positive therapy localization to the pulse point. The appropriate remedy is usually in the 1M or 10M potency. Before dosing the patient, have them hold the vial of the remedy under the chin near the symphysis menti (it is not possible to test the remedy on the tongue as it immediately treats the patient); this should not weaken a strong indicator muscle. Then tap the associated meeting point (Figure 2). If it does not weaken the strong indicator muscle, it is the correct remedy and potency. If holding the homeopathic remedy under the chin does not weaken the strong indicator muscle but it weakens while tapping the affiliated meeting point, then the remedy is correct but the potency is not. Once the remedy has been chosen based upon pulse point therapy localization with head rotation and verified by manual muscle testing while tapping the appropriate meeting point, dose the patient with one capful under the tongue. Have the patient avoid all sources of mint and/or mint products as there is a possibility of negating the treatment. The associated muscle/meridian weakness patterns, either weak in the clear or more commonly repeated muscle activation patient induced (RMAPi) will be negated after dosing the patient with the appropriate miasmatic-nosode /divergent meridian remedy correlation. Most Applied Kinesiology findings will now be eliminated after the patient walks a short while. If the attending physician waits too long before checking the original Applied Kinesiology findings the patient may go into an all Yin response (all muscles manually testing weak) for a period of time. Wait from one to six weeks before treating the patient again checking the pulse points with head rotation. This appears to be very similar to the concepts of Dr. Ortega, one of the most respected homeopaths in all Latin America. He stated that over time several different remedies must be used treating each layer as it presents rather like peeling an onion before the patient can be cured.

CONCLUSION

The divergent meridians run deep in the interior of the body emerging at the neck. They balance Yin/Yang in the interior and internal organs. These

meridians may be accessed by combining therapy localization to the pulse points with head rotation.

According to Hahnemann, the founder of homeopathy, miasm is the cause of all chronic disease. This may be inherited and/or acquired. It is the factor that is responsible for a disturbance in the vital force. Specific homeopathic remedies known as nosodes are related to specific miasms.

The divergent meridians are related to miasms, and may be treated with the related specific high potency nosode; confirmed by Applied Kinesiology protocol. As the founder of Applied Kinesiology stated, "Fix what you find." This ultimately will help to lead a human being toward the final goal of continuous and complete harmony of structure, chemistry, emotion, and spirit.

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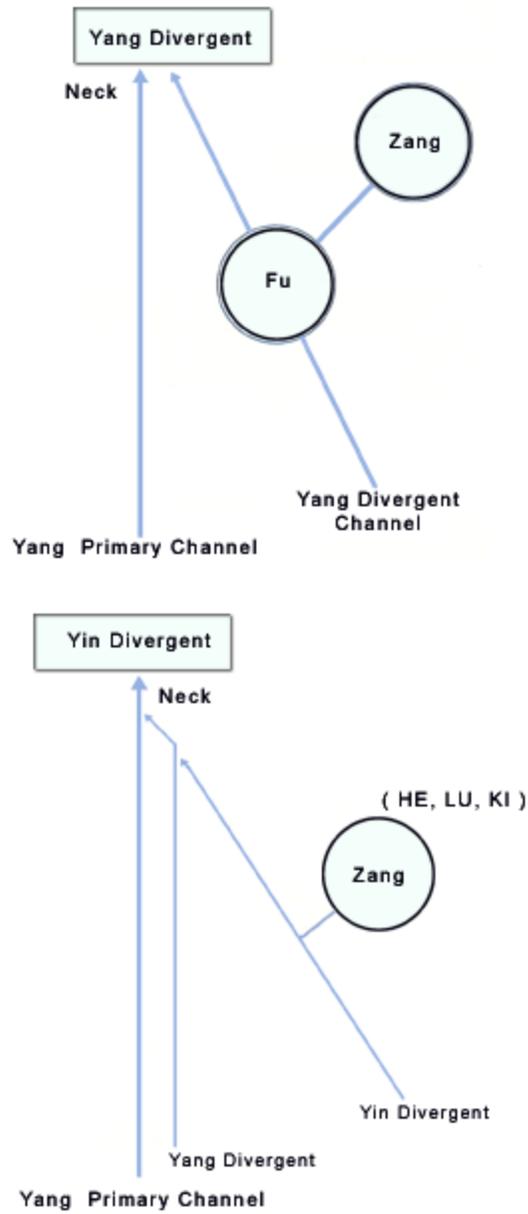
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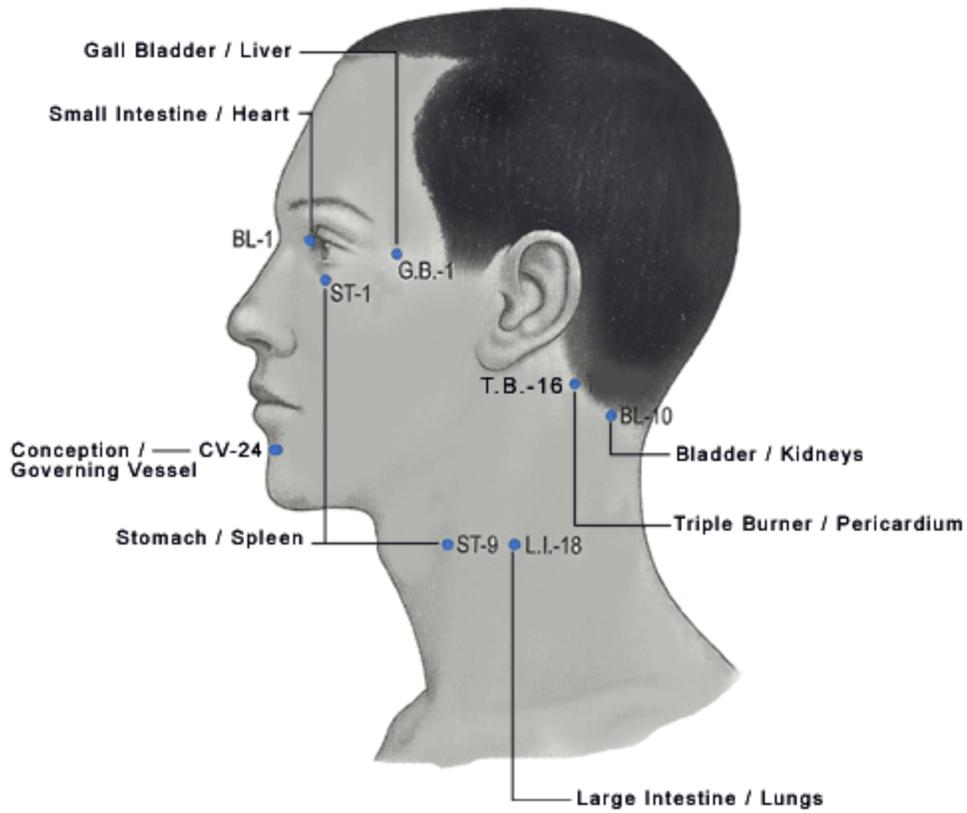
Figure 1



