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Date _____

Advanced I I Workshop Manual

Enhancing Immune System Function
&
Treatment of Functional Somatic Illnesses

Developed by Dr. Mitchell Corwin
&
Additional David Slater Concepts

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© December 2003

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Foreword

The information presented in this manual represents the pinnacle and logical summation of neural organization work. It outlines a methodology to optimize our vitality and maintain youthfulness by restoring and maintaining the best health at any age. The prerequisites are an optimally functioning immune system built on a foundation of an intact nervous system. Here in lies the challenge for the health care practitioner to direct a renewed immune system and resolve chronic and hidden illnesses.

Advanced protocols described in this manual represent an eclectic knowledge base from years of study and the challenges brought forth in clinical practice. It is based on the prior work outlined in Manuals One and Two. Unlike the prior manuals, this work is 100% energetically based and requires an expertise level in energetic medicine practice.

The development of this manual would not have been possible without the shared knowledge and trainings of David Slater. His understanding of chronic illness, vibrational healing, and the hidden challenges our immune system faces created a logical format in which to use this work effectively and efficiently. He can be reached through his organization called Healers “Who Share” based in Westminster Colorado, US. (303) 428-4584. www.healerswhoshare.com.

Much of the foundational energetic techniques utilized in this manual came from the shared knowledge and trainings of Dr. Vaughn Harada in Southern California. His expertise in biological dentistry, radionics, and fourth-dimensional healing has led to a workable format outlined in this manual.

As with all new developments, there will be a learning curve to develop a practical level of expertise. There is no substitute for the meticulous process of pattern recognition and correlation with the commonality of reflex patterns seen in chronic illnesses. This is an ongoing process and I anticipate there will be many contributions from practitioners’ worldwide and continuing updates. Please stay in touch via email and a future website where new information will be published.

To obtain this or prior manuals, please contact me at the information below. If you are interested in attending a workshop or would like to sponsor a workshop in your local area, please contact me.

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IMMUNO-THERAPY

Introduction: This work requires an expertise in energetic medicine and a competency level that comes with practice and devotion. Although the protocols outlined follow the basic concepts of anatomy and physiology, a comprehensive understanding of immune system function and common pathologies are required. Unlike the protocols of prior manuals, this work is 100% energetic in its application. Notwithstanding, to that which the practitioner can operate effectively in this domain, will define the outcome. Patience, concentration, and inquisitiveness are essential qualities as with the understanding that one's level of muscle testing competency and diagnostic skills will be directly proportional to one's knowledge base.

Theory: Longevity and or restoration of health require a competent immune system built on a foundation of an intact nervous system. An intact nervous system is established by addressing the basic survival systems of the basic workshop manual. Infectious microorganisms, environmental and food toxicities, iatrogenic factors, and inherited weakness are the main players that weaken our core immune system. Rebuilding the core immune system, (Spleen, Thymus, B & T Lymphocytes, and the CNS), is primary and teaching it how to effectively address and overcome chronic infection states is critical to regaining health.

Our immune system is constantly at work in maintaining the internal environment and cleaning up the mess our digestive leaves behind. Cumulative insults wear down our system down to a level of incompetency that invites opportunistic organisms. Essentially, the present state of health care offers these common alternatives:

- 1) Reduce the threat of microorganisms and eat healthy nutrient rich foods.
- 2) Allopathic approach utilizing a system of statistical correlation of the commonalities of pathological findings in illnesses.
- 3) Detoxify the body, liver and colon. Original concepts by Earl Irons.
- 4) Feed the weakened organ(s) via nutritional supplements first promoted by Royal Lee.
- 5) Develop a spirituality that places one in harmony with your surroundings and self.
- 6) Energetically recharge the body organs by restoring balance and harmony.

The sixth alternative listed above is where our emphasis lies. It will be a well-directed effort to rebuild the core immune system from the inside and restore it to a level for which it was originally designed.

Discussion: It is a fundamental concept and belief in neural organization work (N.O.W.) that everything that happens to us on a physical level must be processed through one or more of our primal survival systems. When a significant physical, chemical, or emotional trauma presents, then our nervous system will adapt in a fashion to optimize survivability. This process will often require a compensatory state as an adaptive mechanism for survival. Compensatory states, although imperative to our survival, reduce our overall efficiency. The key to neural organization work is to help the nervous system remove unnecessary compensations, thus restoring optimal function. It is this thought process of defusing the compensatory mechanisms from past illnesses and injuries that will be implemented in the following protocols.

Core Immune System Enhancement

Update 4-2009

Rebuilding the Core Immune System: Our present working model of the “core” immune system function is comprised of three primary components with two sub-categories within the Thymus and Central Nervous System (*CNS*).

- 1) Spleen: Representing the home of the immune system, blood, tissue repair, and regeneration.
- 2) Thymus: Representing the white blood cells, the immune reactions of both humeral and cell-mediated responses:
 - a) B & T Lymphocytes.
- 3) CNS: A separate and closed system incorporating #2 above and subcomponents of:
 - a) B & T Lymphocytes.

Important: It is understood that three primary survival systems be 100% clear, as their function will be utilized in eye memory protocols outlined below.

Additionally, at the beginning of every session, it is imperative that following four protocols be clear:

(1) Right (emotional) Jaw, (2) Left (physiological) Jaw followed by, (3) Universal Jaw, (4) Parietal Descent. They must be cleared if present and corrected in this order.

The reactive Left Jaw indicates organ(s) that are in an active compensatory state and the Universal Jaw (eyes open) represents organ(s) in distress. Often you will find Parietal Descent / Gallbladder reflex showing up in the clear and can be addressed as outlined in Manual One page 6 by first activating / lifting parietals then correct left homolateral gait both anterior and posterior, K-27, spread maxillary suture, and lift parietals. A reactive Right Jaw if present represents an active emotional compensatory state, which will need to be cleared and possibly followed up with DHS protocols outlined in Manual II Section VII.

1) SPLEEN

Evaluation: Therapy Localize (*TL*) Spleen (over the organ) while energetically evaluating: ***“Immune System Function of the Spleen?”*** There usually will be an immediate weak response with any intact indicator muscle or, initiated by atlas *TL* (tongue thrust) and or occasionally *TL* of C-3 on the right.

Note: Resetting the atlas represents the main circuit breaker “enabling factor.” Incorporation of a memory reset via eye muscle corrections of all primary steps within the survival systems are utilized for the remaining steps. Because this immune system reset is energetic and essentially a neurological memory, a focused awareness by touching the primary reflex for each step in the protocols outlined below is essential. It is imperative to focus one's energetic awareness without any distraction on every step and thus it behooves the practitioner to periodically re-check all steps. Steps are serial in nature and errors or omissions will neutralize all benefits!

Correction: (Spleen) While contacting the appropriate reflex, right and left-brain hemispheric activity is engaged by lifting one leg and then the opposite. A sagittal suture tap is incorporated as momentary pause lock while memory resets are made with eye muscle corrections of up-to-the-left & up-to-the-right. This correction is utilized for all steps except the atlas reset.

