VII. CARDIAC BACK STRESS SYNDROME

Description and Theory: Cardiac back stress syndrome represents one of the most common reoccurring secondary systems to repetitively break down. It is the most common complaint that brings the patient in for a non-scheduled office visit. It will manifest itself commonly as generalized low back pain over the sacral base traveling horizontally with or without sciatic type paresthesia. Because of the overload from heart proprioception, it appears that segmental facilitation of the central integrative state of T-2 and ascending levels will create a global weakness of more commonly left and occasionally right shoulder muscles of flexion, extension, abduction, adduction if individually tested and bilateral subscapularis. Additional symptomotology may include suboccipital pain and not infrequently a feeling of cardiac distress. This protocol represents a reset of the cardiac circuit and will require the primary endocrine system to be stabilized first. Additionally, an emotional clearing and a gallbladder reset will enhance this procedure as well as reduce recidivism.

Evaluation: In the supine position, positive therapy localization to the heart is seen and a globally inhibition of unilateral shoulder muscles, most commonly left and occasionally on the right. In the prone position, a positive therapy localization of the sacral base will show as well as bilaterally inhibited hamstrings.

Note: If one is beginning a follow up treatment session (with-prior completion of the fight/flight survival system) in a prone position, a bilateral hamstring weakness is seen, this should be your obvious clue of cardiac back stress syndrome and not a reoccurrence of a Category I fault.

Discussion: Although this is a self-induced inflammatory lesion of the sacral base, L-4&5, ilio-lumbar ligaments, and any pre-existing degenerative problem will be corresponding aggravated thus accounting for the varying levels of pain /discomfort reported by your patient. The inflammatory response will generally resolve in 24-48 hours after correction and without correction can last several days to a week and confuse the unknowing practitioner that this is a discogenic lesion even though there is no history of significant trauma!

Comments: ____

____

____

____

____

Correction: Prone position with positive therapy localization to sacral base.

a) Correct posterior sacral base:
   can been done as a P-A thrust, thump or with respiratory assist (pump sacral base on expiration).
b) Inferior occiput: …lift occiput bilaterally with inspiration respiratory assist.
c) Reset spinal circuit breakers with respiratory assist or adjustment on inspiration of:
   1) T-2 - Heart
   2) T-4 - Gallbladder
   3) T-12 - Diaphragm
   4) L-3 - Reproductive organs.

…..Supine (below steps are identical to steps within primary endocrine system

d) Spindle down ➔🡐flexor hallicus longus muscle of both feet.
e) Fascial flush (hypertonic) gastrocnemius muscle bilaterally.
f) Activate *NL* and *NV* of thyroid.
g) Activate diaphragm by spindling up 🡐➔ the pec minor muscle.
h) Activate pituitary by pumping mastoids on 12-15 respirations.

Note: Additional steps below can and should be implemented to address the Emotional Factors that are always responsible for this condition. Initial reference to emotional screening is discussed on page 6-7 of this manual under section A and additional advanced manuals will cover this area in greater detail.

If you have other tools to address Emotional Stress factors, this is the place to implement them!

Comments: ____

____

____

____

____

____

____

____

____

____