

Bioenergetic Effects of Emotional Overlays
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Abstract: Emotions are well understood to have electromagnetic properties that make it easily identifiable using standard kinesiological tools. We are all familiar with simplest of findings, the stomach neurovascular points on the mid forehead and we can probably agree that the opposite end would be psychological switching. How does one evaluate everything in-between?

To be an effective and successful professional energy kinesiology practitioner, one must be able to combine both innovative and traditional methods. If those innovative methods are energy medicine techniques, than it behooves the practitioner to be as accurate as possible. What tools do we have to accomplish this?

Experience through pattern recognition is the most common tool. In energy medicine techniques there is another variable that we all understand on some level and that is the reason why you are reading this and attending the EnKA conference. You can only find (using energy medicine techniques) what you have knowledge of!

Personal rules that I employ to avoid inaccuracies:

1. Always recheck ones findings preferable three different ways.
2. The theory that one is exploring must have some basis or precedence in present day knowledge.

Following these two rules will often lead to colleagues being able to reproduce your findings of evaluation and treatment. On the other side of the coin, the experienced practitioner may admit that at some point they routinely used an energy medicine technique that they themselves developed and or incorrectly learned with favorable results. How can this be?

This is the dichotomy of energy medicine that makes it both intriguing to the EnKA practitioner and incongruous in the minds of traditional healthcare practitioner and a majority of the public. How can energy medicine resolve this matter?

There may be no simple answer to that question but there is ample evidence of congruent evidence as discussed by Bruce Lipton, Stephen Hawkins, James Oschman, and many others too numerous to list. Every energy medicine practitioner contemplates that question at some point in their career.

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Emotional overlays if not the primary, will certainly be a high priority of one's therapeutic intervention. It behooves the practitioner to be able to accurately access the client's emotional state for both short and long term assessment and for the daily treatment.

A five part assessment protocol is introduced:

1. Mild emotional stress ...Optional to treat or not. This reflex may change from minute to minute /thought to thought. Using any indicator muscle (IM), commonly the anterior deltoid, check to see if the ESR reflex (stomach neuro-vascular points) are active. If a weak muscle test response is elicited then proceed to next step.

2. Mild-plus emotional stress ...One's present state of mind is processing an emotional thought that can or will alter one's energetic state in a negative way. This reflex can self-resolve in minutes or persist. The right jaw is believed to represent the central nervous systems initial physiological fight/flight response triggered by limbic centers in the mid-brain (fundamental concept in Neural Organization Technique). Therapy localize the right jaw (placing hand over the masseter muscle). If an immediate weakness is elicited with any strong indicator muscle, it is highly suggestive of an active mild plus emotional state, i.e. mild state of "fight/flight". If this level is active, proceed to next step.
3. Moderate emotional stress ...One's state of mind is presently processing an emotional thought that can or will alter one's energetic state in a noticeable negative way. This reflex is an extension of number two above however the stress factors now are being distributed /dispersed through the physical body-organs. This state once activated can persist for several days/weeks/months and generally does not self-resolve. The organ most commonly affected is the stomach creating a low-grade digestive disturbance. About 20% of the time the stress pattern may be reflected through the heart. In this situation the heart will therapy localize directly when touching the heart. Symptoms associated with this temporary state are low back pain and occasional left or right vague arm pain with upper back tightness. These symptoms may persist for a few days/week then commonly revert back to stomach as described above.
4. Moderate plus emotional stress ...Individuals in this state will generally admit their energy level is low and that they feel somewhat stressed or even slightly depressed. However, the individual will appear well compensated and may at first deny any feelings of being stressed. It would not be uncommon to find a majority of one's first time clients to be in this state! This emotional level should be considered an aberrant state requiring an intervention. As discussed above, this is a compensated state and will not demonstrate switching of any kind. Levels 1-2-3 above will be readily identifiable and probably have existed for some period of time.  
To identify this level will require therapy localization of the sphenoid bone in the cranium. The sphenoid will be tilted inferiorly on the right due to the prolonged facilitation of the right jaw (masseter and its related reactive muscles) and high on the left. A positive therapy localization of the lateral ridges of the sphenoid bilaterally will be seen in this distortion. One can confirm this finding by also looking for a descended right frontal bone as well.
5. Severe emotional stress ...This will be at the level of switching (psychological /physiological overload)! Most patients presenting in this state recognize they are in a *depression* funk. One will always see the locked muscle finding, crossed K-27 switching. This state requires immediate attention of the practitioner in that a therapeutic intervention will often be rejected by the client's nervous system or incongruent practitioner diagnostic findings ...resulting in a failed therapeutic intervention and a possible loss of client retention.