

Polarity Therapy: A Brief Review of the Literature

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Polarity practitioners are developing research in clinical and hospital settings. Here is a literature review you may share with your medical colleagues. This brief review may be printed and used for that purpose.

Background on Polarity Therapy

Polarity therapy (PT) is a syncretic energy medicine, biofield/touch therapy developed by Randolph Stone, D.O., D.C. that evolved from an integration of traditional Ayurvedic medicine, energy meridian therapies from China and the manipulative therapy traditions of early 20th century “drugless” osteopathic medical practitioners in the U.S.A.

In the clinical setting, polarity practitioners observe, and patients recognize that polarity therapy provides profound relief from pain, stress and autonomically mediated illness sequelae for some people. Polarity therapy has never been the subject of a controlled clinical or feasibility study.

Overview

There are four parts to the practice of polarity therapy: Polarity Bodywork, Energetic Nutrition, Stretching Postures and Communication/Facilitation. PT is a unique complementary/alternative medicine (CAM) biofield/touch therapy in that it integrates the light energetic touch of biofield therapy techniques with soft-tissue, and pressure point manipulation. This review focuses on polarity bodywork.

Ball of Large Toe

Reflex stimulation on the feet, particularly the large toe continues in polarity therapy point 10. This stimulation encourages general relaxation and release of tension especially to the shoulders and sinuses. Structural contact is made with the medial cuneiform and sesamoid bones. Tendon contact is with the flexor hallucis brevis and longus. The nerve contact occurs with the plantar digital nerve.



Theory and Practice

A major tenet of polarity therapy is that health and healing are attributes of energy that flow in its natural and unobstructed state, (Association, 1996). Artful touch, focused attention, intention—empathy and love—is the foundation of the practice, (Association, 1996). Stone (1986) delineated concepts of energetic, myofascial and structural manipulation based on what he referred to as “wireless energy currents” a concept that is linked to field theory explicated by physicist David Bohm, (Korn, 1987).

One goal of polarity is to trace (by palpation) and release (by skilled touch) those energy blockages that manifest as pain or dysfunction. To do this, the practitioner applies three depths of touch depending on whether the energy blockage reflects a hyperactive, hypoactive, or neutral state of activity. This application of the continuum of touch pressure within the energetic context makes polarity unique among all the systems of biofield therapies currently employed.

Touch techniques range from very light, (5-10 grams of pressure) palpation similar to methods like Cranial-Sacral Therapy,



Healing Touch, Reiki and Therapeutic Touch, to a moderate to deep pressure. The pressure of moderate touch is where pressure meets tissue resistance, often the intersection where it may be tender but still feels pleasurable. Deep pressure incorporates manipulation through the myofascia similar to some of the early techniques of Rolfing, and (Neo)-Reichian practitioners following in the tradition of Dr. Wilhelm Reich. This deep form of touch appears to resolve stagnation, crystalline deposits and adhesions.

Pressure on energy points, rocking, bone manipulation, stretching, and rotation of joints are some of the methods used to help the patient achieve deep relaxation, improve digestive function, gain greater self-awareness of behavioral and cognitive impacts on health, and take an increasingly

Polarity Therapy	Powerful reflex action near centerline. Releases tension all over. Reflex for shoulder (releasing shoulder and neck tension) and sinus (to nose, tongue, speech and hearing). Helpful with sciatica, circulation congestion from smoking; hold for drainage
Structural	Bones: Medial cuneiform Sesamoid
(M)uscles	T: flexor hallucis brevis and longus
(T)endon	
Nerves	Plantar digital
(A)cupressure	SP3 SP2
Reflex Zone	Dermatome: L5 Longitudinal:1
Exercise	Scissors kick, squat with simultaneous supraorbital notch contact
Music Tone	Key of G and C

Cradle

The cradle hold in polarity therapy is used to bring balance to the parasympathetic and sympathetic nervous systems. Structural contacts are the mastoid process and occipital condyle. Muscles involved include the auricular posterior, sternocleidomastoid and trapezius. Nerve contact is facilitated via the cervical plexus branches (C2 – 4). Reflex points of contact are particularly related to the release of emotions.



