

T.B.M. PHILOSOPHY

"YOU DON'T ALWAYS HAVE WHAT YOU'VE GOT!!!"

T.B.M. deals in functional physiology, not cadaver physiology.
The body is a compilation of LIFE.

The organ is what causes the musculo-skeletal problem, therefore, correct the organ and not the muscle. Correction of the muscle won't hold if the organ is the problem. T.B.M. fixes the organ and the muscle fixes itself.

Organs affect muscles - muscles do not affect organs. Example:
Psoas muscle doesn't deal with kidney, it deals with dehydration.

Let Innate guide your hands.

IF YOU HAVEN'T TRIED, DON'T SAY YOU CAN'T!!!

Two axioms of religion and chiropractic:

1. Love thru service.
2. Be still and listen.

Sibling Rivalry is the biggest problem found in T.B.M.

Innate will only give you that which you can handle or have within your reach to learn.

What man can conceive, he can achieve.

As Doctors, we have never healed anything. We only remove the roadblocks and allow the body to do it's own healing.

Take no credit. Take no blame.

The theory of Chiropractic is to change the environment and the condition can't survive.

Treat patient by adjusting:

1. Manually
2. Activator
3. T.B.M.
4. Categories

Manually adjust from top-down.

Get your logical mind out of the way and LISTEN.

P.T.C. = PRESENT TIME CONSCIOUSNESS: Be in your office when you are there.

EXPECT A MIRACLE

EXAMINATION SEQUENCE

FULL T.B.M. EXAMINATION SHOULD TAKE 10-15 MINUTES (FINDING AND FIXING) ON INITIAL VISIT.

EXAMINATION - SUPINE *ant. f. Head = toes out / Paws = toes in / Thyroid = knuckles forward / Sup. Co. = head tilt*
10 POSTURAL ANALYSIS *cat 4 - 1 side butt act / Tailway = joint scan + move / hi shoulder = surgery*

11 FABRE-SPINE (HIBBS) (IF NEEDED)

12 GLUTEUS MEDIUS - UNILATERAL
GLUTEUS MEDIUS - BILATERAL (6 POSITIONS)

12 ADDUCTORS - UNILATERAL *NC: mid. clast on rib edge*
ADDUCTORS - BILATERAL (6 POSITIONS)

13 20% LEG RAISE - UNILATERAL (ANTERIOR FEMORHEAD)
(BASILOR SPASM)

groin pain

14 20% LEG RAISE - BILATERAL (CARDIAC LOW BACK)

48 POSSIBLE COMBINATIONS

21 SUGAR (98% AND 2%)

*test legs (+) test of firmness -> retest legs = strong 270
= still weak 100%*

24 ICV - VH

WORMS AND PARASITES

24 COLON (ASCENDING, TRANSVERSE AND DESCENDING)

SMALL INTESTINE - DUODENUM

SMALL INTESTINE - ILEUM

SMALL INTESTINE - JEJUNUM

25 ADRENALS

VAGINAL INFECTION - GENITAL SORES

25 BLADDER, UTERUS, PROSTATE

URETER - RIGHT

25 URETER - LEFT
URETERS - RIGHT + LEFT } *Combo*
URETERS - LEFT + RIGHT }
KIDNEY - RIGHT
KIDNEY - LEFT
KIDNEY - URETER - BLADDER COMBINATIONS ✓

25 VIRUSES - RIGHT *Bacteria* *Spores*
VIRUSES - LEFT
VIRUSES - RIGHT + LEFT } *Combo*
VIRUSES - LEFT + RIGHT }

26 LIVER
GALLBLADDER

POT

VALIUM

FUNGUS OR YEAST - RIGHT

FUNGUS OR YEAST - LEFT

FUNGUS OR YEAST - RIGHT + LEFT } *Combo*

FUNGUS OR YEAST - LEFT + RIGHT }

26 HEART + 4 VALVULAR TEST (*ATPM*)

27 ARHYTHMIA

ENDOCARDITIS

HIATAL HERNIA

DIAPHRAGMATIC SPASM

28 POISON

TOXICITY

28

THYMUS

BRONCHII - RIGHT

BRONCHII - MIDDLE

BRONCHII - LEFT

BRONCHII - 15 COMBINATIONS ✓

LUNG - RIGHT

LUNG - LEFT

LUNGS - RIGHT + LEFT

LUNGS - LEFT + RIGHT

combos

28

STOMACH

PYLORIC SPASM

29

PANCREAS

HEAD OF PANCREAS

SPLEEN

BACTERIA

29

SEX I

30

THYROID - RIGHT

THYROID - MIDDLE

THYROID - LEFT

✓ THYROID - 16 COMBINATIONS

PARATHYROID

PAROTID

CALCIUM (NEED OR USE)

VITAMIN E (NEED OR USE)

MINERALS (NEED OR USE)

30 EMOTIONAL ASTHMA

31 P.M.S.

32 BLOOD PRESSURE

32 PITUITARY

33 PINEAL

GLAUCOMA

SEX II

34 THALAMUS - OPEN EYE

HYPOTHALMUS - CLOSED EYE

VISION

TEMPORAL BULGE (BANANA HEAD)

CEREBRAL SPINAL FLUID PRESSURE

EXAMINATION - PRONE

34 HAMSTRING MUSCLES

*lat hams = toe in
med hams = toe out*

35 INHALATION ALLERGY

TAIL WAG FEAR SYNDROME

INFERIOR OCCIPUT

CATEGORIES

38 Allergies

38 Emot Exce

39 Energy

41 Flu & Typhoid

Shoulder prob:

- 1. sup ribs 1-3
 - a. palp ribs - stiff arm S-1 - flex (≠ rot head)
 - b. palp sp: C7-T₁ TM move lat-med w elbow fl to floor

- 2. Shoulder separation (sub-clinic) no test
do both sides :: Compensation
sharp pull - up & over



- 3. Shoulder-lymph tech = glen tech ≅ mus spindle: pec flap



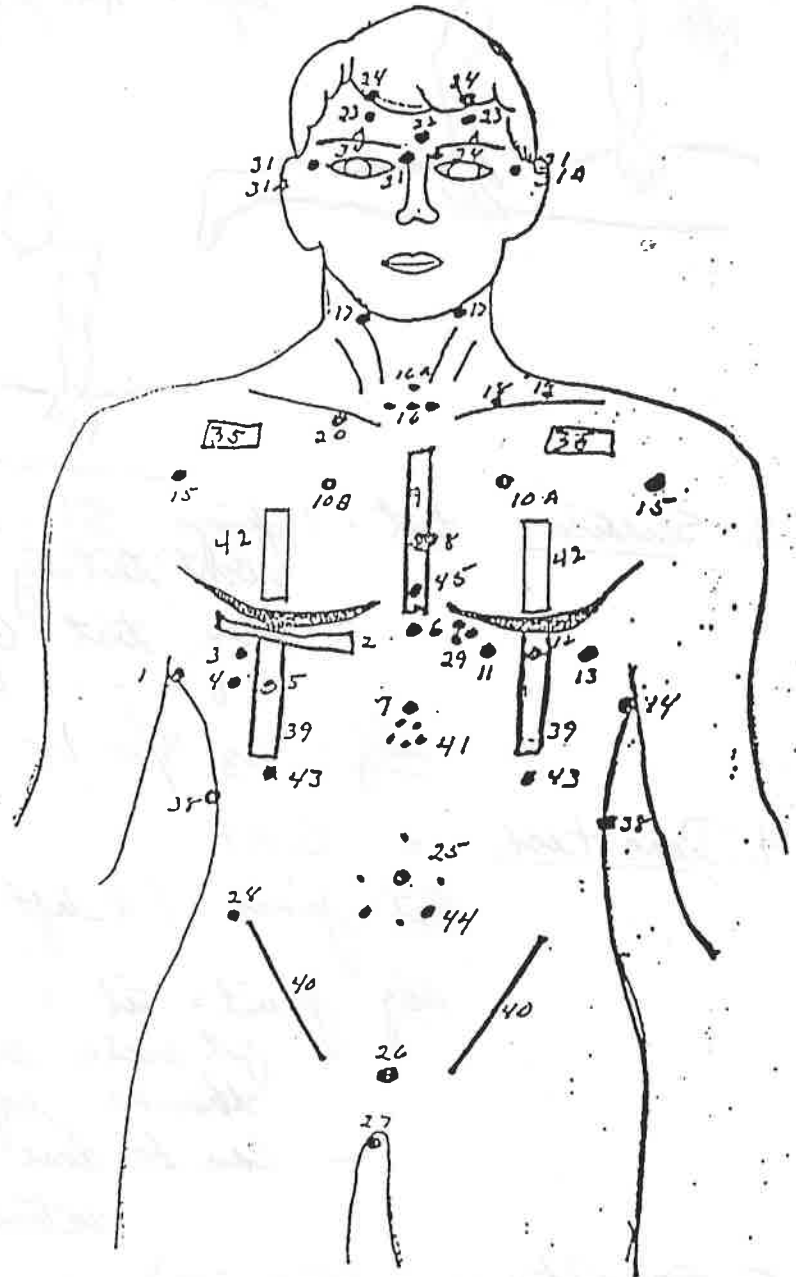
- 4. Biceps tendon slip chall: med & lat & test ea - same adj
bilat adj: grasp wrists & int rot (let arms flap)
whip arms = extend & med rot
rest = 1 hr.



- 5. Superman tech - if 1-4 = (-) prob = foot prob.
test: bilat - arms out stretched (prone) & push down
(+) = drop tarsal: rad-cuboid
palp foot → sore bump in front of calc on medial

REFLEX POINTS

1. RIGHT KIDNEY
2. LIVER
3. GALL BLADDER
4. POT
5. VALIUM
6. HEART
7. HIATAL HERNIA
8. THYMUS
9. BRONCHIAL
10. LUNGS
11. STOMACH
- 11A. PHYLORIC SPASM
12. PANCREAS
13. SPLEEN
14. LEFT KIDNEY
15. SEX 1
16. THYROID
- 16A. PARATHYROID
17. PAROTIDS
18. CALCIUM
19. VITAMIN E
20. MINERALS
21. PITUITARY
22. PINEAL
23. GLAUCOMA
24. SEX 2
25. ADRENALS
26. BLADDER/PROSTATE
27. VAGINAL INFECTION
28. PARASITES AND WORMS
29. HEAD OF PANCREAS
- 30.
31. THALAMUS
- 31A. HYPOTHALAMUS
32. COLON
33. SMALL INTESTINE
34. VISION
35. EMOTIONAL ASTHMA
36. F.M.S.
37. BLOOD PRESSURE
38. VIRUS
39. FUNGUS-YEAST
40. URETERS
41. POISON
42. TOXICITY
43. BACTERIA
44. INUTERO
45. ENDOCARDITIS



SPECIFIC ADJUSTMENTS FOR GLANDS AND ORGANS

ADRENALS	T7 - T9 - T11
BLADDER	L5
BRONCHIAL	T9 - T11 - L1
CARDIAC	T2 - T8 - T12
COLON	L5
GALL BLADDER	T4
STOMACH	T8 - T10 - T12
KIDNEY	T1 - T5 - T8
LIVER	T2 - T5 - T8
LUNG (RIGHT)	T2 - T9 - L3
LUNG (LEFT)	T1 - T8 - L2
PANCREAS	T5
PITUITARY	GLABELLA & OCCIPITAL NOTCH
SMALL INTESTINE	L5 ILEUM
SMALL INTESTINE	T4 - T6 DUODENUM
SMALL INTESTINE	T8 - T10 JEJUNUM
SPLEEN	T1 - T5 - T9
THYMUS	T9

THYROID	C4
FLU I	T6 & T7 FIXATION
SEX I	10 ADJUSTMENTS OF BUTTOCKS
SEX II	SPREAD FRONTAL SUTURE KNEE PUMP - FEET STRAIGHT
THALAMUS	TEMPORAL FOSSA
HEAD OF PANCREAS	T7
VIRUS	T9 - T12
FUNGUS	T3 - T9
URETER	L3
POISON	L5 - ORGAN SITE
TOXICITY	T11 - L1 - T7
BACTERIA	RUB TEST POINTS BILATERALLY
INUTERO	L5
ENDOCARDITIS	T2, T8, T12

SPECIFICS

POSTURAL ANALYSIS

Watch your patient walk. Look for the following indicators. They will give you insight into the health problems involved before you even reach the examination stage of the visit.

