

ENDOCRINE SYSTEM

Introduction: This primary survival system represents the non-neural communication system of the body and central nervous system.

Description and Theory: The Endocrine protocol is designed to rebalance hormonal activity and represents a beginning point of which to address the primary endocrine organs and glands. There are four known subsystems (cardiac back stress reactivity, reproductive system, blood sugar handling, and digestive system) within the endocrine system. These subsystems will be discussed at the end of this section.

Evaluation: The endocrine system is accessed through left liver function (left pec-major sternal).

On the initial evaluation only, the Endocrine system will appear hidden or blocked and requires an additional unlocking step called the **Skin Reflexes**. The critical step to completing the Skin Reflexes is the successful completion of the **Fascial Release** in Neurological Unit Three section D-III pages 18-19.

Failure to correctly reset the Fascial Release using the modified approach will result in a failure to reset the Endocrine system and a continuous return of the Skin Reflexes.

Note: It should be understood that following any significant emotional upset and or corrections of the fight/flight system one should recheck the need to repeat the correction of the endocrine system (section II) regardless if it was addressed prior.

If the practitioner is updating the **Fascial Release** referenced above for the first time, one will need to redo the Endocrine system again starting from section I (Skin Reflexes).

The skin reflexes below, once corrected, usually do not need to be readdressed. The practitioner can usually access the endocrine system as described in section II.

I. **Skin Reflexes** (initial presentation only):

This is an overlay to the Endocrine system and usually only needs to be done once during the initial treatment of neurological unit VI.

Evaluation: Identification of skin reflexes can be accomplished by of any one of the following:

- The left pectoralis major sternal muscle (PMS) will muscle test initially strong until one adds therapy localization to either the lips, nose or breasts. Combining the left pectoralis major sternal muscle therapy localization to the lips, nose or breasts will now show a conditionally inhibited PMS muscle test then allowing one to begin corrections and the endocrine system components begin to unfold.
- or
- Left pec major clavicular muscle will be conditionally inhibited.
- Using Left PMS, therapy localization of neurolymphatics of the large intestine will result in an inhibition of muscle test.

Correction:

- Stretch the skin in a cuudad direction over the nose.
- Stretch the skin in a cuudad direction over the lips.
- Stretch the skin in a cuudad direction over the breasts.
- Stretch the skin in a cuudad direction over the genital area.
- Activate the stomach *NL* located on left side between ribs 5&6 & *NV*.
- Activate the pituitary utilizing a simple spheno-basilar pumping motion of lifting the mastoids anterior on inspiration with 12-15 repetitions.

Comments: _____

[illegible]

Primary ENDOCRINE SYSTEM

Neurological Unit VI involves the Endocrine /hormonal system and the related subsystems.

II. Left Liver Function /Pec Major Sternal

The primary endocrine system begins by evaluating the 'left' liver for a functional deficit. If skin reflexes are not properly addressed in the previous step, this functional deficit will be hidden.

Evaluation: Identify the left pec major sternal muscle (PMS) involvement by either therapy localization directly over the PMS or manually test the muscle. If no deficit is found on subsequent visits, then the primary endocrine circuit is clear as well as the secondary cardiac back stress reaction. One may proceed to evaluate the remaining subsystems (listed at end of this section).



Correction: When stimulating neurolymphatics (NL) it is always understood to mean anterior and posterior reflex sites. Neurovascular reflexes (NV) are generally found on the head and held for a minimum of 4-6 seconds.

- Activate NL of liver over lateral ribs 6-7 on the right.
- Activate NV reflexes on forehead at hairline.
- Rub T.S. line #8 on left side of head and angle of tenth rib on right.
- Activate meridian points: Liv 8 & K10 and Liv 4 & Lu 8 all on the left.



III. Circulatory Function

This reflex circuit once corrected, usually does not re-appear and correlates with the Skin Reflexes and will require completing the right /left heart rebalance below.

Evaluation: Identify a right pec major clavicular (PMC) muscle inhibition or positive therapy localization over the stomach NL.

Note: If this reflex circuit is absent, proceed to next step [IV].

Correction:

- Activate NL of stomach over lateral ribs 5-6 on the left and NV.
- Activate NL of liver over lateral ribs on the right and NV.
- Activate NL of large intestine on lateral aspect of the legs and NV



Comments: _____

IV. Adrenal Reset

Correction:

- Spindle down →← flexor hallicus longus muscle of both feet.
- Fascial flush (hypertonic) gastrocnemius muscle bilaterally.
- Activate *NL* and *NV* of thyroid.
- Activate diaphragm by spindling up ↔ the pec minor muscle.
- Activate pituitary by pumping mastoids with 12-15 respirations.



V. Liver Reset

- Activate *NL* & *NV* of liver
- Activate *NL* & *NV* of liver while patient is holding left SP21.
- Activate *NL* & *NV* of liver while patient is holding CV3.
- Activate *NL* & *NV* of liver while patient is holding right and left K27.

VI. Circulation and Heart Rebalance

If step III above (right-PMC) was found then proceed with correction. If step III was absent, then primary endocrine system is complete and subsystems can now be evaluated.

Evaluation: Therapy localize using any indicator muscle over the right or left side of the heart to identify the deficient side similar to that of an acupuncture meridian (heart) imbalance.

Note: Generally the right side is frequently found deficient. Once the first side is corrected, the opposite side will now show a deficit. If there is a significant blood pressure and/or heart problem, one may have to repeat this sequence until clear on therapy localization.

Correction: Sitting. Right side of the heart stimulation requires a logic-brain activity (counting) and a left side of the heart stimulation requires a gestalt brain activity (humming a tune with inflections ...happy birthday).

- Stimulate the deficient side of the heart as found.
- Stimulate the other side of heart.
- Re-evaluate if there is a need to continue or procedure is complete.

Comments: _____