- a) Reset Atlas (manual reset often requiring minimally 4-5 attempts with each leg raise).
- b) C-3 ...representing Cat I.
- c) TNNR ...representing cranial injury complex.
- d) Right Jaw ... representing defensive jaw complex.
- e) R-Jaw & Coccyx ...representing coccygeal release.
- f) Fascial Defense ...maintain stretch of neck fascia.
- g) Left hand on Right Jaw ...representing hard tissues of the body.
- h) Left Jaw ...representing Cat II.
- i) SP-21 ...representing Limbic system.
- j) Bilateral Jaw ...representing universal jaw.
- k) Digestive Jaw...Bilateral Jaw with Eyes closed ...representing digestive /chewing jaw.
- l) Left PMS ...representing endocrine system.
- m) While contacting SP-21, reset each component by contacting directly over each organ:
 - 1) Spleen
 - 2) Right & Left Liver
 - 3) Right & Left Small Intestine
 - 4) Hypothalamus.

2) Thymus (Lymphocytes ...Natural Killer Cells non-specific immune response)

Evaluation: Therapy Localize (*TL*) Thymus (over the organ) while energetically evaluating: ***“Immune System Function of the Thymus (lymphoid cells)?”*** There usually will be an immediate weak response with any intact indicator muscle or, initiated by atlas *TL* (tongue thrust).

Correction:

- a) Reset Atlas (utilize forced dorsi-flexion of feet or atlas reset).
- b) C-3 ...representing Cat I.
- c) TNNR ...representing cranial injury complex.
- d) Right Jaw ... representing defensive jaw complex.
- e) R-Jaw & Coccyx ...representing coccygeal release.
- f) Fascial Defense ...maintain stretch of neck fascia.
- g) Left hand on Right Jaw ... representing hard tissues of the body.
- h) PIC ...pelvic injury complex (left hand on right jaw).
- i) Left Jaw ...representing Cat II.
- j) SP-21 ...representing Limbic system.
- k) Bilateral Jaw ...representing universal jaw.
- l) Digestive Jaw...Bilateral Jaw with Eyes closed ...representing digestive /chewing jaw.
- m) Left PMS ...representing endocrine system.
- n) While contacting SP-21, reset each component by contacting directly over each organ:
 - 1) Thymus
 - 2) Right & Left Lymphatics
 - 3) Right & Left Liver
 - 4) Right & Left Small Intestine
 - 5) Blood
 - 6) Hypothalamus

3) Central Nervous System

Evaluation: Therapy Localize (*TL*) CNS (place left hand behind head) while energetically evaluating: “**Immune System Function of the CNS?**” i.e. choroid plexus acting as the immune components unique to the CNS.” There usually will be an immediate weak response with any intact indicator muscle or, initiated by atlas *TL* (tongue thrust). This may or may not be present if there has not been a substantial immune challenge to the CNS.

Correction:

- a) Reset Atlas (utilize forced dorsi-flexion of feet or atlas reset).
- b) C-3 ...representing Cat I.
- c) TNNR ...representing cranial injury complex.
- d) Right Jaw ... representing defensive jaw complex.
- e) R-Jaw & Coccyx ...representing coccygeal release.
- f) Fascial Defense ...maintain stretch of neck fascia.
- g) Left hand on Right Jaw ... representing hard tissues of the body.
- h) PIC ...pelvic injury complex (left hand on right jaw).
- i) Left Jaw ...representing Cat II.
- j) SP-21 ...representing Limbic system.
- k) Bilateral Jaw ...representing universal jaw.
- l) Left PMS ...representing endocrine system.

While contacting SP-21, reset each component by contacting directly over each organ:

- 1) Choroid Plexus... (right & middle & left).
- 2) Supportive Cells... (right & middle & left).
- 3) Supportive Cells...(spinal canal & brain stem)
- 4) Hypothalamus

4) Macrophages (non-specific Immune response of monocytes)

Therapy Localize (*TL*) thymus (over the organ representing monocytes converting to macrophages) while energetically evaluating: “**Immune System Function of macrophages?**” There usually will be an immediate weak response with any intact indicator muscle or, initiated by atlas *TL* (tongue thrust). This may or may not be present if there has not been a long standing immune challenge in the body

Correction: (Macrophages)

- a) Reset Atlas (utilize forced dorsi-flexion of feet or atlas reset).
- b) C-3 ...representing Cat I.
- c) TNNR ...representing cranial injury complex.
- d) Right Jaw ... representing defensive jaw complex.
- e) R-Jaw & Coccyx ...representing coccygeal release.
- f) Fascial Defense ...maintain stretch of neck fascia.
- g) Left hand on Right Jaw ... representing hard tissues of the body.
- h) PIC ...pelvic injury complex (left hand on right jaw).
- i) Left Jaw ...representing Cat II.
- j) SP-21 ...representing Limbic system.
- k) Bilateral Jaw ...representing universal jaw.
- l) Left PMS ...representing endocrine system.

While contacting SP-21, reset each component by contacting directly over each organ:

- i. Thymus (representing macrophages)
- ii. Right & Left Lymphatics
- iii. Blood
- iv. Right & Left Liver
- v. Right & Left Small Intestine
- vi. Choroid Plexus... (right & middle & left).
- vii. Hypothalamus.

5) B Lymphocytes of the Body

Evaluation: Therapy Localize (*TL*) Thymus (over the organ) while energetically evaluating: ***“Immune System Function of the B Lymphocytes of the Body?”*** There usually will be an immediate weak response with any intact indicator muscle or the function will be intact, i.e. absent finding. B and T Lymphocytes represent cell mediated Immunity response. B Cells utilize clonal expansion.

Correction:

- a) Reset Atlas (manual reset often requiring minimally 4-5 attempts with each leg raise).
- b) C-3 ...representing Cat I.
- c) TNNR ...representing cranial injury complex.
- d) Right Jaw ... representing defensive jaw complex.
- e) R-Jaw & Coccyx ...representing coccygeal release.
- f) Fascial Defense ...maintain stretch of neck fascia.
- g) Left hand on Right Jaw ... representing hard tissues of the body.
- h) Left Jaw ...representing Cat II.
- i) SP-21 ...representing Limbic system.
- j) Bilateral Jaw ...representing universal jaw.
- k) Digestive Jaw...Bilateral Jaw with Eyes closed ...representing digestive /chewing jaw.
- l) Left PMS ...representing endocrine system.
- m) While contacting SP-21, reset each component of the B Lymphocytes circuit:
 1. Thymus
 2. Right & Left Lymphatics
 3. Right & Left Liver
 4. Right & Left Small Intestine
 5. Blood.

6) B Lymphocytes of the CNS

Evaluation: Therapy Localize (*TL*) Thymus (over the organ) while energetically evaluating: **“Immune System Function of the B Lymphocytes of the CNS?”** There usually will be an immediate weak response with any intact indicator muscle or the function will be intact, absent finding.

Correction:

- a) Reset Atlas (manual reset often requiring minimally 4-5 attempts with each leg raise).
- b) C-3 ...representing Cat I.
- c) TNNR ...representing cranial injury complex.
- d) Right Jaw ... representing defensive jaw complex.
- e) R-Jaw & Coccyx ...representing coccygeal release.
- f) Left hand on Right Jaw ... representing hard tissues of spine & cranium.
- g) Left Jaw ...representing Cat II.
- h) SP-21 ...representing Limbic system.
- i) Bilateral Jaw ...representing universal jaw.
- j) Left PMS ...representing endocrine system.
- k) While one hand is behind the head, reset each component of the B Lymphocytes circuit:
 - viii. Choroid Plexus... (right & middle & left).
 - ix. Supportive Cells... (right & middle & left).
 - x. Supportive Cells...(spinal canal & brain stem)
 1. Hypothalamus.

