

Parasympathetic Protocol

1. Evaluate Parasympathetic tone
 - muscle
 - energy
 - emotionality
 - language
2. Cradle release parasympathetic pole in neck and occiput
 - Stretch neck/unwind
 - Unwind mandible
 - check styloid process for tenderness
3. Have client turn over on tummy
 - Hold sacrum and occiput
 - Feel dural tube evaluate as you feel make mental notes
 - Give feedback to system - use kinesthetic language
4. Work heel points below
 - Left hand satvic on sacrum to receive
 - Work points around ankle receive in sacrum
 - Do any of Dr. stones reflexes from charts
5. Perineal contacts - Touch is slow deep and yielding to tissue
 - Middle fire finger of right hand works from coccyx to pubic
 - Connect reflexes to sacrum with left hand or elbow to spine
 - Eventually map to other reflexes on Dr. Stones mapping
 - Reflex to Jaw as positive pole of perineum
 - You can mix sympathetic contacts throughout spine and body
 - Mixing Para with Symp is generally pretty good (esp anxiety)
6. Bring in anterior organ contacts as needed
 - While working Perineum reflexes may be necessary
 - Reflex to diaphragm, liver, stomach and large intestines etc.
7. End with respiratory contacts to reestablish satvic release
 - Start with deep resp/scapular reflexes (cht 28/36)
 - finish with satvic reflexes between glutei and shoulders

OCCIPUT AND SACRUM, SPHENOID AND COCCYX RELATIONSHIPS

BOOK V
LSD CHARTS
(16 & 17)

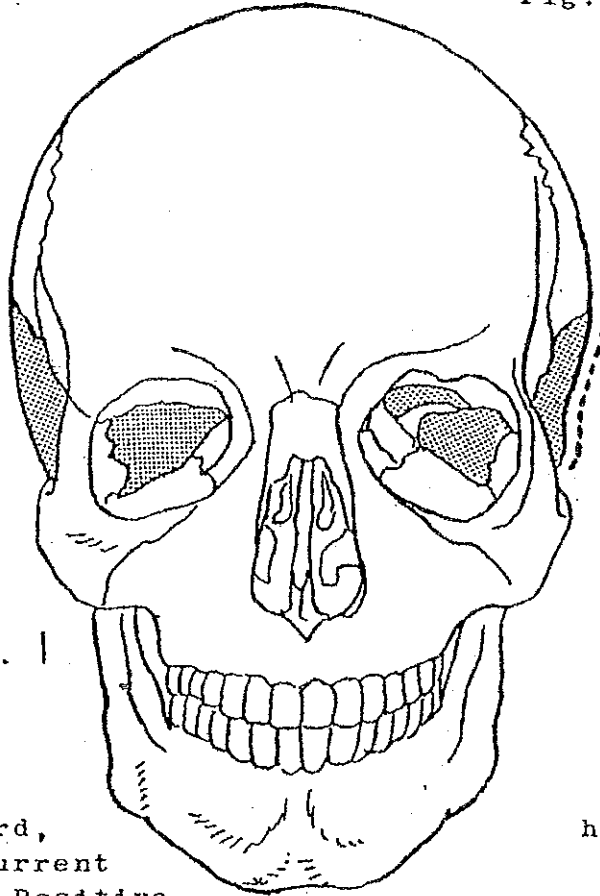


Fig. 1

Fig. 1 shows the Sphenoid bone areas on the skull, anteriorly, and the Great Wings, laterally. It is known that even a light pressure on the eyeballs changes the pulse beat. Whether the Sphenoid is a factor in this is not yet determined.

The Great Wing on each side of the head is a contact point for balancing the Spinal Current with the Coccyx on the opposite side. Being on the side of the head, the current crosses over to the other side, below.

Fig. 2: The top of the head, at the Sutures, marked 'X', is also a free thumb contact point for the Central Axis Current in the body, together with a gentle contact on the tip of the Coccyx with the middle finger of the other hand. The right hand below favors

the upward, return current from the Positive finger of the Positive hand, to the Neuter thumb of the left or Negative hand. Reversing the hands, favors the downward impulse of ENERGY WAVES.

The relationship of the Occiput and the Sacrum, and the Sphenoid and the Coccyx is illustrated here as a continuation of articulations.

Response of Currents to Contacts

verifies this geometric arrangement, from the top of the spine to the bottom, as shown in Chart No. 2 in this book.

--- = Contact points in Center and on both sides.

Right side of Coccyx, left Sphenoid.

