

# The Metopic Suture as a Primary Stress Receptor via the Umbilicus Test

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## Abstract

Information is born from the interaction of matter and energy. A meme (after Dawkins) is a unit of information that influences events in the world. The purpose of the meme is replication; the vehicle for this is the human brain. The brain's purpose is to maintain an interface between the internal and external environment for survival. Symbiotic memes preserve their host while parasitic memes destroy them.

Therapy localization (TL) via the Emotional Neurovasculars (ENV) and the umbilicus test bring neurocognitive awareness to threshold via positive TL to the metopic suture. This suture is then stimulated manually to reset the neurocognitive response patterns.

## Introduction

According to Radin, Rebman, and Cross: consciousness is an ordering principle. It can insert information into disorganized systems and create higher degrees of order. Both individual and group consciousness can insert and extract information from the world. Coherence among individuals is important in the ordering power of consciousness. Coherence may be expressed as the symbiotic means as love, empathy, caring, unity, oneness and connectedness. A lack of coherence, resulting from incorrect translation of information and/or replication of information out of context leads to parasitic meme transference. This results in a disruption of signaling systems and results in uncoordinated, competitive conflicting and incoherent function. This may display in the body via Applied Kinesiology diagnosis as K27, cross K27, ocular lock, hyoid dysfunction, right/left brain dysfunction, psychological reversal, one eye open/closed testing and the umbilicus test.

Roger Penrose has stated "... matter itself is nebulous and transient; and it is not at all unreasonable to suppose that the persistence of 'self' might have more to do with the preservation of patterns than of actual material particles." This is a fractal process. Fractal pattern organization creates flexibility, allowing information transfer and translation. It is in this way that human beings adapt to their environment. Leaf has stated that neurological disorganization is when the body loses its ability to adapt.

"Non-linear dynamics enables these patterns to be identified in complex presentation, even when they are obscured by incoherence or sheer mass of indecipherable data. It discovers relevance in which the world discards as irrelevant using an entirely different approach and totally different methods of problem resolution from the ones the world is used to. It does this via critical point analysis. Critical point analysis is a technique derived from the fact that in any highly complex system there is a specific critical point at which the smallest input will result in the greatest change." (David R. Hawkins, M.D.)

## Discussion

According to Sir John Eccles the brain acts as a receiving set for energy patterns residing in the mind itself, which exist as consciousness expressed in the form of thought. One of the founders of quantum theory, Heisenberg has stated "... the smallest units of matter are, in fact, not physical objects in the ordinary sense of the word, they are forms, structures, or—in Plato sense— ideas..." It is the mind that patterns energy. The mind shapes energy into particular patterns and therefore this affects how the energy is expressed. "Ideas and ideals both exist as patterns of energy in the mind. They both operate through the mind to give shape to physical things and to events in the world." (Cayce) This may be thought of as a constraint satisfaction system. This is a system of interconnected neuronal units operating within a series of limits to set up attractor patterns. This encompasses the matrix of all possibilities.

Neuropsychologic modeling based on non-linear dynamics correlates with Bohm's implicate and explicate orders via holography. Applied Kinesiology procedures via therapy localization to the emotional neurovasculars, K27, cross K27, the umbilicus test, and the metopic suture are means of opening up the communication channels to these implicate-explicate operants. According to chaos theory the brain follows the law of sensitive dependence on initial conditions. Therefore even a slight variation over time can produce a huge effect.

Consequently it is of utmost importance to maintain balanced patterns and frequencies in the nervous system, which act as filters for processing new experiences. (The brain processes approximately 4,000,000,000 pieces of information per second) By poising the frequency filters we determine our fate both individually and collectively since frequencies are used in evaluating and responding to future incoming signals. These patterns and frequencies regulate protein synthesis, gene regulation, cell division, DNA, RNA and therefore life itself.