WALKING ANALYSIS

GENERAL:

One sided butt action = Cat. IV
Pants seam doesn't move = Tailwag
High shoulder = Sugar
Knuckles forward = Thyroid
Head tilt = Inferior Occiput
Toes out = Anterior Femur Head

FEET

Toes in = Psoas
One toe in = Lateral Hamstring
One toe out = Medial Hamstring
Pronation = Anterior Tibial and/or Psoas
Supination = Peroneus

KNEES

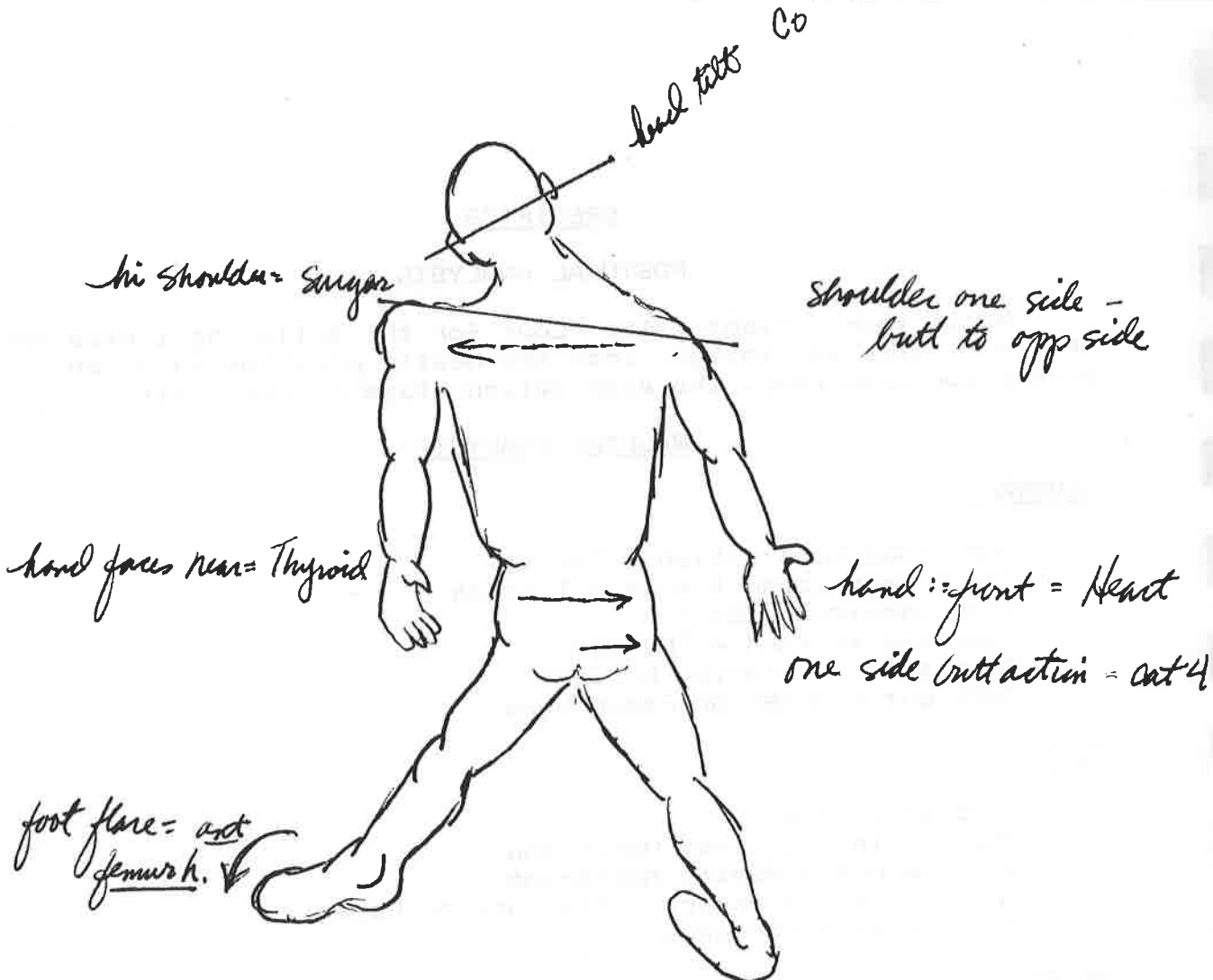
Knee medial with lateral instability = Gluteus Maximus
Bowed with elevated pelvis:
Side of weakness = TFL (Tensor Fascia Lata)
Opposite side = Adductors: *low back - sex II*
Knocked = Satorius/Gracillis
Hyperextension = Quadriceps, Popliteus, Gastrocnemius

SPINE - VIEWED Laterally

Thoracic kyphosis = lower Trapezius
Scapula away from rib cage = Serratus Anticus
Lumbar lordosis = Abdominals
Lumbar lordosis with Post Ischium = Hamstrings
Lumbar lordosis with knee instability = Gluteus Maximus
Lean forward = Soleus
Lumbar kyphosis = Psoas, bilateral
Head forward = Cervical Extensors

HANDS

Palms posterior = Teres Minor, Infraspinatus, Posterior Deltoid, Supraspinatus
Palms forward = Subscapularis, Teres Major, Anterior Deltoids, Pectoralis Major, Latissimus
Thyroid
Heart



6. Sacral Spin - # go thru door w/ hit hip or shoulder
workers = twist all day

test: strong bilat 20° arms -
Chall ASIS: A-P - July: ASIS = front = side: up
adj side posture - hips at edge of table
& shoulders back!



- knee on knee - NO KKK
lift ankles & lever knees down

tech #2: older/heavy - Block just ASIS
reach across & thrust opp ASIS foot
to spin around

SPINE: A - P

High pelvis = Gluteus Maximus
High pelvis, should and head = Gluteus Medius *
Low pelvis, high shoulder and head, bilateral lordosis =
Rectus Abdominus
Low shoulder, head level = Latissimus Dorsi
Low shoulder, head high = Tension opposite side upper
Trapezius
High head = Neck extensors and/or scalenes
High head with rotation to weak side = Sternocleidosternoid
Pelvis level, 12th rib elevated, lumbar curve opposite =
Quadratus Lumborum
Scapula sags, head rotates toward weak side = Rhomboids

FABRE-SPINE (HIBBS)

DISC LOCATION AND GRADING

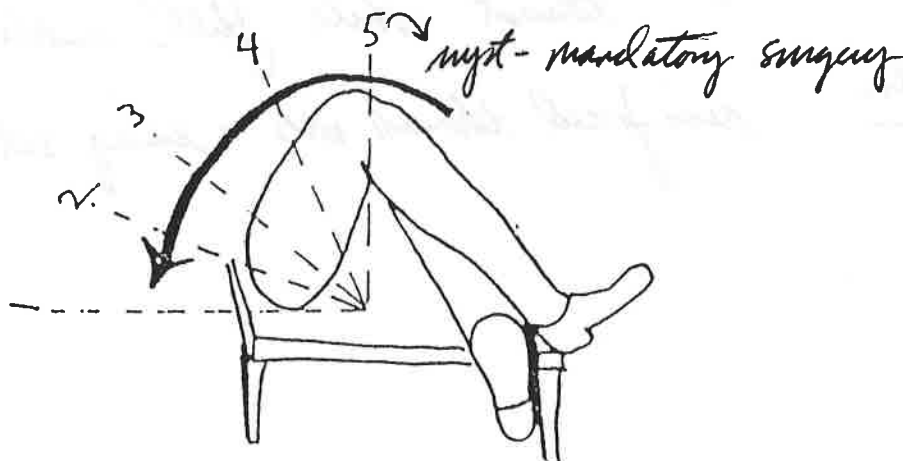
Patient with disc problem = antalgic posture.

Old name, Hibbs = "Fabre Spine Test." Same as orthopedic, but not looking for hip problem. If spine pain, it is low back. If pain is in the hip it is no problem.

Fabre Spine Test:

- Grade 0 = Leg is flat with no pain, no disc problem.
- Grade 5 = Leg is straight up with pain, mandatory micro-neurosurgery.
- Grade 1-4 - Between Grade 0 and 5. If Grade 4+, can still adjust.

Bilateral Gluteus Medius and Bilateral Adductor corrections will usually correct disc problems by pulling it back in. If patient still has back pain, it's now just a low back problem. Adjust.



dist C1 dizzy migraines ↓ memory

test: steady chall A-P = lite TL

adj: 1st meta-phal jt tilt: (stab only opp side)
onto C1 tp

#2 usually post-Co ipsi concomitant
paly rim of skull for post.
notary just & lang



Knee:

gall bladder:

post fibula - test = Vers chall

adj: fold knee over forearm

lat tibia: chall I → m

adj: leg straight: pisiform on lat tib.
thrust while pull ankle m → l

sup patella

reinforced thumb web = easy set down



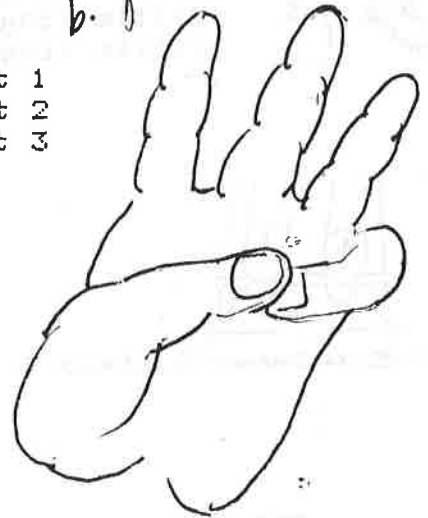
GLUTEUS MEDIUS Individually pull to center from side.

TREATMENT: Rub posterior iliac spines bilaterally, across top of pubes 15 seconds each.