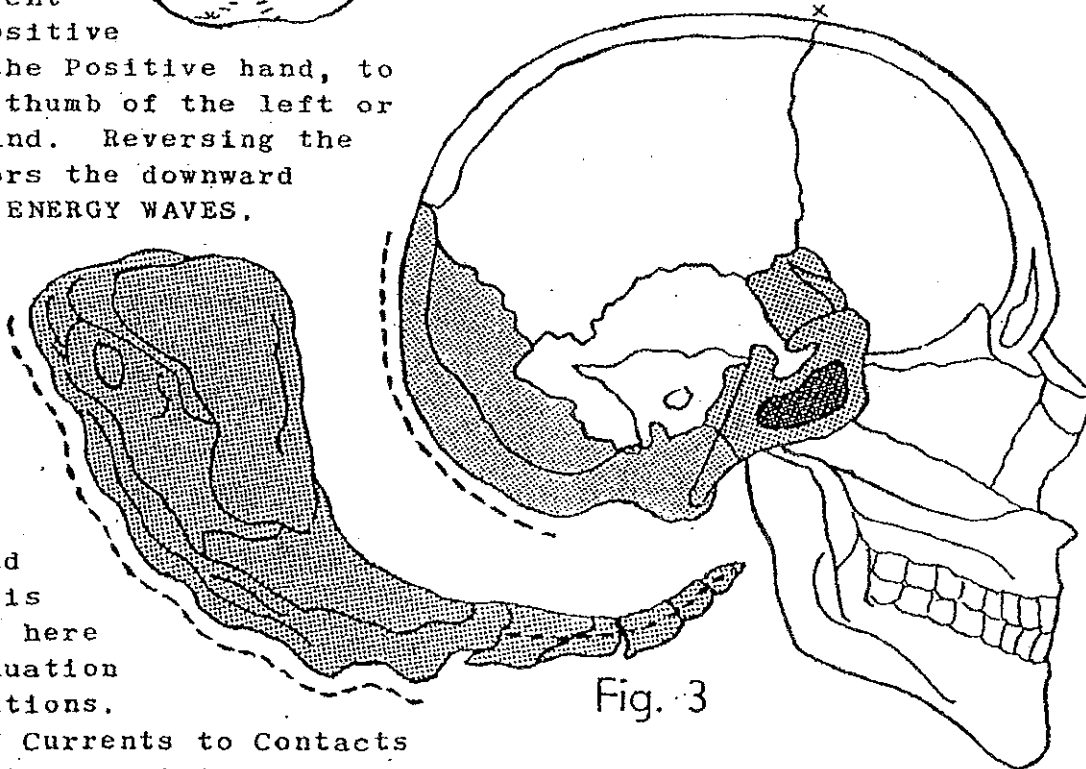


Fig. 3

Fig. 2

CHART NO.27. THE JAW IS THE POSITIVE POLE OF THE PUBIC BONE AND THE ISCHIUM

TONSILITIS CAN BE DETECTED AS SORENESS UNDER THE JAW WITH A DEEP CONTACT AT NO.4. RELEASE THE CORRESPONDING AREA AT THE NEGATIVE POLE AT THE ISCHIUM. TENDERNESS FOUND HIGHER UP UNDER THE CONDYLES OF THE MANDIBLES SHOULD BE CHECKED AT THE ILIAC FOSSA FOR ITS CAUSATIVE REFLEX.

THE MANDIBULAR JOINT AND THE HIP JOINT HAVE A RELATIONSHIP OF POSITIVE TO NEGATIVE. THE FOUR AREAS OUTLINED HERE ROUGHLY RELATE TO THE FOUR AREAS OF THE PERINEUM. STRUCTURAL AND FUNCTIONAL REFLEXES ARE PRESENT. IT IS POSSIBLE TO EFFECT POWERFUL SPECIFIC REACTIONS HERE AT THE POSITIVE POLE WITH SPECIFIC CONTACTS ON TWO POINTS - ONE ABOVE AND ONE BELOW.

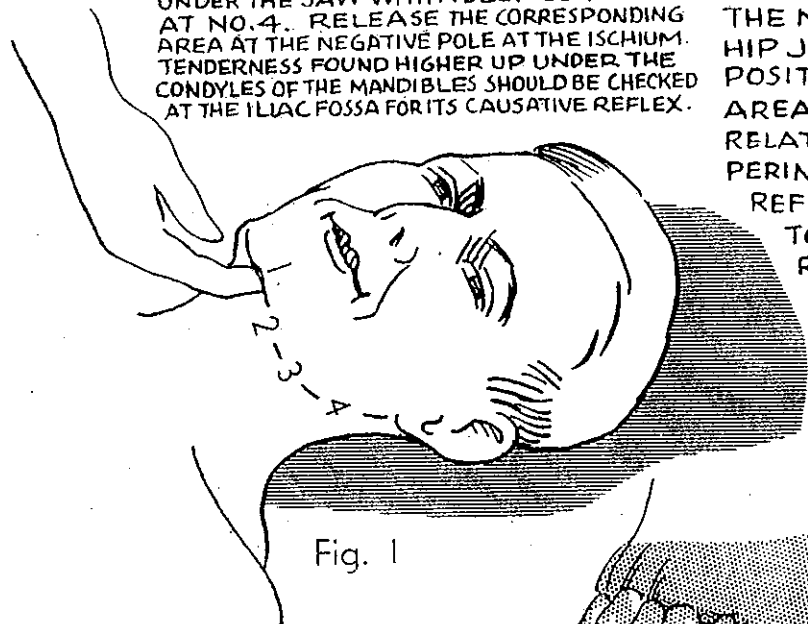


Fig. 1

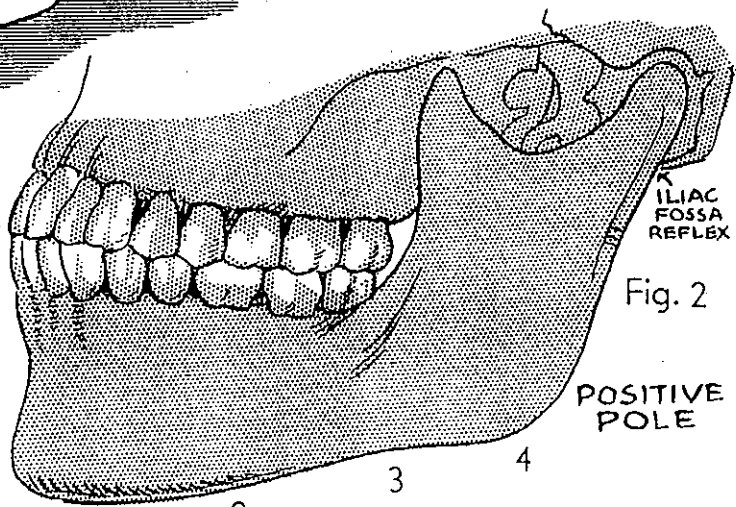


Fig. 2

ALL JOINTS ARE NEUTER POINTS WHERE THE ENERGY CROSSES OVER, MAKING FLEXION POSSIBLE IN THE LINES OF FORCE. WHEN ENERGY FLOWS STRAIGHT IT IS AN EXTENSION OF FORCE. THROUGH NEUTER POINTS IT BECOMES MECHANICAL LEVERAGE BY CHANGE OF POLARITY.

