Asia-Pacific Chiropractic Journal

The 12 Meridians of the heart and the Crossed Psoas Test: Unlocking master switching patterns

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Narrative: This paper will show a new method to activate the heart and how this unlocks master switching patterns. These switching imbalances correlate to the ancestral patterning in which the patient is embedded and can be resolved with a specific movement of energy through the kidney meridians. It is quick, highly effective, and works on a level not previously accessible to most doctors. We will briefly explore the consequences of family bonding patterns and how they affect health. The postulation is that epigenetic factors of family dynamics are at the root of most switching and may be one of the most important factors we need to consider with our patients.

This heart/crossed psoas protocol changes the infrastructure that supports the patterns that bring people into our offices. People often state that they feel very relaxed, or expanded, after a few of these 'circuits.' It brings clarity for the next steps in the AK evaluation. Hidden attachments programmed in at birth act as blind spots than can derail even the best doctor. Getting well might threaten a person's unconscious connection and loyalty to some unseen, attracting force. This puts both the doctor and patient at a serious disadvantage. There are many factors in illness, but one of the few unaddressed areas is how the patient's family dynamics support, or even require, the condition.

Indexing terms: Chiropractic; Applied Kinesiology; Psoas; Kidney Meridian; Subscapularis; Muscle Testing; Bonding; Heart Activation.

Introduction

This protocol will integrate several systems. The first step is always focusing on the heart. The heart has full knowledge of who we are. In addition, we bond to our family of origin through the heart. The traumatic memories of our ancestors can influence subsequent generations due to this heart connection. Every experience we have is measured against these primal bonding parameters. The subconscious mind says, '*how do I integrate this experience in a way to stay in resonance to my family …*'.

> *… The heart acts as a sophisticated information encoding and processing centre that enables it to learn, remember, and make functional decisions independently of the cerebral cortex …'*

Identification with painful ancestral memories causes the child to experience life in a way that validates these hidden attachments. Resolving traumatic bonding patterns is essential. Secondly, we will balance the kidney meridians which carry ancestral and genetic information. This is the master switching correction.

Muscle testing is a wonderful tool for evaluating the human system, however, sometimes the results of a manual muscle test are inconsistent with what we would expect based on posture, gait, or what we know about the patient. The term neurological disorganisation describes these paradoxical findings. The body will always give an 'answer' when we challenge a muscle, but is the answer correct or is there a compensation somewhere else in the system? Goodheart called this neurological disorganisation '*switching*.' When a muscle shows inhibition on the side opposite of the postural indicator it has switched sides.

Goodheart developed the K27-umbilicus manipulation and other methods as tools to reset these distortions. There are numerous methods to unlock switching and the Collected Papers of ICAK have dozens of papers on this topic. The reason switching is so prevalent in our patients and so important to resolve early in the treatment protocol will become clear in this paper.

Most of our therapeutic interventions are single therapies. We adjust a vertebra, align a cranial bone, tap a deep tendon reflex, do IRT, or rub a Chapman's reflex. This protocol will move energy through the body in an ordered fashion, from step to step, until the pattern is clear.

Discussion

The Heart

There are many things going on in the body and the mind at any one time. So, when we start a dialogue with the body, we cannot be sure what set of issues are ascendent. Even in acute situations where the problem is obvious, the wisdom of the body might show that there is a less obvious way to address the issue, or that other hidden traumas might be in play. That is why there are several protocols that dictate an optimal way to start treatment.

Dr. Walter Schmitt developed Quintessential Applications to show '*what to do first, next, and last*.' He emphasised the need to correct injury patterns, switching patterns, small intestine function etc. before looking into other issues. Alan Beardall, Richard Belli, Chris Astill-Smith, Dr. Michael Lebowitz, and others, all have protocols that demonstrate an order of treatment that makes outcomes more reliable and effective.