7) T Lymphocytes of the Body

Evaluation: Therapy localize (*TL*) Thymus (over the organ) while energetically evaluating: **“Immune System Function of the T Lymphocytes of the Body?”** There usually will be an immediate weak response with any intact indicator muscle or the function will be intact, absent finding.

Correction:

- a) Reset Atlas (manual reset often requiring minimally 4-5 attempts with each leg raise).
- b) C-3 ...representing Cat I.
- c) TNNR ...representing cranial injury complex.
- d) Right Jaw ... representing defensive jaw complex.
- e) R-Jaw & Coccyx ...representing coccygeal release.
- f) Fascial Defense ...maintain stretch of neck fascia.
- g) Left hand on Right Jaw ... representing hard tissues of the body.
- h) Left Jaw ...representing Cat II.
- i) SP-21 ...representing Limbic system.
- j) Bilateral Jaw ...representing universal jaw.
- k) Digestive Jaw...Bilateral Jaw with Eyes closed ...representing digestive /chewing jaw.
- l) Left PMS ...representing endocrine system.
- m) While contacting SP-21, reset each component of the B Lymphocytes circuit:
 1. Thymus
 2. Right & Left Lymphatics
 3. Right & Left Liver
 4. Right & Left Small Intestine
 5. Blood.

8) T Lymphocytes of the CNS

Evaluation: Therapy Localize (TL) Thymus (over the organ) while energetically evaluating: ***“Immune System Function of the T Lymphocytes of the CNS?”*** There usually will be an immediate weak response with any intact indicator muscle. This commonly will need to be repeated if miasmatic factors are elevated.

Correction:

- a) Reset Atlas (manual reset often requiring minimally 4-5 attempts with each leg raise).
- b) C-3 ...representing Cat I.
- c) TNNR ...representing cranial injury complex.
- d) Right Jaw ... representing defensive jaw complex.
- e) R-Jaw & Coccyx ...representing coccygeal release.
- f) Left hand on Right Jaw ... representing hard tissues of spine & cranium.
- g) Left Jaw ...representing Cat II.
- h) SP-21 ...representing Limbic system.
- i) Bilateral Jaw ...representing universal jaw.
- j) Left PMS ...representing endocrine system.
- k) While one hand is behind the head, reset each component of the B Lymphocytes circuit:
 - xi. Choroid Plexus... (right & middle & left).
 - xii. Supportive Cells... (right & middle & left).
 - xiii. Supportive Cells...(spinal canal & brain stem)
 1. Hypothalamus.

Summary: Completion of all seven steps above restores optimal function of the core immune system on the Tissue Repair Level at our present level of understanding. You are invited to implement the same on the cellular and DNA Levels. At the time of this righting, the author has not significantly investigated these deeper levels to date as there is so much to do on the surface / tissue level. I anticipate the utilization of deeper levels concerning tissue regeneration and neutralizing Cancer.

Identification and correction of B and or T lymphocyte function is highly suggestive there are chronic viral infections to be addressed. Optimizing Spleen function will allow the practitioner to address Toxicities (heavy metals ...mercury, lead, etc.). Including Thymus will expand the application to Bacterial, Parasitic, Fungal, and Yeast infections.

In treating moderate to severe chronic problems, common patterns will become apparent. Nasty herpetic viruses will have a tendency to tear down the immune system function of the CNS and B & T Lymphocytes. Although most respond well, some cases have resisted this therapy in that the virus is too potent for the immune system to handle or the core immune system has been devastated beyond “internal” repair solely utilizing this methodology.

With restoration of the above components of the immune system, there will be noticeable increase in vital life force. Once the major chronic infections are removed, miasms neutralized and the “fine-tuning” protocols outlined in Manual One Section III Pages 6-11 are completed, one will experience a vitality that will be readily apparent and long lasting. This will be a unique and welcomed experience.

Functional Somatic Illnesses

Functional Somatic Illnesses (FSI) or more commonly known as “*Hidden Illnesses*” represents an ever-increasing percentage of the population that is for the most part overlooked by classical medicine. As Neural Organization Work expands into systemic conditions, it behooves the practitioner to readily distinguish these *FSI* from functional neurological conditions described in Manuals One and Two. The conditions below are listed in priority and represent the clinical information that is available at the time of this writing. Every attempt is made to be comprehensive however, it is understood that each case is unique and the individual practitioners diagnostic skills vary based on their knowledge and perception. Utilization of this technique requires a constant vigilance for perfection and thoroughness as well mental focus.

Important: At the beginning of every session, it is imperative that three primary survival systems be 100% clear, as their function will be utilized in eye memory protocols outlined below. **Additionally,** the following four protocols must also be addressed; any **Reactive Jaws**, i.e. **(1) Right (emotional) Jaw if present, (2) Left (physiological) Jaw, (3) Universal Jaw, (4) Parietal Descent.** The reactive Left Jaw indicates organ(s) that are in an active compensatory state and the Universal Jaw (eyes open) represents organ(s) in distress. Often you will find Parietal Descent / Gallbladder reflex showing up in the clear and can be addressed as outlined in Manual One page 6 by first activating / lifting parietals then correct left homolateral gait both anterior and posterior, K-27, spread maxillary suture, and lift parietals. A reactive Right Jaw if present represents an active emotional compensatory state, which will need to be cleared and possibly followed up with DHS protocols outline in Manual II Section VII.

Phase One: Phase one represents an attempt to address and neutralize factors that directly inhibit optimal immune system functionality and toxicities of the liver and elimination organs.

- 1) Heavy Metal Toxicity: Primarily Mercury from leaking amalgam fillings. This is a real and present danger in as much as 65% of all cases. Occasionally, additional neural toxicity(s) from pesticides, harsh chemical, etc., may need to be investigated.
- 2) Bone Infection: Believed to be a low-grade chronic bone infection consistent with a history of bone fractures and bruises but most commonly iatrogenic from dental work. Root canals due to tooth abscesses are the worst offenders.

Phase Two: Phase two addresses the most common Virus Infection running rampant in today's society. It is called a Pan Virus and belongs to the herpetic virus family. This virus is addressed first because of its devastating effects on the pancreas and its involvement in both digestion and blood sugar handling.

Phase Three: Phase three addresses Miasmatic Factors which if present, have the ability to sabotage all aspects of the work especially from this point forward. The most common miasmatic component is the Syphilinum Miasm followed by the Gonorrhoea & TB Miasm

Phase Four: Phase four addresses the remaining common viral infections. These viruses account for past infections of chicken pox, infectious mono, cytomegalovirus, Epstein Barr, herpes simplex, and shingles, etc.

Phase Five: This phase can be generally be implemented anytime when deemed appropriate. It can involve any microorganism infection i.e. the common cold, parasitic, and fungal /candida infections. Additionally, tissue repair of weak organs, gland or nerve structures may be required to facilitate the above listed phases. One can expand this section to any bodily organ or structure.