Bilat mus front
a. foot modes
b. foot & hand modes

BILATERAL GLUTEUS MEDIUS

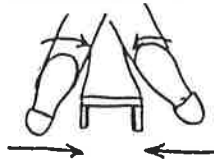
1. Toes up, legs apart, pull together
2. Toes lateral, legs apart, pull together
3. Toes medial, legs apart, pull together
4. Little finger and thumb together, repeat 1
5. Little finger and thumb together, repeat 2
6. Little finger and thumb together, repeat 3



A. TOES UP, LEGS APART, PULL TOGETHER



B. TOES LATERAL, LEGS APART, PULL TOGETHER

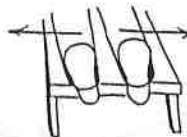


TREATMENT: Separate Knees, legs bent, pump to strong with toes in position causing weakness.

ADDUCTORS

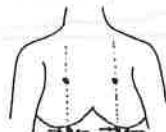
Individually one leg pulled out from center.

TREATMENT: Rub at rib edge in nipple line on belly bilaterally 15 seconds.



INDIVIDUALLY, ONE LEG IS PULLED OUT FROM THE CENTER

TREATMENT:



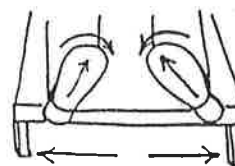
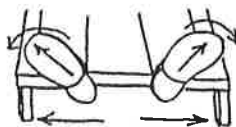
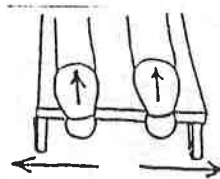
IF EITHER SIDE IS WEAK, RUB AT RIB EDGE IN THE NIPPLE LINE ON THE BELLY BILATERALLY FOR 10 TO 20 SECONDS.

BILATERAL ADDUCTORS

TEST: With legs straight, pull apart three ways as in gluteus medius test. Then with thumb and little finger together, so the same three tests. See 1 - 6 below.

1. Toes up, legs apart, pull apart.
2. Toes lateral, legs apart, pull apart.
3. Toes medial, legs apart, pull apart.
4. Little finger and thumb together, repeat 1.
5. Little finger and thumb together, repeat 2.
6. Little finger and thumb together, repeat 3.

hand made



A. TOES UP, LEGS STRAIGHT, PULL APART. B. TOES LATERAL, LEGS STRAIGHT, PULL APART. C. TOES MEDIAL, LEGS STRAIGHT, PULL APART

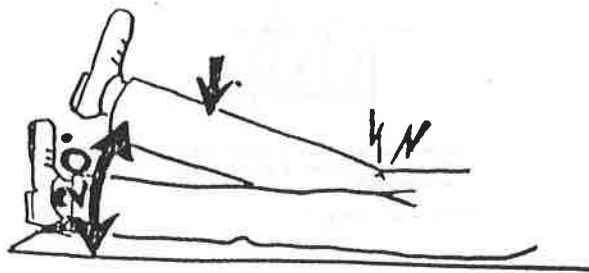
TREATMENT: With knees spread and bent with feet flat on table, push knees together and pump to strong.

↳ Radio: Hibbs

ANTERIOR FEMUR HEAD

Anterior Femur Head is one of the more common problems associated with the elderly. Patient complains of anterior groin pain. One of the most common causes is from turning over in bed with the foot caught in the covers. 1/64" of movement is all it takes in the joint to cause the problem.

TEST: 20 degree leg raise, press down. Anterior femur head test is done unilaterally. Primary symptom would be groin pain.

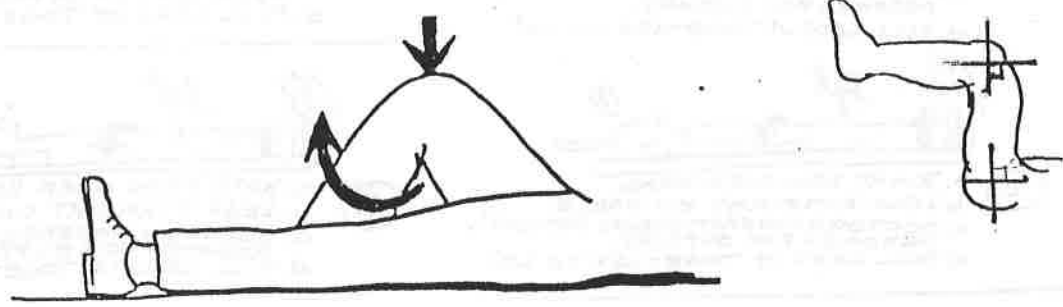


Lower 4. T2 standing

TREATMENT: Adjust Anterior Femur Head, and adjust Atlanto Occipital Spasm in all directions:

1. Straight in with bilateral contact.
2. Superiorward at 45 degrees with bilateral contact.
3. Inferiorward at 45 degrees with bilateral contact.

Symptomatology would be groin pain. Correct with adjustment to Anterior Femur Head by flexing the hip 90 degrees and flexing the leg 90 degrees, then twist leg (external rotation) and thrust down on knee. Must also adjust the Occipital-Basilar area in three directions.



CARDIAC LOW BACK: Positional Prob: (*older ind & raise legs - use surrogate = on table for 1st part*)

Low Back pain instead of heart attack. Pathognomonic sign is an anterior lean while walking or standing and/or the statement "I know my limitations". (Self-limitation) The low back acts as a cover-up to protect the body.

(if path. signs - just do this set)

TEST: A. Bilateral 20 degree leg raise, with arms at sides of body, stabilizing abdomen, push legs towards table. Then with right arm above head, retest. Then with left arm above head, retest. Then with both arms above head, retest.

∴ surrogate

1. a. ARMS AT SIDES.
b. LEGS RAISED TO 20°
c. DOCTOR'S FOREARM ACROSS PATIENT'S ABDOMEN FOR SUPPORT.
d. PUSH DOWN ON LEGS.

3. a. LEFT ARM OVER HEAD.
b. LEGS RAISED TO 20°
c. DOCTOR'S FOREARM ACROSS PATIENT'S ABDOMEN FOR SUPPORT.
d. PUSH DOWN ON LEGS.

2. a. RIGHT ARM OVER HEAD.
b. LEGS RAISED TO 20°
c. DOCTOR'S FOREARM ACROSS PATIENT'S ABDOMEN FOR SUPPORT.
d. PUSH DOWN ON LEGS.

4. a. BOTH ARMS OVER HEAD.
b. LEGS RAISED TO 20°
c. DOCTOR'S FOREARM ACROSS PATIENT'S ABDOMEN FOR SUPPORT.
d. PUSH DOWN ON LEGS.

TREATMENT: Adjust T2, T8, T12 on three phases of respiration. Fix in the position of weakness.

TEST: B. Bilateral leg lift (patient attempts to hold legs on table) with both arms at sides of body stabilizing across abdomen. Lift legs off table. Then, as above with left arm over head. Retest. Then, as above with right arm over head. Retest. Then as above with both arms over head. Retest.

① a. ARMS AT SIDES.
b. LEGS STRAIGHT ON TABLE.
c. DOCTOR'S FOREARM ACROSS PATIENT'S ABDOMEN FOR SUPPORT.
d. PULL LEGS UP TOGETHER TO 20°.

③ a. LEFT ARM OVER HEAD.
b. LEGS STRAIGHT ON TABLE.
c. DOCTOR'S FOREARM ACROSS PATIENT'S ABDOMEN FOR SUPPORT.
d. PULL LEGS UP TOGETHER TO 20°.

② a. RIGHT ARM OVER HEAD.
b. LEGS STRAIGHT ON TABLE.
c. DOCTOR'S FOREARM ACROSS PATIENT'S ABDOMEN FOR SUPPORT.
d. PULL LEGS UP TOGETHER TO 20°.

④ a. BOTH ARMS OVER HEAD.
b. LEGS STRAIGHT ON TABLE.
c. DOCTOR'S FOREARM ACROSS PATIENT'S ABDOMEN FOR SUPPORT.
d. PULL LEGS UP TOGETHER TO 20°.

TREATMENT: Bilateral standing thumb-move on T2 (bothways). Fix in position of weakness.

TEST: C. Shoulder lift. With shoulders flat on table and arms at sides of body, stabilizing abdomen, attempt to raise shoulders off table. Then, as above with left arm over head, retest. Then, as above with right arm over head, retest. Then, as above with both arms over head, retest.

① a. ARMS AT SIDES.
b. BODY STRAIGHT ON TABLE.
c. DOCTOR'S FOREARM ACROSS PATIENT'S ABDOMEN FOR SUPPORT.
d. PULL SHOULDERS UP.

③ a. LEFT ARM OVER HEAD.
b. BODY STRAIGHT ON TABLE.
c. DOCTOR'S FOREARM ACROSS PATIENT'S ABDOMEN FOR SUPPORT.
d. PULL SHOULDERS UP.

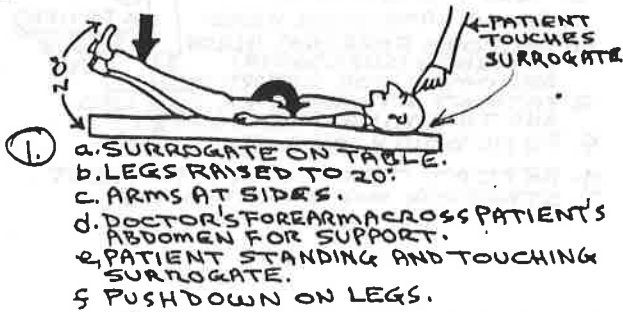
② a. RIGHT ARM OVER HEAD.
b. BODY STRAIGHT ON TABLE.
c. DOCTOR'S FOREARM ACROSS PATIENT'S ABDOMEN FOR SUPPORT.
d. PULL SHOULDERS UP.

④ a. BOTH ARMS OVER HEAD.
b. BODY STRAIGHT ON TABLE.
c. DOCTOR'S FOREARM ACROSS PATIENT'S ABDOMEN FOR SUPPORT.
d. PULL SHOULDERS UP.

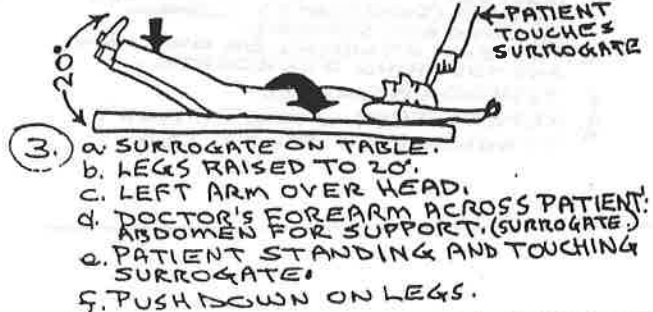
TREATMENT: Bilateral thumb move on T2 (bothways). Fix in position of weakness.

STAND

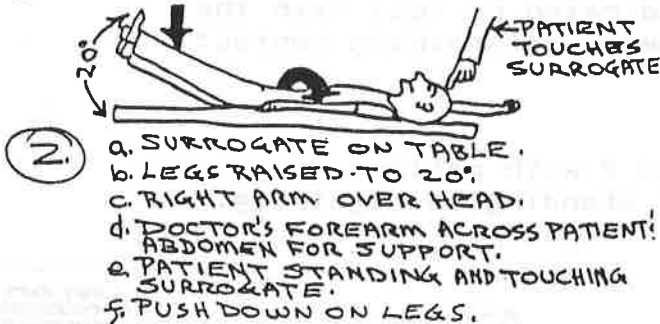
TEST: D. Surrogate. The surrogate always acts as RAM (Random Access Memory), their problems are bypassed. With the surrogate on the table and the patient standing, touching the surrogate, retest surrogate on A, B, and C as above with surrogate in all the required positions.



