THE HOLOGRAPHIC SUBLUXATION OF THE MANDILBE AND ITS CORRELATION TO THE SPINE AND EXTREMITIES

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

Abstract

The holographic subluxation of the mandible has both a spinal and extremity correlation. Proper correction of the spine and/or extremity removes the holographic manbible subluxation.

Introduction

Holographic subluxations (Intraosseous subluxation) requires a two handed therapy localization to the bone involved. Correction utilizes bending the bone on a specific phase of respiration to change the piezoelectric effect.

Spinal subluxations can have a profound effect upon the temporomandibular joint (TMJ). (Leaf) Extremity subluxations also may exert a tremendous influence on the TMJ. (Francis)

Sacral, carpal, and talus subluxations are intimately involved with an intraosseous subluxation of the mandible.

Discussion

The hologram was first discovered by Gabor in 1947 and contains complete information about a wave. Principles of holography have been applied in astronomy, physics, biology, and health care. Dr. Goodheart used hologramic principles via manual muscle testing

(MMT) to identify a new type of subluxation; the intraosseous lesion. This may be visualized as a bent bone and can occur in the skeletal system throughout the body. This is commonly found in the mandible. (Leaf)

Duffy recommends as a screening procedure to therapy localize (TL) the temporomandibular joint (TMJ) with the right hand on the right TMJ and the left hand placed over the right hand. (This is performed the opposite for the left TMJ). If this weakens a strong indicator muscle (IM) then a holographic subluxation of the mandible is suspected. Adding clenching and/or wide opening with the TL protocol may also be necessary to uncover a covert involvement.

Leaf advises to use a two handed protocol. Step one is to place one hand on the upper ramus and the opposite hand on the lower portion. (Bent ramus) Next challenge the ramus with two hands to buckle it internally or externally, and whichever direction weakens a strong IM, determine the phase of respiration which negates it, correct in the positive challenge direction on the phase of respiration which restrengthens it. Step two is to TL the ipsilateral ramus and body of the mandible with two hands. If positive TL then challenge as to approximate or separate, correct in the positive challenge direction on the phase of respiration that negates the challenge. Step three is to TL the right and left body of the mandible with right and left hands, if this TL's then find a phase of respiration that negates and correct in the positive challenge direction on the phase of respiration that negated the TL. Correction of the holographic mandible has many positive effects on body function. (This is easily demonstrated by an increase in passive range of motion of hip abduction)

A sacral subluxation is related to the occiput via the Lovett brother correlation. An unlevel occiput will affect the TMJ via proprioceptors in the upper cervical vertebrae and as a tension take up mechanism involving the dura. (Goodheart) If the sacral subluxation is chronic and left uncorrected, then the TMJ musculature will try to compensate putting long term stress on the mandible. The affect is an intraosseous subluxation of the mandible. Proper correction of the sacral subluxation/fixation complex will often times correct the holographic subluxation of the mandible.

Extremity subluxations have been correlated by this author to various TMJ dysfunctions in a paper published in 2003. All TMJ muscles are related to the stomach meridian, which is related to the stomach organ. The neurovascular reflexes (NV) for the stomach are also known as the emotional NV reflexes. (ENV) These reflexes are located on the mid-pupillary line of the frontal bone and will TL when emotional issues are involved.

Jammed carpal subluxations display via MMT as a weak opponens pollicis/opponens dgiti minimi. A lateral talus is affiliated with a weak psoas. Both of these subluxations when corrected properly will often negate positive TL to the ENV reflexes. (Francis) These extremity subluxations will display involvement often times if a patient thinks of a stressful situation and when the subluxation is corrected it will negate a strong IM weakening to this stressful thought process. (Francis) If jammed carpals and/or a talus subluxation is present, correction of said subluxations will often remove the holographic mandible subluxation.

Conclusion

The holographic mandible subluxation may have spinal and/or extremity involvements. The spinal involvement is a sacral subluxation/fixation complex. Extremity subluxations include jammed carpals and/or the talus. Correction of the spine and/or the extremities is paramount to the complete correction of the holographic mandible subluxation.

Note: The homeopathic correlation for the holographic mandible subluxation is Natrum Sulphuricum.

Resources

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