The Heart Connection

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Abstract

Today's focus in on *connection* and *lack of connection* with a particular emphasis on the *heart* in a story of nine chapters with some kinesiological demonstrations.

1. Latissimus dorsi

In *Touch for Health: The Complete Edition*[1] we associate the latissimus dorsi muscle test with pancreas function:

> Latissimus Dorsi is associated with Pancreas Function, sugar metabolism and digestion in general, including insulin production. People with diabetes, hyperinsulinism (over-production of insulin, hypoglycemia (low blood sugar) or other problems with sugar metabolism may show a weak Latissimus Dorsi. You may see a high shoulder on the weak side. This weakness is very common, and it can often be an indicator for allergies, as well as an intolerance for sugar, caffeine, or tobacco.

In the majority of cases an unlocking latissimus dorsi muscle testing is indeed associated with pancreas blood sugar functioning. Sometimes it is associated with the heart. How can this be? In Touch for Health (TFH) we have assumed that all muscle testing involves muscles. In some forms of kinesiology, including Biokinesiology (BK) which was most of my early training, it is recognised that an unlocking muscle test can be due to other kinetic tissue imbalances, primarily tendons, but also ligaments and fasciae.

Latissimus dorsi muscle and tendon imbalances can both result in shoulder and low back pains. In BK it is the **tendon** that is associated with the pancreas. The **muscle** is associated with the heart meridian and the symptoms are described as:

> Shoulder and low back pains. High shoulder on weak side. Gas, pain in abdomen shorting after eating. Pyloric valve malfunction. Allergy to PABA. Temporal headache. Malaise.[2]

Whether it is the muscle or tendon that is causing the muscle test to unlock can be determined by circuit localising into the muscle then the tendon to see which unlocks the indicator muscle (IM). In January 1981, Doug Wickham and I discovered that we could use a reflex point on top of the head, later named LAN Y in Biokinesiology, as a universal entry point for emotions. Stating the positive emotions for the tendon/pancreas (**accepted**) and the muscle/heart (**forgiveness**) while pointing directly down into LAN Y is the fastest way to determine whether the imbalance is related to the pancreas or the heart. The opposite emotions are **unaccepted** and **bitter** respectively. Both have to do with *lack of connection*. If I am feeling **unaccepted** by someone, I am perceiving that I have temporarily lost connection with the other person. Something real or imagined has caused me to feel lack of acceptance from them. Or, I could be failing to accept myself.

However, if I am feeling **bitter**, the emotional distress is often much more serious. The opposite positive emotion is forgiveness and this is what is required from one or other of the

injured parties to heal this rift. Sometimes an event creates feelings of bitterness and family members can fall out and literally not talk to each other for decades. Such loss of connection can have a devastating effect on the body's structure and heart.

I remember meeting a 26-year-old woman as a client 42 years ago. Her lumbar / lower thoracic spine was horribly distorted. She had had six operations on the spine. Metal had been inserted to try to arrest the distortion and the metal was being bent. The latissimus dorsi muscle was very weak on the right side. Being the masculine side of the body, I checked to see if the distress was related to father, brother, boyfriend, etc. It was father and the imbalance began at age 13. Knowing that the negative emotion was **bitter**, I asked her why she would feel so bitter towards her father at that time. Apparently, he had tried to kill each member of the family! Unfortunately, she would not allow me to work through that incident with her. In retrospect, I should have done a kinesiological session working on things completely unrelated to the latissimus dorsi so she could develop trust and confidence in kinesiology; but I was just getting into kinesiology at that time and I did not have the wisdom that comes with experience.

In late 1980, Doug and I were working with a woman who'd had a series of heart attacks. Again, the main imbalance was the latissimus dorsi muscle. It was first out of balance in a significant way when she was age 16. That was when she found out that her boyfriend and one of her girlfriends were sleeping together without her knowing about it. That triggered feelings of bitterness. She was not aware of any heart problems at that time. Twenty-three years later bitterness was again triggered. A girlfriend was instrumental in "pulling the rug out" from underneath her husband and he lost his job. Her first of a series of heart attacks occurred the following year.

