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# Five types of switching

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Narrative: This paper is an attempt to state a clear understanding of neurological disorganisation also known as Switching, and its five forms. This condition is extremely important in the practice of Chiropractic/Applied Kinesiology, and any other health care system that use Manual Muscle Testing (MMT) to gain diagnostic and therapeutic information for the patients' bodies. I will make the statement that everyone is switched! I also want to state that there are five forms of neurological disorganisation or switching and most patients have at least two forms on every visit.

The fact that Neurological Disorganisation or Switching leads to mistakes being made such as side of muscle weakness, pelvic categories, leg length, as well as cranial faults and challenges it is important to avoid these situations. If the nervous system is not communicating information correctly it will lead to more serious systemic conditions that could cause organic disease. Goodheart's statement about the nervous system would seem to be true 'God Will Forgive You, Your Nervous System Will Not'.

Indexing terms: Chiropractic; Applied Kinesiology (AK); switching; ocular lock; neurological organisation.

## Introduction

The subject of switching first appears in Dr. Goodheart's, Applied Kinesiology Workshop Procedure Manual in 1970. (1) It is under the heading of Cross-Crawl, and the fact that 85% of the population is right-handed and has a dominant cortical hemispheric dominance of the left brain.

He refers to Carl H Delacato ED, The Diagnosis and Treatment of Speech and Reading Problems. (2)He recommends the treatment of K27 bilaterally and umbilical CV8 point with a firm rubbing pressure. In the 1975 Procedure Manual on page 28 under the heading Use of K27 umbilical contacts routinely on all patients to correct switching. (3)

A healthy person's muscle functions should be strong when tested in a predictable manner. This is appropriate in testing muscles and analysing the

> *…'God will forgive you, your nervous system will not'…'*
>
> Goodheart

normal walking contralateral patterns that are produced in weight bearing and foot proprioception to activate or inhibit muscles.

Goodheart states this in the 1975 AK Workshop Procedure Manual on page 28, under the heading: Use K27 umbilical contact routinely on all patients. (4) In Walther's first book on Applied Kinesiology-The Advanced Approach in Chiropractic in 1976, under the heading Connections: K27 is an alternator which allows the flow of energy to one side of the body or the other, especially in flexion or extension of the lumbar spine. K27 is classified by the Chinese in classic acupuncture as the [Home of Associated Points', it is the associated point for all associated points. (5)

At this point in time the introduction to therapy localisation (TL) also took place. Goodheart spoke of switching with TL to both K27 points as a positive finding for switching. His description follows as '*occasionally we will find indications that there should be weakness on one side, where the weakness shows up on the other side*'.

My interest in neurological disorganisation or switching stems from my involvement with AK and my first Introduction to Dr George Goodheart in June 1968 at the American Chiropractic Association (ACA), national meeting just prior to my graduation in August 1968. I have currently published seven papers on this subject in the Collected Papers of ICAK from 2001 through 2014. What I have discovered that there are five forms of switching or neurological disorganisation.

## Discussion

The idea of Neurological Organization had come about due to Dr. Goodheart reading of the book by Carl Delacato EdD, 'The Diagnosis and Treatment of Speech and Reading Problems', which was published by Charles C Thomas Publishing in 1963. (2) This was a publication of 25,000 copies from 1963 to 1974. The book covers the Neurological Organisation concept of how this connects to language problems due to injuries to the brain and spinal regions. It covers some anatomy of the nervous system and cortical hemispheric dominances and its importance to being able to learn to read and speak.

Goodheart presents this information in an article that appears in Chiropractic Economics titled '*Cross-Pattern Crawling and Muscle Spasms*', (6) He brings this in the 1970 Workshop ProcedureManual under the heading of Cross-Pattern Crawling. He ties it together in 1975 with Therapy Localisation (TL) to K27 with muscle testing causing a strong indicator muscle to weaken. He suggests that all patients K27 and umbilicus (CV8) should be treated with a firm rubbing pressure for 20 or more seconds.

This part of the information on switching I review from Walther's Applied Kinesiology Vol.1: Basic Procedures and Muscle Testing, 1981. Evaluation for switching page 134, listed under the following:

1. Acupuncture point K27
2. Governing and Conception Vessels points CV24 and GV27 and the Associated point at Bladder 16, located close to T6 and T7, 3.. Ocular Lock, which became Crossed K27.
3. the Auxiliary K27 is mentioned with it location adjacent to the transverse process of T11 vertebra bilaterally while simultaneously stimulating CV8. (7)

These are the following statements of importance:

- 'The evaluation for switching should continue throughout the course of a patient's treatment'.
- 'If switching recurs on subsequent visits, the physician should evaluate further to determine the cause'.