Phase One: *Heavy Metal Toxicity*

1) Heavy Metal Toxicity: Heavy Metal Toxicity (*HMT*), generally mercury as well as nickel, cadmium, lead, and arsenic from leaking amalgam fillings, when present needs to be addressed. If the offending fillings are present, this procedure should be done first to detox the body and repeated after each incident of amalgam filling removal. If the client is unable to get the fillings removed promptly, this protocol may need to be repeated every 2-4 months to maintain an acceptable toxic load.

Heavy metal toxicity problems are often at the root of chronic non-responsive neurological conditions, extremity joint problems, especially the shoulder and knees. Heavy metal toxicity is the number one toxic condition with its adverse affect aggravating all other health issues.

Adjuncts: External support is beneficial. Commonly, Alpha Lipoic Acid is used to support liver detox and any of a number of chelating agents can be incorporated but not necessary.

Note: Although all amalgam fillings will eventually leak over time, it behooves the practitioner to prioritize the worst offenders. A positive *TL* is a good general indicator of a leaking amalgam filling or bacterial decay and often both.

Evaluation:

a) Energetic evaluation: Ask in relationship to: “Heavy Metal Toxicity?” and determine the *IM* response.

- 1) Immediate weak Indicator Muscle (*IM*) response that strengthens on atlas involvement (tongue thrust). Level Severe.
- 2) Weak indicator muscle response on atlas involvement (tongue thrust). Level Severe
- 3) Weak indicator muscle response on *TL* of C-3. Level Moderate.
- 4) Weak indicator muscle response on *TL* of right jaw. Level Mild.

b) Physical Evaluation: Use opponens muscle test of hands (thumb and pinky) as Indicator Muscles (*IM*). First determine there is normal strength in both the supine and prone hand positions to rule-out elbow wrist problems.

Have client open and close hand repeatedly for a minimum of twenty times. Then immediately perform opens test. If weakness is observed that disappears after 10 seconds of motionless rest, this is highly suggestive of heavy metal toxicity problems. Return to Step (a) to identify level of involvement.

Comments:

Phase One:

Heavy Metal Toxicity

Correction: While touching the body or contacting the liver, right and left-brain hemispheric activity is engaged by lifting one leg and then the opposite. A sagittal suture tap is incorporated as momentary pause lock while memory resets are made with eye muscle corrections of up-to-the-left & up-to-the-right. This correction is utilized for all steps except the atlas reset.

Note: Many corrective procedures are done bilaterally, once on each side of the body.

Note: The minimum requirement is optimal functioning of the spleen circuit Section VIII page 2. In addition, all jaws must be clear as well as parietals if present.

In mild-moderate-severe cases, the major ganglions of the body and the head are involved. In The CNS they are the mandibular, suboccipital, auricular, fascial, and olfactory. In the body, they would be the stellate ganglia, cardiac, superior mesenteric, inferior mesenteric, and mid-line inferior mesenteric ganglions.

Physical Body:

- a) Reset Atlas (utilize forced dorsi-flexion of feet or atlas reset).
- b) C-3 ...representing Cat I.
- c) TNNR ...representing cranial injury complex.
- d) Right Jaw ... representing defensive jaw complex.
- e) R-Jaw & Coccyx ...representing coccygeal release.
- f) Fascial Defense ...maintain stretch of neck fascia.
- g) Left hand on Right Jaw ... representing hard tissues of the body.
- h) Left Jaw ...representing Cat II.
- i) SP-21 ...representing Limbic system.
- j) Bilateral Jaw ...representing universal jaw.
- k) Digestive Jaw...Bilateral with Eyes closed ...representing digestive /chewing jaw.
- l) Left PMS ...representing endocrine system.

While contacting SP-21, reset all organs and body tissues that would be clinically involved. The order of correction is listed in a logical fashion only and as a guide.

- 1) Blood ...contact over heart.
- 2) Lymphatics ...bilateral (right & left contacts) over any major lymphatic drainage area.
- 3) Soft tissue ...bilateral any fat accumulation area.
- 4) Nerve Tissue ...bilateral representing peripheral nerve tissue and ganglions.
- 5) Hard Tissue ...bilateral representing bones (may not be involved in mild cases).
- 6) Mucous membranes ...bilateral representing gums, cheek, throat, and organ linings.
- 7) Skin ...bilateral.
- 8) Heart ...bilateral.
- 9) Liver ...bilateral.
- 10) Gallbladder.
- 11) Kidneys ...bilateral.
- 12) Small Intestine ...bilateral.
- 13) Spleen.
- 14) Prostate /Uterus.
- 15) Check for occasional additional organ involvement.

Phase One:

Heavy Metal Toxicity

Central Nervous System: In most cases the starting point will be the same as listed above in the “Body” however in moderate or mild cases and or on follow up visits, the starting point may be defensive jaw.

- a) Reset Atlas (utilize forced dorsi-flexion of feet or atlas reset).
- b) C-3 ...representing Cat I.
- c) TNNR ...representing cranial injury complex.
- d) Right Jaw ... representing defensive jaw complex.
- a) R-Jaw & Coccyx ...representing coccygeal release.
- b) Left hand on Right Jaw ... representing hard tissues of spine & cranium.
- c) Left Jaw ...representing Cat II.
- d) SP-21 ...representing Limbic system.
- e) Bilateral Jaw ...representing universal jaw.
- f) Left PMS ...representing endocrine system.

While contacting SP-21, reset all components of CNS.

- 1) Choroid Plexus ...right & left & midline.
- 2) Brain Tissue ... right & left & midline brain structures.
- 3) Cranial Nerves of the face ...bilateral.
- 4) Cranial Nerves of the body ...bilateral.
- 5) Spinal Cord.
- 6) Spinal Nerve Roots ...right& left & midline (lumbo-sacral spine area).
- 7) Cranial Nerve Ganglions ...if identified.
- 8) Hard Tissues ... right & left cranium & spinal vertebrae.
- 9) Hypothalamus.
- 10) Thalamus.

Comments:

Phase One:

Bone Infection

2) Chronic Bone Infection: The presence of a chronic bone infection is believed to be the number one cause of the deterioration of our core immune system. It will compromise the healthiest immune system at any age over time. The primary offenders in the development of a low-grade chronic bone infection are root canals, dry socket from a tooth extraction, gum disease, dental foci, bone fractures and bruises, surgical bone fractures, and possibly vaccinations. Unfortunately, dental work mostly iatrogenic in nature appears to be a common link for many. Deep dental caries, especially those with amalgam fillings compromise and contaminate the teeth and their nerves. With the beginning of a local infection, it will quickly spread to all hard tissues. Teeth should be thought of as extensions of the bones. Our white blood cells are born in the bones.

Evaluation:

Energetic evaluation: Ask in relationship to: “Bone Infection” and determine the *IM* response.

- 1) Immediate weak Indicator Muscle (*IM*) response that strengthens on atlas involvement (tongue thrust). Level Severe.
- 2) Weak indicator muscle response on atlas involvement. Level Severe
- 3) Weak indicator muscle response on *TL* of C-3. Level Moderate.
- 4) Weak indicator muscle response on *TL* of right jaw. Level Mild.

Note: The minimum requirement is optimal functioning of the Spleen and Thymus circuit in Section VIII page 2 & 3. Optimally it should be 100% clear, on follow up if levels 1 and 2 are now absent this will be sufficient to proceed with phase two.