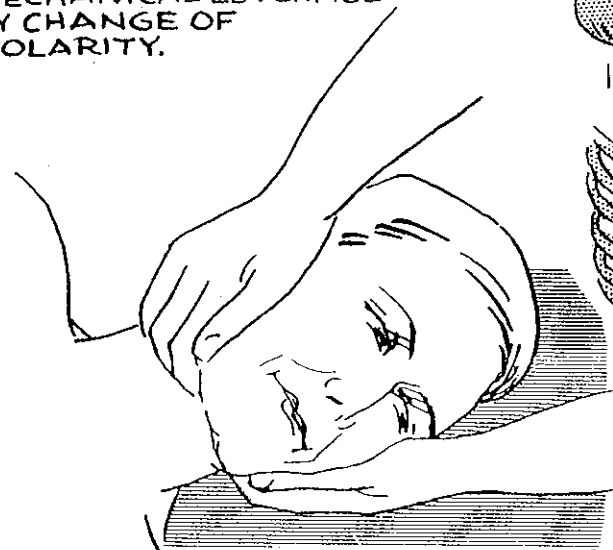


Fig. 3

PATIENT ON HIS BACK SHOWING A CONTACT UNDER THE JAW ON BOTH SIDES AS A GENERAL STRETCH OF SOFT TISSUES.

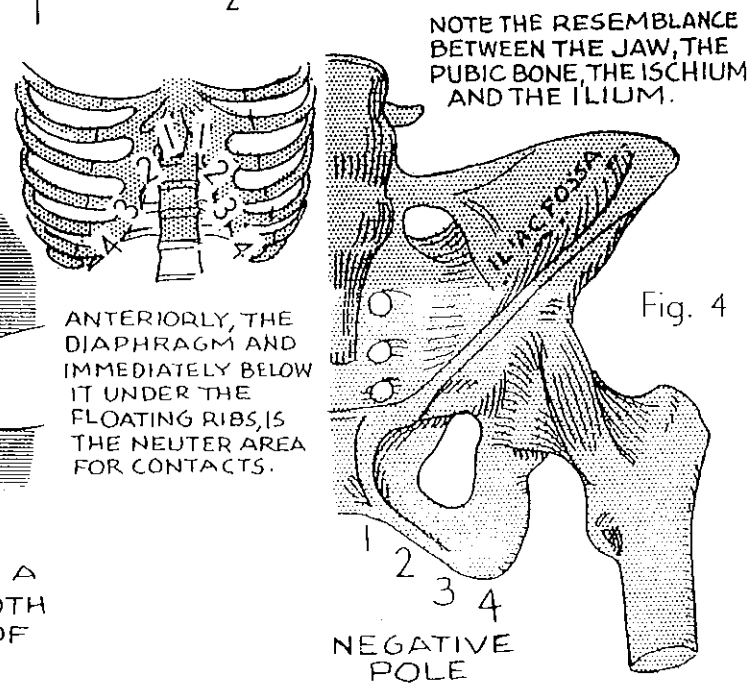


Fig. 4

ANTERIORLY, THE DIAPHRAGM AND IMMEDIATELY BELOW IT UNDER THE FLOATING RIBS, IS THE NEUTER AREA FOR CONTACTS.

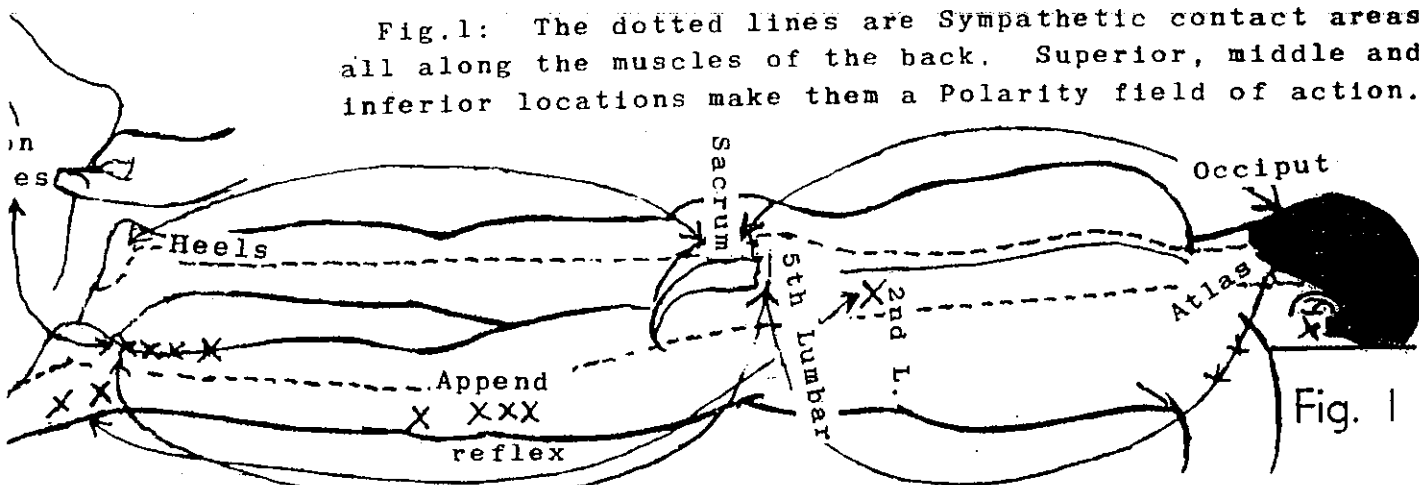
UTIONARY ENERGY CHARTS

ART No.20

Figure 1 - SYMPATHETIC POLARITY CONTACT AREAS

Figure 2 - PARASYMPATHETIC POLARITY CONTACT AREAS

Fig.1: The dotted lines are Sympathetic contact areas all along the muscles of the back. Superior, middle and inferior locations make them a Polarity field of action.