The manual muscle test is basically a neurological challenge and much of what we do with a patient is through evaluation of the nervous system. However, if we look at the entire person, we see that the heart can have even greater impact than the nervous system. Both systems are essential and work together, but the heart comes first. We will see this in action when the protocol is explained. From HeartMath:

> 'It is not as commonly known that the heart actually sends more signals to the brain than the brain sends to the heart! Moreover, these heart signals have a significant effect on brain function – influencing emotional processing as well as higher cognitive faculties such as attention, perception, memory, and problem-solving. In other words, not only does the heart respond to the brain, but the brain continuously responds to the heart'.

The heart communicates with the brain and the rest of the body through 4 known mechanisms: neurological, pulse pressure, hormonal, and electromagnetic. HeartMath has compiled and done much of this research. The heart sends information to the medulla, amygdala, thalamus, and many areas of the cortex via vagal and spinal cord afferents. There is an intrinsic nervous system in the heart just like there is in the gut. The heart-brain, just like the gut-brain, can communicate with the central nervous system as coequal partners. In the case of the heart, it can be the dominant player. The heart can sense danger and other emotions, good and bad, before they are registered by the brain.

> 'The heart's electrical field is about 60 times greater in amplitude than the electrical activity generated by the brain. This field, measured in the form of an electrocardiogram (ECG), can be detected anywhere on the surface of the body. Furthermore, the magnetic field produced by the heart is more than 100 times greater in strength than the field generated by the brain and can be detected up to 3 feet away from the body, in all directions, using SQUID-based magnetometers'.

The heart is also an endocrine gland, secreting the hormones, norepinephrine, epinephrine, dopamine, natriuretic peptide, and oxytocin. Oxytocin is the hormone of bonding, social attachment, and connection. It is found in roughly equal amounts in the brain and the heart and is high in the mother and infant after birth, thus promoting the bond between the two of them. The father's oxytocin level also goes up when he experiences skin contact with his child. The attachment of the child to the parents is through the heart. Since there is no intellect or individuation of self in an infant, the bonding occurs at a primal unconscious neurological-heart level.

> 'Research in the relatively new discipline of neurocardiology has confirmed that the heart acts as a sophisticated information encoding and processing centre that enables it to learn, remember, and make functional decisions independently of the cerebral cortex'.

Testing the Heart

The *subscapularis* muscle corresponds to the heart. It is an internal rotator and slight adductor of the humerus. We can test two branches of the *subscapularis* giving two tests on each side, or four total. The traditional test is to bend the elbow 90° and abduct the arm to shoulder level.

Push up on the lower arm against resistance to externally rotate the humerus to activate the muscle. The other test keeps the elbow next to the rib cage with the elbow flexed to 90 degrees.

Push outward on the lower arm against resistance to externally rotate the humerus.

Also evaluate the subscapularis for over-facilitation, or hypertonicity. We can't pinch the spindle cells on a muscle covering the anterior surface of the scapula, so we need to use other methods.

The easiest way is to test reciprocal antagonists. The opposite to the abducted *subscapularis* is the *infraspinatus*. Test the abducted *subscapularis* quickly followed by the *infraspinatus*. The *infraspinatus* should inhibit one time and failure to do so indicates over-facilitation of the *subscapularis*.

The reciprocal muscle for the adducted *subscapularis* is the *teres minor*. It moves quickly to test each of the four *subscapularis* muscles followed by its antagonist. That way you can assess for facilitation, inhibition, and over-facilitation of all four muscles.

You can also evaluate the *subscapularis* muscles for a gait type linkage. Since it is an internal rotator, you can internally, or externally rotate the femur to assess cross linkage. Internally rotating the femur should facilitate the two contralateral *subscapularis* muscles and inhibit them ipsilaterally. You could also externally rotate the femur and test for contralateral inhibition and ipsilateral facilitation. Therefore, the muscles can be normotonic, inhibited, over-facilitated, or imbalanced in a gait posture.