Following Bone Infection correction, it would be prudent to check parathyroid and correct as outlined in Section X.

Comments:

Phase One:

Bone Infection

Note: The minimum requirement is optimal functioning of the Spleen and Thymus circuit in Section VIII pages 2 & 3.

Correction: While touching the jaw or any hard tissue, right and left-brain hemispheric activity is engaged by lifting one leg and then the opposite. A sagittal suture tap is incorporated as momentary pause lock while memory resets are made with eye muscle corrections of up-to-the-left & up-to-the-right. This correction is utilized for all steps except the atlas reset.

Note: Many correction procedures are done bilaterally, once on each side of the body.

- a) Reset Atlas (utilize forced dorsi-flexion of feet or atlas reset).
- b) C-3 ...representing Cat I.
- c) TNNR ...representing cranial injury complex.
- d) Right Jaw ... representing defensive jaw complex.
- e) R-Jaw & Coccyx ...representing coccygeal release.
- f) Left hand on Right Jaw ... representing hard tissues of the body & cranium.
- g) Left Jaw ...representing Cat II.
- h) SP-21 ...representing Limbic system.
- i) Bilateral Jaw ...representing universal jaw.
- j) Left PMS ...representing endocrine system.

While contacting SP-21, reset all organs and body tissues that would be clinically involved.

The order of correction is listed in a logical fashion only and as a guide.

- 1) Red Blood ...contact over heart.
- 2) White Blood ...contact over main lymphatic ducts right & left
- 3) Hard Tissue ...bilateral at large bony area on the torso, shoulders, or pelvis.
- 4) Hard Tissue of the Spinal Vertebrae ...contact any spinal vertebrae.
- 5) Hard Tissue of the right & left sides of Cranium.
- 6) Mandibular Teeth ...lower jaw right & left.
- 7) Maxillary Teeth ...upper jaw right & left.
- 8) Hypothalamus.
- 9) Thalamus.
- 10) Reset

Comments:

Phase Two:

Pan Virus

1) Pan Virus Infection: The Pan Virus short for Pancreatic Virus is a herpetic virus that appears to be omnipresent. It closely follows the level of involvement of bone infection. I believe it is responsible for the number one hidden health issue affecting both young and old. It appears to be the main culprit in blood sugar handling, weight gain, and digestion problems. This herpetic virus is smart and persistent. Besides its preference for the pancreas, it also infects all the organs and nerve tissue. It readily crosses the blood brain barrier thus infecting brain tissue and spinal cord. It is opportunistic in nature slowly building to a symptomatic level.

Evaluation:

Energetic evaluation: Ask in relationship to: "Pan Virus Infection" and determine the *IM* response.

- 1) Immediate weak Indicator Muscle (*IM*) response that strengthens on atlas involvement (tongue thrust). Level Severe.
- 2) Weak indicator muscle response on atlas involvement (tongue thrust). Level Severe
- 3) Weak indicator muscle response on *TL* of C-3. Level Moderate.
- 4) Weak indicator muscle response on *TL* of right jaw. Level Mild.

Note: *Remember that the jaw components must be clear as previous mentioned in Section VIII page 2. The minimum requirement is the optimal functioning of the Spleen, Thymus, CNS, and B & T lymphocytes in Section VIII pages 2 thru 8*

Correction: While contacting the pancreas, right and left-brain hemispheric activity is engaged by lifting one leg and then the opposite. A sagittal suture tap is incorporated as momentary pause lock while memory resets are made with eye muscle corrections of up-to-the-left & up-to-the-right. This correction is utilized for all steps except the atlas reset.

Note: Many corrective procedures are done bilaterally, once on each side of the body.

Comments:

Phase Two:

Pan Virus

Physical Body:

- a) Reset Atlas (utilize forced dorsi-flexion of feet or atlas reset).
- b) C-3 ...representing Cat I.
- c) TNNR ...representing cranial injury complex.
- d) Right Jaw ... representing defensive jaw complex.
- e) R-Jaw & Coccyx ...representing coccygeal release.
- f) Fascial Defense ...maintain stretch of neck fascia.
- g) Left hand on Right Jaw ... representing hard tissues of the body.
- h) Left Jaw ...representing Cat II.
- i) SP-21 ...representing Limbic system.
- j) Bilateral Jaw ...representing universal jaw.
- k) Digestive Jaw...Bilateral with Eyes closed ...representing digestive /chewing jaw.
- l) Left PMS ...representing endocrine system.

While contacting SP-21, reset all organs and body tissues that would be clinically involved. The order of correction is listed in a logical fashion only and as a guide.

- 1) Blood ...contact over heart.
- 2) Thymus.
- 3) Lymphaticsbilaterally over any major lymphatic drainage area.
- 4) Nerve Tissue Ganglions ...bilateral representing peripheral nerve tissue.
- 5) Hard Tissuebilateral representing bones.
- 6) Soft Tissues.....bilateral large muscle group or fat accumulation area.
- 7) Mucous membranes ...bilateral representing gums, check, throat organ linings.
- 8) Skin ...bilateral.
- 9) Bronchials.
- 10) Lungs ...bilateral.
- 11) Heart ...bilateral.
- 12) Liver ...bilateral.
- 13) Gallbladder.
- 14) Kidneys ...bilateral.
- 15) Spleen.
- 16) Pancreas
- 17) Stomach.
- 18) Small Intestine ...bilateral.
- 19) Large Intestine ...bilateral.
- 20) Prostate.
- 21) Testes ...bilateral.
- 22) Uterus.
- 23) Ovaries...bilateral.

Comments: _____

Phase Two:

Pan Virus

Central Nervous System:

- a) Reset Atlas (utilize forced dorsi-flexion of feet or atlas reset).
- b) C-3 ...representing Cat I.
- c) TNNR ...representing cranial injury complex.
- d) Right Jaw ... representing defensive jaw complex.
- e) R-Jaw & Coccyx ...representing coccygeal release.
- f) Left Hand on Right Jaw ...representing hard tissues of spine & cranium.
- g) Left Jawrepresenting Cat II.
- h) SP-21representing Limbic system.
- i) Bilateral Jaw ...representing universal jaw.
- j) Left PMSrepresenting endocrine system.

While contacting the back of the head or SP-21, reset all components of CNS.

- 1) Choroid Plexus ...right & left & midline.
- 2) Hard Tissues ...right & left Cranium & Spinal Vertebrae.
- 3) Brain Tissue ... right & left & midline brain structures.
- 4) Cranial Nerves and Ganglions of the face ...bilateral.
- 5) Cranial Nerves of the body ...bilateral.
- 6) Spinal Cord
- 7) Spinal Nerve Roots ...right& left & midline (lumbo-sacral spinal area).
- 8) Hypothalamus.
- 9) Thalamus.

Note: Immediately proceed to Manual One Section III pages 6-11 to optimize endocrine function of:

- a) Adrenal Blood Sugar Handling.
- b) Ovary / Prostate Function.
- c) Stomach /Digestive Function.

Upon completion of the above, proceed with opportunist infections as listed below as reviewed in Section X Pages 22 & 23.

- d) Address Parasite Infection if present.
- e) Address Fungal Infection if present.
- f) Address Candida Infection if present.