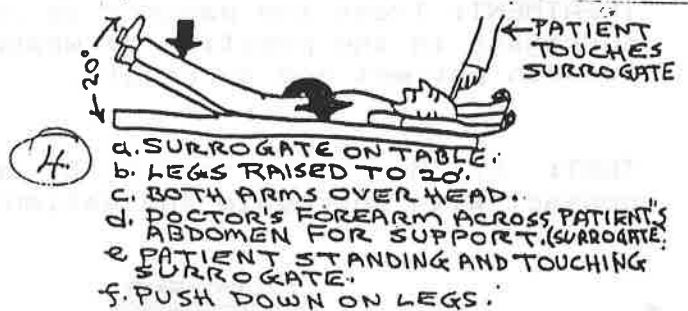
- a. SURROGATE ON TABLE.
- b. LEGS RAISED TO 20°.
- c. ARMS AT SIDES.
- d. DOCTOR'S FOREARM ACROSS PATIENT'S ABDOMEN FOR SUPPORT.
- e. PATIENT STANDING AND TOUCHING SURROGATE.
- f. PUSH DOWN ON LEGS.



- a. SURROGATE ON TABLE.
- b. LEGS RAISED TO 20°.
- c. LEFT ARM OVER HEAD.
- d. DOCTOR'S FOREARM ACROSS PATIENT'S ABDOMEN FOR SUPPORT. (SURROGATE)
- e. PATIENT STANDING AND TOUCHING SURROGATE.
- f. PUSH DOWN ON LEGS.



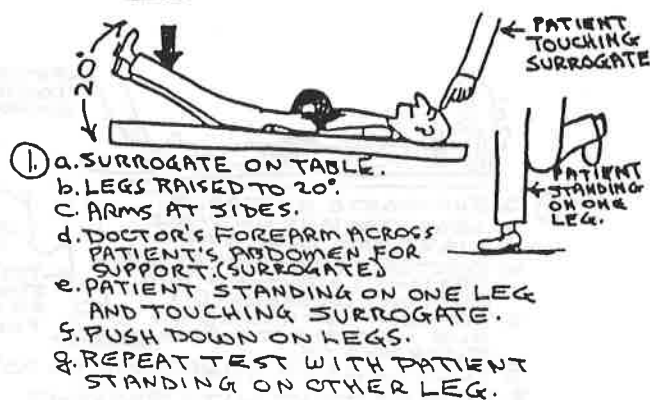
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- b. LEGS RAISED TO 20°.
- c. RIGHT ARM OVER HEAD.
- d. DOCTOR'S FOREARM ACROSS PATIENT'S ABDOMEN FOR SUPPORT.
- e. PATIENT STANDING AND TOUCHING SURROGATE.
- f. PUSH DOWN ON LEGS.



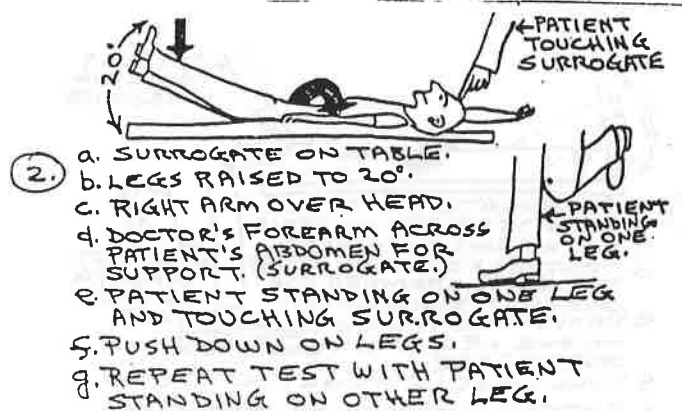
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- b. LEGS RAISED TO 20°.
- c. BOTH ARMS OVER HEAD.
- d. DOCTOR'S FOREARM ACROSS PATIENT'S ABDOMEN FOR SUPPORT. (SURROGATE)
- e. PATIENT STANDING AND TOUCHING SURROGATE.
- f. PUSH DOWN ON LEGS.

TREATMENT: Treat the patient as indicated by test with the surrogate in the position of weakness maintaining contact between patient and surrogate.

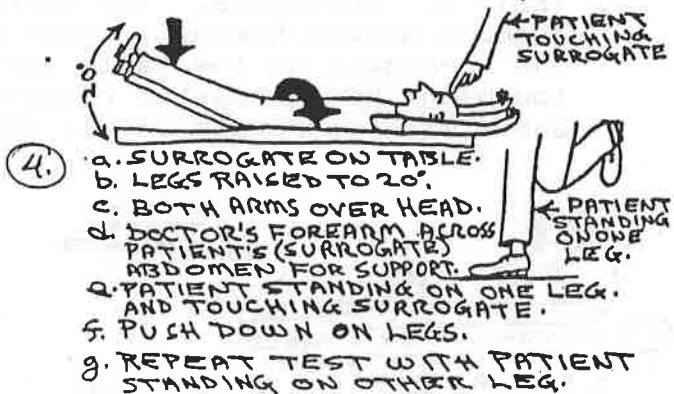
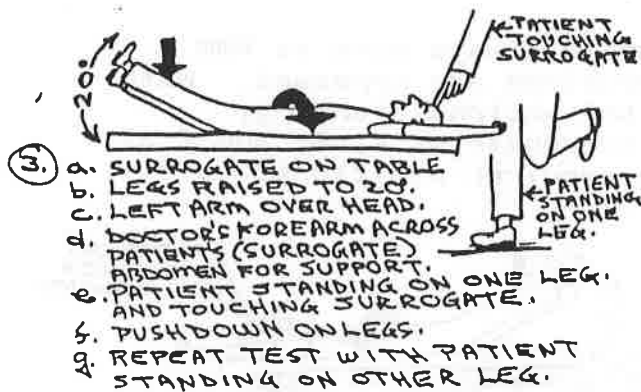
TEST: E. Surrogate test A, B, and C with patient in contact with surrogate and patient standing on left leg.



- a. SURROGATE ON TABLE.
- b. LEGS RAISED TO 20°.
- c. ARMS AT SIDES.
- d. DOCTOR'S FOREARM ACROSS PATIENT'S ABDOMEN FOR SUPPORT. (SURROGATE)
- e. PATIENT STANDING ON ONE LEG AND TOUCHING SURROGATE.
- f. PUSH DOWN ON LEGS.
- g. REPEAT TEST WITH PATIENT STANDING ON OTHER LEG.

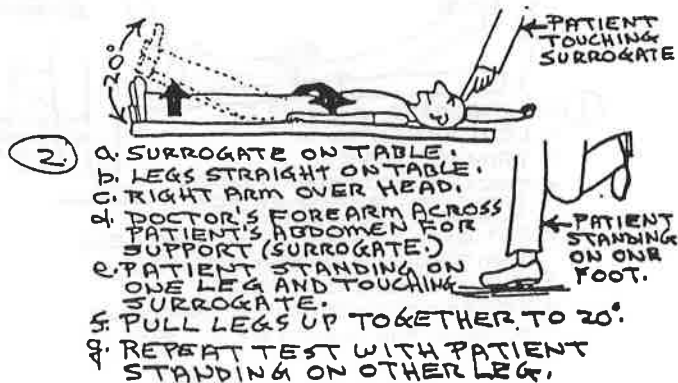
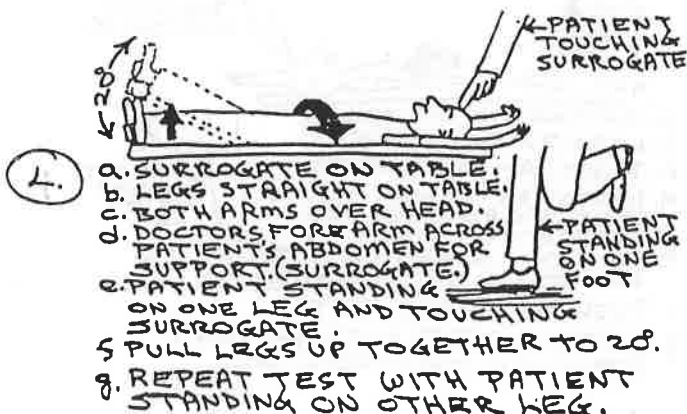
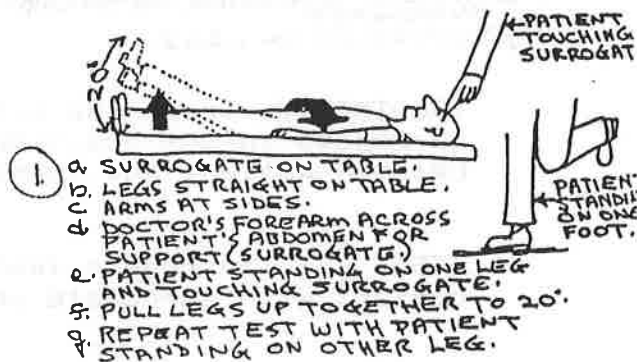
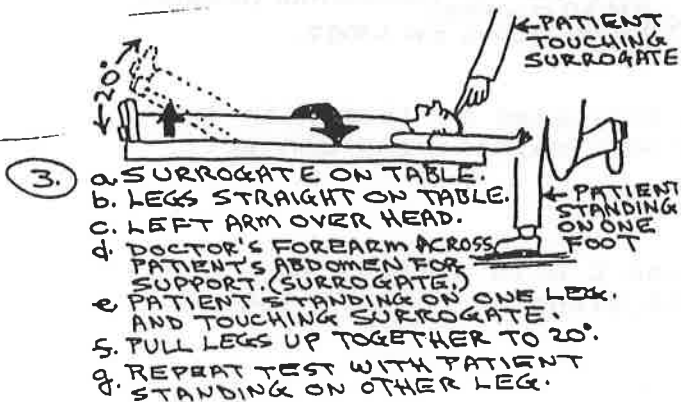


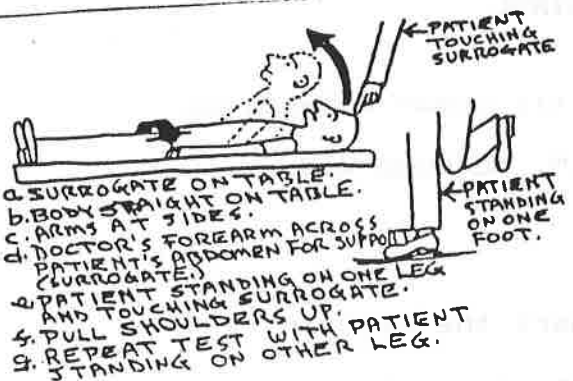
- a. SURROGATE ON TABLE.
- b. LEGS RAISED TO 20°.
- c. RIGHT ARM OVER HEAD.
- d. DOCTOR'S FOREARM ACROSS PATIENT'S ABDOMEN FOR SUPPORT. (SURROGATE)
- e. PATIENT STANDING ON ONE LEG AND TOUCHING SURROGATE.
- f. PUSH DOWN ON LEGS.
- g. REPEAT TEST WITH PATIENT STANDING ON OTHER LEG.