Divergent Meridian Pathways

(After Maciocia)

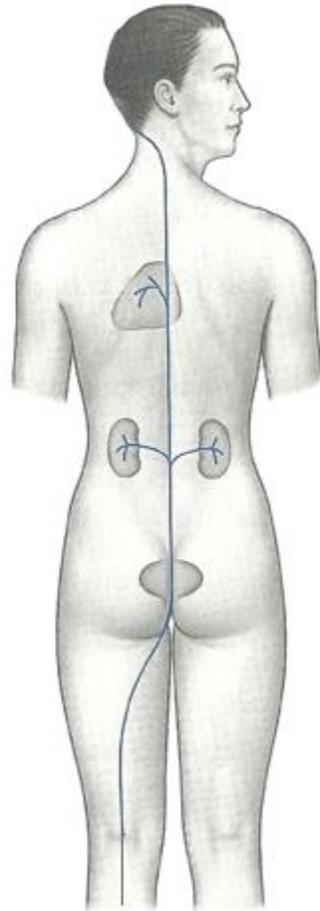
Figure 2



Meeting Points

(After Maciocia)

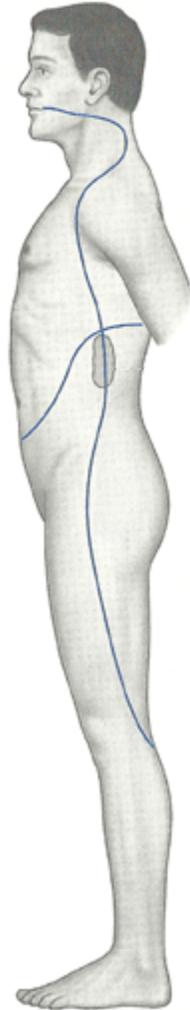
Figure 3



Bladder Divergent Meridian

(After Maciocia)