Polarity Therapy	Hands cradle occipital bone at base of skull. Vital role in relationship of structural and motor forces in cerebrospinal fluid; via direct relation to sacral region; CNS balance.
Structural	mastoid process occipital condyle
Muscles	Auricular posterior sternocleido-mastoid trapezius
Nerves	Dorsal rami cervical spinal and branches from cervical plexus: Greater occipital C2; third occipital C3; lesser occipital C2,3; auricular C2,3; transverse cervical; C2,3; supraclavicular C3,4
Fascia	Cervical sternocleido-mastoid
(A)cupressure	(A) GV 14, 15, 16 Longitudinal – large intestine, triple
(N)euro(L)ymphatic	warmer, gall bladder, bladder and governing particularly with respect to release of emotions NL: central NV: kidney
(N)euro(V)ascular	
Reflex Zone	Dermatome: C2, 3L Longitudinal:1-5

Photos from “Anatomy and Physiology Cross Reference 21 Point Polarity Protocol” by Sandi Loytomaki, and Leslie Korn, Ph.D..
Photography by Amber Cole.

responsible role in creating a healthier lifestyle.

Psychophysiological Response to Polarity Therapy

Like other forms of biofield/touch therapies, PT appears to facilitate responses associated with a reduction in sympathetic activity by stimulating vagal response. Direct contact of the vagal nerve occurs while contacting areas on the neck and on the diaphragm. Auricular manipulation, a technique common in polarity therapy as well as acupressure (puncture) involves applying contact on the ear. Pressure points on the concha provide direct access to vagal nerve fibers. (Tiller, 1997) Polarity therapy stimulates circulatory, lymphatic and immune response while regulating circadian rhythm (Korn, 1996) and the primary respiratory mechanism. (Lett, 2000; Sills, 2000; Nathan, 1999) Polarity therapy appears to facilitate a reduction in pain, anxiety and depression and facilitate therapist-patient psychophysiological entrainment (Korn, 1996; Oschman, 2000). Entrainment describes a state in which two or more of the body's oscillatory systems, such as respiration and heart rhythm patterns, become synchronous and operate at the same frequency (McCraty, Atkinson and Tomasino, 2001). Entrainment occurs intra-organism, inter-organisms, as between therapist and patient and between individuals, groups and cosmic rhythms. During a treatment, polarity therapy commonly induces a state of consciousness termed reverie, associated with a predominance of theta brain waves (Green, 1969; Green, 1990) and facilitates a waking dream state that is known to enhance

creativity. PT is used effectively to improve respiration in people with asthma by releasing constriction of the scalene and sternocleidomastoid muscles and diaphragm. Deep pressure may be applied to the transverse processes of the thoracic vertebrae. It may be coupled with hydrotherapy consisting of ice applied to the thoracic vertebrae by the patient on a self-care basis.

A review of the literature revealed two published research studies on polarity therapy.

Benford (1999) undertook an experimental study on the mechanism of action of polarity therapy that showed statistically significant fluctuation in gamma radiation during treatment, leading Benford to hypothesize that radiation hormesis, the beneficial physiological effects derived from low dose LET (linear- energy- transfer) radiation might underlie the mechanism of action in PT. The clinical significance of these results is unclear and warrants further inquiry. Axt (1998) conducted clinical research demonstrating the benefits of polarity therapy for the treatment of children with autism and special developmental needs.

