

# The Amygdala Brain Physiology

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### Abstract

Access to the amygdala gland allows for the practitioner of kinesiology the technology to delve quite deeply into the body's anatomy and physiology. There is not a disease known to man that is not in some way influenced by the behavior of this central brain gland. In the Applied Physiology approach (AP), the use of acupuncture points, by way of circuit localization and stacking affords us that refined ability. It has long been known in AK that certain points on the body have been found to represent various meanings. Through empirical and methodic research, the limbic system of the brain has been mapped (AP). To support this statement, I refer to the mapping of visceral referred pain locations (Schmidt), the Bennett reflex points (NV) s, Chapman reflex points (NL) s, all of these anatomical areas refer to some physiologic observation. The observation eventually shows by way of indicator muscle I/M, indicator change I/C or host indicator H/I change (muscle representing the meridian or organ being investigated), (Goodheart), (AP). This map takes us on a journey through the 24 points of the central vessel meridian of acupuncture, relating to the brain's limbic system. The first 13 points represent the various regions of the hypothalamus. The 14th point Central Vessel 14 will lend us access to the amygdala. Point numbers 15 through 24 cover the other ten very specific regions of limbic software/hardware.

The burden of proof is in the empirical results that have been accumulating by AP practitioners since the inception of "Brain Physiology" AP in 1987. For over 18 years including it's gestation period we in AP have reaped the benefits of the use of setting-up (Nogier), (Beardall), (AP) (AK) the amygdala along side many other circuits by a stacking procedure (AK), (Beardall), (AP).

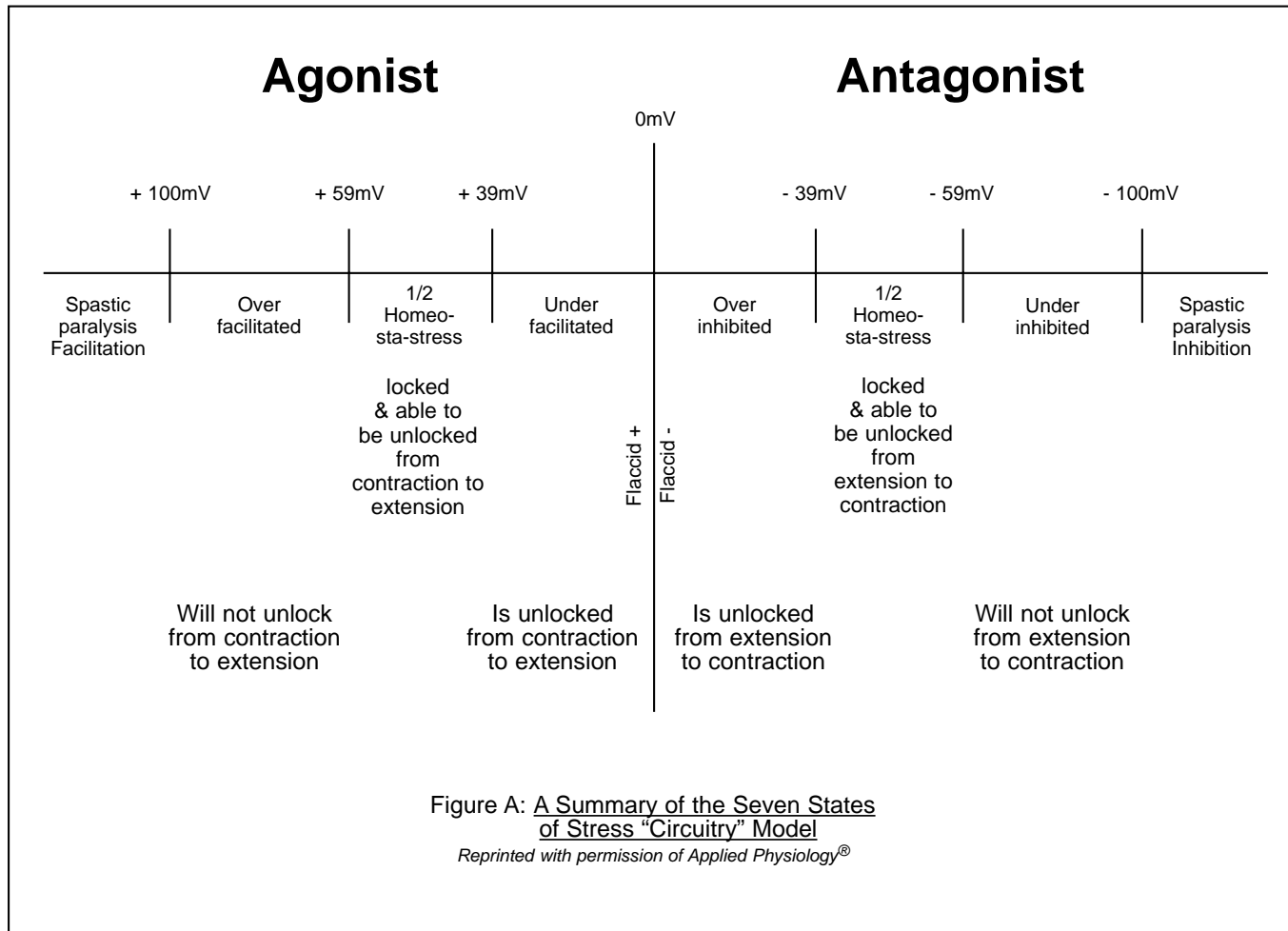
This concept of the set up was born originally by Dr. Nogier, the famous French auricular clinician, therapist and researcher. He found that in using the auricular points in the ear to combat acute pain that the results were in the 30% to 35 % range. These statistics were too low to be acceptable by him. If on the other hand he would put the patient into a more painful position, then apply the exact same procedure to the same point on the ear the results and efficacy rate were better than 90%. This discovery of amplifying the pain was the first so-called set up used in acupuncture.

Since that time Dr. Alan Beardall found that the same set up procedure could be held indefinitely without keeping the patient in pain continuously by way of his (early 1980's) discovery of "advance and lock." Though not accepted at the time, this method of what we call "pause lock" in AP does have its merits. It parallels the amplification by activation of group receptors and known amplifiers of nervous activity, the Ruffinni end organs, in all directions, capturing the amplified signal of pain, position, thought etc. at the exact moment of amplification by separating the legs. This usage is made plausible by activation of the massive amount of Ruffinni end organs, located at 15-degree angles around every joint, in all directions, much like the 15-degrees that make up our 24 time zones on our planet earth or our horizon. I will pursue this correlation to a greater extent later on. The bi-lateral hip joint is usually the most effective because of its massive range of motion capability. Thus a greater a percentage of possible Ruffinni end organ excitations are available, as a strong carrier wave. This motion has the ability to carry an amplified signal; being activated somewhere else in the body, to the sensory cortex. Thus interceding with the motor cortex to switch the operation of all AP's truly balanced indicators, creating an indicator change (I/C).

The concurrent exchange between the sensory cortex and the motor cortex acts like a tri-nary switch, across the board, to all AP truly balanced bi-lateral muscles. Bi-lateral meaning the pair of agonists and antagonists on each side of the body aligned in tandem, to speak with each other equally but opposite. The nervous systems use of facilitators, on, off and inhibitors on off allows us to make that claim because they work in tandem with each other both firing simultaneous to each other, yet opposite, to opposing muscles. This is surely the AP interpretation of a balanced muscle. For the purposes of this text and usage of the amygdala informa-

tion, it is possible to invite others definitions of an indicator, to successfully use this affidavit. An example could be the simple #1 position monitor first used in AK (Goodheart), Touch for Health (Thie), leg length change (DeJarnette) or Dr. assisted testing and patient assisted testing (Schmidt). I am sure there are other observations of I/Ms that I am unaware of.

True balance for AP practitioners is explained in the "7 conditions of stress" of a muscle. Paralysis (SPASTIC), over-facilitated, agonist balanced, under-facilitated, over-inhibited, antagonist balanced, under-inhibited, paralysis (FLACID); (Stress the Nature of the Beast 1998); (The Seven Conditions of a Muscle, presented in the 1986 Summer edition of the collected papers [Utt, Deal]); (Tape #99 of the Goodheart research tapes September 86), summer edition 1987, (McBride). Figure A.



For AP true balance to exist, the two emboldened balances (agonist, antagonist) act as one condition bi-laterally. Remember all spindles are done to the I/M and affect both the agonist and antagonist. To do so they must exist simultaneously. The two underlined conditions are equal to each other in appearance in that they are both unlocked, under-facilitated and over-inhibited agonist and antagonist. Each respectfully from there allotted positions of origination, contracted or extended. The two italicized conditions are equal in appearance in that they both will not unlock by the course of one spindling, agonist and antagonist are over facilitation and under inhibition. Should both of these be balanced bi-laterally we have the third condition called homeo-sta-stress. The other two conditions of stress equivocate to paralyse. The two paralyse are the extremes of over to the nth degree or off completely. The tri-nary aspect comes into play as either over-facilitated, agonist balanced or under-facilitated bi-laterally. In a non-switched circuit the antagonist will follow suit with the facilitator, when it is used as an I/M or H/I.

