

The Other 49% of the 51%er

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Abstract

A 51%er in applied kinesiology muscle testing is when the patient therapy localizes (TL) to the correlating muscle Chapman's Reflex (CR) to reveal a hidden muscle inhibition.¹ This paper will propose that a 51%er is actually a need to first treat an injury or immune issue to resolve the 51%er problem.

Introduction

When a 51%er is found during a muscle testing procedure, the known treatment has been to address that muscle as if it were "weak in the clear", even though the patient has to TL to corresponding muscle/organ CR. While the patient then holds the TL to the respective CR, the appropriate treatment to the organ or muscle would be identified and applied, thereby causing the muscle to function normally. However, the question arises as to why the involved muscle needs this extra receptor stimulation to get a neurological inhibitory response.

Discussion

There is a logical reason why a patient will have a muscle 51%er and why he/she will not. A 51%er indicates a need to address another underlying condition first. The patient will have either an injury that needs to be treated using Injury Recall Technique (IRT)², and/or an immune circuit that needs to be treated. After all the injuries and immune issues are resolved, the muscle will either be inhibited without the TL to the CR ("weak in the clear") or will show normal facilitation. Treating the immune system and/or the "hidden" injuries is the missing 49% of the 51%er. Therefore, when the physician identifies a muscle 51%er, he or she needs to take a step back and fix the pattern causing the 51%er first, rather than treat the 51%er.

One of the most common reasons for a 51%er is an injury somewhere in the body. The injury or injuries must be corrected using IRT. As the need to perform IRT is indicated by a muscle that does not strengthen with autogenic facilitation (stretching the spindle cell) the same rule applies to this 51%er principle. When a 51%er is identified, simply stretch the spindle cell of the muscle being tested. If the muscle does not strengthen, then there is an injury that needs to be treated using IRT. If that was the only involved injury and there is no immune involvement, then the 51%er will either now show regular inhibition, or the muscle will be functioning normally (facilitated). Therefore, a 51%er often indicates that a "hidden" injury is present.

The other reason for a 51%er is an immune involvement, either to the thymus (at the upper sternum), lower sternum (chemical hypersensitivities area), or spleen. The need to investigate the immune system will occur when there is a 51%er and the muscle shows normal facilitation with stretching of the spindle cell. As Schmitt notes, the only

exception to this would be if there is an injury to the muscle itself which is being tested. There are a few ways to go about finding out which immune circuit is involved in the 51%er.

One way to check for immune involvement is to check the involved muscles relating to immune system – infraspinatus for the thymus, lower-middle trapezius for the spleen, and pectoralis minor for the [lower sternum] chemical sensitivities.³

Another way to check for immune involvement is to simply check the visceral referred pain (VRP) areas for the correlating immune circuits. The VRP area for the thymus is over the skin of the right first rib.⁴ There are many references for the spleen's VRP area to be above the left shoulder, over the skin of the AC joint. There isn't a documented VRP area for the lower sternum, but rubbing or pinching over the CR⁵ has been found to elicit a response. Rubbing (parasympathetic) and pinching (sympathetic) over each area will indicate which immune circuit, or circuits, needs to be treated.⁶ Screening for an immune involvement this way lets the physician use the same 51%er muscle.

A third way to check for immune involvement is to perform pre-test imaging.⁷ Schmitt has shown that pre-test imaging signals the presence of a cranial fault. This is usually secondary to an immune system problem and the need for immune treatment.⁸ If pre-test imaging is positive, then therapy localizing to the involved cranial fault will in turn lead the physician to the immune system. While the patient TLs to the involved cranial fault with head in extension (as if checking for an IRT problem) the physician can tap over the upper sternum for the thymus, lower sternum (over the CR), and spleen (over the CR) to see which immune circuit is involved. Tapping the involved immune circuit will negate the positive TL with the head in extension.

After the appropriate therapy is applied towards the immune system and there are no injuries (at least affecting the 51%er), then the 51%er will now either be inhibited without therapy localization to the CR or the muscle will no longer be inhibited at all. In other words, the missing 49% has been addressed.

The “occasional” exception to this finding is if the 51%er is of an immune system related muscle – the infraspinatus, low/mid trap, or pec minor. If this is the case, and AF does not facilitate, then the muscle should be treated with IRT. If there is no injury (AF strengthens) then there will be a TMJ involvement. Have the patient TL to each of the TMJs. Usually the right TMJ will TL for the thymus and the left TMJ will TL for the lower sternum or spleen.⁹ The treatment to the TMJ is most often a need to perform origin-insertion (with IRT) to either the internal or external pterygoid muscles. Sometimes there is a tooth involvement that must be treated. After correcting the TMJ and/or tooth problem, the immune related muscle will either now no longer be inhibited or it will no longer need the therapy localization to be inhibited. The absence of the 51%er means that it is now appropriate to treat the muscle or organ (in this case the immune system).

Conclusion

A 51%er indicates that the muscle/organ should not be treated until the reason for the 51%er is resolved. The reasons for 51%ers are immune issues and injuries. There could also be a jaw involvement. Finding and treating the injuries and/or immune system will either resolve the 51%er muscle or resolve the muscle inhibition altogether.

Procedure

1. A 51%er is found
 - a. AF (spindle cell) has no effect
 - i. Correct injury or injuries
 - ii. Muscle is still a 51%er
 1. AF strengthens (if negative then there is still an injury)
 - a. Check the immune system (1b)
 - iii. Muscle is not a 51%er
 1. If still inhibited, treat as you normally would
 - b. AF strengthens – immune involvement (unless the muscle itself is injured)
 - i. Use the VRPs, [correlating] immune related muscles, or pre-test imaging to find the involved immune circuit to treat
 - ii. After the immune system is treated, muscle is not a 51%er
 1. If still inhibited, treat as you normally would
 - iii. After the immune system is treated, muscle is still a 51%er
 1. Check for another immune involvement
 2. Check for another injury with AF
 3. Check for TMJ involvement

References

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