This is a follow up commentary on our scientific evaluation of subtle muscle control.

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INTRODUCTION:

In the late 1980's a new type of technology arose for treating autistic children. This therapy was known as Facilitated Communication. The basic form of the therapy was that a facilitator loosely held the arm of the autistic child over a computer keyboard. The child was then encouraged to strike the keyboard and thus write words. These words became sentences, which became paragraphs, which became poetry, stories and even more. It appeared that these children could communicate their deepest thoughts with this facilitation help. It appeared that these children could think normal and that their disease was stopping the expression. The hopes of the parents and the apparent success of the facilitation drove this therapy into cult like status. Tens of thousands of parents and therapists flocked to the classes on facilitation. They paid large sums of money to become certified facilitators. They bought equipment, books, and videos on this new revelation. But was this frenzy real?

In 1994 PBS's Frontline did a broadcast on Facilitate Communication. The investigation was enlightening. I recommend requesting the video or transcript. As this therapy was gaining strength and tens of thousands of followers, some problems developed. Literally thousands of complaints of sexual abuse were being reported. The children with the help of their facilitators were writing of graphic cases of abuse in much higher numbers than the norm. Several parents were separated from their children and some even went to jail on the strength of facilitated evidence. This and other evidence started a scientific inquiry into Facilitated Communications.

The scientists first noted that the child was usually not even looking at the keyboard. They were looking all around the room, and only glancing at the keyboard. Professional typists were asked to type with the same visual behavior and they could not type words. The scientists noticed that every facilitator however stared intently at the keyboard. If the facilitator can see the screen the process does not work at all. Who was doing the typing? The Therapist Tester not the Patient controlled the response.
One study was set up to find out who was writing the words. In this study the autistic child was shown a picture of an object, then the facilitator was shown a different picture. The facilitator was led to believe it was the same picture shown to the child. Frontline broadcasts a set of keys shown to the child and some tennis shoes shown to the facilitator. The facilitator loosely holds the child's arm and the child types out "sneakers". The test is redone and redone and redone. Scientists construct many other tests. Hundreds of studies are performed in a variety of ways to find out from whose consciousness is the words coming from. The results are always the same the facilitator's mind absolutely controls the result. The facilitator through
subtle control of the small muscles of the body, controls the child's arm and unconsciously guides the child's arm. The unconscious mind of the facilitator writes the words.

Facilitation Communicators were appalled. Therapist who invested thousands of dollars and years of time felt betrayed. Several apply cognitive dissonance and refuse to accept the results. But all were hurt by the revelation.

But this is not the first or the last case of subtle muscle control resulting in a cult therapy. Two cases are currently producing even more potential harm. Kinesiology or muscle testing and single channel resistance testing or EAV. Both of these techniques depend on the subtle interface of the facilitator or the therapist on the patient. History abounds with examples of this subtle muscle control.

Pendulums, Ouija boards, fingers sticking to radionic rub plates, finger modes, and many others are used throughout history to express the unconscious. The unconscious can express itself through this subtle interaction as we can see from research in autonomic functions. The right brain is wired to the autonomic system more distinctly than the more conscious left brain. These subtle control arts are called divination by many. Most religions warn of their use. To use this divination to express our unconscious is one thing, but to promote it as science and accept its results as true evidence of disease is clearly another.

Kinesiologists (divining remedies) and EAV technicians tell their patients that the results come from the patient’s body and that the tester is just an unbiased bystander reporting results. Nothing is further from the truth. The tester's unconscious is in complete control of the results. The tester cannot function if his measurement techniques do not allow contact of the subtle muscles with the patient. Let us now analyses each of these techniques in greater detail.

ELECTRO-ACUPUNCTURE- according to VOL (EAV)

Doctor Rheinhold Vol was a medical doctor and acupuncturist in Germany. He discovered that the acupuncture points had different skin resistance from the surrounding skin. By using a type of simple skin resistance device he could measure the resistance and compare it to norms. He stated that the results would be diagnostic of inflammation or degeneration. Then he discovered that the readings would apparently change. He called this the medication testing effect. Attempts to confirm the medication testing effect with just resistance devices on the skin were futile. Vol rationalized that the circuit needed to be broken for the effect to work but even breaking the circuit with machines did not work. The only way medication testing effect works is with the facilitator or EAV therapist using the magic wand or the resistance stylus. The unconscious of therapist controls the result not the changes in patient as is the claim.