Comments:

Phase Three:

Miasmatic Factors

Theory: Miasms are the key factors that weaken our organs and tissues. It can be thought of as acquired weaknesses inherited by our ancestors. Its method of action is believed to be a suppression of DNA. Aberrations at this level result in faulty messenger RNA and missing amino acid pairs in protein and enzyme production.

Although we all inherit Miasms, its affects are usually suppressed until the later decades of life. For reasons unknown, miasmatic stresses can be accelerated to a symptomatic threshold. For some, it appears this process is manifesting sooner than later resulting in dramatic weaknesses to our core organs systems and CNS.

Hahnemann, father of Homeopathy, in his writings outlined the mechanism of disease. He described Psora as the underlying cause of all physical sickness with the primary miasms being Syphilis (*Syphilinum*) and Gonorrhea (*Sycosis*). TB has also worked it way up also as the most common miasm.

1) Syphilinum: Syphilinum, when present at an active threshold, has such a widespread affect in sabotaging all therapeutic inputs and that it must be addressed as a top priority. It will allow opportunistic infections to flourish accelerating the aging process on all levels both physically and mentally.

Evaluation:

Energetic evaluation: Ask in relationship to: “Syphilinum” and determine the Indicator Muscle (*IM*) response:

- 1) Immediate weak indicator muscle response that strengthens on atlas involvement (tongue thrust). Level Severe.
- 2) Weak indicator muscle response on atlas involvement (tongue thrust). Level Severe
- 3) Weak indicator muscle response on *TL* of C-3. Level Moderate.
- 4) Weak indicator muscle response on *TL* of right jaw. Level Mild.

Note: *Remember that the jaw components must be clear as previous mentioned in Section VIII page 2. The minimum requirement is the optimal functioning of the Spleen, Thymus, CNS, and B & T lymphocytes in Section VIII pages 2 thru 8*

Correction: While making any contact with the body, right and left-brain hemispheric activity is engaged by lifting one leg and then the opposite. A sagittal suture tap is incorporated as momentary pause lock while memory resets are made with eye muscle corrections of up-to-the-left & up-to-the-right. This correction is utilized for all steps except the atlas reset.

Note: Many corrective procedures are done bilaterally, once on each side of the body.

Comments:

Physical Body:

- a) Reset Atlas (utilize forced dorsi-flexion of feet or atlas reset).
- b) C-3 ...representing Cat I.
- c) TNNR ...representing cranial injury complex.
- d) Right Jaw ... representing defensive jaw complex.
- e) R-Jaw & Coccyx ...representing coccygeal release.
- f) Fascial Defense ...maintain stretch of neck fascia.
- g) Left Hand on Right Jaw ..representing PIC.
- h) Left Jaw ...representing Cat II.
- i) SP-21 ...representing Limbic system.
- j) Bilateral Jaw ...representing universal jaw.
- k) Digestive Jaw...Bilateral Jaw with Eyes closed ...representing digestive /chewing jaw.
- l) Left PMS ...representing endocrine system.

While contacting SP-21, reset all organs and body tissues that would be clinically involved. The order of correction is listed in a logical fashion only and as a guide.

- 1) Blood ...contact over heart.
- 2) Thymus.
- 3) Lymphaticsbilateral (right & left contacts) over any major lymphatic drainage area.
- 4) Nerve Tissue ...bilateral representing peripheral nerve tissue.
- 5) Hard Tissuebilateral representing bones (may not be involved moderate cases).
- 6) Soft Tissues.....bilateral large muscle group or fat accumulation area.
- 7) Mucous membranes ...bilateral representing gums, check, throat organ linings.
- 8) Skin ...bilateral.
- 9) Bronchials.
- 10) Lungs ...bilateral.
- 11) Heart ...bilateral.
- 12) Liver ...bilateral.
- 13) Gallbladder.
- 14) Kidneys ...bilateral.
- 15) Spleen.
- 16) Pancreas
- 17) Stomach.
- 18) Small Intestine ...bilateral.
- 19) Large Intestine ...bilateral.
- 20) Uterus. /Prostate
- 21) Ovaries...bilateral. /Testes bilateral

Comments:

Phase Four: *Other Miasmatic Factors*

Discussion: In the previous pages 16-18, the Syphilinum Miasm was discussed with its relative importance in being addressed quickly and as a high priority. Secondary miasms are Gonorrhea (*Sycosis*) and Tuberculosis (*TB*). These miasms are placed in phase four because they appear not to play as much as a dramatic role in inhibiting forward progress in phase three or phase five conditions. They should be addressed at some point if present but there is greater flexibility in prioritization. TB Miasm is omnipresent and is believed to play a significant factor in reducing oxygen utilization in all body tissues. Sycosis, the gonorrhea miasm is not as common although more prevalent in individual with a history of depression and other emotional disorders.

The protocol outlined below and in the previous section is the same and can be used with any miasm. There may be as many as 185 miasms identified to date. For additional listing contact David Slater at his website www.healerswhoshare.com.

Evaluation:

Energetic evaluation: Ask in relationship to: “Miasm Condition” and determine the Indicator Muscle (*IM*) response:

- 1) Immediate weak indicator muscle response that strengthens on atlas involvement (tongue thrust). Level Severe.
- 2) Weak indicator muscle response on atlas involvement (tongue thrust). Level Severe
- 3) Weak indicator muscle response on *TL* of C-3. Level Moderate.
- 4) Weak indicator muscle response on *TL* of right jaw. Level Mild.

Note: *Remember that the jaw components must be clear as previous mentioned in Section VIII page 2. The minimum requirement is the optimal functioning of the Spleen, Thymus, CNS, and B & T lymphocytes in Section VIII pages 2 thru 8.*

Correction: While making any contact with the body, right and left-brain hemispheric activity is engaged by lifting one leg and then the opposite. A sagittal suture tap is incorporated as momentary pause lock while memory resets are made with eye muscle corrections of up-to-the-left & up-to-the-right. This correction is utilized for all steps except the atlas reset.

Note: Many corrective procedures are done bilaterally, once on each side of the body.

Comments: _____

Physical Body:

- a) Reset Atlas (utilize forced dorsi-flexion of feet or atlas reset).
- b) C-3 ...representing Cat I.
- c) TNNR ...representing cranial injury complex.
- d) Right Jaw ... representing defensive jaw complex.
- e) R-Jaw & Coccyx ...representing coccygeal release.
- f) Fascial Defense ...maintain stretch of neck fascia.
- g) Left Hand on Right Jaw ..representing PIC.
- h) Left Jaw ...representing Cat II.
- i) SP-21 ...representing Limbic system.
- j) Bilateral Jaw ...representing universal jaw.
- k) Digestive Jaw...Bilateral Jaw with Eyes closed ...representing digestive /chewing jaw.
- l) Left PMS ...representing endocrine system.

While contacting SP-21, reset all organs and body tissues that would be clinically involved. The order of correction is listed in a logical fashion only and as a guide.