Generally, only one of the 12 indicators will show at a time. You need to consider a problem with the heart if you find multiple muscles inhibited. Each of the four *subscapularis* muscles can exhibit three different imbalances (inhibited, over-facilitated, or imbalanced in gait). These 12 imbalances are the access points for the heart. They correspond to the 12 acupuncture meridians

as shown in the table below. These correlations are based on the activation of the heart described in the next section. It is interesting that the Heart Chakra has 12 petals according to yogic knowledge and they correspond to the meridians and subscapularis tests.

Subscapularis	Meridian
Rt Ad Inhibited	TW
Rt Ab Inhibited	LI
Lt Ad Inhibited	BL
Lt Ab Inhibited	HT
Rt Ad Over-facilitated	ST
Rt Ab Over-facilitated	KD
Lt Ad Over-facilitated	LV
Lt Ab Over-facilitated	CX
Rt Ad Gait	SI
Rt Ab Gait	SP
Lt Ad Gait	LU
Lt Ab Gait	GB

Ab=abducted
Ad=adducted

Breath

Breath work has been around since the dawn of time. Yogic philosophy teaches many types of breathing patterns for health and the expansion of consciousness. Likewise in Qi Gong. Many wisdom traditions advocate breathing practices.

We use breathing in AK to facilitate movement of cranial bones and the vertebrae. Goodheart talked about single nostril breathing and ionisation. Inhaling through the right nostril would increase positive ions and exhaling through the left would decrease negative ions. Inhaling through the left nostril would increase negative ions and exhaling through the right would decrease positive ions. He also correlated specific mineral needs with each phase of nostril breathing.

Yogic philosophy teaches a breathing technique, or pranayama, called Nadi Shodhana. This breathing pattern is a figure 8 movement: inhaling on the right, exhaling on the left, inhaling on the left, and exhaling on the right. This cycle creates balance between the brain hemispheres, sympathetic and parasympathetic nervous systems, and is therefore profoundly centring and relaxing. This figure 8 breathing pattern can be broken down to four breath ionisation loops:

- In right, out right
- In left, out left
- In right, out left
- In left, out right.

There is a special Mudra used to facilitate this breath technique. The index and middle fingers are placed to the palm so that the nostrils can be closed with the thumb or ring finger. In deference to thousands of years of yogic practice it is recommended to have your patient do the breathing

pattern using the thumb and ring fingers during the alternate nostril breathing. The main consideration is to not use the index finger as that is strongly discouraged.

There are indicators on the palms and soles of the feet for each of the four nostril breath phases. There will be a positive therapy localisation (TL) to the bottom of the right foot while a patient inhales through the left nostril. Similarly, there will be a positive TL to the bottom of the left foot while a patient inhales through the right nostril. There will be a positive TL to the left palm while the patient exhales through the left nostril. While the patient exhales through the right nostril there will be a positive TL to the right palm. The indicator only tests positive while the patient is breathing, or if they hold the breath after the individual nostril respiration. The indicators on the feet are opposite to the side of nostril inhalation, and the indicators on the palms are on the same side of exhalation.

Inhale left	Right sole
Inhale right	Left sole
Exhale left	Left palm
Exhale right	Right palm

Activate the Heart

The procedure starts by activating the patient's heart system. First, the patient needs to concentrate on the heart. Everything starts from this prospective, so make sure that the patient is focused on their chest. If a pattern is available to clear, you will find a positive TL to one palm and one foot. This is how the patient needs to breathe. Ask the patient to focus on their heart while they inhale and exhale in the loop that showed positive. For instance, if the left palm and the left sole of the foot had a positive TL, the patient would inhale on the right and exhale on the left, in right, out left and so on until an indicator muscle inhibits. They need to focus on the heart during this breathing. It usually takes just a few breath cycles.