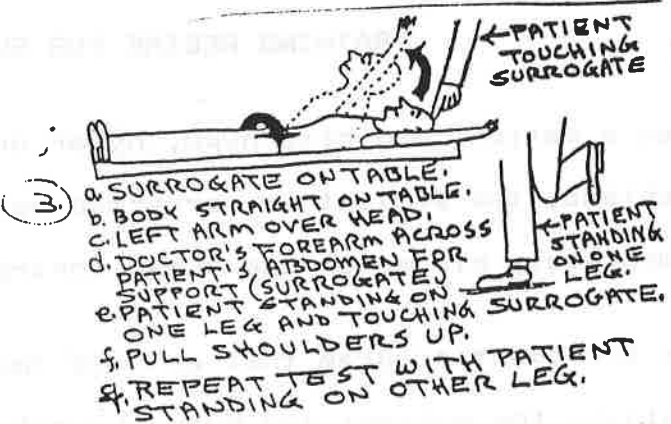
TREATMENT: Treat the patient as indicated by test with the surrogate in the position of weakness, maintaining contact between patient and surrogate.

TEST: F. Surrogate test A, E, and C with patient in contact with surrogate and patient standing on right leg.

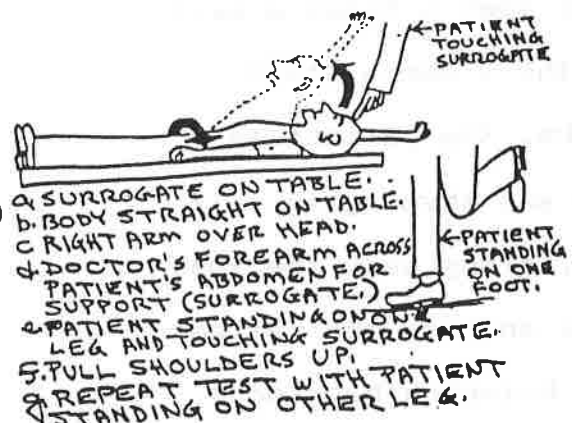




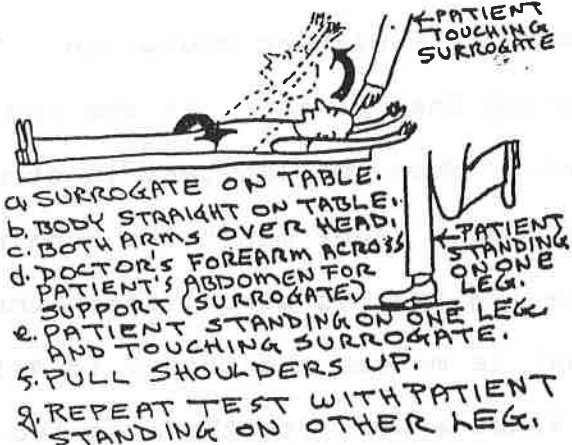
1. a. SURROGATE ON TABLE.
- b. BODY STRAIGHT ON TABLE.
- c. ARMS AT SIDES.
- d. DOCTOR'S FOREARM ACROSS PATIENT'S ABDOMEN FOR SUPPORT (SURROGATE).
- e. PATIENT STANDING ON ONE LEG AND TOUCHING SURROGATE.
- f. PULL SHOULDERS UP.
- g. REPEAT TEST WITH PATIENT STANDING ON OTHER LEG.



3. a. SURROGATE ON TABLE.
- b. BODY STRAIGHT ON TABLE.
- c. LEFT ARM OVER HEAD.
- d. DOCTOR'S FOREARM ACROSS PATIENT'S ABDOMEN FOR SUPPORT (SURROGATE).
- e. PATIENT STANDING ON ONE LEG AND TOUCHING SURROGATE.
- f. PULL SHOULDERS UP.
- g. REPEAT TEST WITH PATIENT STANDING ON OTHER LEG.



2. a. SURROGATE ON TABLE.
- b. BODY STRAIGHT ON TABLE.
- c. RIGHT ARM OVER HEAD.
- d. DOCTOR'S FOREARM ACROSS PATIENT'S ABDOMEN FOR SUPPORT (SURROGATE).
- e. PATIENT STANDING ON ONE LEG AND TOUCHING SURROGATE.
- f. PULL SHOULDERS UP.
- g. REPEAT TEST WITH PATIENT STANDING ON OTHER LEG.



4. a. SURROGATE ON TABLE.
- b. BODY STRAIGHT ON TABLE.
- c. BOTH ARMS OVER HEAD.
- d. DOCTOR'S FOREARM ACROSS PATIENT'S ABDOMEN FOR SUPPORT (SURROGATE).
- e. PATIENT STANDING ON ONE LEG AND TOUCHING SURROGATE.
- f. PULL SHOULDERS UP.
- g. REPEAT TEST WITH PATIENT STANDING ON OTHER LEG.

TREATMENT: Treat the patient as indicated by test with the surrogate in the position of weakness, maintaining contact between the patient and surrogate.

COMMENTS: If the patient has a normal ECG, the problem will normally show up on the ECG when the patient is placed in the compromising position of activity.

When a patient develops low back pain after a stressed normal activity, (golf, bowling, etc) the problem, quite often, will be a cardiac low back. Taking the body to the point of pain in range of motion and fixing T2, T8, T12 will many times eliminate the symptom of pain. The body throws in the pain in order to stop a heart attack due to stress and overexertion. *do not shoulder -> do shoulder- turn more (golf) & fix in position*

TRAINING REGIME FOR SUGAR CONTROL

When a patient exhibits hypo, hyper or oppositic sugar metabolism problems, the patient is corrected using T.B.M. methods and immediately placed on the sugar control diet.

The treatment program that we have found to work the best in re-training the patient and body to work together as a team, is as follows: For the 1st 2 weeks the patient must follow the diet completely with no deviation. The patient is seen 3 times a week during that period. If the leg test fails, the 2 weeks start over. When the leg test is strong for 2 weeks, the patient is allowed a "junk meal" the evening before you see them again. If the leg test is strong after the stress meal, bring back the food that is missed the most 2 to 4 times per week and see the patient 2 times a week for the next two weeks. Keep bringing back more foods as long as the patient is testing strong. Then, see the patient 1 time per week for 2 weeks and then 1 time every two weeks for 2 - 3 visits and then monthly for 1 - 3 visits. The patient, at this time, should be in control of their sugar metabolism problem and be able to judge their ability to handle stress and food compatibly.

*12-16 visits
80-90% pts*

2 wks:

Campbell's Nutrition
277-6351

Diabetic / Hypoglycemia
on letterhead
go over w/ pt
& hi list

SUGAR CONTROL DIET

This diet is used to help re-establish the sugar control mechanism. Please follow it very closely. As your condition improves, various foods will be added by your Doctor. The object is to return you to a normal, well-balanced diet as soon as your body will allow it. The closer you follow this diet, the sooner you body will respond.

PROTEINS: You may have as much protein as you desire but not less than the amount listed.

Eat butter - never eat margarine

DO NOT FRY

(P. methionine)

Red Meat	At least 9 oz a week	<i>West. man needs</i>
Fish	Unbreaded - unlimited	
Fowl	Unbreaded - unlimited	
Eggs	Unlimited	
Cheese <i>AGED</i>	Unlimited	
Cottage Cheese	Unlimited	

**
↓ cholesterol / trigly*

VEGETABLES:

Green vegetables	Unlimited	
Yellow vegetables	Small portions	<i>2 small portions / wk</i>

FRUITS:

Fresh	Unlimited
Canned	Water packed unsweetened only
Frozen	Unlimited but unsweetened only
Juice	Unlimited but unsweetened only

BEVERAGES:

hi list

Decaffeinated coffee	Black - 1 - 3 cups daily
Decaffeinated tea	Black - 1 - 3 cups daily

WATER - MANDATORY!! 2/3 OZ PER POUND OF BODY WEIGHT DAILY
= "medicine & supposed taste good"

2 quarts

SNACKS:

Raw Cashews <i>= pure protein</i>	Unlimited <i>(roast ed = pure sugar)</i>
Brazil Nuts	Unlimited
Coconut	<u>Raw, fresh</u> from Tree, is unlimited
Cheese	Yellow or white aged is unlimited

peanuts = pure sugar!

EAT EV. 2 hrs.

FOODS TO AVOID:

Hi Lite

2 wks

No!

- Sugar
- Mixed Drinks
- Pasta of all kinds
- All wheat products
- Cauliflower
- White Rice
- Honey (never eaten => medicine)

- Sweeteners
- Alcoholic Beverages
- Beer and Wine
- Potatoes
- Yams
- Dried Beans and Lentils

IF IN DOUBT, DON'T EAT IT Hi Lite

SPECIAL INSTRUCTIONS: You must eat every 2 hours of your waking day. 6 slices of RICE BREAD OR SPROUTED GRAIN BREAD may be eaten per day.

(rice cakes)

ROASTED RICE may be used. METHOD: Place long grain rice in a dry skillet and brown to a golden brown. Some of the kernels may pop. Cool and store and cook as needed as you would cook regular rice. This method changes the utilization of the rice within your body.

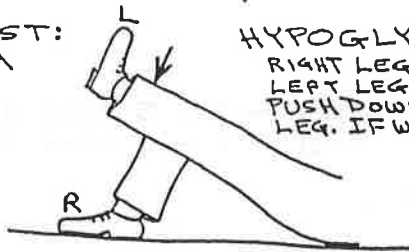
Nutrasweet seems to bypass sugar circuits. Made from grapefruit. Use powder only, liquid may be dangerous. 9 months storage may convert to alcohol. Processed fructose deadly and honey is worse. Honey is a medicine only.

HYPOGLYCEMIA TEST: Right knee bent, left leg extended at level of right knee. Press down.

HYPOGLYCEMIA TREATMENT: C5 right - once, not 3 phases, directly lateral with patient maintaining testing position.

check for allergy but body accepts sugar

TEST: A



HYPOGLYCEMIA
RIGHT LEG BENT
LEFT LEG STRAIGHT
PUSH DOWN ON LEFT
LEG. IF WEAK-POSITIVE.



TREATMENT: ADJUST C5 STRAIGHT LATERAL ON THE RIGHT.



C5-RIGHT SIDE

(R)

HYPERGLYCEMIA TEST: Left leg bent, right leg extended at level of left knee. Press down.

HYPERGLYCEMIA TREATMENT: C5 left, directly lateral with patient maintaining testing position.



TREATMENT: ADJUST C5 STRAIGHT LATERAL ON THE LEFT.



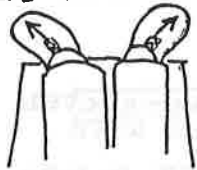
OPPOSITIC TEST: Both of the above Tests are weak.

OPPOSITIC TREATMENT: C5 left lateral drive with rotation and chin up. Patient straight legs, toes out.