AGONIST		ANTAGONIST	
Spastic Paralysis	+101 mV or greater	Spastic Paralysis	- 101 mV or greater
Overfacilitated	+ 60 mV to +100 mV	Underinhibited	- 60 mV to - 100 mV
Homeo-sta-stress	+ 39 mV to +59 mV	Homeo-sta-stress	- 39 mV to - 59 mV
Underfacilitated	+ 1 mV to +38 mV	Over Inhibited	- 1 mV to - 38 mV
No Facilitation	0 mV	No inhibition	0 mV

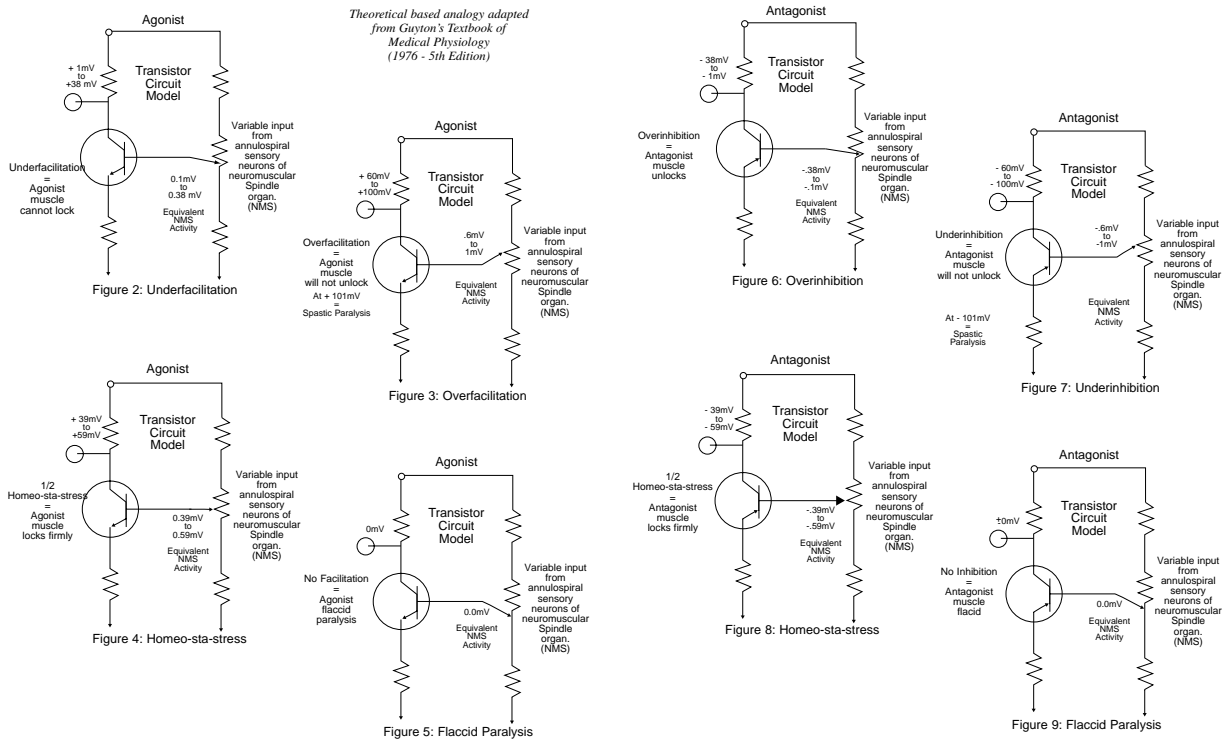
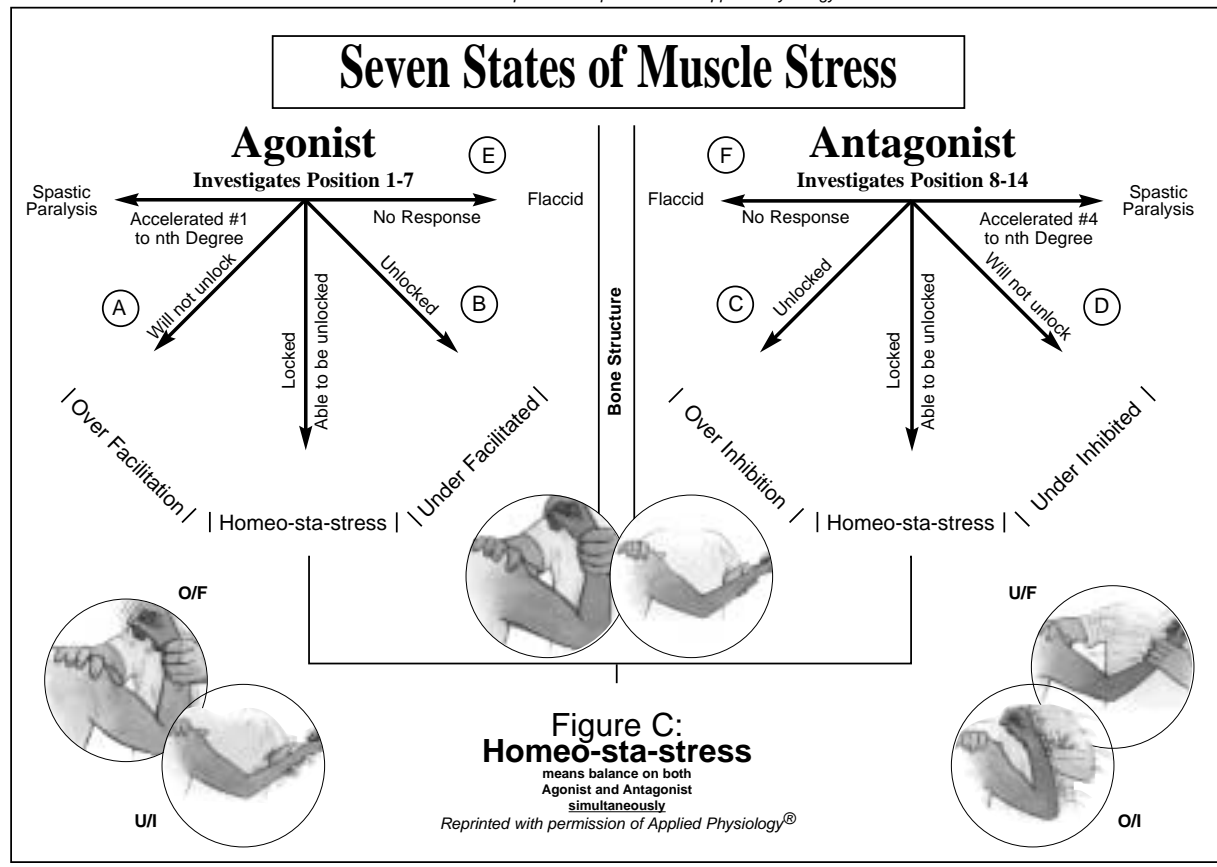


Figure B: Theoretical based analogy adapted from Guyton's Textbook of Medical Physiology (1976 - 5th Edition) Reprinted with permission of Applied Physiology®



Returning to the original concept of "pause lock". This in turn captures the change in the I/M, like a switching device used in electronics. Only in electronics it's a binary system of on or off. These simple amplifiers, on-off switches are known as the electron tube or today's version of that, as a transistor. Realizing that some skeptics will still not use this method, there is another method to "get the same information." Two, three, four and five pointing (Goodheart) ET. all, is also an accepted AK protocol. To do this requires skill in the use of finger touch and hold. Unfortunately the patient and the therapist do not always have enough availability of digits.

Two pointing, an AK method of getting one change of indicator and then simultaneously touching a second point to get another change of indicator is extended to include more possibilities. This is also known as stacking (AK)(Beardall)(AP).

To get a greater appreciation of this type of stacking, it is of great importance to detail the meanings of therapy localization (Goodheart), a challenge (Goodheart) or circuit localization (AP) ET. all. In AK there is no such thing as hand modalities (Beardall) ET. all. There is however certain meanings for various points such as therapy localizing (T/L) Spleen 21 and Kidney 27 for blood chemistry (Goodheart.). Remembering that (T/L) means: only the client will get a change of indicator muscle. (T/L) ing of Governing Vessel 20 for a cranial imbalance (Deal) is another example. Challenging a point to mean only the therapist will get a (I/C), such as a fixation (Goodheart), found in AK. Thirdly as a reminder that to circuit locate (C/L), (AP) ET. all means that an I/M will change by either person touching the point and getting (I/C).