The Bennet reflexes for the stomach/ bladder are located on the frontal eminences along the mid-pupillary line. Traditionally if these reflexes therapy localized an underlying emotional component was demonstrated to be involved, whether therapy localized in the clear or by two pointing to some other area on the body (a subluxation, Chapman, Bennet, alarm point, etc.) However many times in this author's experience an emotional component was thought to be involved (due to the patient's history and/or symptom complex) but no positive TL was demonstrable. Further research revealed (see previous paper by this author entitled *Additional Therapy Localization Procedures to Uncover the Emotional Side of the Triad of Health*) that if the ENV's were therapy localized in a specific manner then the body would display the covert emotional component. These therapy localization protocols are with both hands (one on top of the other), cross TL, and finally a prayer position TL (similar to a sacral wobble fault) to the metopic suture.

Additional research currently has revealed the following patterns. For the two handed TL, (one hand on top of the other); use both palms down, both palms up, and then alternatively one palm up/ other palm down. (Utilizing left hand on bottom / right hand on top and vice versa). Recall the enhanced TL procedure for the Temporomandibular joint (TMJ) by placing the little finger and thumb in opposition. Utilizing this form of therapy localization, touch the ipsilateral ENV with one hand palm down/up, then contralateral ENV palm down/up. Next TL with both hands to the ipsilateral ENV palms down/up and then alternatively one hand up/ the other down. Try the same procedure to the contralateral ENV utilizing two hands. Next touch the right ENV with the right hand and the left ENV with the left hand with both palms down/up and then with one palm down/ one palm up. (Similar to a hidden Category I.) Finally touch the right ENV with the left hand and the left ENV with the right hand with both palms down/up and then one palm down / one palm up (similar to a cross K27.) Still yet another high gain method is to interlace the fingers of both hands (finger interlink). Place the interlaced hands over the ENV's palms up/ down. All of these TL protocols will often display an emotional component when a simple one-handed TL (palm up/down) will fail thus providing a false negative. This is also true for the umbilicus test. Place the doctor's left hand into the patient's umbilicus

and the patient's right hand palm down over the doctor's hand, follow this with the patient's palm up, doctor's palm down, and finally with the patient's palm down. Repeat this testing procedure with the opposite hands; that is, the doctor's right hand into the umbilicus and the patient's left hand on top, then patient's palm up, doctors palm down, and finally with the patient's palm down. All of these protocols will usually display covert emotional response patterns.

The umbilicus test performed utilizing both right and left hands palms up/down in all possible combinations appears to supercede the other ENV therapy localization procedures. When the strong indicator muscle weakens to positive TL, continue manually testing the indicator muscle until it re-facilitates (tests strong), then immediately have the patient TL the metopic suture (which previously does not TL), and treat the suture manually by gently rubbing along the suture for approximately one minute. Recheck the TL to the metopic suture against right/ left brain activity, which should be negative. (If not, continue to stimulate the metopic suture.) Again perform the umbilicus test in all possible combinations and then repeat for the opposite hand. This simple procedure should clear all the previous ENV therapy localization protocols as well as having a profound effect on overall body function structurally, chemically, emotionally, and electromagnetically. This may be demonstrable by testing right/left brain function, hyoid challenge, psychological reversal, TMJ function, upper/lower gait, PLUS, dural torque, neurologic disorganization, homocysteine, oral pH, endothelial relaxation factor (argenine), pulse points, range of motion, and may other procedures. Most herbal and or homeopathic requirements are corrected by this procedure. The metopic suture stimulation via the umbilicus test does not correct primary subluxations/fixations and/or nutritional needs.

## Conclusion

The metopic suture appears to be a primary stress receptor for the body that does not therapy localize until the indicator muscle re-strengthens post multiple muscle testing via the umbilicus test. The umbilicus test should be performed in all possible test positions (doctor's palm up/down and patient's palm up/down utilizing both right and left hands.)

Since specific patterns and frequencies regulate life, then the body should be able to generate and tailor specific wave forms that are harmonizing to itself and therefore utilized as a therapeutic agent given the removal of obstacles in its own pathways.

## Resources

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