Superficial Immune & Digestive System

SUPERFICIAL ~ IMMUNE SYSTEM COMPLEX

Introduction: The Superficial Immune System neurological unit seven (formerly known as the limbic immune system) is essentially two systems that are so closely interrelated, they are combined together when evaluating and treating.

Description and Theory: The immune complex is being addressed at this time only on a superficial level and will be covered in greater detail in an advanced section titled "Core Level Immune Response System".

The theory of application is first to reset the *immune system* spinal circuit breakers followed by a sequential activation of the key immune related organs.

Following any systemic infiltration from a bacterial, viral or other infectious agent, one will see a collapse of the superficial immune system. Thus if one identifies a collapsed superficial immune system one can surmise that the patient has had an URI since their last visit. In the alternative, meaning the superficial immune system remains intact after or during a mild URI then the superficial immune system is winning the battle against the microbial attack and the condition will resolve swiftly.

Initial Evaluation: The initial evaluation of this system can be accomplished in the supine position by therapy localizing SP-21 on the left which screens for immune system integrity or in the prone position, identifying the spinal circuit breakers described below.

Note: The superficial immune system is the most common complex to repetitively break down. It is not necessarily an indication of immune system deficiency, but that of a failed past immune response to an infectious agent(s).

Comments: _____

_____

_____

_____

_____

_____

_____

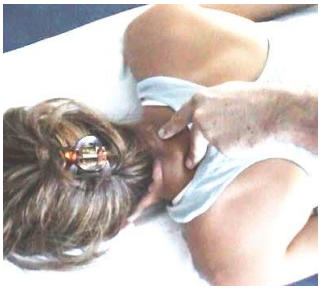
_____

prone position

I. Spinal Fixations:

The spinal fixations or "circuit breakers", if present, will demonstrate itself in one of three different patterns. Of the three spinal fixations presented below, each implies a specific immune reactivity mode.

The term (SP), spinous process and (TP), transverse process are used to describe the position of a vertebra as it relates to its rotation distortion i.e. subluxation.



Evaluation: Identify fixation pattern of C-7 and T-1 spinal vertebrae. Therapy localization (*TL*) of a vertebral fixation requires a bilateral contact on C-7 and T-1.

1) C-7 TP prominence on right and T-1 TP prominence on left
2) C-7 TP prominence on left and T-1 TP prominence on right
3) Steps 1) & (2) are superimposed on each other.

Note: Pattern (1) above implies recent or chronic immune system embarrassment and /or blood sugar handling problem and by far is the most common scenario.
Pattern (2) above implies chronic allergen / protein (foreign) handling problem highly indicative of a very reactive and strong allergy /hypersensitivity condition.
Pattern (3) represents the worst-case scenario of both (1) & (2) with chemical sensitivity.

Correction: If one has not already done so, stimulation of the coccyx & navel is appropriate at this time as they represent general congestion of the internal organs.

- Correct C-7 and T-1 spinal fixation pattern as found.
- Correct T-12 & L-1 (vertebrae reactivity) spinal fixation pattern as found. T-12 & L-1 correction will be the identical fixation pattern as C-7 & T-1. *correction with respiration assist, of vertebral circuit breakers as found correspond to individual organ distress. The presence or absences of these "therapy localized circuit breakers" are indicative of either an acute episode or a chronic pattern indicative of a past history of the organ(s) involved. These are circuit breakers only and not representative of a complete organ correction!*
- T-2 (lung and or heart)
- T-6 (pancreas)
- T-8 (liver)
- T-10 (small intestine)

Comments: _____

_____

_____

_____

_____

_____

supine position

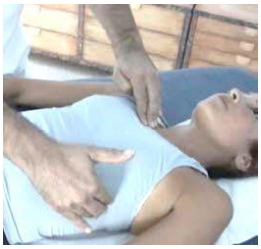
II. Organ Reset:

The anterior component of the superficial immune system involves organ correction via stimulation of neurolymphatics (*NL*), neurovascular points (*NV*), Temporo Sphenoidal Line (TSL), and holding CMRT organ points.