Our AP method uses the acupuncture point and it's software meaning, as the first point. The meaning for any point can at best be ascertained through the use of it's potential as it is observed empirically over the years. As many of you in AK have come to know for yourselves. As well goes for the Yellow Emperor's names of points, many times given, as to their efficacy.

To (C/L) the point that represents the limbic brain anatomy; locate Central Vessel 24 deep touch. The deep touch is used to search for anatomical meanings. This is a recent finding of AP. If this elicits an (I/C) upon contact it can be held indefinitely by using a copper coin, Euro or US penny.

Thus, keeping it held in place by sticky paste or having the patient hold deeply through the entire set up. The choice is yours to make. This copper base is a conduit for electrical passage. I have some smaller pieces of copper for more accuracy and definition used specifically for researching. This procedure will hold the (I/C) until removed or added to by stacking another piece of information by adding the next coin to the next specific point that caused a priority (I/C) or three pointing.

Now that we are in the brain we can locate the amygdala anatomy by again using a digit to CV14 deep touch, the alarm point for the heart. Again if we find an (I/C), we can have the patient hold this point deep touch as we proceed or we can add another penny to this location or lastly use pause lock (P/L). Generally in AP practice we use the (P/L), in research however I personally use 3,4 or 5 pointing and or the copper conduit method. The first point deep touch narrowed us down to the brains limbic system; the second then specified one of 24 possibilities of limbic anatomy. In this case the amygdala at CV14.

The third point actually will show the physiology of the amygdala. Searching for points by soft touch means in AP that we are investigating for physiologic imbalance, as when we find an (I/C). This is also a newer finding in AP research. Go through the 24 CV points again, this time light touch. This represents the physiology of the amygdala. This is providing the previous set up's have been constructed and set in place. There are 24 specifically identified physiologic activities noted by Guyton's physiology text, through trial and error method. It is important to note that all the way through this procedure each indicator change should be inspected for priority as per Dr. Sheldon C. Deal's method introduced in the early eighties. It seems almost comic that the acupuncture system so closely relates to the 24 distinct physiological amenities of the amygdala. Or better yet cosmic. This method of search and discovery is likened to that of software. The hardware is activated after the software procedure locates it.

Before describing the 24 points it is important to realize that just because the trigger to the physiologic patterns are in the amygdala, there are other places in the anatomy that can be interfering with these nerve, chemical or hormonal physiology's. If after you balance the amygdala, it's entirely possible that you may have to search the path it takes to its delivery point. For that, I suggest learning Dr. Goodheart's blood chemistry evaluation, the AK method of structurally aligning the nervous system or the many AP holograms and set-up procedures. Lets now go to the amygdala points themselves that are light touched and create a (I/C).

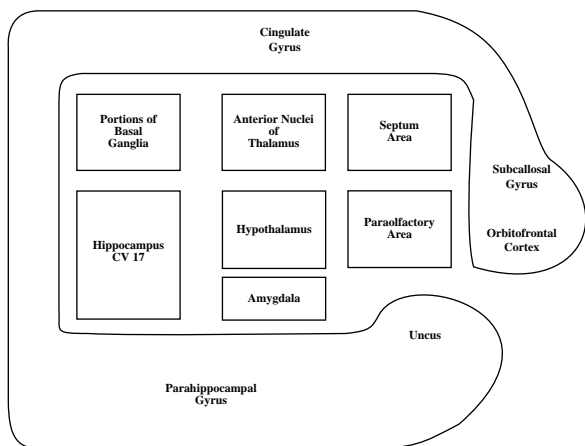


Figure D: Credit to Guyton's Textbook of Medical Physiology (1976 - 5th Edition)  
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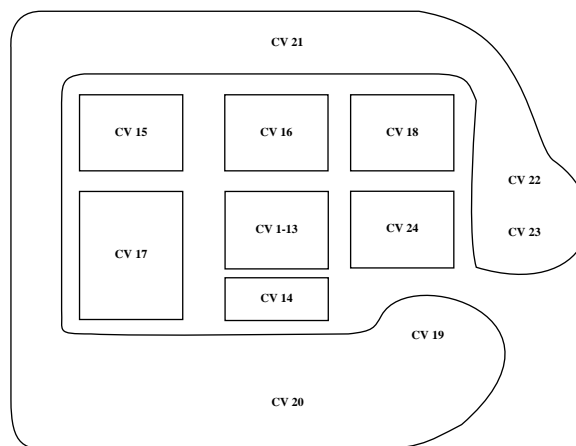


Figure E: Credit to Guyton's Textbook of Medical Physiology (1976 - 5th Edition)  
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CV1: Arterial pressure: Have the client sit up quickly that will either raise or lower the arterial pressure to the point where it will create an (I/C), if in fact there is an imbalance. If an indicator changes, correct via AK methods, then recheck until it no longer causes the change. That reminds me of a personal experience. There was an athlete that kept getting leg cramps after running 8 miles. He did all the standard things, like increasing his water intake, taking extra minerals for weeks, to no avail, chiropractic etc. So I gave him an AP loading crystal, cleaned by a magnet of course. Put it in a rubber glove. Then instructed him to run again until he had developed the cramp, at this point he was to pull out the crystal, hold it in each hand for 3 to 5 seconds each. Then he was instructed to put it back into the rubber glove to avoid contamination. He followed up by bringing the crystal back on his next appointment. In the office I investigated this circuit with no change in the clear. I then had him hold the crystal with a rubber glove on, again to prevent contamination of the signal. He held it over CV 24.5 the glabella; I then took an ordinary laser pointer and shined from the back or rounded side of the AP loading crystal. P/L or use the copper penny or have the patient continue to (T/L) glabella. Then redo the examination of setting up the circuit as described. When it came time to do the set up the indicator changed true to form. I personally used the AP "7 Chi Keys" TM, system of acupressure to bring lasting balance, you may use AK or other methods of correction. The main ingredient is focus and being comfortable with your correction method. Needless to say after this balance he was able to run 25 miles. No cramping, case closed.

CV2: Heart rate: Take the pulse in a resting position. If movement, emotional or chemical stimulation changes the pulse that is all right, if it causes an (I/C) then there is an aberration or imbalance to that activity. This shows up like a lie detector for finding food allergies. For greater accuracy use the previously balanced subscapularus as your host indicator H/I. The case that comes to mind for this set up is the lady who was ghastly afraid to speak in public. After each speaking engagement she would have the dry heaves due to the tension. She was instructed to load the crystal during her presentation and at the time of her customary trip to the toilet afterwards. By taping the crystal to her back where it could not be seen. As scheduled the routine repeated itself. Upon arrival to the office, we down loaded the signal as before. Continued to check by way of set up and now the indicator showed massive powers of over facilitation (O/F). The powers of stress were added to the circuit. Application of simple figure 8 technology inclusive of all 14 (AP), matching each

meridian, with some duplications, stopped these physiologic antics upon further speaking engagements. This lady went on to become a tigress at the podium. To define power of stress (P of S): The continued spindling of one pinch at a time and continued stacking of O/F's, until the indicator reaches under-facilitation. Each pinch represents a (P of S). This is spindled on the agonist indicator toward the middle. If the indicator went to a condition of under-facilitation U/F, then the practitioner would spindle away from the center until it reached balance. Each spindle meaning one power of stress U/F.

CV3: Gastrointestinal motility and secretion: For secretions, by first checking the stomach alarm point light touch CV12, at this juncture you may or may not find an (I/C). Set it up anyway and note the indicator reading. For best results use the Pectoralis Major Clavicular (PMC) as the H/I muscle.

Challenge the acid point just right of CV 14 developed by Dr. Riddler and or his sodium point, on the left cheek. The H/I may make a change, if it does, then either alkaline or acid needs to be altered. This may be accomplished internally with food or settled by other means of the AK curriculum. If this is not satisfactory to you as too much software information or the (Riddler) points do not fit your AK vocabulary, then you have another choice of putting a packet of sodium on the lips or for acid, an amino acid tablet; that's hardware.

To check the hardware for motility the stomach is supposed to churn from upper to lower a given amount of bolus, foodstuff, every 20 seconds. Have the patient swallow a neutral non-allergenic food. Give it several minutes to reach the fundus; you will notice a slight glitch in the PMC at the 20-second, time, turn around. If the glitch is less than 20 seconds, it is over active physiologically. If the glitch takes place after 20 seconds then the stomach is under active physiologically. The closer to 20 seconds, the less motility disruption you have. The action of the indicator is also very relevant to the activity of the stomach. Did it go O/F or U/F and did it have many (P of S)? This is extremely important in dealing with weight loss patients. Their stomachs and intestines just don't handle things in a matter of what's harmonious to them. Their timing is off. It can be re-set with whichever AK manipulation that meets priority standards. If in fact it actually turns the PMC off or unlocked, then the motility is in much more dire need of continued long term support. Look for emotional and or chemical indicators.