- 1) Blood ...contact over heart.
- 2) Thymus.
- 3) Lymphaticsbilateral (right & left contacts) over any major lymphatic drainage area.
- 4) Nerve Tissue ...bilateral representing peripheral nerve tissue.
- 5) Hard Tissuebilateral representing bones (may not be involved moderate cases).
- 6) Soft Tissues.....bilateral large muscle group or fat accumulation area.
- 7) Mucous membranes ...bilateral representing gums, check, throat organ linings.
- 8) Skin ...bilateral.
- 9) Bronchials.
- 10) Lungs ...bilateral.
- 11) Heart ...bilateral.
- 12) Liver ...bilateral.
- 13) Gallbladder.
- 14) Kidneys ...bilateral.
- 15) Spleen.
- 16) Pancreas
- 17) Stomach.
- 18) Small Intestine ...bilateral.
- 19) Large Intestine ...bilateral.
- 20) Uterus. /Prostate
- 21) Ovaries...bilateral. /Testes bilateral

Central Nervous System:

- a) Reset Atlas (utilize forced dorsi-flexion of feet or atlas reset).
- b) C-3 ...representing Cat I.
- c) TNNR ...representing cranial injury complex.
- d) Right Jaw ... representing defensive jaw complex.
- e) R-Jaw & Coccyx ...representing coccygeal release.
- f) Left Hand on Right Jaw ..representing PIC.
- g) Left Jaw ...representing Cat II.
- h) SP-21 ...representing Limbic system.
- i) Bilateral Jaw ...representing universal jaw.
- j) Left PMS ...representing endocrine system.

While contacting the back of the head or SP-21, reset all components of CNS.

- 1) Choroid Plexus ...right & left & midline.
- 2) Hard Tissues ...right & left cranium & spinal vertebrae.
- 3) Brain Tissue ... right & left & midline brain structures.
- 4) Cranial Nerves of the body ...bilateral.
- 5) Spinal Cord and Nerve Roots.
- 6) Hypothalamus.
- 7) Thalamus.

Comments:

Parasites & Candida / Fungal Infections

Theory: Parasites are nature's recyclers. Their appearance is generally indicative of other problems and usually coinciding with a candida / fungal infection. These infections are opportunistic in nature, often wide spread systemically, and thus often only managed unless the underlying cause is corrected.

Common causes are failure of the digestive system to properly break down food, slow transit time (constipation), abusive diet, and on occasion consumption of live parasites.

Adjuncts: There are many adjunctive therapies to manage parasites and candida / fungal infections as well as dietary restraints. These will not be discussed here, as that information is readily available and potentially unnecessary once the underlying causes are addressed.

Note: Optimizing the digestive system function, followed by resetting the Stomach-Pancreas-Small Intestine-Large Intestine, and Kidney circuit (section III page 8) often will substantially neutralize these infections. At this point, following the individual protocols below will eradicate this chronic infection. On occasion one must clear Candida & fungal infections individually if these conditions are severe.

Parasites: Syphilinum, when present at an active threshold, has such a widespread affect in sabotaging all therapeutic inputs and that it must be addressed as a top priority. It will allow opportunistic infections to flourish accelerating the aging process on all levels both physically and mentally.

Evaluation: Energetic evaluation: Ask in relationship to: "Parasite or Candida / Fungal Infection" and determine the Indicator Muscle (*IM*) response: These infections must be done individually.

- 1) Immediate weak indicator muscle response that strengthens on atlas involvement (tongue thrust). Level Severe.
- 2) Weak indicator muscle response on *TL* of C-3. Level Moderate.
- 3) Weak indicator muscle response on *TL* of right jaw. Most common finding.

Note: *Remember that the jaw components must be clear as previous mentioned in Section VIII page 2. It is best to have the Spleen and Thymus components of the immune system working optimally however it is not mandatory.*

Correction: While making any contact with the body, right and left-brain hemispheric activity is engaged by lifting one leg and then the opposite. A sagittal suture tap is incorporated as momentary pause lock while memory resets are made with eye muscle corrections of up-to-the-left & up-to-the-right. This correction is utilized for all steps except the atlas reset.

Note: Many corrective procedures are done bilaterally, once on each side of the body.

Comments: _____

Parasites & Candida / Fungal Infections

Correction: Determine starting point from evaluation step above. If Atlas or C-3 is not involved, begin at Right Jaw.

- *) Reset Atlas (utilize forced dorsi-flexion of feet or atlas reset).
- *) C-3 ...representing Cat I.
- *) TNNR ...representing cranial injury complex.

- a) Right Jaw ... representing defensive jaw complex.
- b) R-Jaw & Coccyx ...representing coccygeal release.
- c) Fascial Defense ...maintain stretch of neck fascia.
- d) Left Hand on Right Jaw ..representing PIC.
- e) Left Jaw ...representing Cat II.
- f) SP-21 ...representing Limbic system.
- g) Bilateral Jaw ...representing universal jaw.
- h) Digestive Jaw...Bilateral Jaw with Eyes closed ...representing digestive /chewing jaw.
- i) Left PMS ...representing endocrine system.

While contacting SP-21, reset all organs and body tissues that would be clinically involved. The order of correction is listed in a logical fashion only and as a guide.

- 1) Bloodcontact over heart.
- 2) Lymphatics ...bilateral (right & left contacts) over any major lymphatic drainage area.
- 3) Soft Tissues ..bilateral large muscle group or fat accumulation area.
- 4) Mucous membranes ...bilateral representing gums, check, throat organ linings.
- 5) Sinuses.
- 6) Skin ...bilateral (associated with fungal only).
- 7) Choroid Plexus ...right & left & center on cranium.
- 8) Bronchials.
- 9) Lungs ...bilateral.
- 10) Heart ...bilateral.
- 11) Liver ...bilateral.
- 12) Gallbladder.
- 13) Kidneys ...bilateral.
- 14) Spleen.
- 15) Pancreas
- 16) Stomach.
- 17) Small Intestine ...bilateral.
- 18) Large Intestine ...bilateral.
- 19) Uterus. /Prostate
- 20) Ovaries...bilateral. /Testes bilateral
- 21) Hypothalamus
- 22) Thalamus

Comments: _____

Common Cold Upper Respiratory Infections

Theory: The common cold whether it is local in the sinuses and or involving the entire upper respiratory system will often manifest even with the optimal functioning of the core immune system. Once this low-grade infection crosses a threshold level, becoming systemic, there will be a collapse of the immune /limbic complex (posterior spinal & anterior organ reflexes) as outlined in Section II.

Note: *Remember the limbic /immune complex must be clear as well as the jaw components as previous mentioned in Section VIII page 2. It is best to have the Spleen and Thymus components of the immune system working optimally however it is not mandatory.*

Bacteria & Viral: Often these infections will be simultaneous but not necessarily at the same level of involvement and will always need to be addressed individually.

Evaluation: Energetic evaluation: Ask in relationship to: “**Bacteria** and / or **Viral Infection**” and determine the Indicator Muscle (*IM*) response: These infections must be done individually.

- 1) Weak indicator muscle response on *TL* of right jaw. Most common finding.
- 2) Immediate weak indicator muscle response that strengthens on atlas involvement (tongue thrust). Level Severe.
- 3) Weak indicator muscle response on atlas involvement. Level Severe.

Correction: Determine starting point from evaluation step above. If Atlas is not involved, begin at Right Jaw, step (a) below.

*) Reset Atlas (utilize forced dorsi-flexion of feet or atlas reset).

- a) Right Jaw ... representing defensive jaw complex.
- b) SP-21 ...representing Limbic system.
- c) Bilateral Jaw ...representing universal jaw.
- d) Digestive Jaw...Bilateral Jaw with Eyes closed ...representing digestive.
- e) Left PMS ...representing endocrine system.