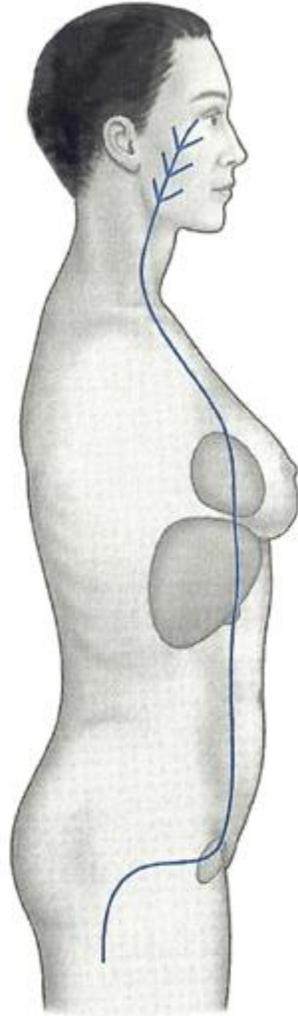
Figure 4



Kidney Divergent Meridian

(After Maciocia)

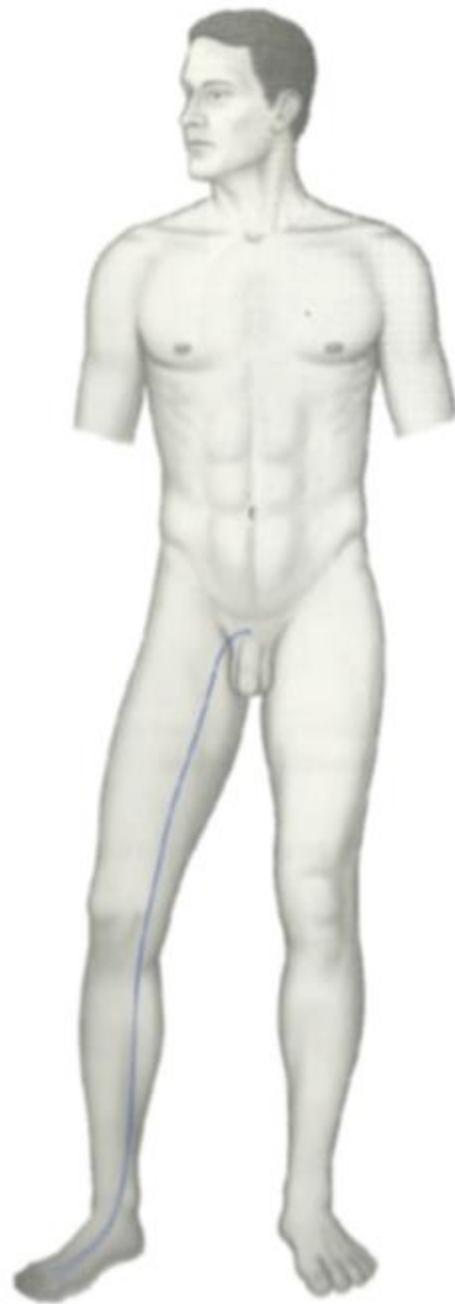
Figure 5



Gall Bladder Divergent Meridian

(After Maciocia)

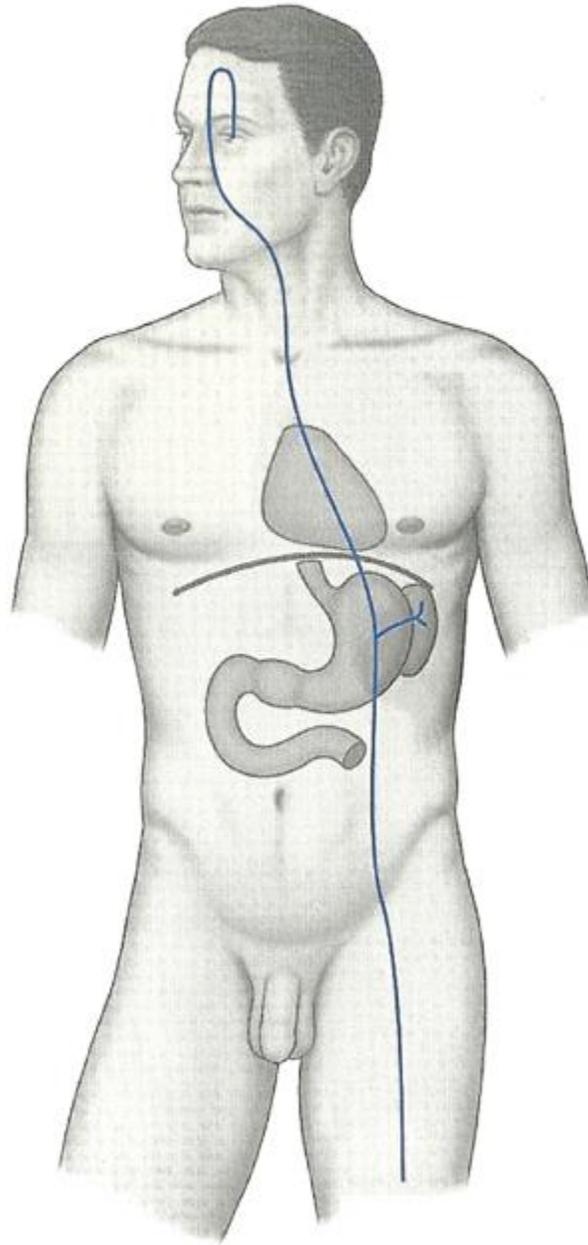
Figure 6



Liver Divergent Meridian

(After Maciocia)