CV4: Defecation and micturition: Defecation: Have the patient become conscious of letting go of their rectal sphincter, as if to defecate. If the indicator changes, the message to the 5 rings of the rectum is stressed. Use whichever AK method, lining up priority wise, to correct. In the AP master class for the Large Intestine there is a method to locate the specific fold in the five levels of the rectum, known as the Valves of Houston (AK) (AP).

Micturition: Again have the patient become conscious of letting go of the bladder sphincter, if there is an indicator change the message to this location is stressed. Again correct as necessary. NOTE: Be sure that the patient has an empty rectum and or bladder before choosing to activate this physiologic activity. If you ignore this NOTE be prepared for the consequences.

CV5: Pupillary constriction or dilation: Constriction: Have patient with eyes open in ambient light, look at the ceiling. Then take a normal flashlight and suddenly point at the area they are focused on. If this creates an (I/C), then apply your kinesiology skills until it no longer falters at this minor monitor. In the case of totally blind or partially blind patients, take the flash light and point it directly at the pupil or put a piece of white cardboard 12 inches from their eyes and shine the light at it as they attempt to focus on it, respectively.

Dilation: Have patient with eyes open to ambient light; take an all-encompassing black cloth, completely cover the eyes in such a way as to make it totally black to them, without touching the eyelashes. If the indicator falters or changes, use priority correction for best results. Many times vitamin A will make for a lasting balance; some people may need a regimen for 2 to 4 weeks. This almost always shows up in the case of night blindness, especially in the elderly. For best results use the Psoas or the Rhomboid as your H/I. The Kidney and Liver meridians best represent the eyes in acupuncture lore.

CV6: Piloerection: The physiology of hairs standing on their ends, most commonly occurs in the patient at

a time of conscious recognition of things familiar. This is the case in *deja vu*. It is almost always an indicator of our 6th sense. Have the patient recognize a time in their life that they just knew something was amiss. This usually gives an indicator change as a warning that something is about to happen. If you do not get an indicator change, this physiological awareness is dulled or stuck. People who say they knew something was going to happen but don't listen or trust this intuition most often have this imbalance. They have desensitized their 6th sense. Usually calming methods of meditation can be used to restore this aberration. This lack of balance and trust of the five senses is usually routed in early childhood as the imagination is squelched by an overbearing parent or teacher. Look back in time to this early programming to get the ultimate correction, setup and then apply your correction.

CV7: Secretion of the various anterior pituitary hormones, gonadotrophins and ACTH: using a homeopathic hormone kit does the hardware set up. For each of the possible hormones, GV 24.5 the glabellas point in AK used for the anterior pituitary (Deal); is touched to the point. In this case because of the previous set up this point can be used to evaluate the specific homeopathic. If an indicator changes to this process there is a physiological imbalance to its production or use in the body. Use whatever Homeopathic or Nutritional, products that best suits the patients needs for balance.

CV8: Involuntary tonic movement: Such as tonic, clonus, or torticollis, these situations can be very debilitating. An eye twitch, muscle spasm of only one or two fibers can be traced to this segment of amygdala physiology. See CV12 through CV16 for obsessive/-compulsive disorder when found by muscle monitoring at the actual disturbance it can be (C/L)ed by touching the muscles involved with a bobby pin to find the exact fibers of twitch. Once located by way of (I/C), apply your AK methods or spinal manipulations to relieve the exacerbations. Usually found in upper fixations of the spine.

Whether it's an eyelid or the entire neck this method can be very useful. It is important to note that the I/Ms will more often than not go to the over facilitated imbalance. This requires full knowledge and use of the 7 States of Stress of a muscle (Stress the Nature of the Beast, 1998, AP;). (Collected Papers Summer ICAK St. Louis, Mo. Utt, Deal 1986)

CV9: Circling movements: Often times you may notice a person that just can't seem to get through a doorway without hitting one side or the other. These people will have this center disrupted. The most dramatic instance of circling was one summer during the heat of June, I observed a Doberman pincer chasing his tail for hours and hours. Finally when he stopped with exhaustion, we picked him up and put him on the table. Using a surrogate we monitored, the two of us checked the amygdala and sure enough it was off. The indicator was stuck in O/F. The dog obviously needed water. He would not drink. We then checked the ventromedial nucleus: Brain limbic CV 11 deep touch, Kd 10 light touch, Satiety. The correction, of all things, was a tummy rub, (N/L)'s probably. He then drank ferociously for two bowls of water, upchucked, rested for five minutes got up and walked away normal. This animal had been doing this pattern for two weeks previously according to the owner.

This method of looking for circling is especially useful in working with personal issues where people seem to find themselves in a rotating door of behavior. Have them visualize the repeated pattern, check this set up, if you get an I/C, balance with what you know. This imbalance shows frequently with chronic tonic torticollis.

CV10: Occasionally clonic, rhythmic movements: The trick here is to amplify what is already happening. Often times this set up is useless if you set it up during the clonus or jerking episode. It is great to catch them at this instance. To get anything to show along these lines of set up, the exacerbation needs to be amplified. The nervous system has already accepted this clonus as normal. To accelerate the clonus you may need to stress them emotionally or physically. An example might be to have them turn their head further to the side that it jerking too. In some cases you might need to have them go against the movement. This is especially true if there is any Pitch, Roll or Yaw (Goodheart) (AP) imbalances existing simultaneously. Those need to be included in the balance after the set up.

Many clonus activities occur in the upper and lower body in rhythm with one or the others movement. By

having the patient talk about their most stressful situation happening in present time, this also may get the set up to show. Once it shows and you stack, (If you don't do P/L use two pennies on the emotional stress release points or stomach NV), that's just the beginning. Often the corrections will end up being one after the other. On one occasion I remember having to make over 78 cranial movements in priority order to get the clonus of the neck to relax to it's original pre-disease state. As Dr. Goodheart says "the body never lies." Be patient, be accurate, be focused, and be respectful to the language the body is speaking.

CV11: Movements with olfaction and eating (chewing and swallowing): These three go together for many reasons, the most important is for protection against poisonous foods. We take for granted that each bite we take is safe. Prior to modern times for thousands of years the right to life was making good choices daily. One wrong choice could lead to diarrhea and or dysentery. Separately these three items will show at this set up. To delineate the three either, breathe in with the mouth closed or don't breath momentarily and chew or thirdly, with breath stopped no chewing movement, swallow. The official set up is after all three are singularly balanced, they then need to be checked all together. Sometimes this will only show an (I/C) when actually swallowing bolus of some sort. Trustfully, the bolus is neutral. Each one can be out of balance in its own right.

This is a good circuit to use for people who cannot bring themselves to the point of swallowing a particular item. Pills for example. The body will remember a choking incident forever until the mechanisms that were stressed are balanced. That memory may cause difficulty in judging when the food is chewed enough to make the automatic response to swallow. How often do you really think about swallowing? Unless it's worms your eating or something equally disgusting. Everything is dependant on the I/C. Remember an O/F from a good I/M is a change. It's just not so noticeable. Always spindle to prove your monitor is not over. In time as you get the experience, you can tell the slight twitch that precedes an O/F.

CV12: CV13: CV14: CV15: and CV16: These 5 points work together to establish what eventually become known as feelings. These points are likened to the process of color separations that create a full four- color print. The process of color separation allows for each base color to be separated yet when they are all overlaid, the result can produce over 16 million possible distinctions. The dictionary's of each language on earth are chalk full of descriptions of each and every feeling. How is it that our brain can discern the difference between the subtleties of fear, fright, afraid, scared, dread, fearfulness, terror, horror, panic, alarm, dismay, perturbation, consternation, trepidation, apprehension, misgiving, uncertainty, suspicion, mistrust, distrust, qualm, worry, disquiet, disquietude, solicitude, concern, angst, anguish, anxiety, trembling, shaking, quaking, quivering, palpitation, uneasiness, apprehensiveness, butterflies, nervousness, queasiness, cowardice, timidity, diffidence, hesitation, cold feet, second thoughts, the creeps, buga-boo, bogie, nightmare, phobia, hesitate, suspect, anticipate, expect, apprehend, forebode, quail, flinch, recoil, shy, shrink, blench, funk, cower, skulk, shiver, shudder, revere, venerate, be in awe of, etc. etc? These are just the synonyms for fear. Each is succinctly different in physiology.

What is it that allows us to definite the differences? It's the combination of various hormones that get released into the blood stream guided by these 5 physiologically different aspects of the amygdala. Rage is likened to the color black. Escape is equivocated with cyan. Punishment represents magenta. Fear is synonymous with yellow. These are the 4 base colors. The medium that they are applied to is white this medium is pleasure or love. Believe it or not there is love somehow or someway in every feeling we have. It is unrealistic to handle every feeling a patient comes in with, in a balance of this type.