Lt Foot/Rt Palm	In Rt/Out Rt
Rt Foot/Lt Palm	In Lt/Out Lt
Rt Foot/Rt Palm	In Lt/Out Rt
Lt Foot/Lt Palm	In Rt/Out Lt

You can observe the following after activating the heart:

- There will be a positive cross TL to both K27s.
- One of the crossed psoas patterns will test inhibited.
- One acupuncture alarm point will test positive.
- The four subscapularis muscles will test inhibited with a heart focus.
- The two supraspinatus muscles will test inhibited with a heart focus.

- Any TL along the Conception Vessel or Governing Vessel meridians will inhibit an indicator muscle with a heart focus.

The *subscapularis* and *supraspinatus* muscles will be facilitated when the patient lets go of the heart focus. Have we caused a weakness in the brain and heart? No, but we have exposed an imbalance of some kind that is common to both.

The next step is to find the positive meridian that has been unlocked by the heart activation. The easiest way is to TL to the 12 meridian alarm points until you find the one that inhibits an indicator muscle. You could also test each of the subscapularis muscles in the clear, with reciprocal inhibition, and the reciprocal gait linkage. The positive muscle pattern indicates the meridian that is involved. Make a note of the positive alarm point as it will be needed at the end of the protocol. It doesn't matter if you TL the alarm point on the left or right side.

The crossed *psoas* test

There is an interesting phenomenon that occurs when you test the psoas in a certain way. First, test the *psoas* in the traditional way by stabilising the opposite pelvis as you push on the elevated, externally rotated, abducted leg. Make appropriate corrections if the muscle is inhibited.

Now do the test again but place your stabilisation hand on the opposite thigh or lower leg when you do the test. Often you will find that one side or the other will test inhibited, even if the traditional test is facilitated.

Another way to do this test is to have the patient cross one ankle over the opposite leg near the knee and then push the flexed knee outward against resistance. This is like a *psoas* test with the lower leg flexed and crossed over the other side. This test should be the same as stabilising the thigh or lower leg while testing the *psoas*. The side of weakness indicates involvement with the mother's or father's family patterning. We will discuss this below.

The crossed *psoas* test is probably the best way to diagnose switching. Do the crossed *psoas* tests on your next 10 patients before you do anything else, and you will probably find most if not all show this pattern. The best way to fix the crossed *psoas* test is to start with the heart activation. Then you can balance the crossed psoas.

Ramifications of the crossed psoas

The way to temporarily facilitate an inhibited crossed psoas test is to TL to K27 on the side of crossed *psoas* weakness with the opposite hand). It only works that way. So, if the right crossed *psoas* inhibits, cross the right leg over the left leg and touch right K27 with the left hand. The positive crossed psoas creates some interesting findings.

When you cross the positive leg over the other one, there will be failure of autogenic inhibition (AI) in all muscles. In addition, there will be failure of autogenic facilitation (AF) in all muscles. Both findings show at the same time! In other words, pinching the spindles cells will not inhibit a facilitated muscle and separating the spindle cells will inhibit the muscle. This is a paradoxical finding as muscles test both over and under facilitated at the same time.

The crossed psoas pattern

This protocol moves energy from one point to the next, so the steps need to be done in the proper sequence without letting go of the previous step. Once you activate the heart, as shown above, you are ready to complete the circuit through the crossed *psoas* pattern.

The doctor or patient TLs to the positive alarm point. This will inhibit an indicator muscle. Cross one leg over the other. If it facilitates the indicator, then this is the crossed *psoas*. If not, then cross the opposite leg. You could also identify the positive crossed *psoas* before doing the alarm point TL. The side that neutralises the alarm point weakness is the positive crossed *psoas*. Once you cross the leg you can remove the alarm point contact.

Next, TL to K27 on the side of crossed *psoas* (the leg on top) with the opposite hand. So, if placing the right leg over the left leg facilitates the alarm point, have the patient touch right K27 with the left hand.