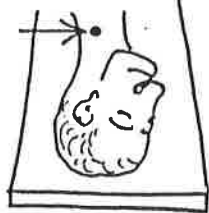
TEST: OPPOSITIC

1. DO TEST A. IF WEAK, DO TEST B. IF BOTH ARE WEAK, IT IS OPPOSITIC.

- TREATMENT:**
1. PATIENT IN SUPINE POSITION.
 2. LEGS OUT STRAIGHT.
 3. TOES POINTED OUT.



4. HEAD IS ROTATED TO THE RIGHT, AND CHIN IS ELEVATED.
5. ADJUSTMENT IS AT C5 - STRAIGHT LATERAL FROM THE LEFT SIDE.



0 0 0 0
← Tonus → Drain?

PROTEIN UTILIZATION PROBLEM

TEST: Pinch hair, test muscle.

TREATMENT: Have patient pinch hair, find organ that corrects, usually liver. Common in Vegetarians.

BILATERAL LATISSIMUS DORSI

2% Pancreas or Adrenal involvement in sugar problems.

ie "2% need insulin tx - med."

TEST: Patient supine, arms at side, pull arms laterally.

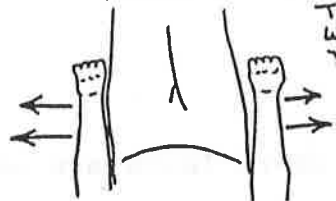
TREATMENT: Correct T7, 3 phases of respiration. No caffeine. To be corrected first, may eliminate other sugar problems.

adj. Pt!

BILATERAL ARM

TEST = PURPOSE:

T7



TO DETERMINE WHETHER SUGAR DISORDER EMANATES FROM THE LIVER OR PANCREAS.

1. PATIENT IN A SUPINE POSITION.
2. WITH PATIENT RESISTING, PULL ARMS OUT LATERALWARD.
 - a) IF STRONG - LIVER IS INVOLVED. (90%)
 - b) IF WEAK - PANCREAS IS INVOLVED. (2%)

TREATMENT: IF WEAKNESS SHOWS, ADJUST ~~T7~~ ON THE THREE PHASES OF INSPIRATION WITH THE DOUBLE-HEADED ACTIVATOR.

PATIENT SHOULD BE INSTRUCTED NOT TO DRINK BEVERAGES WITH CAFFEINE. TO BE CORRECTED FIRST, IT MAY ELIMINATE OTHER SUGAR PROBLEMS.

Spores test - double - 4mm mb needs (one) -
adj mb both & ant/post = flex

* ICV OR VALVES OF HOUSTON

allergis - flex - colds - digest prob
TEST: Hands toward ceiling, wrists together at backs, pull apart. If positive, check with 45 degree angle pressure, up (on abd) and down between navel and hip joint.

TREATMENT: Adjust into WEAKNESS with activator. One may cover the other, check both. The ICV is found on the right side of the lower abdomen and the Valves of Houston are found on the left side of the lower abdomen.

PARASITES

flex = source of worm eggs
adj: flex = allergen

arm fossa test - large small = 1" sup. pube & 1" on side
TEST: Test point is 1" down Foupart's ligament from the ASIS on the right only.

adj: mb L3 sup: 1" + 3" lat on side
TREATMENT: 12 capsules per day of odorless garlic for 30 days. Or, any vermifuge. Zymex II 2 wks on - 2 wks off } 42d?

COLON

TEST: Knife edge on ascending, transverse and descending. Test any intact muscle.

TREATMENT: L5 on 3 phases of respiration.

ly interst Plexus - 1/2: navel & pube
L5

FLEXURES - HEPATIC AND SPLENIC

TEST: Slight upward pressure under rib edge at extreme lateral side of abdomen each side.

TREATMENT: Steady milking action on abdomen at rib edge to pull flexure down from under ribs. When test is negative, correction is complete.

* SMALL INTESTINE

L5

TEST: 1 finger in umbilicus for the ileum.

TREATMENT: L5, all 3 phases of respiration.

TEST: Half way up a line on the abdomen at 45 degrees from the umbilicus on the right for the duodenum. (R) T4-6

TREATMENT: T4, T6 all 3 phases of respiration.

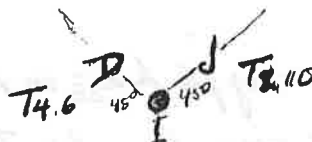
TEST: Halfway up a line on the abdomen at 45 degrees from the umbilicus on the left for the jejunum. (L) T8-10

TREATMENT: T8, T10, all 3 phases of respiration.

sm. intest Plexus - finger: navel - L4

* abd - espec low -

check: white med'ns
add'ns



ADRENALS

1 msc

TEST: This has a double test. 1. One finger 1" above and one finger 1" below the umbilicus in the midline. 2. One finger 1" to the right and one finger 1" to the left of the umbilicus.

TREATMENT: T7, T9, T11, all three phases of respiration.

VAGINAL INFECTION OR GENITAL SORES

TEST: Place patient's hand on genital area. If positive, contact Sex I, Sex II, Pituitary or Thymus to strengthen.

TREATMENT: Fix what strengthened, then the patient must douche on her back in the tub with Loalsan 3Xday for 3 days, 1Xday for 4 days, once a weekly to prevent reoccurrence.

BLADDER/PROSTATE/UTERUS

*Pubic Plexus - 2 fingers: center of pube - S1
prostatic Plexus - bilat L1 - act:*

TEST: Edge of center of the pubes on abdomen.

TREATMENT: L5, all 3 phases of respiration.

URETERS

ureter Plexus: 1" sup crest = mid axil T10

TEST: Knife edge on Fouparts Ligament, right, left, right + left and left + right.

TREATMENT: L3, all 3 phases of respiration.

KIDNEY

*test: acid: index - tongue tip } max body jets -
alk: mid } 10 Kid*

TEST: Flat hand on side of body at the level of the inferior border of the pectoral major muscle, right, left, right + left and Left + right.

(9B @ kid - sugar N @ kid)

TREATMENT: T1, T5, T8, all 3 phases of respiration.

Kid Plexus - pitat: lat ribs 10-11 (1/2 sm. hollow) T12

KIDNEY - URETER - BLADDER COMBINATIONS (89 COMBINATIONS)

All functional sibling combinations are, and can be, available. Don't let old logics stop you from trying some new combinations.

*(Poos = dehydr! = backache - (sugar poison: 1 finger: @ Kid)
drink 12oz H2O sitting in med. lay down!)*

VIRUSES

TEST: Flat of hand on side of the body at level of 9th/10th ribs, right, left, right + left and left + right.

TREATMENT: T9, T12, all 3 phases of respiration.

Viruses flat hand - above kid T9-12-10

*Bacteria bilat TL: nipple line 25 on rib edge belly - adj mid navel
Poos - bilat 4-5 space (nipple line?) - mid A/P Assoc: 9B @ kid
sugar + @ kid*

*shy quick
kid = 80% flat
poos = sit all
day*

Celiac Plexus - hook into organ plex - any organ v in - may also need specific organ reflexes - Plexus also brought in

Liver T₂₋₅₋₈ Liver Plexus T₇ Celiac Plexus T₁₁

LIVER

Liver Plexus is 1" lat qB pt - T₇

TEST: Flat hand under lower edge of right breast.

TREATMENT: T₂, T₅, T₈ on 3 phases of respiration.

GALL BLADDER - KNEE TROUBLE/GALLBLADDER am. & pm. - 8oz apple juice clears Kupffer Cells of bile

TEST: 1" lateral to nipple line, in the 6-7 rib interspace.

TREATMENT: T₄ on 3 phases of respiration.

POT

T₄ - qB Plexus - 1 finger between & contact. both x ijk & @ mb
(hook into @ bil & celiac comb used) or!

TEST: 1" below Gall Bladder point, in 7-8 rib interspace.

TREATMENT: None. Just be aware of brain damage.

VALIUM

TEST: On the nipple line, medial to pot point in 7-8 rib interspace.

TREATMENT: None.

FUNGUS OR YEAST

allergy vials: 'mold' 'Candida'

TEST: Knife edge on nipple line on ribs below breast tissue or pectoralis major muscle. Right, left, right + left and left + right.

TREATMENT: T₃, T₉ on all 3 phases of respiration.

HEART

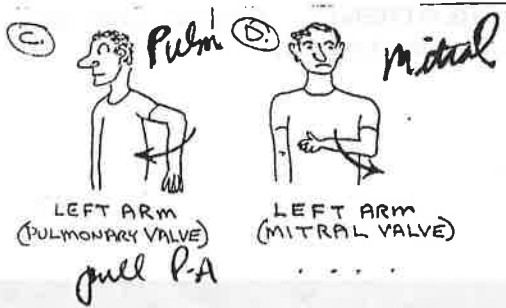
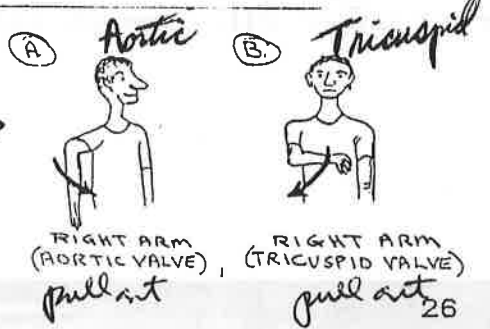
(Recidivism ≥ 4-5X = refer)

Heart Plexus - pt = L of Louis T₈

TEST: Tip of zyphoid. If positive do the 4 subscapularis muscle tests for heart valve involvement.

- A. Aortic Valve - Upper right arm level with shoulder, forearm 90 degrees and down, pull forward.
- B. Tricuspid Valve - Right forearm across body, pull forward.
- C. Pulmonary Valve - Supper left arm level with shoulder, forearm 90 degrees and down, pull forward.
- D. Mitral Valve - Left forearm across body, pull forward.

Values blood
4 subscapular tests



TREATMENT: If any of A-D are positive, rub 2-3 rib interspace, bilaterally anterior and posterior 20 seconds. If no valve involvement, just weak heart, do T2, T8, T12 on 3 phases of respiration.



IF ANY OF THE SUBSCAPULAR TESTS ARE POSITIVE, RUB BETWEEN THE 2ND AND 3RD RIB INTERSPACE ANTERIORLY AND POSTERIORLY FOR 20 SECONDS BILATERALLY. IF ALL SUBSCAPULAR TESTS ARE NEGATIVE, JUST ADJUST T2, T8, T12.

ARRHYTHMIA

TEST: Tap 3 times at the 4-5 rib interspace just lateral to rib head on the right side only.

TREATMENT: Tap rapidly on 4-5 rib interspace for **30** seconds.

ENDOCARDITIS

heart circ.
TEST: Test point found half way between thymus test point and tip of sternum. (*↑ active people*) → ∴ *1/2 way down from thymus*

TREATMENT: T2, T8, T12 on 3 phases of respiration. *Σ 3/4 down to xiph.*

HIATAL HERNIA

TEST: 2" below tip of zyphoid. Push in and up.

stiboy
TREATMENT: If positive, contact 2: below tip of zyphoid and 1. pull down sharply on full exhalation. Then 2. rub rib heads at sternum, up and down, bilaterally 15 seconds. It can hurt. Then adjust 3. T8 on 3 phases of respiration.