I will delineate with an example for each of the 5 specific aspects of CV12 through CV16.

CV12: Rage: A pure form of hate is rage. Rage is the total loss of control of anger, a madness of sorts, to a level of violence. The violence can be directed inward to create a stress so tremendous that cells begin to physiologically stop their ability to function. This can and does happen at the sight of greatest weakness. Liver, gall bladder, tooth eye, etc. etc. will take on this amplified violent force in each event. The programming involved in this pathway begins before birth. The mother's feelings during pregnancy start in motion a cascade of cellular reactions that affect the child's DNA. The rest of the programming generally takes place in the first 7 years of life. We create our dictionary of feelings. Most of us have completely different physiolog-

ic programs for what we identify for each feeling. This method at least can get a person to neutral about a specific construct of a feeling. In reality we are always progressing this vocabulary as we grow in consciousness. The powers of stress are crucial to recognize at this set up phase of balancing. I have experienced working with many violent enraged individuals.

The rage is so great and is repeated over and over until pathology begins it's natural course of action somewhere in the body. This internalizing takes place sometimes many times in one day. It appears as hate for traffic at an intersection while driving. It shows it's ugly colors when our child does something to disturb something or some rule we have attached to what is or is not acceptable about their behavior. We all do this to ourselves. At one time or another. The intensity of every feeling or lack of it is controlled and measured by the rage center of the amygdala. The emotion to get up in the morning is regulated as an intensity of eagerness or not.

So rage is a form of intensity about any feeling. It is proportioned by the current events that activate our beliefs that are taking place in our minds eye at any time. It is proportioned by the attachments we have to the present situation. Different amounts of hormones are activated to change the physiology of the sympathetic, parasympathetic, sensory, and motor nervous activities. Certain muscles tighten up. Respiration and heart rate increase or decrease. The whole body goes on alert to the consciousness at hand. This incredible machine somehow stays alive after all of this. What a miracle by nature. Just imagine how tuff our cells really are to take this constant barrage of feelings, day in and day out. That's why in AP we go to such lengths to identify the histology, the cellular actions of the organelles and the set ups for software/ hardware awareness. "To ask the body the right question at the right time is the trick." I'm sure every one of you has made that quote at one time or another.

Rage can also be directed outward. In so doing, at its zenith, it can cause enormous alterations in our lives or others. From the ultimate of murder down to any form of abuse physically or emotionally directed to someone else, this externalizing could be a menace to society. If the rage gets to a certain level where we become like an animal in full attack mode we have lost control of our self-awareness. It's self-awareness that separates us from the rest of the animal kingdom (Eccles 1989). When a patient enters the office I often will check this single set up to tone down the powers of stress and get a picture of their emotional intensity. This by no means, means that every person that has elevated stress at this junction is a murderer. It does give a real clue as to their maybe being at very least, a type A personality.

Quite often this will be on fire, so to speak, when someone is in acute pain. If balanced at that time, it many times will lesson the aggravation. It has a tendency to lend fuel to any fire in the body physiology.

On the other end of the scale, if this set up goes to too many powers of stress U/F it could lead to lethargy, apathy, chronic fatigue disinterest in life and a host of weary conditions of physiology, including but not limited to suicide. Watch your I/M, it tells you much more than maybe you can imagine.

This also represents the fight part of fight or flight.

I interject here that in AP we make almost all of our balance procedures part of the set-up. The 4 most common procedures we implement are the 7 Chi Key's TM, AP; 5 Houses of Chi Tm, AP; Figure 8's (AK), (TFH), (AP); Centering (AK), (AP). You can also achieve the same results with your existing methods of correction, remember to focus, focus, focus with confidence.

CV13: Escape: To withdraw, pull away, get free, flight, break loose, evasion, bail out, departure, desertion, bolt, loophole, out rush, migration, elope, drain, slither away, abandonment, take to ones heals, hightail it, skip town, leave, etc. etc. These are only just a few of the many more ways that someone can feel escape. Each in it's own right a separately defined and felt equation of the cascade of hormones and nerve impulses that trigger ever so slightly different from each other. It is the hesitation part of any feeling, or lack there of. When rage is at it's height, escape is at it's least. Usually found in the form of a very U/F condition of the indicator. When the back is up against the wall, a creature either stays painted in the corner and cowers or explodes out

as if to fight the evil menace. Fight or flight. This is the other side of rage. Escape is a separately recognized aspect of physiological animal function. I specifically remember a case in point.

There was a lady who presented herself to me as having been diagnosed with endometriosis. The symptoms were there for sure. The true physiologic root was the 1,000's of powers of stress O/F found with the indicator. At this point in the balance, I merely remarked, you must be trying to outdo Houdini himself. She then turned to tears, bawling uncontrollably. With emotional stress release and a lot of compassion, the fervor of tears unloaded the ugly truth of a relationship gone sour. Her live in, pounced on her from the time she arrived home until bedtime about her every move. There was no trust. Because of the pain of the endometriosis, she also had a built in temporary escape. Unfortunately for her, she turned it inward on herself. This lady needed to find some courage to bamboos. The balancing of the set up was not all that remarkable. A few electro-magnetic corrections, a dash of empathy here, a little nutrition there and wallah, we have lift off.

That evening she ended the servitude. That evening she declared her independence. They stayed together as a couple. Albeit his rush to get a life. More importantly she was able to trust herself, to have the spunk to stand her ground. The amygdala is a wonderful electrical contraption, it's so much fun to play with. Enjoy!

CV14: Punishment: We as humans being are far superior to the rest of the animal kingdom. We have the built in capacity to punish ourselves. We first start out learning how to do it by way of our parents and teachers. Then at a tender age, begin practicing the art internally, brandishing our own form on others. Judgement, guilt, and anguish are forms of punishment we tend to placate.

The synonyms for punishment are as follows: penalty, penalization, discipline, sentence, condemnation, imprisonment, fine, mulct, correction, admonition, chastising, castigation, criticism, scolding, dressing down, chewing-out, just deserts, comeuppance, payment, reckoning, judgment, etc. etc. I end with the word judgment because I believe that most of us take this on like a mainframe computer. It is so indelibly marked within us that every feeling we have has a bit of this rascally tilt lodged within every feeling we create.

As mankind, almost every game we've invented, has it's own dolling out of punishment. In the form of competition, we create these programs in the name of sport. Each has to have a winner and a loser. The punishment for losing is not getting the thrill of winning. Even in the games themselves there are penalties or fouls for breaking some rule. Is there any ESCAPE. Doesn't the FEAR of losing enRAGE, one's soul to the point of PLEASURE? We seem to Love it so much that we masturbate ourselves in it. It's no wonder we get physiologically disturbed by this process.

A perfect example of these phenomena: A lady presented herself with a migraine headache. During the course of the session, I used every application of pain relief that I could muster from memory and texts. It persisted. All the king's men and all the men's horses were not going to get this headache to dissolve. After locking in the 360degree wheel of acupuncture, AP, I was able to, in an energy sense, lock in the whole of acupuncture and then the brain set-up presented itself. As Dr. Beardall said to me personally "It's all in the set-up". Then it was just a minor trip over to the amygdala, set-up the 5 demons, with all of their hardware (P of S). Instead of manually balancing any thing we let the music of Mozart, playing all the while, do the imposable. Migraine dispatched!!

Each of these 5 points can show in there own right. More often than not they show as a set. Each individual one having it's own powers of stress. I purposefully spelled it out again this time to reiterate its function in the set up. Each power of stress has it's own individual memory of programming. Therefore it needs to be considered in the balance. Who has the time or patience to practice this art? I do, if it works. By now you must be imploring me to teach you the short cut. By golly by George there is one.

This requires you as a master-kinesiology practitioner, to develop a skill to tell the difference between one ounce of locking pressure to the muscle and or 10 or 100 and 1,000. Each level of pressure has a 10fold accumulation of power. By inserting it into the equation you will dig deeper than you could have ever imagined. This flows with every kinesiology observation I have ever experienced. It breaks no rules of AK. It is an inher-

ent working diagram of the bodies' memory.

To work with the U/F (P of S), it is important to know that after about 10 exhibitions of limpness, there is a loss of will issue at hand. If this occurs, have the patient state as a matter of fact, "I take my power back". Each time they do this until the muscle comes back on line equivocates to some (P of S). Exactly how many I do not know. This is all relevant to them, and how vocal and focused they become with each statement. This understanding has helped me bring quite a few people out of deep depressions. I trust that I have implied its value in fighting depression of any kind. It's important!!!