Next, place the free hand to the opposite K27 so that both hands are crossed on K27. Make sure the two hands/wrists do not touch each other. Then switch the legs so that the opposite, non-involved leg is on top (left in this example). Remove the first K27 contact, the hand corresponding to the side of the top leg (left in this example). This is the opposite crossed *psoas* pattern from where you started (left cross/right hand on left K27).

Use the free hand to TL to the alarm point (either side of the body). This alarm point TL will cause an indicator muscle to inhibit. Just hold this TL until the indicator facilitates. Then the pathway is cleared. There are several steps, but it becomes very fast to perform after you have done it a few times. It takes less than a minute to do the entire sequence.

Here are the directions to correct the right crossed *psoas* inhibition pattern. (Do the opposite for the left crossed *psoas*.)

1. The patient focuses on their heart while the doctor tests the palms and soles. One palm and one sole will test positive (if there is a pattern to clear).
2. The patient breathes according to the pattern designated by the palm and sole that tested positive, while focusing on their heart. Stop when an indicator muscle inhibits.

Lt Foot/Rt Palm	In Rt/Out Rt
Rt Foot/Lt Palm	In Lt/Out Lt
Rt Foot/Rt Palm	In Lt/Out Rt
Lt Foot/Lt Palm	In Rt/Out Lt

3. Test the 12 alarm points, or the subscapularis muscle patterns, to find the positive meridian.
4. TL to the alarm point and cross one leg over the other until you find the side that neutralises the indicator weakness (right leg over the left in this example)
5. Place the left hand on right K27.
6. Place the right hand on left K27. Hands and wrists don't touch each other.
7. Switch the legs so that the left leg is now crossed over the right leg.
8. Remove the patient's left hand.
9. TL (doctor or patient) to the alarm point found in step 3 and hold it until an indicator muscle facilitates.

Once you start the crossed *psoas* sequence you must do it in order. If the patient lets go or you make a mistake, just start again with the alarm point TL, crossing the leg, cross TL to K27, and so forth. You are moving energy from the heart to the meridian, through the kidney circuit, and finally to the alarm point of the meridian associated with the heart. It must be done in an uninterrupted sequence.

When the patient touches the second K27 point it is good to put your hand on top of theirs. That way when you ask them to pull the other hand out, they know which one you mean. People sometimes get confused about which hand is right or left when they are touching the opposite sides of the body. Once you get to the alarm point just hold it until an indicator facilitates. It is now OK for the patient to let go of K27 and uncross their legs. Once you reach the alarm point, the other contacts are no longer needed.

Start the process again with the patient focusing on the heart while you test the palms and soles of the feet. Continue balancing the heart patterns until it doesn't activate (no TL to either palm or sole). If you want to work on a specific problem, start with a TL or other stressor and then run the procedure beginning with the subscapularis/heart focus. This brings your specific issue into the heart for processing.

Next Steps

There is another step you can do once a heart focus no longer activates a palm (or sole) TL. Rub the visceral referred pain area to the heart, down the medial side of the left arm to the little finger, and then test a *subscapularis* muscle. If it inhibits, or becomes over-facilitated, do injury recall technique (IRT) if far vision facilitates the *subscapularis*, or activate a deep tendon reflex (DTR) if near vision facilitates the subscapularis. Also, pinch down the heart VRP and then test the *subscapularis*. If it inhibits, then fix it with IRT or DTR as your visual test indicates (far or near). When these patterns are clear, go back and see if focusing on the heart opens a palm and sole indicator. You can go back and forth from the heart focus to the heart VRP challenges with the subscapularis until all patterns are clear.

When you are done, check the patient for any of your other therapies. You might be surprised at what is no longer needing help and what now shows up as the next thing to correct.

Familial Bonding

In 2000 I met Bert Hellinger, a German psychotherapist and former Jesuit who had made many observations on the effect of family bonding on the emotional and physical health of individuals.

