

IRT and B&E:

The Qi Connection

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Introduction: There may be a connection between the Qi (life force energy) and the Injury Recall Technique (IRT) developed by Dr. Walter Schmitt, Jr, DC, DIBAK, DACBN. This same connection may apply to muscles that fail the autogenic inhibition (spindle cell approximation) test. It may also be relevant in cases where a Beginning or End (B&E) point of the acupuncture channels that originate or terminate on the face is used more than once during a patient visit.

Objective: Develop a process based on Manual Muscle Testing (MMT) that includes this energy factor when clearing the confusion from the Central Nervous System (CNS) which may cause erroneous findings with MMT.

Method: The new methodology utilises the IRT manoeuvre in combination with Therapy Localisation (TL) to the appropriate acupuncture Alarm (MU) point to address the energetic component in the procedures mentioned above. It has been used during the last one- and one-half years in an Applied Kinesiology (AK) practice to clear interference patterns from the CNS prior to treating patients' clinical complaints.

Result: Most of the patients tested demonstrated a need to have this energetic element cleared when eliminating reflexes arising from traumas and other stress-related events.

Conclusion: An energetic imbalance appears to be a result of the many stresses that lead to confusion in the CNS. Use of the IRT manoeuvre in combination with the patient's TL to the Mu Point of the appropriate acupuncture channel can eliminate this component.

Indexing terms: Chiropractic; Applied Kinesiology; IRT; Alarm/Mu point; LQM; Set Point; Switching; Autogenic Inhibition.

Introduction

Dr Wally Schmitt adapted the *Injury Recall Technique* (IRT) from the work of Dr Gordon Bronston, a podiatrist in Michigan. Bronston had learned his technique from its developer, Dr Robert Croty DPM and had used it while treating Schmitt for an ankle injury.

IRT uses a light ankle toggle or micro flexion of the occiput on the atlas, if trauma occurs above the shoulders, to eliminate the flexor-withdrawal type of neurological reflex associated with trauma

Other challenges can be used to uncover hidden trauma reflexes. These include having the patient direct their eyes toward the site of the injury, turning the head and lateral spinal flexion. Schmitt named this more in-depth assessment *Beyond IRT*. (Schmitt Seminar Beyond IRT, Wilmington, NC, 1996)

...When the CNS cannot compensate for the accumulation of stresses to which it is subjected it creates confusion in the system ...



The brain can also store the memories associated with trauma. Schmitt treated these with the *Location, Quality and Memory* (LQM) technique. In LQM the traumatic reflex is neutralised by stimulating the appropriate B&E point when the patient recalls an aspect of the traumatic event that causes an indicator muscle to weaken.

B&E points are utilised for other clearing procedures as well. These include the *B&E technique* (Walther, *Applied Kinesiology Synopsis*, 2e, 2000, pp. 277-8), the *Nociceptive Stimulation Blocking* (NSB) technique (*Quintessential Applications, The Neurological Rationale for a Comprehensive Clinical Protocol Using Applied Kinesiology Techniques* 2005 AKSP), the *Cover One Eye Cerebellar Challenge* (*Synchronising the CNS, QA Home Study webinar*, July 2020) the *REM Challenge* (QA Webinars – To Sleep or not to Sleep – part 1, July 2019), the *Emotional Recall Technique* and the *Set Point Technique* that Dr Schmitt developed with Dr Michael Lebowitz, DC (1989 Selected Papers of the ICAK, pp. 25-32).

Materials and Methods

All evaluative testing was done with MMT. The procedure involved tapping the relevant B&E point while the patient therapy localised the appropriate MU point.

Discussion

About three years ago I observed that a B&E point might be used more than once during a patient visit. I found that an indicator muscle would be inhibited when the patient therapy localised the MU point for either the channel whose B&E point was used more than once or for its paired yin channel and a IRT challenge was done. Applying the IRT corrective manoeuvre while the patient maintained the TL would negate the positive challenge. I routinely perform this procedure now as part of my IRT clearing procedure.

This energetic connection may also exist in the case of a hypertonic muscle. Schmitt taught that IRT could help reset muscles that are over facilitated. Such a muscle would be hypertonic to MMT and would not be inhibited by spindle cell compression. According to Schmitt's procedure stimulating the muscle's origin and insertion (O&I) and then performing IRT would reset the muscle to its normal resting state. Several of the patients I treated in this fashion returned with the same hypertonicity on a follow up visit. I found that TL to the MU point of the acupuncture channel that ran through the muscle would recreate the muscle's hypertonicity even after the O&I/IRT correction.

I hypothesised that there might be an energetic component to the muscle's hypertonicity that was not addressed by the O&I/IRT correction alone. The procedure I developed as a result of my hypothesis is to first determine if spindle cell compression inhibits a muscle. If this test fails, treat the muscle as Schmitt taught.

Next have the patient therapy localise the MU point for the acupuncture channel running through the muscle and re-test the muscle. For muscles that accommodate more than one acupuncture channel several MU points may have to be tested. If the muscle fails to respond to spindle cell compression, the patient continues to TL the MU point while the IRT manoeuvre is again performed. Recheck with both TL to the origin/insertion and to the MU point with the IRT challenge to determine that the muscle has been reset to normal.

The procedure can be performed in the reverse order of that just described. When I have cleared the muscle using the MU point first the number of times I then have to retreat using O&I is less than vice versa.

Results

TL to the MU point of the indicated acupuncture channel together with the IRT manoeuvre in addition to the O&I/IRT method described by Schmitt seems to restore a hypertonic muscle to a

normal response pattern and prevents recidivism. In addition, an IRT challenge to the MU point of any B&E acupuncture channel used more than once during a patient visit that inhibits an indicator muscle seems to indicate a hidden IRT pattern that should be corrected.

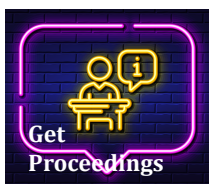
Conclusion

When the CNS cannot compensate for the accumulation of stresses to which it is subjected it creates confusion in the system; it may also affect the body's Qi. This effect can manifest through hypertonic muscles and through other procedures that involve the use of B&E points. It can be detected with MMT when TL to the MU point for the acupuncture channel involved combined with an IRT challenge causes the inhibition of an indicator muscle .

The imbalance can be corrected by using the IRT manoeuvre while maintaining the TL to the MU point.

More research is needed to confirm these findings.

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