CV15: Fear: As listed earlier in the article there are many forms. It is fear that creates paralysis in our mind's eye. It's a stop button to cease all motivation for any given condition or situation at hand. When fear becomes a phobia, that's when the disease is in full bloom. Generally speaking, I don't do this set up for all fear situations. Sometimes they resolve by tapping St 2 (Callahan). For the phobias I do. Phobias can alter the way we are so unconsciously, that we don't even notice their advent, until someone points it out to us.

Both Nikola Tesla and Oliver Heaviside who is the inventor for long distance telephone capabilities had scotophilia loving the dark and Tesla had columbophilia, love of pigeons and triphilia, love for the use of the number 3. A philia is something you fall in love with, or actually become obsessed with. That will be discussed with the next point, under the heading of pleasure. The reason I mention it now is because it also shows itself under this point as many (P of S) U/F.

Nikoli Tesla the man famous for the AC electric motor, made famous by Westinghouse, had a series of phobias that collectively added to his mystique. Pathophobia (fear of germs), kakiphobia (fear of dirt), spherophobia (fear of round objects), all possessed him so much that his life revolved around it. He would always have 18 towels delivered to his room for some strange reason, 18 is divisible by 3. A genius separated from insanity by way of several very strange quirks. Are they bad? I don't think so but maybe for the chambermaid. The sperophobia really played havoc with his social life. He really had a hard time dealing with J. P. Morgan's daughter because of her round pearl earrings.

Obsessive-compulsive disorder is also found under pleasure/ punishment and especially fear, with a touch of escape for good measure. Rarely do I find the rage point extreme enough to cause great powers of stress. The others on the one side or other show in different multiples of stress depending on the type of compulsiveness or obsession experienced. This disorder is usually found in little boys 85% of the time and in adulthood it's 50% to 50% for men and women (Cohen, The secret language of the mind 1996). Half of these occur in childhood and it is common that they appear to have tics. It's these tics that give us an inroad for the set up. By (Cl)ing the tic, the appearance of the set-up of the amygdala will show. Many times it is difficult to get into an obsessive-compulsives behavior schematic, in the clear, due to its appearance to the nervous system as normal behavior. If they do not have a tic then getting in could be a little bit more difficult. Sometimes you may have to get the patient to collect 3 or more behaviors by purposefully acting them out as if in a performance on stage. Then they will show their little faces, in the form of amygdala imbalance.

For the most part I leave them alone unless I have a good deal of time to work with them. Remember that you are removing a pillar of consciousness. That takes a dedication to the process. I found out the hard way by doing these alterations during my travels. These people require a good deal of follow up. Sometimes they will feel as if their lives are falling apart. Be prepared to spend some late hours with them if the (P of S) that are eliminated come back. For some reason or other Dr. Goodhearts Pineal TL works wonders as a set-up. Then applying a reverse adrenal (Goodheart) methodology, for calming the return of stress without going into a full-scale balance at 3 in the morning. It almost always decides to return if it is going to, in the wee morning hours. Interesting?

Whether it's fear, phobia, philia, obsessive or compulsive you will find CV15 out of sorts. This for sure is not the only road that leads to Rome, and Rome was not built in a day. Sometimes when I was researching it, it appeared as a long road to Tiperary. In any event try it out and see what you come up with. It could be fascinating.

CV16: Pleasure: Love potion # 9, remember the song. Fortunately the gods of the universe started us out on the right track. We as humans then, somewhere along the way, started falling in love with punishment. Rewarding ourselves became the tradition with whatever felt good to placate the moment. That first puff on a cigarette, the delicious piece of desert after a large meal. The abuse we give out or receive in a relationship with anyone or anything. Somehow these opportunities for growth have been inserted into the minds memory as pleasure. This special little point, under the nipples in the center of the sternum and above the xiphoid process, is the key to the kingdom.

Providing that all is set-up appropriately, we can tone down that obsession for food when we placate other emotions. That desire for alcohol is laying in wait for a balance to this point. Just put a taste to the tongue and the circuit will download most of its riches into the I/M. As always when working with confirmed alcoholics, never put it on the tongue directly. Pour the offensive elixir in a vial or tincture bottle before touching the skin at C22. The liability for giving it straight to an alcoholic is astronomical, Dr. or not. Our purpose is to help them.

In all reality this point will appear with just about everything we like if in fact it is not good for our physiology as humans. Appearing on stage with this is reverse adrenal syndrome (Goodheart). The extreme pleasures of weird variety known as philia's as we mentioned earlier with Tesla, usually show up as many (P of S) O/F on this point and at least one of the other previously described points of awareness.

Collectively they will appear when CV24: Curiosity and present status of surroundings, shows up. Spending the time with CV24 is a better return for the investment of time. It will not necessarily get rid of the individual combination of these points. CV24 cleared first though will save a lot of time in the long run. That point will be detailed at the end.

Possessiveness' is also found deeply entrenched in the pleasure center of the amygdala. Heaven forbid the person or situation that takes what we WANT TO HAVE, whatever it is, away. The set-up is easy. Just have them imagine their prize possession being taken away P/L, then set-up the amygdala to CV16 and watch the fun begin. As an individual becomes more spiritual they will have learned to master the art of letting go. To balance the answer is in meditation. From many thoughts to one thought to no thought. To think my mother always accused me of being thoughtless. Sorry, different animal. That, in it's self, falls in the category of Escape CV13. The spiritual thoughtlessness takes us to a different world altogether.

Breaking the meta-physical law of change is what's at stake here. That law states that everything changes (AP). The more we resist it by holding on, the greater the friction is when it finally snaps like a rubber band. The ricochet comes back to haunt us. It stores itself in the form of many (P of S).

CV17: Erection: The process of erection is triggered in both men and women. It is precipitated usually by gestures of masculinity or feminism to the receiving aroused gender. Heterosexual, homosexual or bi-sexual persons may experience this physiology. If the stimulation fails to arouse the partner, there could be many causes. From the mood of the receiver, their own expectations, the comfort of the situation, to actual disease or drug induced sedation the erection is not always automatic. The amygdala is not the only center that could be interfering with the outcome.

May I interject here that other parts of the limbic brain may need to be investigated alongside of this set-up. Before balancing proceeds check the other 23 anatomical aspects of the limbic system with their physiologic counterparts and add all priority imbalances to the circuit. This will increase your odds of success immensely.

In my office I personally see to it that the spouse of the individual is present to secure the patient and also secure the best set-up situation possible. It also protects me if I have a member of my staff on hand during the balance. This problem seems to be more of a problem for men as it is women, as it is not necessary for the woman to have an erection of the clitoris to complete intercourse. Though if the female does become erect at the clitoris, it is much more likely that she will have an orgasm with her mate.

More and more erectile dysfunction ED is becoming a reason for people, usually men, to see a physician. The first thing to investigate is what are these amygdala circuits looking like in the clear with no stimulant at all. Many times they will show very low amounts of (P of S) U/F in the clear. Either gender may display this imbalance. Though women rarely complain about it, and may be ignorant to it even being possible for them, they too will show imbalance in the clear. It is not only the penis and clitoris that may malfunction. The nipples erectility, the inner anterior uterine walls tightening up as well as the man's testicular sac shriveling are all aspects of erection.

As said previously, there are many reasons that can cause erectile failure. The point is there is something that can be done about it. To procure a good set-up, explain to the couple as to what you would like them to do after you leave the room. If at all possible have them attempt to arouse the subject by way of foreplay. All the while the subject is passing the loading crystal from hand to hand. It is not essential that an erection actually occur. The main objective is to get an accurate electrical set-up of the imbalance. After the set-up is procured you may continue to search for AK or AP information about the circuit. Collect all the information by stacking in priority order. In AP each balancing method is added to the set-up. When nothing else shows up kinesiologically it's time to check the results. It may take several attempts at this before significant results show. When they do become aware that your scope of practice may change.

When working with women it may be important to instruct the man not to go straight for the clitoris. The feet, ankles knees and inner thighs are more likely to cause arousal. It is incredible how much men do not know about this subject. Asking simple questions of the lady will reveal more than a treasure chest of information. Many men lack the courage or patience to await their just deserts. Society is so prudish in aspects of outward communication about such things.

The imbalance may be drug induced such as the case of diabetes. It is not the insulin that is the culprit but the high amounts of sugar in the blood from uncontrolled sugar levels, for prolonged periods of time. At least that's the popular consensus. The vitamin F point used by Riddler can be used for sugar if you apply deep touch before monitoring the muscle (AP).

Low testosterone levels may also be a cause. If so that usually doesn't show on this circuit. To find out though, you can use the homeopathic vial of testosterone at this set-up sight. The vial itself may not show in the clear. The specificity of the question being asked alludes to its likelihood of accuracy. Sometimes the circuit will show even if the blood levels are normal. As AK doctors you all know that physiology precedes anatomical aberrations much of the time.