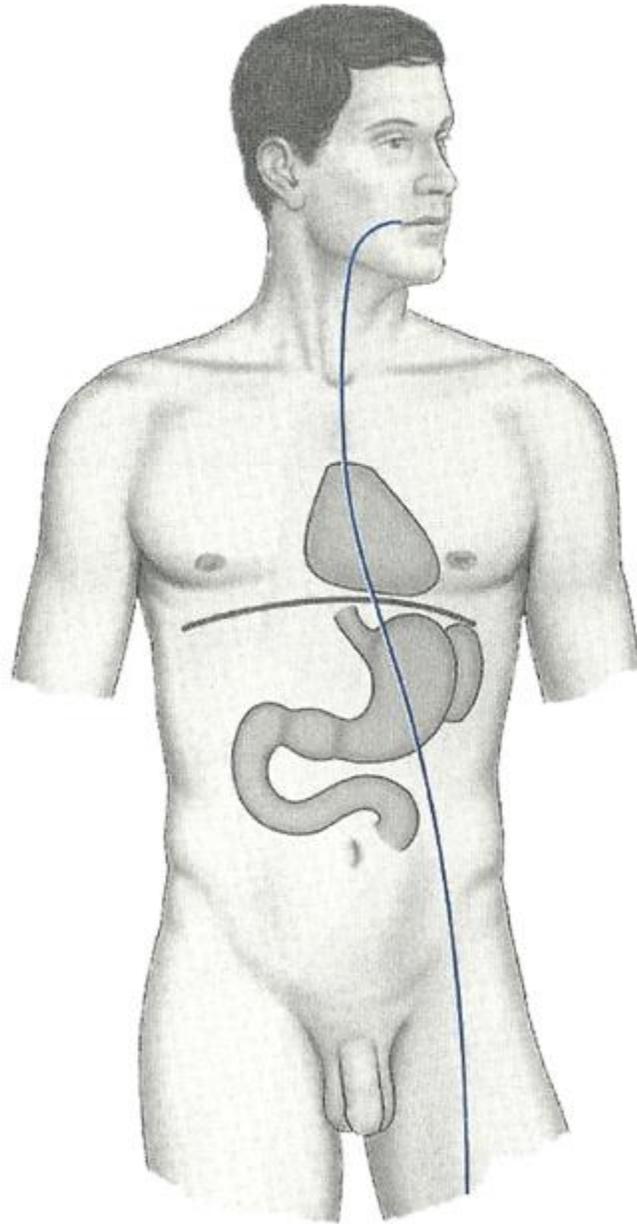
Figure 7



Stomach Divergent Meridian

(After Maciocia)