This work can be very transformative, and I have been successfully working with these patterns in myself and with patients since 2000. This crossed *psoas*/heart pattern eases the results of these unseen dynamics. It is not necessary for you to understand family dynamics, or to even 'buy' the idea of this concept. The procedure is a technique you can apply to help balance your patients in a new and effective way.

The mechanism and types of bonding issues (attachments) will not be covered in this paper other than a few basic principles. Recommended books for developing a better understanding of family dynamics and entanglements are listed in the endnotes.

When a child is born, s/he bonds deeply to the mother and father. Much of this is genetic, however there are also epigenetic factors that the child carries from the consciousness of the family group. We are born into a 'field' of information that belongs to a large group of individuals that came before us. We carry thoughts and feelings that are not ours per se but belong to the group from which we emerge. We incorporate them as our own as we move through life. This occurs whether we know our parents or not and is not dependent on them being good, or bad parents.

Being born has consequences. Good genetics, healthy parents, and happy ancestors can reap good consequences. However, the child usually gets a mixture of good and challenging genetics, parents with various relationship and other issues, and two distinct family lines with unresolved traumas and losses, and sometimes conflicting values. The child doesn't choose these factors, except perhaps on the soul level. The child integrates the two genetic strains, the relationship of the parents, and the combined family histories into one expression of his/her life. This is why we are all so different, and complex.

The newborn child takes life with all these parameters, for better or worse. The initial programming of the child is unconscious, pre-verbal and sets a firm blueprint for experiencing life. The child is bonded through the heart with love, to this system, and this effects the growth, development, and choices one makes in life. As the child matures into adulthood s/he might love,

or hate, emulate, or act in opposition to the parents, but this does not change the initial bonding posture of the child to his/her system. We integrate every experience in life in a way that maintains a subconscious connection to the original bonding to the family, even if the results are poor health and carry painful life consequences. We do not see the bonds that we carry, but we certainly experience their results.

A family is a group that extends over generations where the rules of group dynamics apply. One of these major rules is that everyone has the right to belong. Sometimes someone is excluded from the heart of the group through rejection, trauma, early death, or other life event. It is important that the other family members keep the excluded person and their fate in their hearts, for the health of the group. If this is not done, and often the trauma or event is too hard to process, the next generation feels the need to compensate for the excluded family member. When a child bonds to the unresolved pain from previous generations, it can dictate poor life choices and health consequences. This is difficult to treat since no one may know why it is happening.

Here is one small example of how this works. A patient comes in with a chronic shoulder problem. You correct injury patterns, balance the muscles to the shoulder, realign the pelvis, correct cervical subluxations, and give appropriate nutrition. The patient returns and says she is 50% better. You then find there are fungal problems, gluten intolerances, etc. and this provides more improvement. Then you find the patient carries a lot of grief and sadness and there have been many losses in her life, especially recently. Sadness and grief effect the lung meridian/deltoid muscles thus destabilising the shoulder. This leads you to explore Neuro Emotional Technique (NET) or give flower remedies or recommend counselling. All these things help but do not provide complete relief. Unresolved ancestral patterning may be the missing link.

You can explore these patterns by having the patient say the following statements and test an intact muscle to observe the response.

> 'Dear mom, when my shoulder is healthy and pain free, I feel connected to you and your ancestors with love'.
>
> 'Dear dad, when my shoulder is healthy and pain free, I feel connected to you and your ancestors with love'.

One of these statements will often inhibit the indicator muscle. This is a psychological reversal demonstrating a bonding entanglement with something unresolved in the family history. When you ask the patient what happened in her mother's family (assuming the mother statement caused the indicator inhibition) she then tells you that her mother's older sister died at 1 years of age.

She never knew her older sister. When a child dies at age 1 it is often hard for the parents and siblings to fully grieve this loss. There is no blame for that, but the result is that the next generation feels the unresolved loss and feels attached to this grief.