Here bitterness and loss of connection in close relations were associated with the **heart**.

2. Dying from a Broken Heart

I was about 14 years old when I read of a 14-year-old girl being killed by a shark at Oakura Beach just south of New Plymouth in Taranaki, New Zealand. Such an event is uncommon in New Zealand so I remembered it clearly. Exactly a year later on the anniversary of her daughter's death, the mother died. I remember thinking that she probably died of a broken heart. Some of you may recall that 84-year-old American actress, Debbie Reynolds died the day after the death of her 60-year-old daughter, Carrie Fisher.

Most heart attacks are caused by a blood clot in the coronary artery and are related to coronary heart disease. However, heart-related deaths can have a totally different origin. Sudden cardiac arrest is usually caused by a massive disturbance in heart rhythm (or arrhythmia) called ventricular fibrillation. "The heart twists and writhes in an uncoordinated way, and is no longer able to pump blood into the body. Without immediate CPR or access to a defibrillator, death occurs in around four minutes." [3] Eighty percent of such deaths are within males and the chief cause is adrenaline released as a heart stimulant to make the heart beat harder and faster in times of stress, such as watching World Cup football matches or during natural disasters such as earthquakes. Adrenaline brings extra calcium into heart cells to increase the contractile aspect of the heartbeat. But excessive calcium can create uncontrolled arrhythmia and death.

The emotional shock of losing a loved one can also release lots of adrenaline. The resulting damage to the heart, and sometimes death, has now been recognised as **broken heart syndrome.** This has been described as **Takotsubo syndrome** in Japan. It is predominantly (80-90%) seen in post-menopausal women.[3]

In Biokinesiology, among the eight pairs of emotions related to the heart are:

Broken-hearted	Loved
Unloved	Loved

Broken-hearted is often triggered by a specific event such as a death or the break-up of a relationship. When we age recess back to the time when the kinetic tissue or the heart reflex went out of balance, the client is usually easily able to identify the event that triggered this loss of connection with a loved one.

Some people grow up feeling **unloved**. In Biokinesiology we use the word "love" as a screening test to see if something – tissue, organ reflex, etc. – can be put into balance with emotions. Whenever I circuit localise into a part of the body and the IM unlocks, I can say "love, love" out loud then remonitor the IM. Almost always the IM relocks confirming that emotions can be part of the package of corrections to balance that reflex or tissue. The few exceptions include toxicity, and structural problems such as a hiatal hernia.

I had an interesting situation in an overseas workshop. One of the women did not respond to the words, "love, love." I asked her. What do you think about the word "love"? "I hate it", she responded. I asked her why and she told me that when she was young her parents would tell her they loved her while beating her. In this case the actions spoke more loudly than words. I did some emotional stress release work to take enough of the childhood trauma out of way, so that she could then begin responding positively to the word "love", the normal response.

3. The pectoralis – heart connection

One of Applied Kinesiology's foundational principles is that muscles are related to organs and meridians; balancing one can bring about change in the other two. The medical profession has stumbled onto this same connection without realising the significance of their discovery.

When a patient has angina, they experience discomfort (pain, pressure or squeezing) in the chest area within the pectoralis major muscle, hence the name **angina pectoris**. Symptoms can also include pain on the under surface of the left arm (heart meridian). Angina is associated with reduced blood flow through the coronary arteries into the heart and is commonly due to either coronary artery disease – plaque build-up - which narrows the arteries, or spasm in the arteries. The main triggers for angina include physical exertion, stress or exposure to cold temperatures.

Doctors prescribe nitroglycerin, a vasodilatory drug that relaxes the blood vessels so the heart does not need to work as hard and does not need as much oxygen. Nitroglycerin can be taken in several forms but usually as a tablet under the tongue 5 to 10 minutes before activities that may cause attacks of angina, or as soon as angina is experienced.