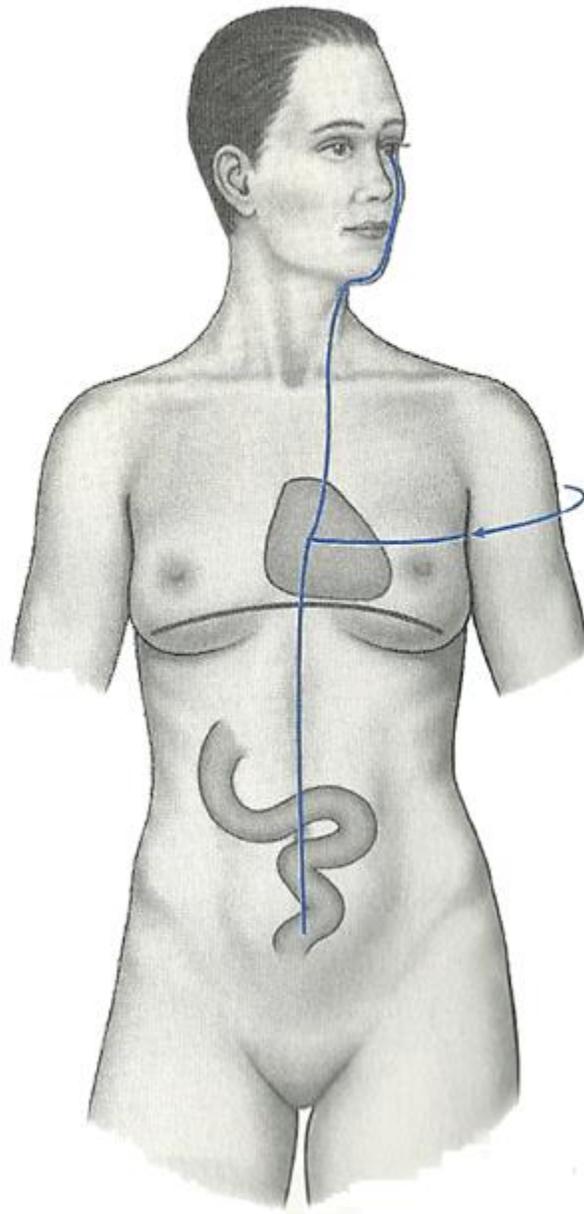
Figure 8



Spleen Divergent Meridian

(After Maciocia)

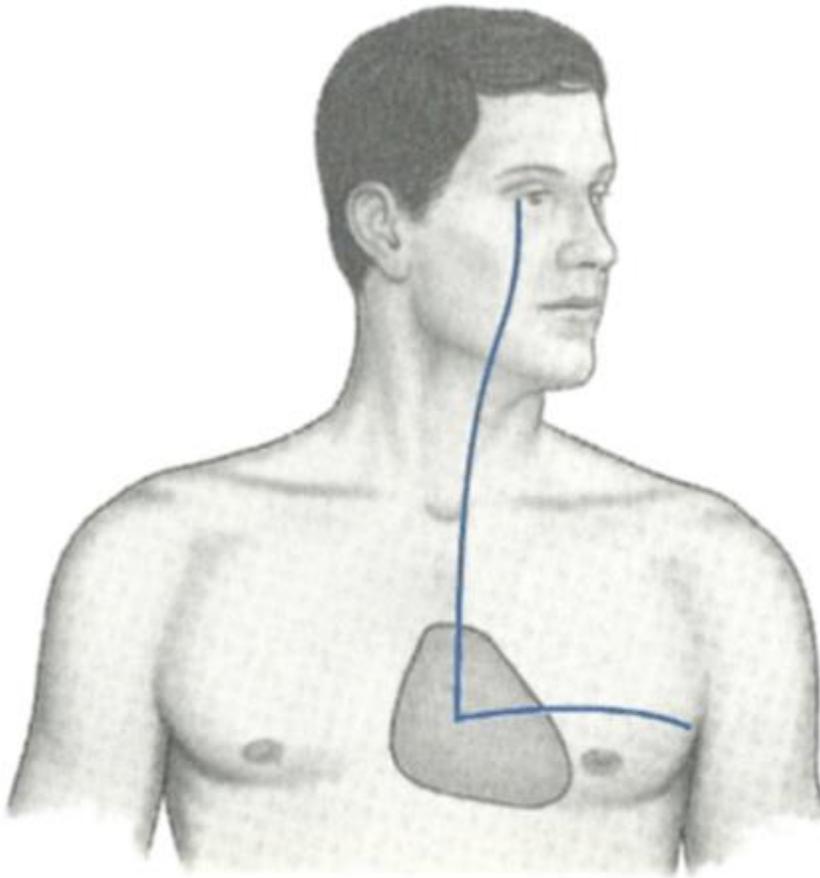
Figure 9



Small Intestine Divergent Meridian

(After Maciocia)