left side of Fig. 1 shows the POLARITY of the occiput as the superior active pole, the sacrum as the middle or neuter pole and the heels as the active inferior pole. In Polarity Therapy all three are used on both sides, to balance the structure below with the impulse above.



See charts 30 and 31, pages 37-38 in "WIRELESS ANATOMY"

STRUCTURE IS FROM BELOW UPWARD. IMPULSE IS FROM ABOVE DOWNWARD.

On the right side we show the corresponding polarity of the atlas as the positive pole above, the 5th L. as the neuter pole in the middle, and the tendon of Achilles as the negative inferior reflex area pole. See chart 2, page 15 in "VITALITY BALANCE" for cervical and lumbar relationship.

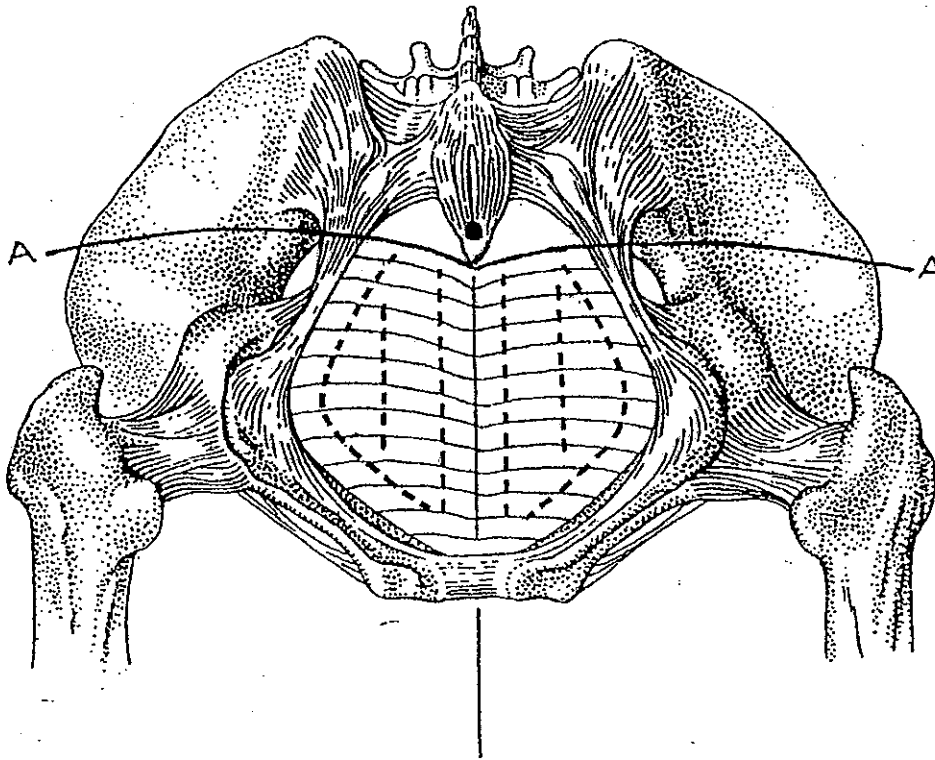
An excessive impulse from above produces a lesion below. And a subluxation below, due to trauma, causes a lesion above in the cervicals. The soreness found by palpation is the guide to diagnosis.

Impulse from above supplies the structure. And structure imbalance from below perverts natural impulse

On the right of Fig. 1 we also show an appendix reflex area, near the knee, with a 2nd L. lesion on the right transverse. This would show a sore 4th C. on the right, with a shoulder reflex. High on the arch of the foot we also have a reflex from the 2nd L. See chart 19, page 93 of "VITALITY BALANCE". Always find your negative pole resistance in the feet, which goes with every spinal lesion as a chronic reflex lock.

Fig. 2 gives the Parasympathetic areas below as the negative pole in the perineum, and the neuter in the sacrum, and over the shoulders as a contact near the pneumogastric nerve, the positive contact pole for release.

The top of the head reflects to the perineum. The lower occiput reflects



The area below line A is strictly for the application of PERINEAL TECHNIQUE with a light touch with one finger of the right hand while simultaneously placing the left hand above, on the neck or other centers, FOR BIPOLAR CURRENT RELEASE. The dotted lines are CONTACT POINTS. The fine cross lines are tissue lesions to release.

The area above line A is for muscular tissue therapy on both sides of the coccyx, the sacral base and over the innominate bone. It is for a GENTLE PRESSURE TECHNIQUE to release the blocks between two contact points around the ganglion of impar, located under the coccyx, shown as a dot here. The glutei, the coccygeal, the pyriformis muscles, etc. can be contacted in this space by various depths and angles, with the contact finger of the right hand UNDER THE MUSCLE TISSUE, ALONG THE SIDE OF THE COCCYX. At the same time the thumb of the left hand works on the outside, over the muscles, in a deep manipulative movement against the pressure from the finger of the right hand below.

CHART NO. 8

A few lines have been added to this chart for clarification of Principles and Techniques.