Polarity therapy, mental health and attachment

Based on 25 years of clinical application of PT within psychiatric and pain clinics, Korn (2004 forthcoming) has theorized that PT facilitates interpersonal attachment via a mechanism she terms somatic empathy. Somatic empathy is “ a psycho-physio-energetic interpersonal synchrony that is cultivated and directed for helping the client to heal.” (Korn, 1996) Somatic empathy

functions as the baseline of empathic consciousness, providing a unique bridge between somatic and emotional approaches to the treatment of affective disorders, Post Traumatic Stress Disorder (PTSD) and Borderline Personality Disorder.

Many traumatized people seek therapies like polarity. Therapists recognize the high rates of co-morbidity with PTSD, depression, anxiety and somatization and substance use disorder. Traumatologists conceptualize Post Traumatic Stress Disorder (and Borderline Personality Disorder) as disruptions in the capacity to form attachment relationships.

Attachment has been defined as: “a relationship that develops between two or more organisms as their behavioral and physiological systems become attuned to each other.” (Field, 1985) The capacity to provide psychological and physical safety is called psychobiological attunement (Field, 1985). Touch is the original, pre-verbal language that mediates the psychobiological template of attachment throughout the life cycle. (Korn, 1996) Caregivers, hospice aides and health professionals use polarity therapy for end-of-life and palliative care for pain and for interpersonal attachment needs.

Polarity therapy and Caregivers of people with dementia

In 2004, the National Institutes of Health accepted for review an exploratory research project entitled “Polarity Therapy for Native Family Dementia Caregivers.” Polarity therapy (PT) includes techniques that are very similar to other biofield/touch therapies. For the purposes of this review we extrapolate relevant research below.

Pressure Points On Trapezius Muscle

In the trapezius contact, pressure points are contacted to facilitate expansion of the chest and release of gas. Contact is made both with the trapezius fascia and muscle belly. Efferent nerve contact is through the external accessory nerve, while proprioceptive is via C3 and C4 nerves, with cutaneous through C4-C6. Reflex points influence neck and shoulder tension, personal and cultural tension, as well as respiratory functions. Both Allopathic medicine and polarity therapy interpret pain in the upper shoulders (trapezius) or back as possibly due to gall bladder congestion.



Polarity Therapy	Superior positive pole of diaphragm. Respiratory reflexes flow into arms and down body (right side) and up arms and body (left side) – electromagnetic currents.
Structural	Trapezius fascia
(M)uscles	Trapezius
(N)erves	Efferent - External branch accessory nerve Proprioceptive via 3rd and 4th spinal nerve Cutaneous – medial branch C4-6
(A)cupressure	A: GB 21 Traditional barometer of personal and cultural tension. Release neck and shoulder tension. Very important release for free passing of strange flow up the neck and through head.
Reflex Zone	Dermatome: C4-6 Longitudinal: 4.5
Music Tone	Key of G and F

Biofield/touch therapies including PT are utilized by adult and elder caregivers and dementia patients within long term care institutions and in the community yet very few studies have evaluated these therapies, (indeed very few Complementary and Alternative Medicine modalities) for the caregiver population. There have been a number of trials of various types of touch therapies with diverse populations, including elders and people with dementia. (Rowlands, 1984; Fakouri and Jones, 1987; Gagne and Toye, 1994; Snyder, 1995; Peck, 1998; Cox and Hayes, 1999; Kim and Buschmann, 1999; Smith, 1999; Winstead-Fry and Kijek, 1999; Lee, 2001). Two pilot studies have explored the use of Healing Touch and its effect on caregiver quality-of-life. Studies done with dementia patients report reduction in anxiety (Sansone and Schmitt, 2000) and increases in pleasurable feelings, but these studies show mixed results concerning reduction in agitation. (Ostuni and Santo Pietro, 1999) (Snyder, 1997) As dementia progresses, the person with dementia loses the cognitive capacities to communicate needs and feelings, which limits interpersonal communication strategies between the caregiver and patient.

