EXTREMITY SUBLUXATION CORRELATION PART III: NEUROLOGICAL DISORGANIZATION

Abstract

Neurologic disorganization describes a group of phenomenon whereby a subject's body does not respond to manual muscle testing in a predictable prescribed manner. Extremity subluxations may induce and cause neurologic disorganization from a structural perspective.

Introduction

Neurologic disorganization may manifest itself in body dysfunction in a variety of ways. For example: dyslexia, stuttering, clumsiness, and schizophrenia, just to mention a few. There are various methods in Applied Kinesiology to test for neurologic disorganization such as ocular lock, hyoid challenge, right–left brain activity, psychological reversal, umbilical reversal, K27 and cross K27 period. For most of the aforementioned, there exists an extraspinal subluxation correlation.

Discussion

Early on in Applied Kinesiology, a phenomenon was observed by Goodheart and given the label: switching. In those patients displaying this particular pattern, for example, on postural analysis, a high shoulder on the right would be observed, however it was the left latissimus dorsi that would manually muscle test weak. Hence the word switching. These patients would also T.L. to K27 (junction of clavicle, sternum, and first rib). Right hand to right K27 and left hand to left K27 period. Originally K27 was stimulated (rubbed manually) by the physician while at the same time CV8 (umbilicus) was also stimulated. Both right and left K27 / CV8 were rubbed. This temporarily unswitched the patient. Although this procedure did not derive the cause of switching, it would nevertheless reorganize the patient's body long enough to allow treatment. There is a long list of extremity subluxations that may be involved here. Shoulder, wrist, hip, knee, and foot subluxations have been found to be involved. Please refer to the chart at the end of this discussion.

Later on it was found that some subjects did not TL to the right K27 with the right hand and left K27 with the left hand. But would T.L. with the right hand to left k27 and the left hand to right K27. This was called Cross K27 switching. These patients would also display universal muscle weakness after doing a cross crawl pattern and yet would strengthen following a homolateral crawl pattern. Extraspinal subluxations that may have an influence here are the scapula, clavicle, glenohumeral joint, axillary lift maneuver, medial olecranon, posterior radial head, scaphoid, jammed carpals, femur head, posterior tibia, laterally rotated tibia, and a patellar subluxation.

Ocular lock is yet another test in Applied Kinesiology for neurologic disorganization. The subject's eyes are held either straight superior/inferior, right/left, up to the right/left, down to the right/left and a strong indicator muscle is tested for weakening. This author has previously written a paper correlating spinal subluxations to the various eye positions. Extraspinal subluxations to be considered are jammed carpals, posterior fibular head, and/or the talus.

The hyoid is a bone under the mandible suspended by 16 different muscles. It has also been implicated in the neurologic disorganization phenomenon. Goodheart has correlated the hyoid to many things one of which is right/left brain testing. That is, if there is a positive challenge to the hyoid (usually a static type challenge is done), then the subject will also exhibit weakening to right brain activity (music) and/or left brain activity (mathematics). Typically the spindle cells are turned down to the hypertonic hyoid muscle. Extraspinal subluxations to be screened here is the proximal clavicle.

Right-left brain testing may be performed in various ways. Right brain (music) activity may weaken muscles on both the right and left sides of the body or just the left side or only the right side. Left brain activity testing (math) may weaken muscles on both the left and right sides or only in the right or only in the left (only contralateral or only ipsilateral). There are various nutrients correlated to all of these conditions. Extremity subluxations also play a role here but are so vast and varied that any attempt at a list would prove inadequate.

Psychological reversal is based on Callahan's observations. A statement such as "I totally and completely accept myself with all my faults and shortcomings" is stated and a strong indicator muscle is tested for weakening. If positive, the subject repeats the statement while the appropriate B & E point (yang meridian points ending on the face) are tapped (the point that negated the weakening). Extremity subluxations to be investigated are the scapula, scaphoid, jammed carpals, posterior fibular head, talus, and/or superior 3rd cuneiform.

Umbilical reversal was originally Diamond's observation and development. A strong indicator muscle is tested, then the patient's fingers are inserted into his/her umbilicus (test should be negative), then the doctor's fingers are inserted into the patient's umbilicus (test should be negative), then the patient's palm is placed on the doctor's palm (should be negative) but when the doctor places his/her fingers into the patient's umbilicus, and then the patient places his/her palm on the doctor's palm the test if positive, is labeled umbilical reversal. The patient will weaken to a belief statement stated such as god is good. Diamond recommends a nutritional approach including RNA, choline, and a brain tissue extract. No extraspinal subluxation has been correlated by this author at this time.

In summary the following patterns have been observed.

Neurological Disorganization	**Extraspinal Subluxation**
K27	Shoulder Wrist Femur head Knee Foot
Cross K27	Shoulder Elbow Wrist Femur head Knee

Ocular lock	Jammed carpals Fibular head Talus
Hyoid	Clavicle
Rt/Lt brain activity	Shoulder Elbow Wrist Femur head Knee Foot
Psychological Reversal	Scapula Scaphoid Carpals Fib head Talus Third cuneiform
Umbilical Reversal	N/A

Conclusion

Extremity subluxations have an influence in body organization as exhibited by the various Applied Kinesiology tests for neurologic disorganization. These extraspinal subluxations are often times the structural cause of a patient's body dysfunction and must be corrected for return to optimum health and balance within the nervous system.

References

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