CV: 18: Movements of copulation: The synthesis of sexual movement is organized by the amygdala. Though millions of nerve impulses take place with each second of the experience of copulation. Coordination with the process requires the couple to rhythmically get into synchronicity with each other. This rhythm of copulation by the primary muscle of the gluteus maximus (Harrison 1982 Winter ICAK Collected Papers) sets off a chain reaction of sexual physiology. As he states his original observation of the gluteus maximus was that it is the major muscle involved in copulation or in fact, coitus. In investigating the amygdala circuit it is important to point out that this physiology rarely shows itself in the clear. If however the gluteus maximus is put online with this set-up then it shows up quite frequently. Through years of questioning male and female patients about their sexual feelings tactile as well as emotional, here I present some astounding revelations. The anterior lip of the head of the penis has more sensors that provoke creation of seminal fluid and many times creates a flush like feeling similar to the sensation of taking niacin. This area can handle more stimulation without setting off ejaculation than the other side of the penis head. Even the shaft in many males may react the same way to touch. This area is approximately half way around the penis. Many men are unaware that they can also arrive at a base of the shaft type orgasm flush with the pubic symphysis without any other stimulation of the erect penis. Generally speaking most men do not discover this until their late 30's, or not at all until they are instructed about it. These base type orgasms seem to last longer and give deeper satisfaction to the receiver than ejaculating strictly from motion against the shaft and lip of the glands penis. Some men even state that they "often keep the erection for up to 3 separate ejaculations" when having base type orgasms. They have also claimed the experience to feel like a "spiritual enlightenment". Some claim that it is the Tantric happening.

Females on the other hand overwhelmingly agree that an inner vaginal orgasm vibrating outward from the anterior vaginal wall against the back of the pubic bone resonates with more and deeper satisfaction than the clitoral orgasm. Though when both types of orgasm are present in the experience with their mate it has been likened to a spiritual awakening. Women seem to be easier to supply this information than their male counterparts.

To accomplish this feat the head and lip of the penis must become snug against the anterior wall of the vaginal cavity. Only the slightest of movement is necessary. The female vaginal canal and introitus when sufficiently aroused will clasp or snugly embrace the base and neck of the male organ. As this occurs the engorged clitoris is pulled up tight for further stimulation. The pressure of the male on top if that is the case will enhance as the rhythm continues. The purpose of all this is to enhance the odds of creating a new life, if not spiritually binding the couple together. Each movement stimulates specific nerve endings that 1 creates the release of sperm in the testicles, 2 allows the formation of all the seminal fluids to be created at their sites of origination, 3 prepares each partner for the ultimate bi-personal ejaculation and orgasm. Each of the partner's pre-orgasmic fluids is carefully engineered to purposefully increase the odds of impregnating the female. The complexity of all nerve endings matching and actually accomplishing simultaneous internal and external orgasms do not happen for every couple. This actual anomaly is usually learned by those who take the time to find out what and where pleasure is to be found on and with their mate. Some couples stumble upon it the first go and others never quite get it to happen. More often than not the area of the amygdala that controls it along with the energies that coincide with the gluteus maximus sexual energy is out of balance. Balance alone is not going to make it happen but it helps increase the likelihood. The tragic furious beauty of it all is that the perfect ultimate cataclysmic dual orgasms do not have to transpire for impregnation.

Let me be subtle about this, balancing and teaching some of my so-called infertile patients on this matter has added to the earth's population. The gratification that you will feel in doing so is inexpressible. Many times the instruction process is easier to perpetuate in a group setting. Other times you will need to be one with the couple in the instruction process. Professionalism and decorum are a must to keep your good reputation intact. I can only encourage you to experiment and realize what is possible for yourself and your patients.

CV: 19: Ejaculation: The process of ejaculation is much more complex than it might seem. For the male it is a release of the seminal fluid in a rhythmic and powerful series of contractions trustfully shooting deep into the vaginal cavern. This warm sticky fluid moves rather slowly. Millions of sperm are created but it is only one that finally makes it to its destination. This is when the female ejaculate comes into play. Though not absolutely necessary it does have a physiologic function. Much of it is expelled out of the vagina for lubrication purposes. There are sufficient amounts left to lessen the surfactant level of the male ejaculate and create a viscosity easier for the uteri to rhythmically assimilate toward the ovary. The amygdala controls the release of oxytocin at the posterior pituitary facilitating the female rhythmic contractions of the uterus to pull the culmination of male/ female fluids forward to the ovum for successful impregnation of the ovary. The Karilinska Institute in Stockholm has spent nearly 15 years on the research of oxytocin and its production compartments located in the body. They have even located the right atrium as one of the points of origination. It is considered by the head of research as the nurturing and healing hormone of the body.

Do to stressful life styles it is not uncommon to find this out of sync with today's women. As more and more women enter the same roles as men have taken for centuries the stress that goes with it has played havoc on their monthly menstrual cycle and their fertility factor. Though in today's world an every day mother has her hands full of stress. So in the end that argument can only be extinguished by taking the time to meditate to slow things down. Outside of balancing and teaching about this process the best remedy is relaxation and enjoyment of what life has to offer.

CV: 20: Ovulation: There are basically 3 phases of ovulation that ideally cycle every 28 days. The menstrual phase, 5 days; the proliferative phase, 11 days and the secretory phase, 12 days; equaling a total of 28 days. This cycle is likened to a monthly clock. We humans most closely resemble the motion of the universe more than any other animal. Maybe that's how we finally developed self-awareness? Is it a mistake that the earth being 70% water and 30% land mass equivocates to our body's same carbon copy of that relationship to fluid and solids.

As Galileo made observations of the moons of Jupiter in support of Copernicus he also made observations about our own lunar cycle and its relationship to the earth's tides. Much to the chagrin of the Catholic heritage of belief at the time, that held; the earth is still in its tracks according to Aristotle, Ptolemy and as well as the College of Cardinals interpretation of the Holy Bible. Anything else was heresy. The rest of the universe of course traversed around us. In 1835, 202 years after the inquisition of Galileo the church officially altered their position on this issue. To conclude the point, the moon affects the fluids of the oceanic tides as astronomy eventually predicted as well as regulating the human female menstrual flow in conjunction with the moon's waxing and waning. The moon is also represented as the female energy in the traditional Chinese vernacular and folklore.

The sun turns on its axis one time in exactly 28 days. The moon revolves around the earth in 27.3 days. Are these just haphazard coincidences or is there possibly a correlation to their movement and the female life and death cycle of the ovary or egg. Another coincidence to look at is the Governing Vessel acupuncture meridian that constitutes 28 points of light or in fact 28 separate acupuncture points. Through careful observation and if everything is in alignment, you the practitioner will be able to use this meridian and its points through the I/M observation of menstrual harmonics.

Everything being aligned, the first day of the menstrual cycle will mark itself on the GV 1 point in the form of over facilitation of the I/M. To get this activity to show up, stack Dr. Goodheart's pineal TL before preceding with CLing the GV points. That test being the TL of the bilateral sides of the temples. All other points will appear to be in harmony. If severe enough O/F takes place it may appear as pain in the coccyx, sacral and lower lumbar areas. As the days progress each succeeding day advances up the GV meridian in the same fashion, day 2, GV2; day 3, GV3; etc. During the cycle, physiology changes so rapidly on various days that you might need to focus on the exact hour to restore cyclic rhythms.

Day 14 through 17 the days of ovulation are extremely important to balance if there is infertility suspected in the female or she is off her moon cycle, so to speak. This is usually the case in most PMS and or endometriosis situations of the painful variety.

To do so again, go to the pineal points, stack and go to the Central Vessel acupuncture meridian for the 24-hour clock or 24 CV points found coincidentally to match the 24-hour cycle of the earth's rotation around its own axis. CV1 equaling the time from 12-midnight to 1 AM in the morning. Each successive point being matched to the next hour of elapsed time will show you the specific hours that physiology are stressed. If you take the time to balance each point that shows, the reward will show itself usually with a cycle that produces little or no pain and total joy.

The acupuncture system is unique in that even the specific days of the year are represented in the wake of the unilateral 361 points associated with the calendar. Subtracting the 2 equinox days and the 2 solstice days from 365 leaves a day for every acupuncture point. The sun seems to stand still in the sky on those four days, of each 90-day cycle as the seasons begin to change. This unique scale of time is so precise that even the planets affect the various meridians in specific ways. That in itself is a whole new book on the function and use of acupuncture in relationship to astronomy and body time.

One other correlation to time and space is the physical set up of the nervous system, in particular the Ruffini end organs spaced 15 degrees in each direction around the orb of any given joint and its given range of motion. The fact that the earth has to rotate the whole of 15 degrees to pass an hour of elapsed time is a man-made observation of universal flow. Universal flow, I believe "is." Coincidence, I believe "is not." We, I believe evolved from a great correlation of movements that resulted in the eclipsed sequencing of universal biological intelligence. In the Good Old Days of evolution we came to know this nature as God.