Nitroglycerin alleviates the heart problems and symptoms in the pectoralis muscle at the same time. Thus, the medical profession has discovered a correlation between a muscle (pectoralis major) and a specific organ (heart). Little do they realise that the discipline of Applied Kinesiology exists, and correlates tens of different muscles and organs; also that balancing muscles can improve organ function.

In Biokinesiology, the pectoralis major muscle - clavicular, sternal and inferior portions - are all associated with the **heart meridian**.

During a free lecture I was demonstrating how to track down emotions related to different imbalances in the body. My volunteer said that she was experiencing angina. I had her extend her arms forward, parallel to the ground and rotated medially so that the backs of the hands were in contact. I could push her arms outwards quite easily. When I pointed into LAN Y and said "secure" out loud, the muscles locked confirming that this imbalance was related to the heart meridian. Later she came in for a private session and I found that a particular mineral complex would help balance out these muscles. A few weeks later I was in the bank where she worked as a teller. She waved to get my attention and I went over to her window. She tapped the backs of her nails together. I didn't know what that meant. She explained that she used to bite her fingernails then spontaneously stopped doing so. I said "congratulations." Chewing fingernails usually indicates a mineral deficiency. Thus, supplementing her diet with minerals was benefiting more than just her heart.

4. The heart – magnesium connection

Magnesium is the second most abundant within cells after potassium. It is involved in at least six hundred chemical reactions in the body. Yet, according to World Health Organisation statistics, as much as 75% of the U.S. adult population does not meet the U.S. Food and Drug Administration's Recommended Daily Intake of 420 mg.

The greatest concentration of magnesium in the body is in the heart. Low levels of magnesium can result in painful spasms along the coronary arteries, restricting blood flow to the heart and triggering **angina**. Heart palpitations, episodes of hypertension, episodes of breathlessness, fatigue on exertion, episodes of irregular heart rate (atrial fibrillation or ventricular tachycardia), and fluid retention can all be attributed to a deficiency of magnesium.

A magnesium deficiency results in excess calcium deposition. Thus, in the heart, the tricuspid, pulmonary, mitral and aortic valves can all become calcified, especially the aortic valve (aortic stenosis), reducing blood flow.

The mitral valve is at the junction of the left atrium and the left ventricle. Mitral valve prolapse (MVP) occurs when excess calcium relative to magnesium causes the valve to go into spasm and not close properly, allowing backward flow of blood, which is heard as a murmur ("floppy valve syndrome"). Symptoms include fatigue, shortness of breath, chest pain, heart palpitations, dizziness and anxiety[4]. About 5% of the American population have MVP and about 85% of MVP patients have low magnesium levels.

Modern medicine treats heart disease with calcium channel-blocker drugs or heart valve replacement surgery. Excess calcium is recognized as the problem but people have forgotten,

or perhaps never knew, that the ultimate calcium channel-blocker is magnesium, the deficiency of which causes the calcium deposition.

The adrenaline-induced calcium overload that causes **sudden cardiac death** (mainly in males) and **broken heart syndrome** or **Takotsubo syndrome** (mainly in post-menopausal women) is probably ultimately related to a magnesium deficiency. If a person who is already magnesium deficient is overwhelmed with grief and shock, the magnesium burn rate soars, and the person can experience a coronary event.[5]

Therefore, it is not surprising that the organ that requires most magnesium is the heart. Epidemiological studies also show this heart – magnesium connection.

Siberia

Sixty-five different communities within Siberia were surveyed for cardiovascular disease death rates. In hard water areas high in calcium and low in magnesium, there were high rates of death due to heart disease. By contrast, in hard water areas high in magnesium and low in calcium, there were low rates of cardiovascular deaths (Seelig & Rosanoff 2003,[6] p. 248).

Is heart disease reversible? Another epidemiological study shows that it is.

Finland versus North Dakota

Youngish to middle-aged men in Finland had high illness and death rates from strokes and heart attacks. Their diets were rich in animal fat, salt, and calcium, and poor in magnesium and potassium. They were also heavy smokers and heavy drinkers of hard alcohol. So, the heart disease was hardly surprising.