DIAPHRAGMATIC SPASM

TEST: Use very light upward pressure under rib edge, right and left.

TREATMENT: Sharp and shallow thrust under rib edge on side of weakness.

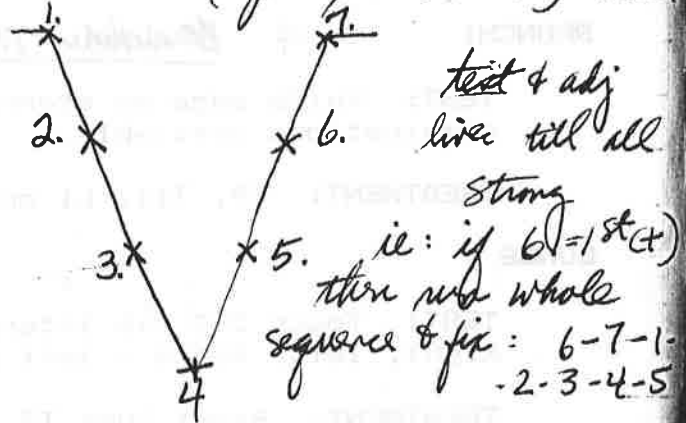
Complex ← menu use of procedure or use of simple procedure complex

- simple complex - start w/ feet together - find weak body pt - spread feet 4" to lock in - retest jt = strong → cont till hi-thyroid lock in test & lock in Poison & toxicity - keep feet at last spread (write down sequence) correct everything in order found till correct toxicity - then bring feet together & they will drain - if necessary Anadote: 3 knuckles on chest & index finger on throat - cat 4

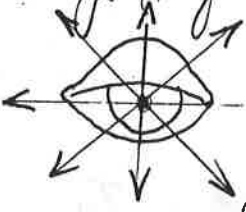
- advanced - find & lock in thru toxicity ← correct only - feet together - drain - (anadote) - cat 4

Valley Tech (← menu) recurring problem → go into subtle levels
 1 function under micro - Dr's call patient happy but Dr feels ≠ 100%
 ex: liver - correct - test w/ open hands (gute/add test) = mode

- mode
1. open hands
 2. thumbs touch little fingers
 3. Test all finger tips
 4. test just: thumbs & little fingers
 5. mode 3
 6. mode 2
 7. mode 1



E.I.D. eyes in distortion - circuitry problem - vis right ref? (← menu)
 2 pt (sequence) pit - thalamus & test w/ @ eye in 9 modes
 straight ahead & 8 dir's - ea eye incl & both
 all pit - jival - thalamus / hypothalamus (eyes closed)
 ex jival adj w/ TC & eye mode - treat all comb as find



Path (Complex)
↓
POISON

Complex of Path (bact. virus. virus. spores - yeast - dead)
... Poison - toxicity = usual go into Drain (ie treat toxicity only at end)

TEST: Bilateral vertical knife edge on nipple.

TREATMENT: L5 on 3 phases of respiration. This is the general correction. It is much better to attempt to find the location or pocket of the poison in an organ or gland and correct that organ or gland hooked into the poison combination.

↓
TOXICITY
↓
Drain

Antidote - ≠ stop Drain - just effects
test: index - Parathy & mid & ring = m. Blood (2 fingers below thymus)

TEST: 5 fingertips at the tip of the zyphoid.

TREATMENT: T11, L1, T7 on 3 phases of respiration. in order
(Complex = toxin ≠ show = not done!)

THYMUS

TEST: Mid point on the sternum.

TREATMENT: T9 on 3 phases of respiration.

BRONCHI

♀ BRONCHIAL-TRACHEAL . knife edge on bronchi - slide up to just touch throat

TEST: Knife edge on sternum, right, middle, left. 15 combinations available.

TREATMENT: T9, T11, L1 on 3 phases of respiration.

LUNGS

Ⓡ: T2.9.L3 Ⓛ: T1.8.L2

TEST: Touch 2-3 rib interspace just lateral to rib head. Right, left, Right + left and left + right.

TREATMENT: Right lung T2, T9, L3 on 3 phases of respiration. Left lung T1, T8, L2 on 3 phases of respiration. (If combination found, correct in sequence of connection.)
Lung Plexus: 2 fingers in sternal notch touch each clav.

STOMACH

TEST: 6-7 rib interspace on left 1" medial to nipple line.

TREATMENT: T8, T10, T12 on 3 phases of respiration.

PYLORIC SPASM

Celiac Plexus: 4 fingers inf xiph - T11

TEST: Connect stomach and hiatal hernia test points.

TREATMENT: T8, T10, T12 on 3 phases of respiration.

Free Radicals - cosmic pollutants (?)
test: flat hand: fore head

adj L → body pts ²⁸ → poison → toxins → Drain

treat all find

panc. juv. (P proteolytic enz) or Pancreatitis - due to gall stone = blocks panc. duct (water) = proteolytic enz juv. w/ intesl norm → instead = dig pancreas

PANCREAS

dig/proteolytic enz ∴ pancreatitis = blocking & auto digest in

TEST: 6-7 rib interspace on nipple line.

TREATMENT: T5 on 3 phases of respiration.

dig. enz

HEAD OF PANCREAS

Sugar

TEST: Half way a line from the stomach test point to the tip of the sternum, use a 3 finger tip touch.

TREATMENT: T7 on 3 phases of respiration.

Sugar

SPLEEN

(TL side of pain - 4 test spleen & adj → (*Pain Control) Sugar - degn dis' blood dis - allergies -

TEST: 6-7 rib space on the left 1" lateral to nipple line.

TREATMENT: T1, T5, T9 on 3 phases of respiration. Bone marrow } Anemia degn dis

SEX I

test sternal notch - adj L5 or

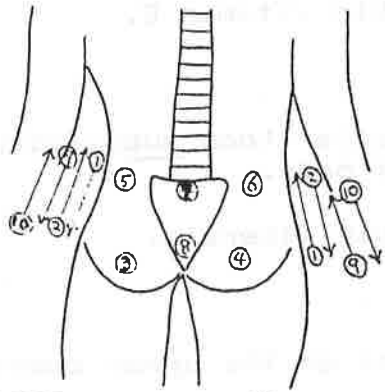
TEST: Lung fossa point (either/or) test: w/ Spleen & fix both or

TREATMENT: With patient prone do a 10 way adjustment of the : buttock.

1. Both buttocks, scissor move - right up left down.
2. Both buttocks, scissor move - left up right down.
3. Left ischium anteriorly.
4. Right ischium anteriorly.
5. Left ileum anteriorly.
6. Right ileum anteriorly.
7. Sacral base anteriorly.
8. Sacral apex anteriorly.
9. Both buttocks, scissor move - right up left down.
10. Both buttocks, scissor move = left up right down.

ind:
Urg infect
microflora - one
throat

Urg - abd prob
glute med &
add'io



Bone marrow + DNA
systems
(back of hand: nose)

TEN SPECIFIC MOVES: ① BOTH BUTTOCKS - RIGHT UP, LEFT DOWN; ② BOTH BUTTOCKS - LEFT UP, RIGHT DOWN; ③ LEFT ISCHIUM - STRAIGHT DOWN; ④ RIGHT ISCHIUM - STRAIGHT DOWN; ⑤ LEFT ILIUM - STRAIGHT DOWN; ⑥ RIGHT ILIUM - STRAIGHT DOWN; ⑦ SACRAL BASE - STRAIGHT DOWN; ⑧ SACRAL APEX - STRAIGHT DOWN; ⑨ REPEAT STEP ①; ⑩ REPEAT STEP ②.

THYROID

TEST: There are 3 functioning lobes of the thyroid.

- A. Contact thyroid cartilage with all fingers.
- B. One finger left.
- C. One finger center.
- D. One finger right.
- E. Any of 16 combinations available.

*Thyroid plexus - 2 fingers thyroid
cart C4*

TREATMENT: C4 on 3 phases of respiration.

PARATHYROID

TEST: The V notch in the top cartilage of the throat.

TREATMENT: C3 on 3 phases of respiration.

(w TL)

PAROTIDS

TEST: Under jaw line bilaterally.

TREATMENT: C3 on 3 phases of respiration.

(w TL)

CALCIUM (NEED OR USE)

TEST: 1" lateral to clavicular knob in clavicular fossa on left side of body.

TREATMENT: Supplement usable calcium.

VITAMIN E (NEED OR USE)

TEST: 2" lateral to clavicular knob in clavicular fossa on left side of body.

TREATMENT: Supplement usable Vitamin E.

MINERALS (NEED OR USE)

TEST: 1" lateral to clavicular knob subclavicularly on chest wall on right side of body.

TREATMENT: Supplement usable minerals.

EMOTIONAL ASTHMA

TEST: Place flat of fingers on the upper chest, right and left.

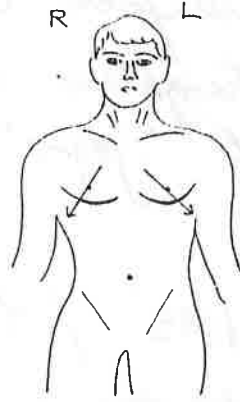
TREATMENT: Place patient's fingers on upper chest. Maintain contact and hook into bladder/uterus/prostate test point. Adjust L5 on 3 phases of respiration.

PMS

TEST: Draw a line with fingers 45 degrees down and out thru nipple, right, left, right + left, left + right, MALE AND FEMALE.

(DNFT / Van Ruyt)

Check: glute med's add's



TEST: A LATERAL WIPE OF THE BREAST MAY HAVE A RIGHT P.M.S., A LEFT P.M.S., A RIGHT AND LEFT P.M.S., AND A LEFT AND RIGHT P.M.S. MUST CHECK AND CLEAR ALL 4 TYPES.

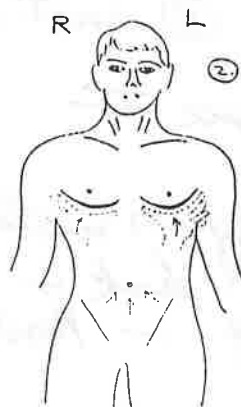
TREATMENT: If problem is found on right, adjust right ovary, uterus, left ovary toward umbilicus. Then adjust right breast toward opposite shoulder, up and in. Then, left breast toward opposite shoulder, up and in.

If problem is found on left, adjust left ovary, uterus, right ovary toward umbilicus. Then adjust left breast toward opposite shoulder, up and in. Then right breast toward opposite shoulder, up and in.

If problem is found right + left, use right correction.

If problem is found left + right, use left correction.

If the problem is corrected three months in a row, symptoms do not usually re-occur except with severe emotional or physical trauma.

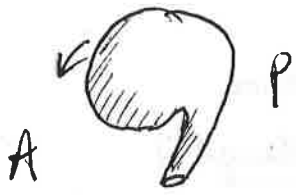


② USING THE WEB OF THE HAND, ADJUST UNDER BREAST TISSUE - UPWARD AND INWARD. MAY BE: RIGHT LEFT RIGHT + LEFT LEFT + RIGHT

① USING THE ACTIVATOR, ADJUST RIGHT AND LEFT OVARY TOWARD UMBILICUS, AND UP FROM THE SYMPHYSIS PUBIS TOWARD THE UMBILICUS. MAKE SURE SEX I, SEX II, AND THE PITUITARY ARE CLEAR.