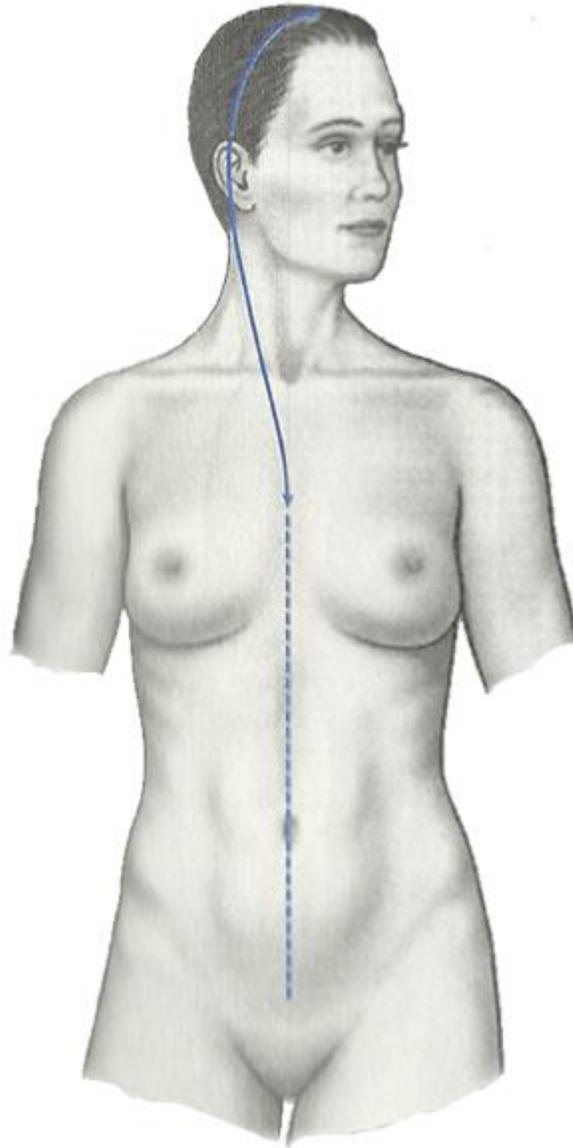
Figure 10



Heart Divergent Meridian

(After Maciocia)

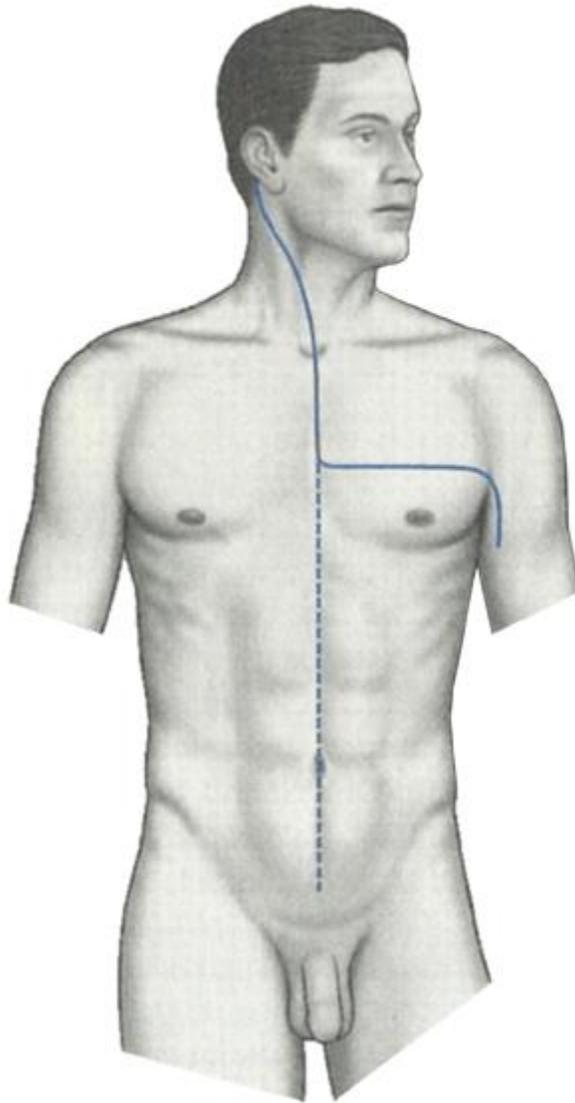
Figure 11



Triple Burner Divergent Meridian

(After Maciocia)