The dot on the coccyx is the approximate location of the ganglion of impar, under this bone. It is shown externally in the chart as a GUIDE FOR THERAPY AND REFLEXES.

Line "A" is a dividing line of the muscular reflex area, above, posteriorly, from the sensory area below and anterior on the perineal floor.

The fine lines are tissue fibers which extend from the sides to the center. These are the areas of tender spots to look for in PERINEAL TECHNIQUE.

The dotted lines represent the contact points to be made with the finger tip when giving PERINEAL TECHNIQUE.

In PERINEAL TECHNIQUE all contacts are made on the soft tissue on the perineal floor. The rim of the bones and ligaments are guides to direct the contact finger and keep it on the perineum.

Profound reflexes can be elicited here by gentle contacts. Spastic knee reflexes, or when the knees suddenly give way, have been found here as perineal obstructions, AND RELEASED IN A FEW SUCH TREATMENTS..

Other mental and emotional symptoms often have their origin here and reflex to the neck and the head. PATIENTS ARE ALWAYS GRATEFUL FOR THAT GENTLE TREATMENT WHICH RELIEVES THE NECK TENSION WITHOUT ATTEMPTS OF ADJUSTING A SORE NECK. When the energy blocks are released, the currents can flow freely and normally to promote and maintain good health.

Glandular stagnation blocks that are due to emotional upsets are often found in this area.

Tonsils and the lymph glands in the throat also have their negative pole blocks here, in the opposite end of the body, as well as around the ankles through a kidney reflex.

In mumps, the hip joints are equally as sore as the mandibular joints. Releasing the lower sore spots around the hip joint, plus a PERINEAL CONTACT, frees the upper pole on that particular side. Immediately, the patient can swallow without pain.

HEALING ART NO. 30.

PERINEAL CONTACTS IN RELATION TO THE NECK, SHOULDER, ELBOW AND HIP.

DEEP AND CONCEALED ENERGY BLOCKS CAUSE CHRONIC DISEASES AND SPASMS OF TISSUE AND STASIS. FOR THOSE CONDITIONS A READY AND FIRM CONTACT IS USED ON THE SPASTIC MUSCLES OF THE PERINEAL FLOOR. THE APPLIED LINE OF FORCE FOLLOWS THE BLOCKADE INTO THE PELVIS AND HOLDS IT TO TOLERATION UNTIL IT GOES TO GO.

LEFT LATERAL PLAS IS USUALLY AN EMOTIONAL LOCK.

PERINEAL TREATMENT DIRECTLY DONE WILL UNLOCK ENERGY BLOCKS QUICKER THAN MOST OTHER METHODS BECAUSE IT DEALS WITH THE VITAL FORCE OF EMOTIONAL BLOCKS AND FRUSTRATIONS.

FOR THIS PURPOSE A LIGHT CONTACT IS USED TO RELAX HEAVILY AND ALLOW FOR RELEASE OF SURFACE ENERGY BLOCKS BY SIGHING, CRYING, HEAVY BREATHING, ETC.

THE CONTACT IS LIGHT AT FIRST; THE DIRECTION IS HEADWARD AND TOWARD THE MEDIAN LINE.

THE FIRST FINGER IS USED TO FIND THE TENSED FIBRES. THE SECOND FINGER IS USED FOR TREATMENT.

FIG. 1 SHOWS A CONTACT ON PERINEAL NO. 1 UNDER THE SYMPHYSIS PUBIS AND SLIGHTLY TO THE POSTERIOR TOWARDS THE ISCHIUM. THE THUMB OF THE LEFT HAND IS ON AREA NO. 1 OVER THE ATLAS AND ABOVE IT ON THE OCCIPITAL AND TEMPORAL BONES BEHIND THE EAR WITH FIRST FINGER ON THE OPPOSITE SIDE OF THE NECK ON THE SAME AREA. CONTACT NO. 1 RELATES TO ALL NO. 1 AREAS ON THE CHART.

FIG. 2 SHOWS CONTACT 4 FURTHER BACK ON THE PERINEUM NEAR THE COCCYX IN AREA 4 AND ABOVE ON THE CERVICAL VERTEBRAE 6 AND 7 IN THE SPINAL GROOVE. BOTH CONTACTS ARE ON THE RIGHT SIDE HERE. HOWEVER, THE CURRENT FROM THE PERINEUM CROSSES OVER VIA THE CENTRAL CURRENT AND RELEASES TENSION ON THE OPPOSITE SIDE OF THE NECK.

USED IN ALL NERVOUS AND THYROID CASES, FOR SLEEPLESSNESS, NECK AND GENERAL TENSION, ESPECIALLY IN NEURASTHENIA AND RESPIRATORY SYMPTOMS.

ALL REFLEXES COME FROM BELOW, IMPULSES OF ENERGY COME FROM THE BRAIN. ALL ENERGY FLOWS IN CIRCUITS OR WAVES, ORGANIC FUNCTION DEMANDS ENERGY, IF BLOCKED ANYWHERE PAIN IS THE RESULT.

CONTACT NO. 1 RELEASES THE ATLAS ON THE OPPOSITE SIDE.

TREATMENT SHOULD BE REPEATED SEVERAL TIMES UNTIL THE SPASTIC SORE SPOT VANISHES. CORRELATE IT WITH THE OTHER EXTERNAL AREAS GIVEN HERE.