While contacting SP-21, reset all organs and body tissues that would be clinically involved. The order of correction is listed in a logical fashion only and as a guide.

- 1) Bloodcontact over heart.
- 2) Lymphatics ...bilateral (right & left contacts) over any lymphatic drainage area.
- 3) Soft Tissues ..bilateral large muscle group or fat accumulation area.
- 4) Mucous membranes ...bilateral representing gums, check, throat organ linings.
- 5) Sinuses.
- 6) Skin ...bilateral (associated with bacteria only).
- 7) Choroid Plexus ...right & left & center.
- 8) Organs ...can be done globally as; right, left, mid-line organs.
- 9) Hypothalamus
- 10) Thalamus
- 11) ResetEye correction is: right-left-right.

Parathyroid

Theory: Parathyroid function will be compromised if there are significant problems with Heavy Metal Toxicity involving the bones or a severe bone infection. Thus it after those protocols have been completed that this would be evaluated and corrected if need be. I believe this may be the answer to early onset of osteoporosis and related conditions.

Evaluation: Energetic evaluation: Ask in relationship to: “Parathyroid Function” and determine the Indicator Muscle (*IM*) response: If parathyroid function is normal then one will not find an (*IM*) response. This section can be omitted.

- 1) Immediate weak indicator muscle response that strengthens on atlas involvement (tongue thrust). Level Severe.
- 2) Weak indicator muscle response on atlas involvement. Level Severe.
- 3) Weak indicator muscle response on *TL* of C-3. Level Moderate.
- 4) Weak indicator muscle response on *TL* of right jaw. Level Mild.

Correction: Determine starting point from evaluation step above.

- a) Reset Atlas (utilize forced dorsi-flexion of feet or atlas reset).
- b) C-3representing Cat I.
- c) TNNR ...representing cranial injury complex
- d) Right Jaw ... representing defensive jaw complex.
- e) R-Jaw & Coccyx ...representing coccygeal release.
- f) Left Hand on Right Jaw ...representing PIC.
- g) Left Jaw ...representing Cat II.
- h) SP-21 ...representing Limbic system.
- i) Bilateral Jaw ...representing universal jaw.
- j) Digestive Jaw...Bilateral Jaw with Eyes closed ...representing digestive /chewing jaw.
- k) Left PMS ...representing endocrine system.

While contacting SP-21, reset all organs and body tissues that would be clinically involved. The order of correction is listed in a logical fashion only and as a guide.

- 1) Parathyroidcontact over Parathyroid.
- 2) Bloodcontact over heart.
- 3) Hard Tissuesbilateral, any large bone.
- 4) Small Intestine .right & left sides.
- 5) Hard Tissues of the Cranium ...Right & Left and Spinal Vertebrae.
- 6) Pineal Gland
- 7) Reset.....Eyes correction: right-left-right.

Comments: _____

Cardiac Factors

Explanation: The most common acquired cardiac problems are secondary to other conditions. If Heavy Metal Toxicity was identified previously at a level of moderate or severe, then there most likely will be an electrical conductivity problem. The symptoms may vary as just mild chest pain, irregular or racing heart rhythm or remain non-symptomatic.

Note: *Because of the high concentration of nerve tissue in the heart it is exceptional vulnerable to heavy metal toxicity and al viral problems. It may be appropriate to incorporate nutritional components of B-6, B-12, and Folic as protection against homocystiene problems.*

Evaluation: Energetic evaluation: Ask in relationship to: “Electrical Conductivity of the Heart” and determine the Indicator Muscle (*IM*) response:

- 1) Weak indicator muscle response on *TL* of C-3. Most common finding.
- 2) Immediate weak indicator muscle response that strengthens on atlas involvement (tongue thrust). Level Severe.
- 3) Weak indicator muscle response that on tongue thrust indicating atlas involvement.
- 4) Weak indicator muscle response on *TL* of right jaw. Level Mild.

Correction: Determine starting point from evaluation step above.

- a) Reset Atlas (utilize forced dorsi-flexion of feet or atlas reset).
- b) C-3 ...representing Cat I.
- c) TNNR ...representing cranial injury complex.
- d) Right Jaw ... representing defensive jaw complex.
- e) R-Jaw & Coccyx ...representing coccygeal release.
- f) Fascial Defense ...maintain stretch of neck fascia.
- g) Left Hand on Right Jaw ..representing hard tissues of the body.
- h) Left Jaw ...representing Cat II.
- i) SP-21 ...representing Limbic system.
- j) Bilateral Jaw ...representing universal jaw.
- k) Digestive Jaw...Bilateral Jaw with Eyes closed ...representing digestive /chewing jaw.
- l) Left PMS ...representing endocrine system.

While contacting SP-21, reset all organs and body tissues that would be clinically involved.

- 1) Heartright & left heart.
- 2) Gallbladder.
- 3) Small Intestineright & left sides.
- 4) Brain Structures .. right & left & mid-line brain structures.
- 5) Hypothalamus
- 6) Thalamus
- 7) Reset ...Eye correction is: right-left-right.

Comments: _____

Tissue Repair

Explanation: The concept of tissue repair is to attempt to restore an organ and or tissue back to its original level of function. It might be common to do this for the Liver, Pancreas, Small Intestine, or any organ(s) that might have suffered significant injury by infection, surgery, or trauma. The concept can also be used for Bones, Joints, Muscles, and Skin. Essentially, it can be used as a universal repair tool.

Note: *On occasion in difficult cases, it is necessary to utilize this protocol on key organs and nerve tissues that have been severely stressed by herpetic viruses. It will always be beneficial to check for the need to implement tissue repair whenever you see a recidivism pattern with prior protocols.*

Evaluation: Energetic evaluation: Ask in relationship to: “Tissue Repair of the Organ or Structure” and determine the Indicator Muscle (*IM*) response:

- 1) Immediate weak indicator muscle response that strengthens on atlas involvement (tongue thrust).
- 2) Weak indicator muscle response that on tongue thrust indicating atlas involvement.
- 3) Weak indicator muscle response on *TL* of C-3.
- 4) Weak indicator muscle response on *TL* of right jaw.

Correction: Determine starting point from evaluation step above.

- a) Reset Atlas (utilize forced dorsi-flexion of feet or atlas reset).
- b) C-3 ...representing Cat I.
- c) TNNR ...representing cranial injury complex.
- d) Right Jaw ... representing defensive jaw complex.
- e) R-Jaw & Coccyx ...representing coccygeal release.
- f) Fascial Defense ...maintain stretch of neck fascia.
- g) Left Hand on Right Jaw ...representing PIC.
- h) Left Jaw ...representing Cat II.
- i) SP-21 ...representing Limbic system.
- j) Bilateral Jaw ...representing universal jaw.
- k) Digestive Jaw...Bilateral Jaw with Eyes closed ...representing small Intestine.
- l) Left PMS ...representing endocrine system.

While contacting SP-21, reset that which would be clinically involved.

- 1) Organ ...right & left sides unless unilateral.
- 2) Soft Tissue Structures ...skin, muscles, ligaments, etc.
- 3) Hard Tissues ...bones
- 4) Nerve Tissues.right & left.
- 5) Hypothalamus.
- 6) Thalamus.
- 7) Reset ...Eye correction is: right-left-right.

Comments: _____