However, similar Finnish immigrants in North Dakota who continued with the same dietary choices had unusually low heart attack and stroke rates and long-life expectancies. What accounted for the difference? There was abundant magnesium in their well water! (Seelig & Rosanoff 2003,[6] p. 246)

5. The hostility – heart - magnesium connection

In 1974, two American cardiologists, Meyer Friedman and Ray H. Rosenman published a book, *Type A Behavior and Your Heart* [7], where they described Type A and Type B Behavior Patterns. The Type A person was ambitious, driven, goal-oriented, always taking on a lot of work, pushing against deadlines, worrying about satisfying both superiors and those working beneath them, eating too fast, drinking too much, and not sleeping enough. Type Bs were relaxed, taking things as they come, leaving room for pleasure and leisure, allowing others to take on the burden of deadlines or of satisfying demands of impatient individuals, taking time with meals, and sleeping longer hours.

I was intrigued to find that these behavioural types were described in American books and articles, rarely overseas. Maybe just as well, because subsequent research has shown that it is hostility[8] that is primarily associated with increased risk for heart disease, not other "Type-A" characteristics. And, ironically, Philadelphia, the city of brotherly love – leads the nation in hostility. The increased release of adrenaline results in loss of cellular magnesium which is then associated with the heart disease.

6. Anger and the cigarette smoking connection

Major symptoms experienced upon beginning to smoke include dizziness, light-headedness, nausea, etc. Traditional Chinese medicine relates this to the liver becoming hyperactive because of the stimulatory effects of the tobacco. However, if you persist in smoking, those symptoms disappear. Very likely the liver has gone underactive but is now dependent upon the chemicals in the tobacco to bring it into a balanced state. The smoker will now crave cigarettes at times when liver energy is low as a way to boost it back to normalcy – e.g., first thing in the morning.

When the cigarette smoker feels angry, they will usually go for a cigarette to boost their liver energy. This liver – anger connection is consistent with our understanding of the Five Elements model.

7. The liver – cancer connection

Many experts have noted a liver / cancer connection.
Kaspar Blond, former senior surgeon in Vienna, Austria wrote a book in 1955 entitled *The Liver and Cancer.*

Dr. Jesse P. Greenstein, former chairman of the Department of Biochemistry at the National Cancer Institute in the United States, wrote a book – *Biochemistry of Cancer* – in 1947 in which he wrote (page 509): "There seems to be little doubt that hepatic insufficiency is a concomitant phenomenon with cancer…" He could have said, "People with cancer usually have liver problems."

Dr. John Christopher, the late master herbalist in the United States, said: "Show me a cancer patient, and I'll show you a person with liver problems."

Max Gerson, MD, developed a method to reverse tuberculosis. It also eliminated cancer so it became a cancer cure. With the Gerson Therapy cancer patients can rebuild their liver over a period of 18 months even if the liver has been 80% destroyed. Patients are generally then cancer-free.

Leo Roy, MD, also saw this liver – cancer connection. In his book, *The Liver: The Laboratory of Life*, he states "If a person has cancer, the probability they have a liver problem is 100%." And what does he believe causes most damage to the liver? Emotions. He claims that emotional shock will knock out a person's liver within 24 hours.

Which specific emotions most disrupt liver function?

8. The despair – cancer connection

In her 1926 book, *A Psychological Study of Cancer*, the Jungian psychoanalyst, Dr Elida Evans says that "The inability to reach your most cherished goal in life, can lead to the onset of cancer…" and "…In the cancer patient, I have found always a renunciation, **a GIVING UP OF HOPE** of the dearest wish through force of circumstances."