Fig. 1

Fig. 2

SUPERFICIAL TRANSVERSE PERINEAL MUSCLE

LEVATOR ANI MUSCLE

GLUTEUS MAXIMUS MUSCLE

Fig. 3

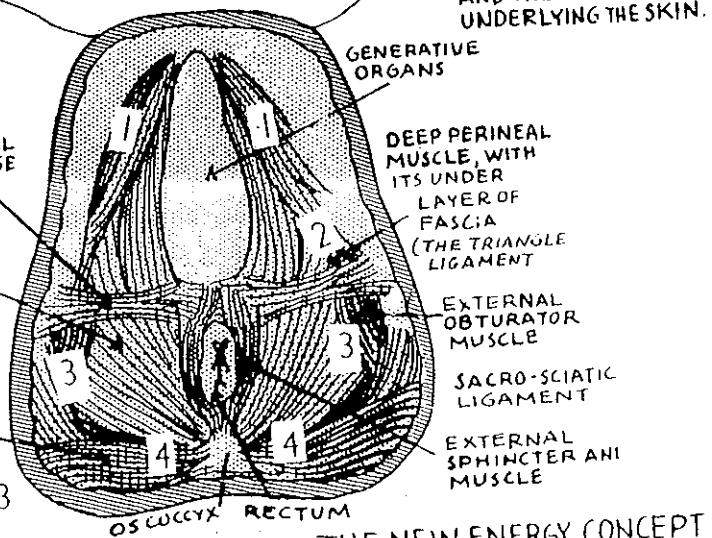


FIG. 3 GIVES THE LOCATION OF THE PERINEAL AREAS AND THE MUSCULATURE UNDERLYING THE SKIN.

CHART FOR PERINEAL TREATMENT DESCRIBED ON PAGES 50, 51, 52 IN THE NEW ENERGY CONCEPT OF THE HEALING ART. PAGE 49 GIVES A DIAGRAM OF PERINEAL FLOOR AND CONTACT POINTS.

ART NO. 31. PERINEAL THERAPY IN CONNECTION WITH KNEES AND ANKLES.

1. TRACES NUMBERED REFLEXES WHICH CORRESPOND WITH EACH OTHER. THE PERINEAL AREA AROUND THE ANUS REFLEXES FUNCTIONALLY TO THE EARTHY TRIAD OF THE ABDOMEN AND KNEES. CONTACTS HERE ARE USEFUL IN ALL DIGESTIVE DISTURBANCES. IN PREGNANCY DOUBLE THIS TECHNIQUE IS A REVELATION IN FAR REACHING EFFECT.

DIGESTIVE REFLEXES
UMBILICUS
ABOVE ○ BELOW
4-3-2-1-2-3-4

THE AREA IMMEDIATELY AROUND THE OUTSIDE OF THE ANKLE IS AN AIRY AND GLANDULAR FUNCTIONAL REFLEX. ITS USE IS INDICATED IN GLANDULAR DISTURBANCE AND KIDNEY CONDITION. ANY PUFFINESS HERE IS A KIDNEY SYMPTOM. THE HEELS ARE PELVIC, GENERATIVE, AND EMOTIONAL REFLEXES. IN PREGNANCY, GREAT RELIEF CAN BE OBTAINED BY RELEASING THE SPASM OF THE INTER-PELVIC MUSCLES WHICH OFTEN AFFECT THE LEGS SEVERELY. IN ADDITION VENOUS STASIS IS RELEASED BY THIS RELAXATION, NERVOUS TENSION BALANCED, AND CIRCULATION IMPROVED BECAUSE OF THE ENERGY BLOCK RELEASE.

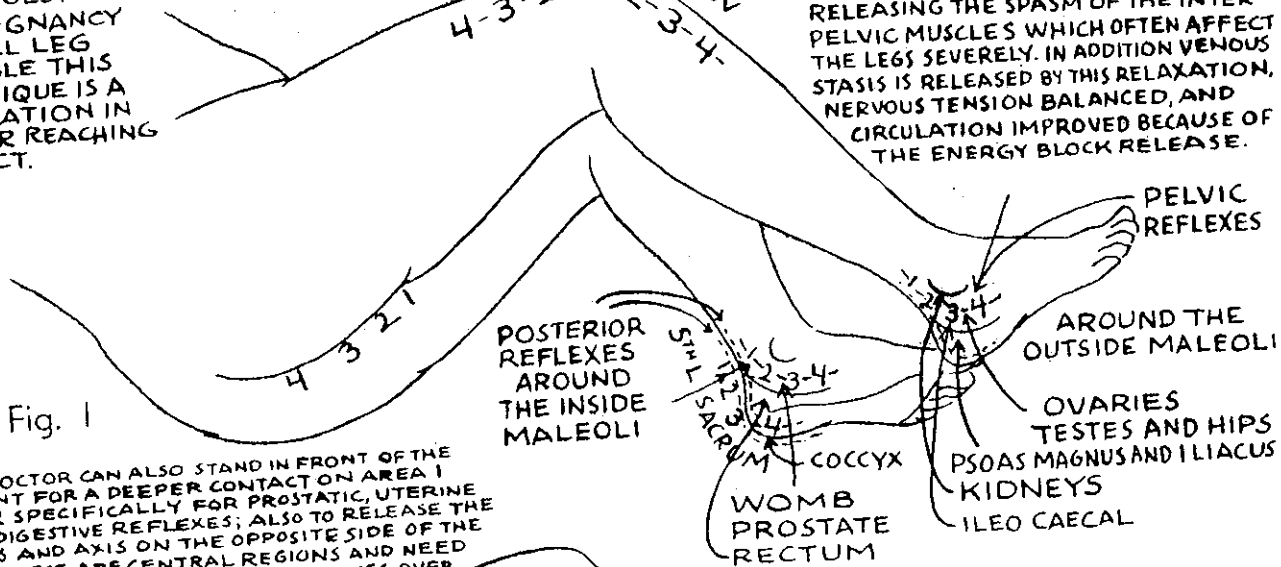


Fig. 1

THE DOCTOR CAN ALSO STAND IN FRONT OF THE PATIENT FOR A DEEPER CONTACT ON AREA 1 AND 2 SPECIFICALLY FOR PROSTATIC, UTERINE AND DIGESTIVE REFLEXES; ALSO TO RELEASE THE SAS AND AXIS ON THE OPPOSITE SIDE OF THE PELVIS. THESE ARE CENTRAL REGIONS AND NEED A HEAVY AND DEEP PRESSURE IMPULSES OVER SPASTIC PELVIC MUSCLES NEAR THE PUBIC BONE.