The subtle action of the "speed of the probe contact" is the primary determinant of the reading. If the probe is pushed in quickly a high reading results, if slowly a lower reading results. Factors of end pressure and twisting of the probe also contribute to the facilitation or subtle control of the therapist. The therapist tests vitamins, minerals and other supplements on a test
tray or computer screen. By seeing what he tests the therapist’s unconscious controls the subtlety of the probe-patient contact and thus determines the result. If the we turn off the screen or double blind the therapist from knowing what is being tested the therapist is lost and frustrated. No longer can he unconsciously effect what he does not know. Just like the facilitator and the keyboard the EAV therapist must know what is being tested to control it.

KINESIOLOGY

Testing of muscle strength and structure was the original type of kinesiology. Certain Kinesiologists thought that they could test the reaction of a patient to supplements with their muscle testing. By placing the supplement on the patient they then challenge a muscle with pressure before and after and compare results. The change can indicate supposition if the patient needs the supplement. But are the effects of the pressure consistent? Attempts to reproduce the results with machinery or simple weights fail. When consistent pressure is applied the system does not perform consistently. If we apply a gauge to the therapist to measure his pressure, such as a rubber band with consistent length, a scale of consistent pressure, or a pressure measuring device we can easily see that the therapist applies a wide variety of pressures. The trained therapist influences the muscles with a subtle pressure variance or also with autosuggestion or slight hypnosis to strengthen or weaken the patient. All designed to produce complete control of the therapist over the patient. The patient is deceived to believe that the test is a true measure of his own reaction. When actually the therapist unconsciously controls the results.

If the therapist does not know what is being tested, and cannot read the face of the person who does know (as in a true double blind) the therapist cannot reproduce consistent results. The control is broken and the frustrated therapist must rationalize some explanation for his lack of performance. Patient negativity or lack of cooperation is the rationalization of choice.

ELECTROPHYSIOLOGICAL REACTIVITY

There is a phenomena of electrophysiological reaction of an organism to a needed nutrient or adverse reaction to a toxin. This reaction has been explored by several researchers. The electrical reaction seems to take place in the first few hundredths of a second. The reaction also is primarily an ionic reaction and thus most of research relates it to factors of capacitance or amperage change. Resistance and muscle reaction are weak variables of reactivity in the current research. The search is on to find devices capable of measuring the amperage, voltage, as well as resistance changes in the body at speed levels of body reaction. Several are already in commerce in the world today. But clearly operator interference and the influence of the subtle energies of the Kinesiologists and the EAV therapists are not the scientific unbiased tests patients are lead to believe.
HOW TO DEBUNK THE FACILITATORS

The facilitators use their own test results to check their own performance. This is like using a broken 2-foot yard stick to measure a yard. You always get the same result. The inferred claim is that their technique (EAV, kinesiology, or pendulum) can be used to measure the reaction of the patient to the proposed substance. Some of the therapists are straight forward and explain to the patient that the therapist's unconscious will chose the remedy. This clear expression of the truth is commendable, but if the therapist clings to the so called unbiased reaction idea, then some enlightening is recommended. The true test is a double blind where no one knows which remedy is being tested. Setting up a true double blind is tricky. If the tester's employee or friend knows which substance is being tested, then unconscious or conscious signals can affect the test. Testers can often use chance readings to appear to succeed, for fifteen or twenty tests. Then determine the accuracy compared to chance. When ten exact bottles are compared in a double blind fashion for twenty tests and the code broken as to the accuracy we can then and only then determine the ability of the tester to demonstrate his claim. For the computerized resistance probe users, simply cover or turn off the monitor. Make sure that the starting position of the therapist is unknown to the therapist, and proceed. Be careful however the frustration and ego of the therapist is so challenged that extreme rationalization and anger can result. The therapist can get so angry at the messenger because he dislikes the message. The anger can result in a brutal attack on the messenger or the "shoot the messenger concept. Such violent attacks have been frequently directed at this author. Since science is on the side of this author the manufacturers of these resistance devices resort to brutal character assassination as they try to shoot the messenger. Time to evaluate the message.

LUDICROUS EXTREMES

The temptation to explore the extremes of this therapists control is so hard to resist. The unconscious control over another person is addictive. The control over a patient's health is even more addictive. The usual answer is that the therapy works. The attention, the use of vitamins, the avoidance of harsh allopathic, and the placebo response account for most of the results. Few tests of real efficacy versus placebo are ever done.