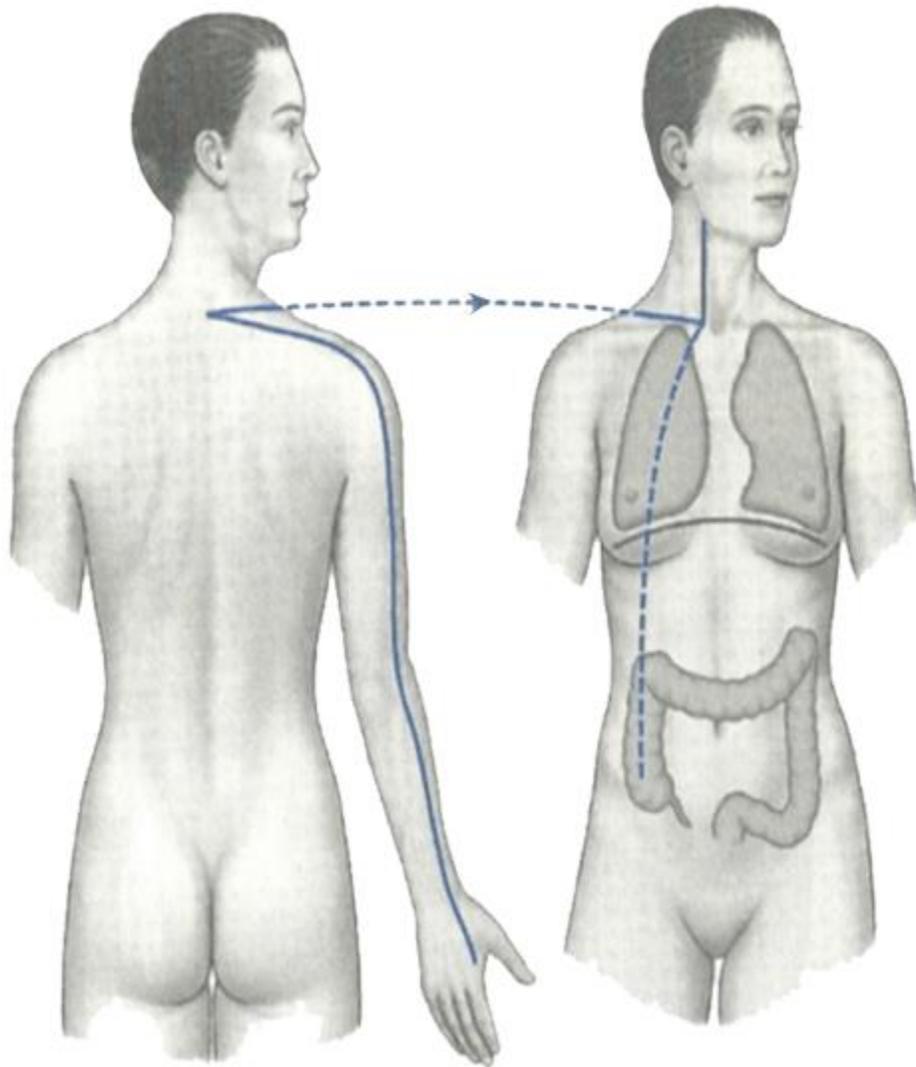
Figure 12



Pericardium Divergent Meridian

(After Maciocia)

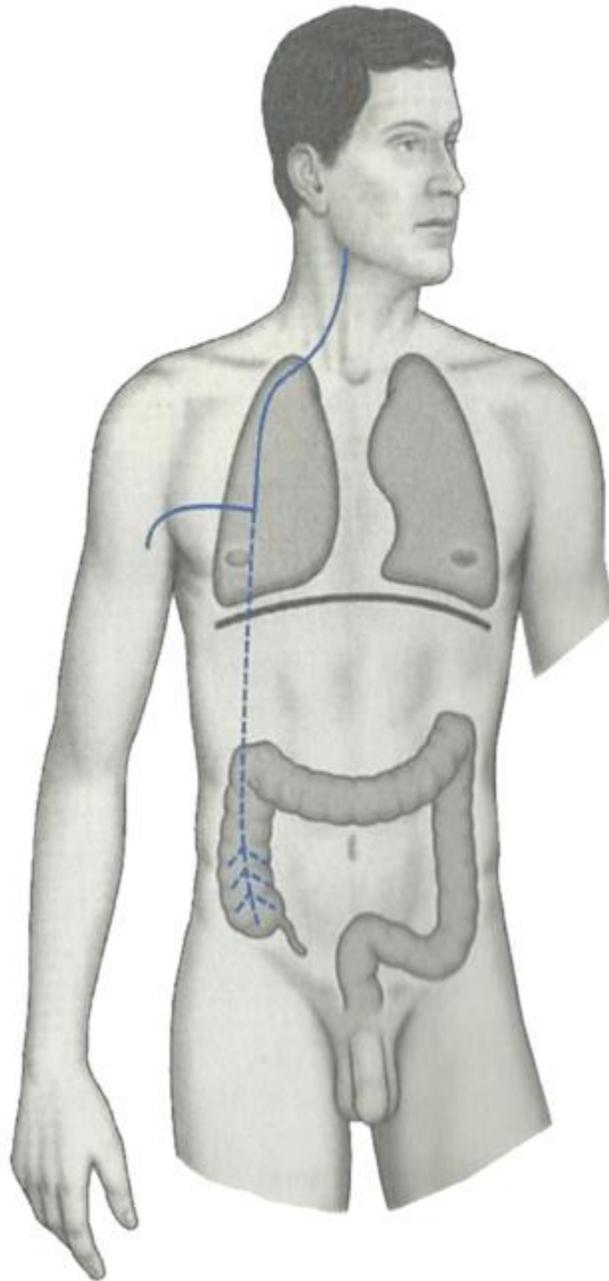
Figure 13



Large Intestine Divergent Meridian

(After Maciocia)