Ideally, once switching is corrected it should never return unless the individual experiences trauma of either a structural, chemical or mental nature. The subject of switching has been in AK for 53 years and the PRY-T has been 43 years. The statement by Walther had changed from stimulating K27 and CV8 at the start of all visits to try to find the reason for switching in Synopsis in 2000. (9)

What I have learned is the source of standard switching is dural tension or dural torque. PRY-T is a method of diagnosing and treating meningeal irritation (mechanical meningitis), Yaw #2 is the source of standard switching 99% of the time and the remaining 1% is Yaw#1 and Pitch. (10)

1. Standard Switching- The original form with TL to both K27 right hand to the right and left hand to left causing an indicator muscle weaken. This is almost universal form present in 99% of patient we examine. This form has to do with the information being transmitted back and forth to the right and left cerebral cortex by way of the corpus callosum. This is the source of all subtle energy patterns described by Paul White, DC in 'Figure 8' as well as John Diamond, MD, presented in his book Behavioural Kinesiology (BK). (11)
2. Cross K27 Switching-Ocular Lock-The patient TL's K27 with the right hand to the left K27 and the left hand to the right K27. Goodheart had associated this with a weakness when the patient is asked to read a standard line of text from left to right that does not occur when read backwards from right to the left. He called it the B'nai B'rith Syndrome referring to the language of Hebrew which reads from right to the left. I stated in a research paper that the three languages are Arabic, Hebrew and Japanese. I said that I did not know if this is produced by how the person learned to read or how we as humans are wired.

The original switching and the ocular lock or cross K27 switching were corrected with firm stimulation of both K27's and umbilicus or CV8 for at least 20 or more seconds. What I had found and present in research paper, is that original switching was due to dural torque of the yaw#2 pattern at nearly 99% of cases, leaving 1% from the pitch pattern or yaw#1. The ocular lock pattern was connected to the learning disability cranial fault (LDCF), that I discovered in 1975 and the cross K27 was corrected while teaching an AK course in 2007. Correction of the LDCF with pressure upward at the cruciate suture and downward on the vertex of the skull during inspiration corrected ocular lock. (12)

3. Lateral Atlas-HO Tendon-Musculo Meridian. The third switch pattern is almost universal and is therapy localised using the thumb contact to the transverse process of C1. This nerve root is only motor and not sensory in nature. The location is anterior to the mastoid process and posterior to the ramus of the jaw, in a little depression. TL to the transverse of C1 with the right thumb to the left transverse and the left thumb to the right transverse is positive for bilateral anterior subluxation of C1. (13)

My reason for suggesting this as switching factor is the following. If you check leg lengths first supine and the in the prone position, without correcting the lateral atlas subluxation you find the longer leg supine will become the short leg in the prone position. The effects are similar to those seen in the standard switching pattern.

4. Ionic Switching refers to an imbalance of air flow through the nostrils of the nose. Have patient occlude the left nostril breathing in and then exhale on the same side, then occlude the right nostril breathing in and then exhale on the same side. If a weakness occurs to the indicator muscle we have ionic switching. It is treated by stimulating GV1 tip of coccyx and CV8 umbilicus simultaneously for 20 seconds. This will correct the ionic switching, which occurs in a small percentage of patients, maybe 10%. (14)
5. Therapy Localisation Overload Phenomena or (TLOP). I discovered this form of switching in 1976 and published it in 1978 Collected Paper of ICAK. Have the patient TL the

temporomandibular joint one or both sides without activation of the muscle of mastication. If TLOP is present a weakness of the indicator muscles will occur. This will cause myriad of strange patterns such as a non-challengeable ileocecal valve neither open nor closed, but a positive TL to Mc Burney's Point. Also, a presence of both Category #1 and Category #2 at the same time will be found. These patterns are the classic form of TLOP Switching. There are other positive patterns too numerous to mention here. (15) Correction and treatment is the positive TL side of the TMJ. Move slowly downward to ST7. It will cause a weakness of the indicator muscle using inspiratory assist at this point with a thumb contact with a light thrust forward and then using the golgi tendon pulled apart and spindle cell pressed together in a direction that weakens will correct the problem. The normal challenge patterns will return for open or closed ICV and the Category will show as either 1 or 2.

## Conclusion

The fact that Neurological Disorganisation or Switching leads to mistakes being made such as side of muscle weakness, pelvic categories, leg length, as well as cranial faults and challenges it is important to avoid these situations. If the nervous system is not communicating information correctly it will lead to more serious systemic conditions that could cause organic disease. Goodheart's statement about the nervous system would seem to be true 'God will forgive you, your nervous system will not'.

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