Massage and biofield/touch therapies appear to facilitate a generalized response of a decrease in sympathetic activity (Bumpus, 1993; Cox and Hayes, 1999; Gehlhaart, 2000) (Rowlands, 1984), pain (Sansone and Schmitt, 2000), anxiety (Kim and Buschmann 1999) (Gagne and Toye, 1994), depression (Rowlands, 1984) (Wardell and Engebretson, 2001) and increases in energy (Lee, 2001), improved mood, and sleep patterns. (Smith, 1999) Stress markers such as cortisol and IgA have decreased in both

Reiki and massage. (Cox and Hayes, 1999) (Field, Ironson et al., 1996; Field, 1998; Field, 2000; Field, 2002) Massage reduced physical and emotional stress, physical pain, and sleep difficulties for the primary family hospice caregivers (MacDonald, 1998)

The caregiver of a family member with a dementia patient experiences a "living loss," in which often a primary or important object of attachment disappears, even as s/he remains alive. (Doernberg, 1986) Caregiving for a loved one with dementia represents a decline in the reciprocal relationship (Lynch-Sauer, 1990). The caregiver population may be particularly responsive to polarity therapy. In addition to the emotional, physical, and financial burdens of dementia care, conventional interventions rarely treat the loss of interpersonal tactile reciprocity between the patient and the caregiver.

Polarity therapy may be uniquely suited to address the often-unmet need of caregivers to receive care. While polarity therapy is often practiced as a secular approach to health, its strong roots in facilitating awareness and spirituality may also serve as a base for exploring spirituality at the end-of-life. The research by Irvin and Acton (Irvin and Acton, 1997) on the role of hope as a stress-inoculant for dementia caregivers is promising and polarity therapy may serve as an activating force for hope and spirituality among caregivers.

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Continued on page 10

Kidney Reflexes in the Feet

Point 9 involves reflex stimulation on the feet. Stimulation of the kidneys and adrenals are facilitated, balancing the cerebrospinal nervous systems (both parasympathetic and sympathetic). Structurally the cuboid bone is contacted. Muscle contact is with the quadratus plantaris, interosseus and lumbrical muscles, while tendon involves the flexor digitorum and longus tendon. The nerve contacts are medial and deep plantar nerve. The ankle is part of the air element (chest-shoulders/lungs, kidneys and ankles). Both allopathic medicine and polarity therapy recognize the retention of fluid in the ankles as indicative of sluggish kidney function or failure



Polarity Therapy	Superior and inferior location of body ovals and their wireless circuits are found in the feet - as chronic, negative pole, symptomatic reflexes. Flows back to the invigorating center. When stimulating kidney also stimulating adrenals; Indicative of balancing parasympathetic and sympathetic nervous systems.
Structural	Cuboid bone
(M)uscles	M: Quadratus plantaris Interosseus Lumbrical 2,
(T)endon	3T: flexor digitorum longus tendon
Nerves	Medial and deep plantar
Reflex Zone	Dermatome: L5, S1, L4 Longitudinal: 4-5
Music Tone	Key of E

Ankle and Diaphragm

Contact in point 11 joins the extremities to the locus (vital action centers, abdomen). Release of emotion, anxiety; stimulation of phrenic (vagus) nerve releases bulimic anxiety and purging urges. Release supports improved breathing especially for asthma, and hyperventilation; improved blood circulation; chronic weak or twisting ankles may be treated through the neutral reflex; additional information corresponds to that described in point 10.



Polarity Therapy	Dense muscle release where center of muscle needs to be emptied to function freely. Diaphragm is the functioning neuter pole of life, lifting and activating the contents below. Distributes fine energy waves to reach cell tissue. Repolarizing effect - very soothing.
Structural	Below 12th rib Diaphragmatic Pleura Arteries: phrenic, suprarenal
(M)uscles	M: diaphragm L: medial and lateral arcuate
(L)igament	
Nerves	Phrenicoabdominal (branch of phrenic)
(A)cupressure	A GV 14, 15, 16 Longitudinal - large intestine, triple
Reflex Zone	Dermatome: T8,9 Longitudinal: 1-5

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