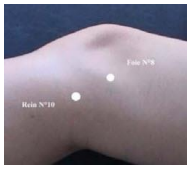
Evaluation: The practitioner will need to open the anterior circuit by therapy localizing Sp-21 on the left.

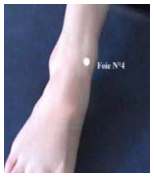
Note: If not previously addressed, stimulate K-27 (bilateral) and /or with navel to reduce generalized organ congestion.
When stimulating organ(s) stimulation should consists of minimally neurolymphatics and neurovascular reflexes points. In stimulating (*NL*) points, it is always understood to mean anterior and posterior reflex sites. Neurovascular reflexes are generally found on the head and held for a minimum of 6 seconds.

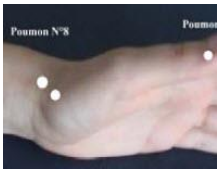
Correction: Open immune system organ circuit by TL of Left Sp-21 using a right-sided patient indicator muscle. This is a unilateral activation with a later step completing the circuit with activation from the opposite side. All organs must be stimulated in the correct sequential order.



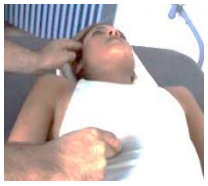
- Simultaneous stimulate left Sp-21 & right K-27 by tapping for 15 seconds.
- Thymus: activate *NL* (between 2nd and 3rd intercostals sternal junction on the right side).
- Liver: activate *NL & NV*.
  - Rub Liver point #8 on temperal-sphenoidal (*TS*) line on right side while holding *CMRT* liver point (angle of tenth rib on right)
  - Stimulate Liv-8 & K-10 right leg
  - Liv –4 & Lu-8 on right ankle & wrist



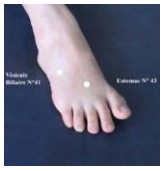


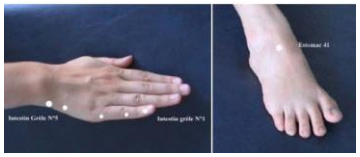


- Small Intestine: activate *NL& NV* with eyes closed.
- Gallbladder: stimulate vertebral circuit breakers T-8 (liver) & T-4 (gallbladder) by adjustment or percussion.
- Lift parietals bilaterally and rub gallbladder point *TS* #4 while holding *CMRT* gallbladder point, (Murphy's point).

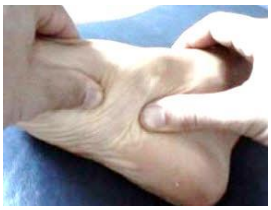


- Stomach: activate *NL & NV*.
  - Rub ST-43 & GB-41 (right foot)
  - Rub SI-5 & ST-41 (right wrist & ankle)

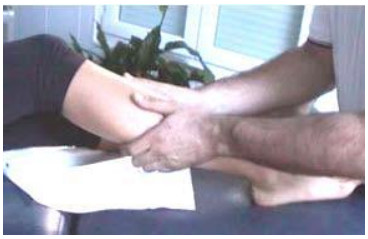




- Lift sphenoid and frontal bone bilaterally with head turned right with 4-5 respirations.



- Reduce adrenal stress by spindle down ➔🡐flexor hallicus longus tendon bilaterally.
- Then fascial flush (spread apart) the length of the (hypertonic) gastrocnemius muscle bilaterally.



- Thyroid: activate *NL & NV.*
- Activate diaphragm by spindling up 🡐➔ the pec minor muscle.
- Activate pituitary by pumping mastoids on 12-15 respirations.
- Activate reciprocal SP-21 to complete bilateral activity by stimulating Left Sp-21 using a left sided patient indicator muscle. Then recall memory of immune system to opposite brain hemisphere by eye muscle reset. Patient must maintain contact with left SP-21 with their left hand.
  - Eyes muscle fascial stretch up to the left.
  - Eyes muscle fascial stretch up to the right.