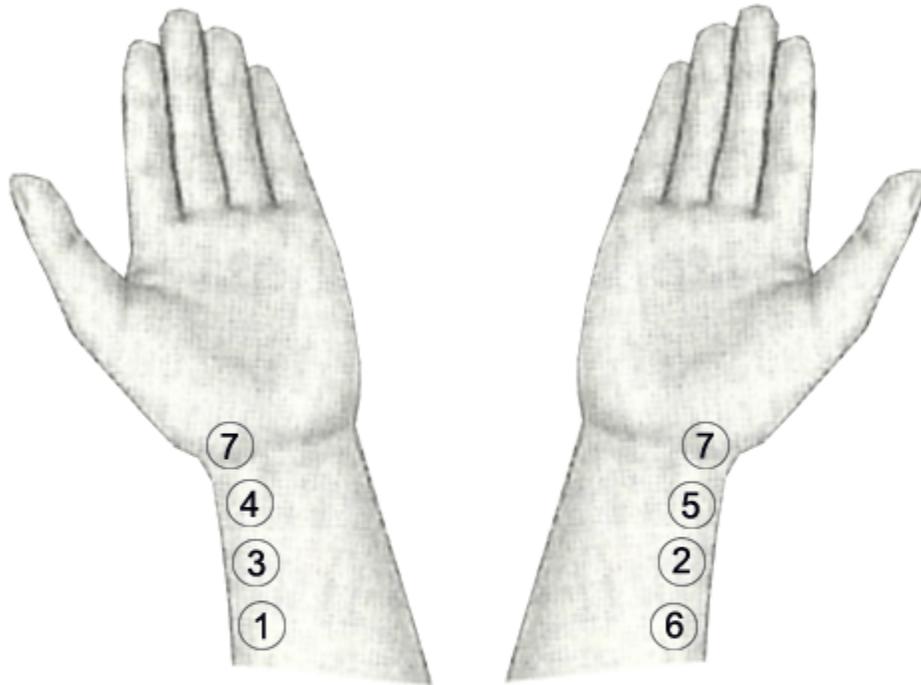
Figure 14



Lung Divergent Meridian

(After Maciocia)

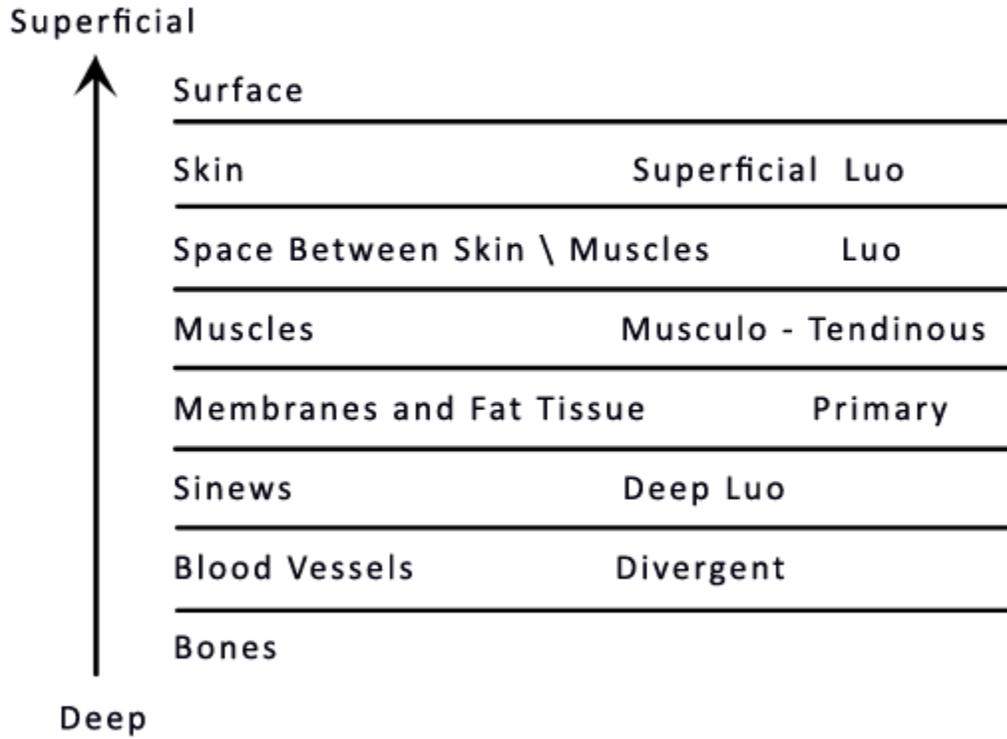
Figure 15



1. Tuberculinum (Kidney \ Bladder)
2. Medorrhinum (Spleen \ Stomach)
3. Carcinosis (Liver \ Gall Bladder)
4. Psorinum (Heart \ Small Intestine)
5. Syphilinum (Lung \ Large Intestine)
6. Vaccinum (Pericardium \ Triple Burner)
7. Scirrhinum (Conception \ Governing Vessel)

Divergent Meridian Pulse Points

Figure 16



Energetic Layers

(After Maciocia)