We formulated fantastic stories to measure its greatness including but not limited to the issue as to gender. Each society has a different belief as to God's existence and It's His (Father) time or Her (Mother) nature. The name of the religion does not matter but the correlation to nature through its tenants is what gives it omnipotent powers. Nature is omnipotent therefore God is Nature and omnipotent.

If you are in wonderment as to why I bring up these correlations at this point in the article, it is because ovulation is the body's clock of the life cycle of the human beast.

To conclude the story of ovulation: I suggest that using the CV 14 point deep touch (Amygdala) and CV 20 (Ovulation) point light touch brings you to setting up the investigation for ovulation. Then adding in the first Time check of the day of the month by Tling the pineal point allows us to further check the 28 days of the moon/sun cycle on the GV meridian. Once it is found you may then balance. If you choose to investigate further you need to re-enter the pineal point again to break it down from days to hours. Then scan the 24 points individually of the CV meridian for further imbalances. Balance as you go. Good luck and good menses.

For men the testes and or testicular rhythm is, with the urge to find a mate, the male equivalent to their female counterparts ovulatory cycle. I find that working with this set up on men who have little or no urge, usually finding a U/F, quite promising in restoring drive. The opposite is true for overly promiscuous men who can never seem to shut it off. You will find this point in a high degree of O/F.

CV: 21: Uterine activity: The uterus, the female mammals organ used to contain and nourish her fertilized egg prior to birth and contract around the male penis during copulation is controlled by the hormone oxytocin. During pregnancy the organ generally relaxes its muscular activity so as to provide a welcome womb to the newly formed life structure. As the gestation period progresses the uterus becomes almost totally flaccid. If the uterus fails in this mission it could strangle the new life and discontinue the pregnancy by way of natural abortion known as a miscarriage. It has been my experience that after the first miscarriage many more ensue due to the memory imprint of the first. If this is the case the practioner will notice a high degree of P of S on this point when set up and using the gluteus medius as an H/I. Other I/Ms used at this point lose a high degree of accuracy unless they belong to the PC acupuncture meridian as a HI. After giving a thorough balance to this set up I have observed many successful offspring. This can be and has been a life giving balance. After birth it is a common habit for the uterus to stay in the relaxed position losing much of its contractibility. This set up may be used to restore the contractibility if the female attempts to squeeze her uterus internally as a pre set up and held in P/L.

In the case of a dropped uterus, in which I have worked with several, the woman needs to reinsert it. After reinsertion she needs to insert an instrument that is soft to the muscle but hard enough to act as a brace so the walls of the smooth muscle tissue of the uterus have a chance for something to cling to during the balance. In less than an hour of balancing it has been my personal observation to find that the tissues begin to adhere to the endometrium. This by no means is always going to work. It is worth the time invested to possibly avoid surgery. You never know it just might. Having the woman lubricate the uterus with aloe vera gel before reinserting may assist in the odds of success.

In men the equivalent paramesonephric duct degenerates before birth. Though it has been my experience that this set up will help in the case of seminal duct inflammations proximal to the prostate.

CV: 22: Induces Labor: The communication from the brain to the birth canal organs and tissue is paramount for successful delivery of the newborn fetus. That communication by way of hormones stimulates a rhythmic set of contractions that culminate in the propulsion of the uterus and widening of the cervix to expel its contents. The set up for this is necessary when a woman has previous difficult deliveries and is pregnant again or wants to become pregnant again. The set up is actually more realistic when actually pregnant because a lot of the hardware is in the set up.

For men the equivalent application for this function is the contraction of the waves in the duct network that delivers the ejaculate. If painful this set up is a must for relief of the stress.

CV 23: Curiosity: This is probably one of the most important physiological set ups you can master. When the desire to know about the world around you is gone, life heads toward death. Would you like to re-instill life into a dying person? Work on their curiosity button. Curiosity may have killed the cat and or opened Pandora's

box. Without it though, the purpose of us being in a physical body as a spirit, disintegrates. This is the primary ingredient for old age. This also is the button that precedes most learning disorders. That thirst or hunger to know is usually out of balance in attention deficit disorder or ADD. This set up will lead to a wealth of information about your client. A book could be written for this point alone.

CV: 24 Attention to current surroundings: This set up gives the practitioner a glimpse at the patient's peripheral awareness to what is going on around them. Generally the patient is clueless to their environment. They often do not know how to read between the lines. In some cases, they couldn't see a train headed straight for them. With balancing it has been my experience to see people observe much further ahead with the client's mind's eye. Much like a chess player seeing 5 to 20 moves ahead in any direction. This set up has been used successfully on football players (defensive ends), baseball players (shortstops), and basketball players (a guard) over the years. It should be checked for anyone attempting to look ahead for any reason. This is a totally necessary function of the amygdala. Don't leave home without it.

In conclusion:

All of the above set up technologies are only effective if the therapist is specifically focused on the setup and correction. The greater the set up and correction: the greater the miracle that resides in the patient will manifest. After 18 years of research I have to admit I wholeheartedly believe in the application. I trust that you will find even greater fervor for its use.

With All Encompassing Love,  
Richard D. Utt L. Ac.

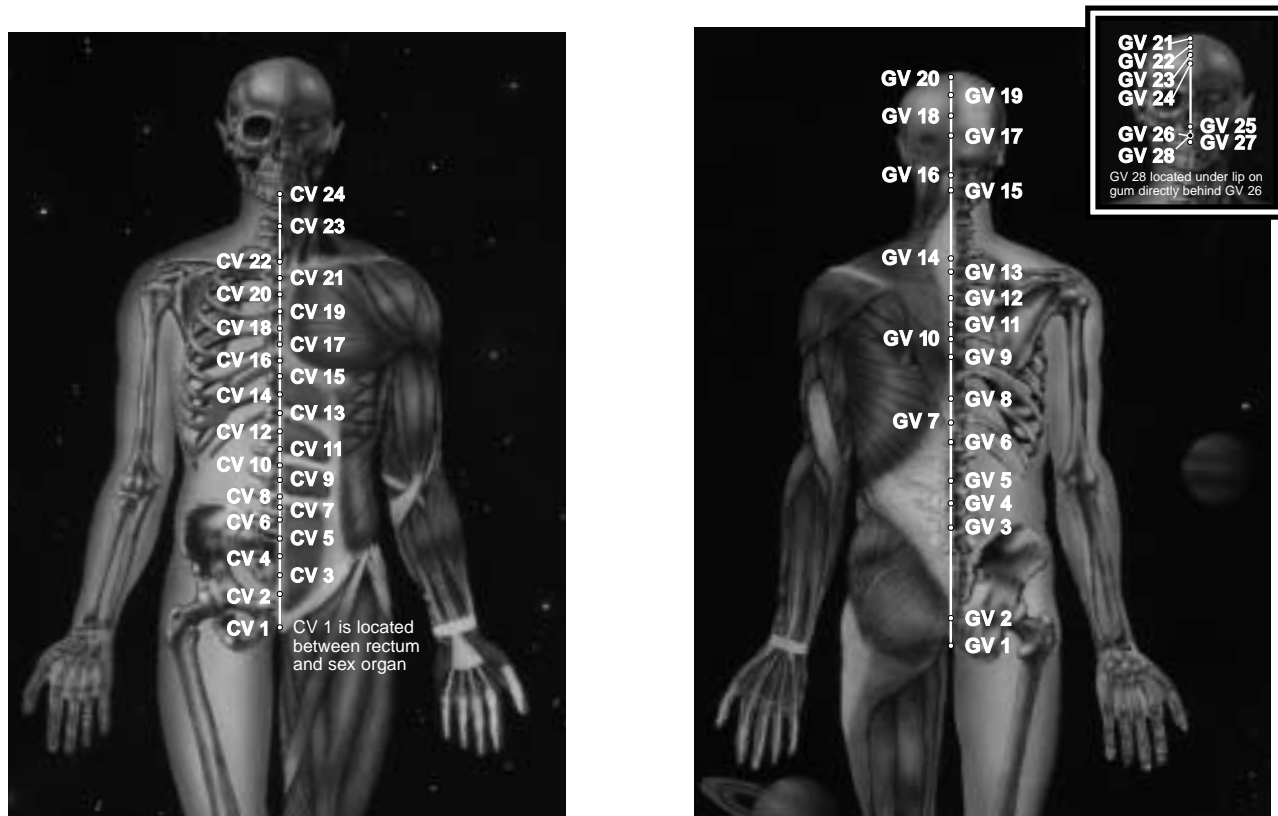


Figure E: Central Vessel and Governing Vessel Meridian Points  
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