

Additional Therapy Localization Procedures to Uncover the Emotional Side of the Triad of Health

Timothy D. Francis, D.C., F.I.A.C.A, DIBAK, M.S., D.H.M

Abstract

The emotional side of health is extremely important in balancing a patient. Various methodologies have been developed in applied kinesiology and elsewhere to help find and correct this particular cause of a patient's symptomatology. Three additional procedures are presented to help uncover the emotional causes of body dysfunction.

Introduction

The introduction of therapy localization in 1974 has been of tremendous contribution in both understanding and diagnosis of body dysfunction. The Bennett reflexes for the stomach/bladder are also known as the emotional neurovascular reflexes (ENV). Either direct therapy localization to these points or using a two handed therapy localization; that is one hand to another reflex, vertebrae, and or joint, and cross therapy localization to the emotional neurovascular points will allow entrance into the emotional side if involved. Treatment may consist of holding the ENV's until a synchronous pulse is felt. Other methods may include encoded memory technique, Calahan technique, N.E.T., Homeopathy and various other protocols.

Additional therapy localization procedures have been discovered by this author that uncover covert emotional causes when standard therapy localization may fail to show involvement. These include a two handed therapy localization to the emotional neurovasculars, a cross therapy localization to the emotional neurovasculars (right hand on left neurovascular and left hand on right neurovascular), and a prayer position therapy localization to the metopic suture (similar to sacral wobble therapy localization).

Discussion

The Bennett reflexes for the stomach/bladder have long been utilized as the window into the emotional side of the triad of health. These reflexes were first discovered in the 1930's by Terrance Bennett, D.C. When these points therapy localize it is assumed that an emotional component is involved. They are contacted and held until a bilateral synchronous pulse is palpated.

These reflexes may be two pointed (one hand on another reflex, vertebrae, joint/muscle, etc. and the other hand on the ENV's) to determine if there is an emotional component to the problem. One may become more specific by having the patient think about finance, romance, him/herself in some particular role in life for more specificity.

However there have been times when the ENV's would not therapy localize either in the clear or by two pointing or by thinking a stressful thought and yet it seemed apparent there was an emotional involvement. Further research uncovered the following three patterns.

The first pattern has negative therapy localization in the clear either palm down or palm up with either hand. However if the patient places one hand on top of the other very often this displays a positive therapy localization. Structural corrections may include occiput, atlas, the first thoracic, and/or Category I which may not show in the clear until the two handed therapy localization to the ENV's. Extremity subluxation correlations may include the radial head, jammed carpals, fibular head and talus. Find the associated feeling involved (finance, romance, role playing) and correct the subluxation via encoded memory technique.

The second pattern also has negative therapy localization to the ENV's either palm up or palm down. However if the patient places the left hand on the right ENV and the right hand on the left ENV a positive therapy localization occurs. Common spinal correlations include T 10/11, L 5, and Category I. Extremity findings may include the radial head, jammed carpals, femur heads, tibia/fibula/patella, and talus subluxations. Again use the encoded memory technique. Biochemically a balanced mineral product may be useful.

The third pattern involves a particular type of therapy localization utilized in the sacral wobble fault. The hands are placed in the prayer position on the metopic suture. If a positive therapy localization is obtained in this manner then look for an occiput, sacral/pelvic, and/or upper thoracic involvement. Extremity subluxations may include a talus. Again utilize an encoded memory technique type of correction. Biochemically similar to the previous pattern, a balanced mineral product may be helpful.

Conclusion

These new therapy localization patterns to the ENV's allow access to the emotional side of the triad of health previously unobtainable by other procedures. These include the two handed therapy localization with one hand on top of the other; a cross therapy localization with the left hand to the right ENV and the right hand to the left ENV; and finally a prayer position of the hands to the metopic suture area. Correction involves utilizing the encoded memory technique to the appropriate axial/appendicular skeletal correlations. These corrections enable the body to function in a more balanced manner.

Resources

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