Psychologist, Lawrence LeShan found that a basic element in the emotional life of cancer patients was what he termed **"despair."** It was observed in 68 out of 71 therapy patients studied, yet it was found in only three of the control group of 88 persons.[9]

The then-husband-and-wife team of oncologist O. Carl Simonton, MD and psychotherapist, Stephanie Matthews-Simonton, found a five-step psychological process to often precede the onset of cancer.[10]

1. Experiences in childhood result in decisions to be a certain kind of person.

2. The individual is rocked by a cluster of stressful life events.

3. These stresses create a problem with which the individual does not know how to deal.

4. The individual sees no ways of changing the rules about how he or she must act and so feels trapped and helpless to resolve the problem.
Most of the Simontons' patients acknowledged that before their illness became apparent, they had felt helpless, unable to solve or control problems in their lives, and found themselves "giving up". The fact that they had become fatally ill merely confirmed what they already believed about themselves – that their situation had never afforded any hope and that they were powerless to do anything about it.

5. The individual puts distance between himself or herself and the problem, becoming static, unchanging, and rigid.

The Simontons believed that this pattern created a climate that is idea for the development of cancer.

One day, I saw the connection. In Biokinesiology the emotions we have associated with the liver are:

DISTRESSED	CONTENT (umbrella emotions)
Despair	Faith
Hopeless	Trusting
Helpless	Powerful
Incapable	Understandable

These negative emotions disrupt liver function which may then allow cancer to develop quite rapidly. Thus, we have the correlation between emotions such as despair, hopelessness, helplessness, trapped and cancer; and the correlation between the liver and cancer.

9. Connection and longevity

In their book, *The Healing Connection*, Harold G. Koenig, M.D. and Gregg Lewis summarise the findings of over 1,200 research studies that have examined the relationship between religion/spirituality and health.[11] Dr. Harold Koenig was founder and director of the widely respected Duke University Center for the Study of Religion/Spirituality and Health. He has written fourteen books and 150 professional journal articles.

People who have a strong faith experience less depression and less anxiety, lower blood pressure, are less likely to have strokes, need and use fewer expensive health services, have lower suicide rates, healthier immune systems, and live longer. Let's focus on longevity.

Researchers studied 21,204 adults and found that non-church attending African-Americans lived to an average age of sixty-six years compared to eighty years for those who faithfully attended religious services. That is a fourteen-year difference! For white subjects the difference was a smaller but still significant seven years [11] (p. 135-136).

These church goers would not all have had the same beliefs. I suspect a major cause for the increased longevity is that these people had frequent connections with like-minded people.

Therefore, my conclusion would be that if your goal is to live longer and to be healthier increase your connectedness to other people.

References

[1] Thie, John and Matthew Thie. *Touch for Health: The Complete Edition.* Camarillo, California: DeVorss Publications, 2005, 122.
[2] Biokinesiology Institute. *The Atlas. Book # IV. Muscles IN-LO,* 1981, M 131.3E
[3] Harding, Sian. Yes, You Can Actually Die of a Broken Heart. *Time.* Dec. *1, 2022.* Retrieved 1 May 2023 from *time.com*/6236104/broken-heart-syndrome-death/
[4] Cabot, Sandra. *Magnesium: The Miracle Mineral.* Camden, NSW, Australia: WHAS Pty Ltd, 2007, p. 59.
[5] Dean, Carolyn. *The Magnesium Miracle.* New York: Ballantine Books, 2014, p. 212.
[6]Seelig, Mildred S., and Andrea Rosanoff. *The Magnesium Factor*. New York: Avery, 2003.
[7] Friedman, Meyer and Ray H. Rosenman. *Type A Behavior and Your Heart*. New York: Knopf, 1974.
[8] Williams, Redford. *The Trusting Heart: Great News About Type A Behavior*. New York: Times Books, 1969.
[9] LeShan, Lawrence. *You Can Fight For Your Life*. New York: Evans, 1977.
[10] Simonton, O. Carl, Matthews-Simonton, Stephanie, and James Creighton. *Getting Well Again.* Los Angeles: J.P. Tarcher, 1978.
[11] Koenig, Harold G. with Gregg Lewis. *The Healing Connection*. Nashville, Tennessee, 2000.

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