Comments: _____

_____

_____

_____

_____

_____

_____

_____

_____

_____

Superficial Immune & Digestive System ~ continued

UNIVERSAL JAW – (Organ Screening Evaluation)

III. Universal Jaw Complex:

Universal Jaw is an extremely useful diagnostic tool and represents the transition between immune system and the digestive system in this protocol. Perhaps in the future it will be placed elsewhere in the protocol however for now it will be included here. It is a protocol, however, that can be utilized anywhere and at any time during a patient evaluation/treatment.

Description and Theory: Universal Jaw complex essentially functions as the compensatory "circuit breaker" for organ stress and certain midline structural issues.

- Its relationship to structural issues commonly involves the diaphragm(s) (lung and perineum) and its related structures and is addressed in the extended universal jaw steps.
- Its relationship to organ dysfunction is essentially a *circuit breaker* reaction when there is *moderate* and or *severe* stress to an organ(s). This is an extremely helpful AK tool as one can use it to identify systemic conditions. It should be well understood as per classic AK that when an organ is severely distressed, there will be a corresponding bilateral weakness in the organ related muscle(s). When an organ is in moderate stress then the weakness in the organ related muscle(s) will only show up when adding something else in the circuit (NL, NV, TL of organ, etc.). For purposes of clarification, one can identify *mild* organ stress in the same way as moderate stress discussed above but it will not trigger the Universal Jaw reflex!
- Universal Jaw reactivity will correspond well with TSL and pulse evaluations.

Note: The most common causes of universal jaw activation are of course any active URI, all chronic illness, and stomach activation in emotional stress patterns. Many chronic illnesses will not trigger a corresponding breakdown of the Superficial Immune System in section I and II even though Universal Jaw is identified.

One can contemplate why this seemly simple but important reflex has not been previously scrutinized in AK literature, thus one must come to the conclusion that there may be some energy medicine qualities to this protocol. It behooves the practitioner to thoroughly understand the above description in what one is attempting to evaluate in the Universal Jaw screening and become fully cognizant of its implications!
Practice, practice, practice and make this unique screening tool work for you.

Comments: _____

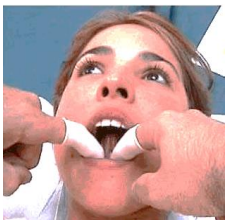
_____

_____

_____

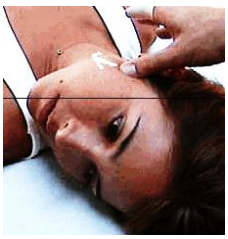
Evaluation: Bilateral therapy localization of jaw with either the gluteus medius muscle itself or placing the gluteus medius in the circuit:

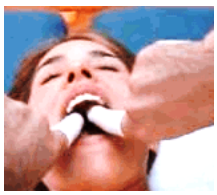
- Eyes open …indicative of active systemic imbalance(s).
- Eyes closed …indicative of a chronic systemic condition generally in length of three (3) months or longer.
- When both eye modes are identified then there is a need to do the extended universal jaw steps which involve the midline structural imbalances of the diaphragm and its corresponding structures.



Correction: Using appropriate finger cots and or gloves:

- Spread mandibular arch in eyes open mode, release imbrication of condyles bilaterally, spread maxillary arch maintaing same eye mode. If this is the only mode identified, protocol is complete.
- If eyes closed mode is found, repeat above with eyes closed.
- If eyes open and closed are completed then look for and correct left anterior homolateral gait (left ocular and left cloacal reflex in the usual fashion in both eyes open and closed).
- Rub K-27 bilateral.
- Spread maxillary arch.
- Lift parietals bilaterally.
- Rub *NL's & NV's* of diaphragm, psoas, abdominals, and quadriceps muscles.
- Correct if needed diaphragmatic impingement of stomach by pulling down adjacent to zyphoid and resetting diaphragm muscle insertions if involved.
- Facilitate lower pelvic floor muscles if needed by repetitive resistive abduction of adductor muscles and /or with perineal punch.





Comments: _____

_____

_____

_____

_____

_____