PATIENT IS ON SIDE WITH KNEES FLEXED HIGH. THE DOCTOR REACHES OVER THE LOWER LEGS TO MAKE THE CONTACT ON THE PERINEUM. THE ANGLE OF THE DIRECTION OF FORCE APPLIED HERE IS VERY IMPORTANT FOR SPECIFIC RESULTS.

THE FIRST FINGER IS USED TO LOCATE THE TENSE FIBRES IN THE PERINEUM, BECAUSE IT IS NEGATIVE AND MORE SENSITIVE. FOR PERINEAL THERAPY APPLICATION THE SECOND FINGER IS USED, BECAUSE IT IS POSITIVE STRONGER AND LONGER TO MAKE A BETTER CONTACT.

IN MAKING A TISSUE CONTACT ON THE PERINEUM FOR TREATMENT, A HALF TURN OF THE FINGER TO THE RIGHT TAKES UP THE LOOSE TISSUE AND GIVES THE BEST RESULT IN A LIGHT CONTACT WHICH RELAXES THE BODY.

FIG. 3 SHOWS THE COMBINATION OF PERINEAL AND HEEL CONTACTS FOR EMOTIONAL TENSION, AND FOR LEG TROUBLE, ESPECIALLY IN PREGNANCY.

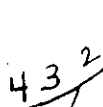


Fig. 2

WOMB, PROSTATE, BLADDER CONTACT

FIG. 2 SHOWS A NO. 1 PERINEAL CONTACT, SUPERIOR AND MEDIAL IN DIRECTION; LIGHT AT FIRST, THEN HEAVIER. WHEN THE TENSE AND TENDER AREAS LET GO, THE CONTACT IS SLOWLY RELEASED. ANY TWO NUMBERED AREAS MAY BE TREATED AGAINST EACH OTHER TO RELEASE SORENESS CAUSED BY ENERGY BLOCK. POSTERIORLY, THE ACHIL TENDONS ARE REFLEXES TO THE LOWER LUMBAR REGION. THE OS CALCIS BONES ARE REFLEXES FOR THE SACRUM AND COCCYX. IN LUMBAGO AND LOWER BACK PAIN, IT IS VERY IMPORTANT TO RELEASE THE NEGATIVE ENERGY BLOCK HERE. THESE EXTERNAL AREAS ARE MANIPULATED OR HELD BY HEAVY PRESSURE, IF IT CAN BE TOLERATED. DEEP DIRECTIONAL PRESSURE HELD STEADY ACTS LIKE THE ACCUMULATED WATER THAT BREAKS THE DAM MORE COMPLETELY THAN A LIGHTNING STROKE OR AN ADJUSTMENT.



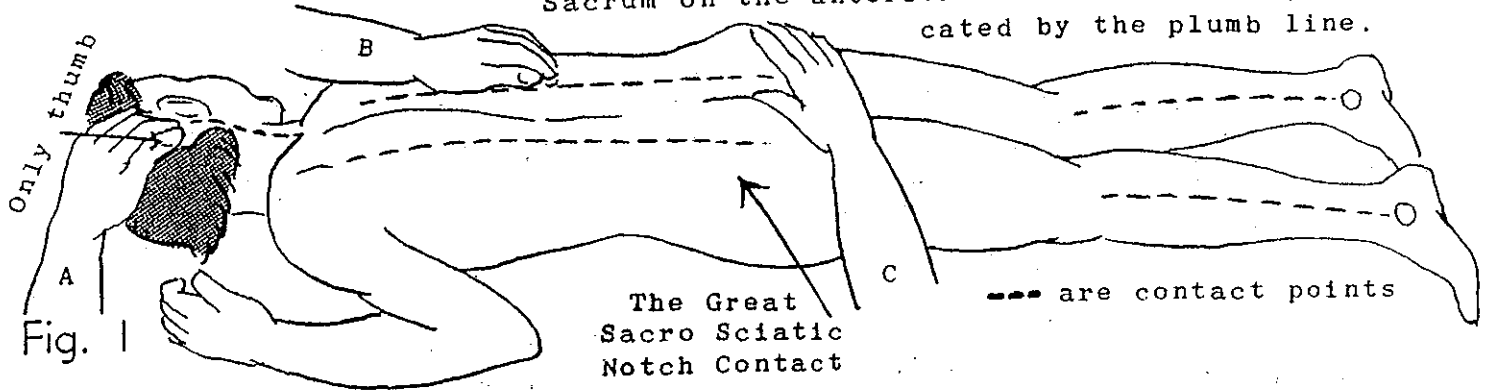
Fig. 3

CHART No. 17

BALANCING OCCIPUT AND SACRUM

WITH THE NECK, BACK AND LEG POLARITY FIELDS

Fig. 1: A- Contact on the Occiput is made with the thumb on the sorest spot on that side. The fingers may rest on the head, or may be extended like an aerial. B- The hand on the back can be used with the upper or the lower contact. C- The right thumb contacts the Apex of the Sacrum on the anterior side of the body, indicated by the plumb line.



C- contact is deep, alongside the Coccyx, in an upward, lifting direction, with a slight outward angle toward the shoulder.