Placebo results are cheap. Placebo results usually occur with psychosomatic diseases, and results only last for two weeks or so. Placebo results are often just an improvement in the perception of the symptoms. These results are often reported to the therapist who doesn't often do long term follow-ups.

Double blind is a dirty word to these therapists. Most of the therapist who are involved in these subtle control endeavors are untrained and unappreciative of statistics and scientific challenges. Science is a threat to their control.

As the control grows the therapist usually resorts to more and more diverse questions.
The therapist tests personalities, time factors, and more and more occult questions. The unbridled unconscious wants more and more control. The Kinesiologists resort to lubricious illogical modalities of testing, such as hand positions or hand modes. Some therapists in his dreams or in meditation states develop strange testing techniques and rationalize how they were uncovered from some past life or even stranger source. Without scientific evaluation the new techniques can grow unbridled and snowball out of control. The apparent results blend into exaggerated stories which grow over time into small legends. Before you know it you have thousands of Facilitated Communication therapist whose unbridled unconscious is effecting the lives of many patients who are looking for help. There is danger in these subtle muscle control therapies. Some people cannot resist the temptation and go deeper and deeper into the therapy, rationalizing step by step, to further justify their control.

Patients Please Be Warned about the Fraud of Muscle Testing and the Point Probe.

Many alternative health practitioners such as doctors, chiropractors, naturopaths and thousands of other therapists use a fraudulent practice of subtle muscle control. They use techniques such as muscle testing, point probes, pendulums, rub pads, hand modes, etc. These bogus practitioners claim that the readings are from the patient’s energy field, when in fact the therapist is in total command of the results. The therapist is in complete control and uses this to get the fooled patient to buy a remedy or something else. The therapist uses subtle muscle control techniques to fraud the patient. The whole process is fraudulent magic act. The muscle tester varies the amount of pressure. The point probe technician varies the speed of delivery of the point probe. A fast delivery brings a higher reading, a slow delivery brings a low reading, the end all pressure means nothing. Thus the therapist can control the response and make the reading say anything the therapist wants. This process is often done by the unconscious of the therapist; he is surprised to find out that he is in complete control of the results. But only a brave few can admit and release the fraudulent magic act. The proof of this fraud can be found in the following.

1. The therapist must know what he is testing to get consistent results.
2. In hundreds of double blind studies it has been shown that all of these muscle testing and point probes has shown the total control of results is with the therapist. No valid results of medication testing have been shown from subtle muscle control.
3. The therapist or doctor uses this to sell a product.

To prove this to a therapist, have them test a set of at least 12 or more remedies. They can then see which the patient reacts positively to or not. Then test again with a double blind. Put each into a bag or use a blindfold. When the therapist does not know what he is testing then it is soon found that the process does not work without the therapist knowing what he is testing. Be aware that these therapists will try any rationalization or excuse to explain their failure, and
most will go to extreme lengths to cheat during the test. You see their emotional attachments to the control these fraudulent ways have is quite addictive. You see they are taught these counterfeit and false techniques by supposed credible doctors. Most of these doctors are unaware or they ignore the science and the lack of double blind results. The lie of point probes, muscle testing etc is so pervasive locked into their math phobic teachers. It seems that even the teachers cannot expose the fraud. So now it comes down to us the patients to extend alert and warn the public of these bogus and fraudulent techniques.

CONCLUSION

It appears then that there are people who will always be wanting to use these unconscious connection of subtle muscle interaction. Also it appears that some will try to present this interaction as unbiased true science, without any double blind independent testing. The temptation of going too far with this therapy is impossible to resist for the unscientific. Thus the users of these therapies should test them out with independent double blind tests that should be the heart of any Investigational Device Exemptions (IDE). IDE should insist on such testing. Allowing persons with diabetes or any disease to be measured by therapist who know this is inappropriate. Once it is determined that the therapy is biased then the users should notify their clients and patients that the unconscious of the tester determines the results. And patients should realize that the unconscious does not always give helpful results. Any of us have an unconscious capable of mistakes or even harm. The cultural warnings against divination are valid. Some religions say that such subtle therapies are of the devil indeed have some validity.

If your therapist can not pass the double blind test, ask for your money back. Don't give in to their anger. Fight for truth, not proliferation of unscientific lies.

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