

Endocrine Sub-Systems

Introduction: Within the Endocrine System, three sub-systems are identified as:

1. Blood-Sugar Handling (Adrenal-Thyroid-Pituitary Axis)
2. Ovary / Prostate Reproductive Organs
3. Digestive System

These protocols are introduced as a methodology to fine tune hormonal-based organ/glandular systems. It is understood the involved organs/glands are being evaluated in relationship to function not individual pathology and these protocols are optimally completed as a final step in neural organization. Additionally, once successfully completed, future monitoring of the status of these three systems is of significant diagnostic importance and may require complementary fine tuning as varying degrees of optimal health are achieved.

Protocols #1 & 2 (blood sugar handling and reproductive organs) essentially is a balancing act between CNS neuronal homeostasis (autonomic nervous system) and the communication influence via the hypothalamus. Understanding this relationship, one sees the need for continually monitoring and resetting these systems as the autonomic nervous begins to function harmoniously.

Protocol #3 (digestive system) although follows the same rules as stated above, it is understood to be greatly influenced by emotional stress factors generated by the Limbic Brain as well as any significant digestive system upset.

Description and Theory: These protocols represent a five-gland/organ endocrine sub-system reset. The blood sugar handling protocol is composed of the adrenals, pancreas, thyroid, pituitary, and hypothalamus. The reproductive organs protocol is composed of the ovaries/prostate, kidneys, liver, adrenals, and hypothalamus. The overlap of adrenals and hypothalamus common in both systems, are critical concepts to the understanding of how these hormonal systems interact. The digestive system composed of stomach, pancreas, small intestine, large intestine, and kidneys has greater autonomy in that it is not under the direct influence of the hypothalamus.

Comments: _____

I. BLOOD SUGAR HANDLING

Evaluation: Supine; the left Pec Major Sternal (PMS) muscle is isolated as an indicator muscle (relates to left liver function in the process of degrading blood-borne circulating hormones) for therapy localization (TL) to the adrenal neurolymphatic reflex. If the left PMC becomes conditionally inhibited when TL the adrenal reflex, this indicates an imbalance in the system involving the balance of endocrine activity of the adrenals and thyroid as it relates primarily to metabolism and blood sugar requirements.



It should be noted that the left PMS should show normal facilitation with the standard Manual Muscle Test (MMT). Additionally, individual TL of any of the organs/glands should not show aberration on TL or on individually related organ ~ muscle relationships, (i.e. this is a functional correction, not an individual organ problem).

If a pattern of recidivism becomes apparent, this is an indication that this procedure is not priority at this time, i.e. meaning one or more of the organs/glands are incompetent and requires further diagnostic workup.

Note: For the first step only, the left PMS (activating endocrine system) must be linked with the adrenal reflex, i.e. meaning there must be a continuous contact over the left PMS muscle and of initial organ and (see pictures). The remaining organ/gland resets do not require continuous contact over PMS.

Lifting of the legs or any large muscle group activates right and left neural function while a sagittal suture tap (a single light tap on top of head) is utilized to join both brain hemispheres into a single step.

Manipulation steps include an anterior atlas correction (applied with minimal pressure) followed by eye muscle resets.

It is always advisable to recheck your work by therapy localization of all steps and / or certainly the last step and this should be done optimally with right and left brain hemispheres; meaning MMT with a right and left indicator muscle. Eye muscle fascia resets will generally require ~2 seconds of vectored diagonal pressure.

This protocol may/will need to be done periodically as an indicator of ongoing stressors (physical, chemical, or emotional). Additionally one may see a different starting point, i.e. the need for atlas eliminated, and in the eye-option corrections reduced if the practitioner cares to evaluate every step.

Comments: _____

Correction: BLOOD SUGAR HANDLING

1) Adrenals:

- To link the Endocrine system to the first step of adrenal function, the practitioner using the left PMS as an indicator muscle then TL to the Adrenal NL (patient should TL the adrenal NL reflex with one hand) and also maintain contact over PMS to keep it in circuit.
- Next have the patient activate right / left brain activity by simply moving any large muscle group, i.e. lift one leg 12 inches or more off table. Then tap sagittal suture followed by lifting the other leg.
- Next activate brain integration by:
 - Anterior atlas correction then immediately follow with
 - Eye muscle fascia release up to the right
 - Eye muscle fascia release up to the left
 - Eye muscle fascia release up to the right

2) Pancreas:

- Patient places hand contact over Pancreas with one or both hands
- Next have the patient activate right / left brain activity by moving any large muscle group, i.e. lift one leg then tap sagittal suture followed by lifting the other leg.
- Next activate brain integration by:
 - Anterior atlas correction then immediately follow with
 - Eye muscle fascia release up to the right
 - Eye muscle fascia release up to the left
 - Eye muscle fascia release up to the right

3) Thyroid:

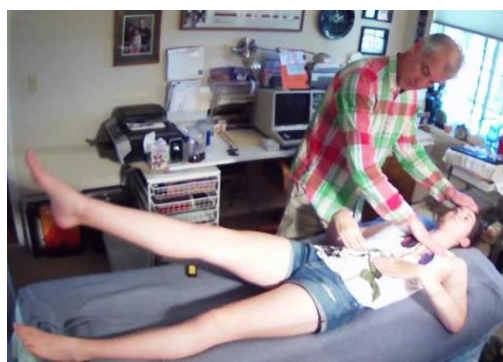
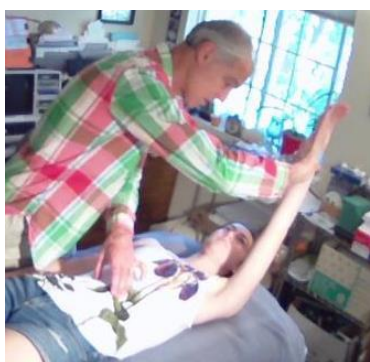
- Patient places hand contact over Thyroid with one or both hands
- Next have the patient activate right / left brain activity by moving any large muscle group, i.e. lift one leg then tap sagittal suture followed by lifting the other leg
- Next activate brain integration by:
 - Anterior atlas correction then immediately follow with
 - Eye muscle fascia release up to the right
 - Eye muscle fascia release up to the left
 - Eye muscle fascia release up to the right

4) Pituitary:

- Patient places hand/finger contact over Pituitary (located on bridge of nose)
- Next have the patient activate right / left brain activity by moving any large muscle group, i.e. lift one leg then tap sagittal suture followed by lifting the other leg
- Next activate brain integration by:
 - Anterior atlas correction then immediately follow with
 - Eye muscle fascia release up to the right
 - Eye muscle fascia release up to the left
 - Eye muscle fascia release up to the right

5) Hypothalamus:

- Patient places hand/finger contact (TL) over Hypothalamus (located on mid line of mid-frontal bone)
- Next have the patient activate right / left brain activity by moving any large muscle group, i.e. lift one leg then tap sagittal suture followed by lifting the other leg
- Next activate brain integration by:
 - Anterior atlas correction then immediately follow with
 - Eye muscle fascia release up to the right
 - Eye muscle fascia release up to the left
 - Eye muscle fascia release up to the right



II. OVARY / PROSTATE REPRODUCTIVE ORGAN PROTOCOL

Evaluation: Supine; the left Pec Major Sternal (PMS) muscle is isolated as an indicator muscle (relates to left liver function in the process of degrading blood-borne circulating hormones) for therapy localization (TL) to the Ovaries / Prostate. If the left PMC becomes conditionally inhibited when TL to the reproductive organ, this indicates an imbalance involving the balance of endocrine activity as it relates to hormonal balance of the reproductive system. This protocol appears to be applicable in all individuals whom are sexually active.



It should be noted that the left PMS should show normal facilitation with the standard Manual Muscle Test (MMT). Additionally, individual TL of any of the organs/glands should not show aberration on TL or on individually related organ ~ muscle relationships, (i.e. this is a functional correction, not an individual organ problem). Additionally if the reproductive organ is absent then the protocol starts from the next organ (kidneys).

If a pattern of recidivism becomes apparent, this is an indication that it is not priority complete this protocol at this time, i.e. meaning one or more of the organs is incompetent and requires further diagnostic workup.

Correction:

1) Ovaries/Prostate:

- To link the Endocrine system to the first step of reproductive organ function, the practitioner using the left PMS muscle as an indicator muscle then TL to the Ovaries/Prostate (patient should touch over the organ with one hand) and also maintain contact over PMS to keep it in circuit. .
- Next have the patient activate right / left brain activity by simply moving any large muscle group, i.e. lift one leg 12 inches or more off table. Then tap sagittal suture followed by lifting the other leg.
- Next activate brain integration by:
 - Anterior atlas correction then immediately follow with
 - Eye muscle fascia release up to the right
 - Eye muscle fascia release up to the left
 - Eye muscle fascia release up to the right

2) Kidneys:

- Patient places hand contact over both Kidneys
- Next have the patient activate right / left brain activity by moving any large muscle group, i.e. lift one leg then tap sagittal suture followed by lifting the other leg.
- Next activate brain integration by:
 - Anterior atlas correction then immediately follow with
 - Eye muscle fascia release up to the right
 - Eye muscle fascia release up to the left
 - Eye muscle fascia release up to the right

3) Liver:

- Patient places hand contact over Liver with one or both hands
- Next have the patient activate right / left brain activity by moving any large muscle group, i.e. lift one leg then tap sagittal suture followed by lifting the other leg
- Next activate brain integration by:
 - Anterior atlas correction then immediately follow with
 - Eye muscle fascia release up to the right
 - Eye muscle fascia release up to the left
 - Eye muscle fascia release up to the right