When the child grows, and s/he experiences the sudden loss of a friend or relative it triggers this deep unresolved grief. The child's subconscious mind says, '*I will be overwhelmed just like my grandparents and mother so that I can feel like I belong to my group*'. If all we are doing is balancing the various distortions that we find in the patient, we miss the deep underlying love of the child to identify with the dead aunt and to carry the pain of the grandparents, and others involved.

Attempting to help a patient that has his/her infant programming locked into a detrimental posture towards its familial history provides limited results. The heart-crossed *psoas* procedure works towards easing these hidden bonds. Many entanglements with ancestral traumas are very deep and keep people busy their entire lives, but these procedures can start to bring some relief.

Psychological counselling, the constellation work of Bert Hellinger, other therapies, and our AK work will all be needed.

The crossed *psoas* and family bonding patterns

Many years ago, I learned that when a patient crosses the right leg over the left leg it would connect the person to the 'field' of their father. Crossing the left leg over the right leg connects the patient to the mother's field. You can do the experiment of visualising your mother with her parents behind her and their parents behind them while you have the left leg over the right leg and test an indicator muscle. It should inhibit due to the resonance of the visualisation with the crossed legs.

The same goes for visualising the father's family with the right leg over the left. The right crossed *psoas* weakness indicates issues connected to the father's family. The left crossed *psoas* weakness indicates issues connected to the mother's family. The family is not the cause of the problems. It is the patient's bonding posture, or unconscious identification to the unresolved issues that needs correcting. It is impossible to change the past, but we can change how we relate to it.

These techniques can be used without any investigation into family patterns, however knowing how the dynamics work can be very useful to help untangle these patterns. Most patients need several sequences of this work, but some might need much more. Have the patient focus on an issue, or TL to a problem and then run the protocol. It is a great way to work on psychological, or energetic patterns. But use it for any positive TL and especially in chronic problems.

The problem is chronic because there is something in the heart-mind of the patient that is encumbered. Keep running this protocol with a focus on the chronic problem until no more crossed psoas tests are positive. Afterwards, you might find new structural or other issues related to the problem that you could not find before. Once you erase the hidden programming, the body is much clearer in showing its needs.

Conclusions

This heart/crossed psoas protocol changes the infrastructure that supports the patterns that bring people into our offices. People often state that they feel very relaxed, or expanded, after a few of these 'circuits.' It brings clarity for the next steps in the AK evaluation. Hidden attachments programmed in at birth act as blind spots than can derail even the best doctor.

Getting well might threaten a person's unconscious connection and loyalty to some unseen, attracting force. This puts both the doctor and patient at a serious disadvantage. There are many factors in illness, but one of the few unaddressed areas is how the patient's family dynamics support, or even require, the condition.

The heart guides the brain as it contains the essence of who we are. Every wisdom tradition views the heart as the central focus. We feel love, gratitude, and peace in our heart. It is also where we feel emotional pain. We bond to our family of origin through the heart, even if it is unconscious or unacknowledged, and even if we never knew our parents.

We are embedded in much larger fields of information and knowledge than we consciously understand. Almost anything that we work on in the body, or mind, has roots in the consciousness of our family of origin. Our parents are not individuals in this sense. They are portals to the bonds behind them going back generations. Traumas occur at different times in one's life, but an individual's response to the trauma is predicated, in part, on the initial programming.

There are many good techniques for resolving trauma, but we also need to work on what the injury connects us to in our family history. It is the newborn infant that bonds to the family, not

the adult. The adult has symptoms, issues, etc., but bonding occurs at birth. The infant's posture to its family is running the show. There will always be a limit on how healthy or whole we can become until we address the hidden dynamics that come with our gift of life.

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Cite: Schusterman D. The 12 Meridians of the heart and the Crossed Psoas Test: Unlocking master switching patterns. Asia-Pac Chiropr J. 2025;6.2. www.apcj.net/AK-Abstracts-2024-25/#SchustermanPsoas

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