Dotted lines on head and hip in Fig. 2 are for Parietal Contact with Innominate Contact.

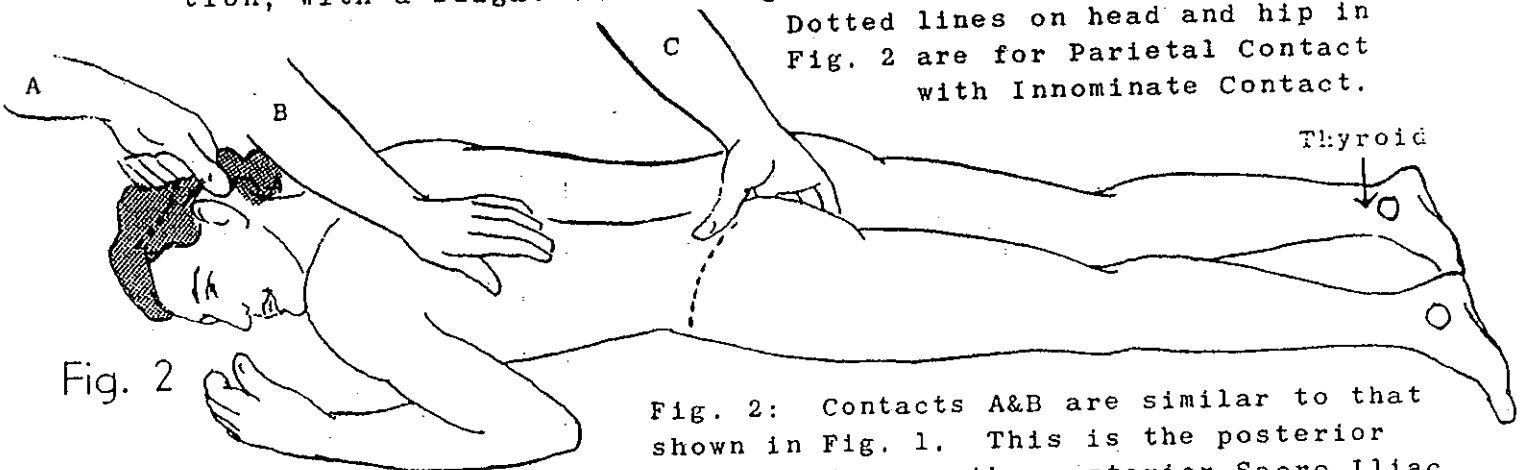


Fig. 2: Contacts A&B are similar to that shown in Fig. 1. This is the posterior side of the body. Contact C is therefore on the posterior Sacro Iliac articulation with the thumb and the fingers, in a gentle, lifting grip on the glutei, like taking a handful of muscles, pressing downward and inferiorly with the thumb, like a pull.

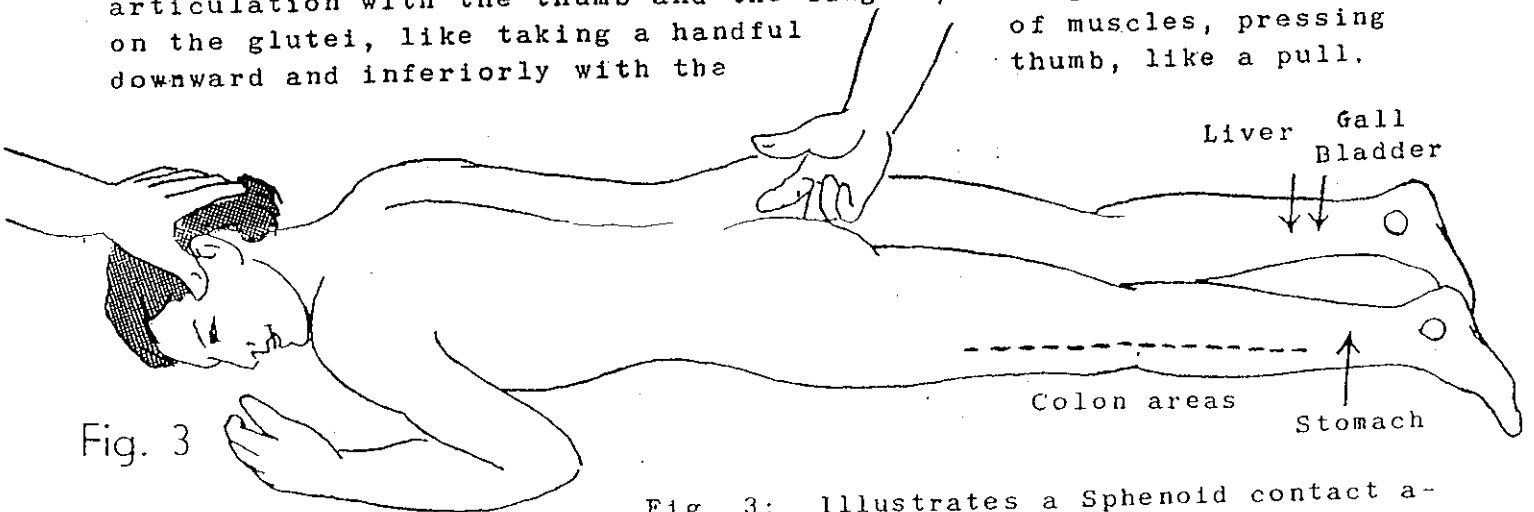


Fig. 3: Illustrates a Sphenoid contact above, the same as in the sitting-up position. The middle finger of the right hand is on right side of the Coccyx, pushing toward the middle. The dots and arrows on the legs are all contact points for any combination, with Superior or Central contacts on the body.