4) Adrenals:

- Patient places hand contact (TL) over Adrenals
- Next have the patient activate right / left brain activity by moving any large muscle group, i.e. lift one leg then tap sagittal suture followed by lifting the other leg
- Next activate brain integration by:
 - Anterior atlas correction then immediately follow with
 - Eye muscle fascia release up to the right
 - Eye muscle fascia release up to the left
 - Eye muscle fascia release up to the right

○

5) Hypothalamus:

- Patient places hand/finger contact (TL) over Hypothalamus ((located on mid line of mid-frontal bone)
- Next have the patient activate right / left brain activity by moving any large muscle group, i.e. lift one leg then tap sagittal suture followed by lifting the other leg
- Next activate brain integration by:
 - Anterior atlas correction then immediately follow with
 - Eye muscle fascia release up to the right
 - Eye muscle fascia release up to the left
 - Eye muscle fascia release up to the right

Comments:

III. Digestive System Protocol

Evaluation: Supine; the left Pec Major Sternal (PMS) muscle is isolated as an indicator muscle (relates to left liver function in the process of degrading blood-borne circulating hormones) for therapy localization (TL) to the Stomach NL. If the left PMC becomes conditionally inhibited when TL to the stomach, this indicates an imbalance in the system involving the balance of hormonal activity of secretin between the primary digestive organs.



It should be noted that the left PMS should show normal facilitation with the standard Manual Muscle Test (MMT). Additionally, individual TL of any of the organs should not show aberration on TL or on individually related organ ~ muscle relationships, (i.e. this is a functional correction, not an individual organ problem).

If a pattern of recidivism becomes apparent, this is an indication that it is not priority to complete this protocol at this time, i.e. meaning one or more of the organs is incompetent and requires further diagnostic workup

Correction:

1) Stomach:

- To link the Endocrine system to the first step of digestive function, the practitioner using the left PMS as an indicator muscle TL to the Stomach NL (patient should TL the stomach reflex) and also maintain contact over PMS to keep it in circuit.
- Next have the patient activate right / left brain activity by simply moving any large muscle group, i.e. lift one leg 12 inches or more off table. Then tap sagittal suture followed by lifting the other leg.
- Next activate brain integration by:
 - Anterior atlas correction then immediately follow with
 - Eye muscle fascia release up to the right
 - Eye muscle fascia release up to the left
 - Eye muscle fascia release up to the right

2) Pancreas:

- Patient places hand contact (TL) over Pancreas with one or both hands
- Next have the patient activate right / left brain activity by moving any large muscle group, i.e. lift one leg then tap sagittal suture followed by lifting the other leg.
- Next activate brain integration by:
 - Anterior atlas correction then immediately follow with
 - Eye muscle fascia release up to the right
 - Eye muscle fascia release up to the left
 - Eye muscle fascia release up to the right

3) Small Intestine:

- Patient places hand contact (TL) over Small Intestine with both hands
- Next have the patient activate right / left brain activity by moving any large muscle group, i.e. lift one leg then tap sagittal suture followed by lifting the other leg
- Next activate brain integration by:
 - Anterior atlas correction then immediately follow with
 - Eye muscle fascia release up to the right
 - Eye muscle fascia release up to the left
 - Eye muscle fascia release up to the right

4) Large Intestine:

- Patient places hand contact (TL) over large Intestine with both hands
- Next have the patient activate right / left brain activity by moving any large muscle group, i.e. lift one leg then tap sagittal suture followed by lifting the other leg
- Next activate brain integration by:
 - Anterior atlas correction then immediately follow with
 - Eye muscle fascia release up to the right
 - Eye muscle fascia release up to the left
 - Eye muscle fascia release up to the right

5) Kidneys:

- Patient places hand contact (TL) over both Kidneys
- Next have the patient activate right / left brain activity by moving any large muscle group, i.e. lift one leg then tap sagittal suture followed by lifting the other leg
- Next activate brain integration by:
 - Anterior atlas correction then immediately follow with
 - Eye muscle fascia release up to the right
 - Eye muscle fascia release up to the left
 - Eye muscle fascia release up to the right

Note:

It is common to have to repeat the Digestion System reset after any emotional clearing. The Adrenal/Blood-Sugar Handling and Ovary/Prostate reset generally remains stable unless there was a major stressor or therapeutic input to any of the organ(s) or autonomic nervous system. The stability of these systems is a diagnostic sign of balance within the autonomic nervous system.

It is always advisable to recheck your work by therapy localization of all steps and / or certainly the last step and this should be done optimally with right and left brain hemispheres; meaning MMT with a right and left indicator muscle. Eye muscle fascia resets will generally require ~2 seconds of vectored diagonal pressure.

Completes Neurological Unit Eight