Tipped Uterus / ♂ Prostate

75% Q = (+) - actual ant
(+ "retro" = MD)



test: 450 sup press on ut/prost/bladder pt
adj = pain! - reinforced claw = pulls up as
pt slowly straightens & lowers legs
3X or till "jops"

Cat 11 w/ ♀: tip uterus - PMS / ♂ urin / sex prob

test: soles of feet together = frog-leg
20° bilat arm test

adj block vs cat 4 w/ frog legs



Endometriosis: = "small pox"

1. test & correct: tipped uterus
2. 2 pt test: uterus & (R) smat. asthma = (+) Endometriosis
3. test & correct: sequence \Rightarrow (R) smat asthma • uterus
Circulation • uterus
4. test: smallpox (vial) - if (+) in clear: full allergy sequence
if "(-) in clear book in: 'in utero' & it will show
correct just body pt - Now: smallpox = (+) in clear
do full allergy sequence
5. test & correct broad lig.: frogleg w/ ankles crossed - Chalk Ass
Squard 7 x w/ inhale
the cause - broad lig is what reacts \rightarrow side.

both hi ↑ = emotional

BLOOD PRESSURE

↑ diastolic prob = kid. ↑ systolic = liver

TEST: Have patient contact heart test point at the tip of the zyphoid. The doctor contacts the transverse processes of T2, bilaterally. If the muscle test weakens, blood pressure is wrong for this patient.

TREATMENT: Patient maintains contact at heart test point. Have another person contact T2 bilaterally. Both points must be held during test and correction. Sex II is the final and ultimate correction for blood pressure problems. The order of other organ involvement is as listed below.

(-) Sex II → sequence will appear

1. Kidney (4)
2. Liver
3. Spleen
4. Thymus
5. Pituitary or Pineal

test: sex II 1st. if (-) go thru list - fix 1 at time ↓

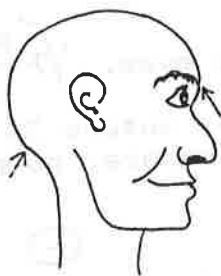
Only 1 correction may be accomplished within any 24 hour period. You must wait at least 24 hours before attempting the next correction.

Fix what you find until Sex II will correct the problem. Remember, Sex II is the ultimate or final correction.

PITUITARY

TEST: Contact bridge of nose (bladder 1 bilaterally)

TREATMENT: Contact glabella and under Posterior Occipital Notch, pull headward 3X on inspiration only. 3-5 lbs pressure.



CONTACT THE GABELLA AND UNDER THE POSTERIOR OCCIPITAL NOTCH. PULL HEADWARD THREE TIMES ON INSPIRATION ONLY.

glabella cranial

PINEAL

TEST: Touch Glabella.

TREATMENT: 1" above top of ear at Parietal-Temporal suture, use medial pressure, 3-5 lbs, 3X on inspiration. Weak side of brain determined by weakening of previously strong muscle by:
 1. Hum - creative. 2. Count - logic.
⊗ Brain *⊙ Brain*



GLAUCOMA

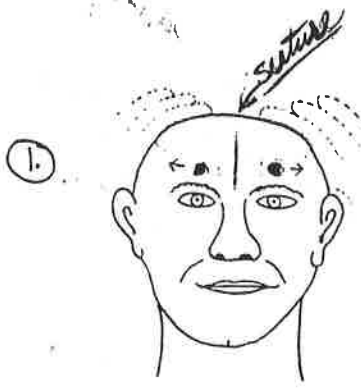
TEST: Touch frontal eminence, right and left. Test separately.

TREATMENT: Contact weakness on frontal eminence and opposite occiput. Apply 3-5 lbs pressure squeezing the 2 corners together 3X on inspiration only. Previously strong side may weaken after correcting weak side.
⊗ Ethmoid cranial

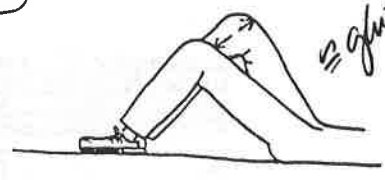
SEX II

TEST: Contact hairline above eyes. *1/2" above*

TREATMENT: 1. Spread frontal suture 3X on inspiration.
 2. Spread knees against resistance, pump until strong.



②



≅ quite med adj

① WITH THE THUMBS OVER THE MID-LINE OF THE FRONTAL BONE, SPREAD THE FRONTAL SUTURE BY PUSHING WITH 3-5 LBS. OF PRESSURE THREE TIMES ON INSPIRATION ONLY.
 ② SPREAD LEGS AGAINST RESISTANCE. PUMP UNTIL STRONG. TUBES MAY POP. MAY HURT.

THALAMUS/HYPOTHALAMUS

TEST: Fevers, temperature regulation. Test at temporal fossa, right-cold, left-hot.

TREATMENT: Rub bilaterally, not too hard. Eyes open-thalamus: Eyes closed-hypothalamus. (*sweating problems?*)

VISION

TEST: Push up on eyebrows. Check individually. *Brain Fog - vis - cc. - pin*

TREATMENT: Contact with palm of hand on frontal eminence with slight elevation of eyebrow on side of weakness and opposite occiput. Squeeze the two corners together with 3-5 lbs of pressure. Do 3X's on inspiration only. *≡ glaucoma*

TEMPORAL BULGE

head aches - blurred vis

TEST: Palpate with flat of hands to feel configuration of skull above the ears. If one side is concave and one side is convex, test a muscle with 1/2 breath in or 1/2 breath out.

TREATMENT: Fix on phase of respiration that gives weakness. Contact frontal bone and occiput on side of bulge. Push corners together with 3-5 lbs pressure exaggerating the bulge. Do 3X's on inspiration only. *★*

CEREBRAL SPINAL FLUID PRESSURE (CSF)

TEST: Press bilaterally on tips of mastoids. If the test gives muscle weakness, you must ask the body, verbally or mentally, is the pressure too high or is the pressure too low and how much time is needed for the correction of the problem.

TREATMENT: If pressure is too low, contact the mastoids, bilaterally, with thenar contact and, while being timed the indicated time, pump the mastoids medially as fast as possible.

If pressure is too high, contact under the mastoids, bilaterally, pump out for the time indicated. *cantilever*

PRONE

HAMSTRINGS

TEST: Bend leg at knee 45 degrees. Test against resistance.

TREATMENT: Adjust posterior sacral base anteriorly. Unilateral or bilateral, as indicated by muscle test.

In Moro pt. - inner. degen dis traits - test: 3 pt :: thumb = umb +
2 fingers - ea 45° inf

INHALATION ALLERGY

*adj body jts of L5
(pts thumb & fingers on test)*

TEST: If, on leg check, you have a short that remains short, usually there is a basilar spasm at the base of the skull. This can occur with change of air.

TREATMENT: Shock basilar spasm with double activator or with hands.

INFERIOR OCCIPUT

TEST: Palpation.

TREATMENT: Fix as demonstrated in class. Single, double or triple. *elbow drop*

TAILWAG (FEAR SYNDROME)

TEST: Check for intact hamstring muscles, then place patients finger tips on frontal eminence bilaterally and challenge coccyx, anterior, posterior, right and left, looking for weakness.

TREATMENT: Adjust coccyx¹ in the direction that gave weakness with patient's finger tips still on forehead. Re-test. Remove hands from forehead and you should have bilateral hamstring weakness. Adjust sacral base² anteriorly. *& adj Bas Spasm 3.*

CATEGORIES

Category IV is the most valuable tool there is.

After everything is done, test Category IV. If strong, treatment is not finished. If weak, everything is corrected that needs to be corrected this visit. Now do category IV to lock in what you have done.

If you do anything after correcting Category IV, you must then reconfirm Category IV.

CATEGORY IV

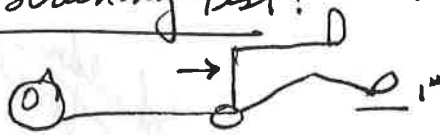
TEST: Bilateral anterior deltoid. Patient is supine with arms straight raised to a 20 degree angle. Push toward table bilaterally. Can be seen visually with patient walking. One-sided hip action.

TREATMENT: Block, test, when strong, leave until weak, remove blocks and test will be strong.

Blocking: Palpate the Anterior Iliac Spine. Block high on the high side, and low on the low side. The 2 blocks should be parallel or slightly pointed toward each other. The high

Pelvic screening test:

Bend knee & raise foot 1" - test off quad
 SI - cat's - sac problems



block will be under the Ilium and the low block will be under the opposite Ilium.

IN ORDER TO HAVE CATEGORY V, VI, VII OR VIII, YOU MUST HAVE A CATEGORY IV.

CATEGORY V

Ⓛ gh

TEST: With patient blocked as a Category IV, reach up and wipe the left shoulder and re-test double arm test. If weakness occurs, there is a Category V torque pattern.

TREATMENT: Place a 3rd block under the left shoulder, pointing toward to opposite hip. Re-test. Double arm test should be strong. Wait for weakness and remove blocks. Re-test. Double arm test should be strong.

gh

Ⓛ gh

CATEGORY VI

Ⓡ gh

TEST: With the patient blocked as a Category IV, reach up and wipe the right shoulder and re-test the double arm test. If weakness occurs, there is a Category VI torque pattern.

TREATMENT: Place a 3rd block under the right shoulder, pointing toward the opposite hip. Re-test. Double arm test should be strong. Wait for weakness and remove blocks. Re-test. Double arm test should be strong.

Ⓡ gh

CATEGORY VII

TEST: When Category V is blocked and arm test is strong, immediately wipe the left hip and re-test arm test.

TREATMENT: If arm test is weak, remove left hip block and re-test double arm test. Wait for weakness and remove all blocks. Arm test should be strong.

hip

Ⓛ hip

CATEGORY VIII

TEST: When Category VI is blocked and arm test is strong, immediately wipe the right hip and re-test arm test.

TREATMENT: If arm test is weak, remove right hip block. Re-test. Arm test should be strong. Wait for weakness and remove all blocks. Arm test should now be strong.

Ⓡ hip

w/o cat 4

CATEGORY IX

TEST: Using double arm test, wipe left shoulder. Re-test.

TREATMENT: If test is weak, place single block under left shoulder pointing towards opposite hip. Re-test. Wait for weakness. Remove block. Arm test should be strong.

Shoulder prob.

Shoulder torque

CATEGORY X

*Shoulder
torque*

TEST: Using double arm test, wipe right shoulder. Re-test.

TREATMENT: If test is weak, place single block under right shoulder pointing towards opposite hip. Re-test. Wait for weakness. Remove block. Arm test should be strong.

CATEGORY XI

♂/♀ pelvic. reproduct

TEST: Place the patient in the frog position and do the double arm test.

*PMS - sterility
etc*

TREATMENT: If test is weak, block as you would a Category IV in the frog position. Wait for weakness. Remove blocks. Test should be strong.

check: ghd's med's / odd's

CATEGORY XII

TEST: With patient on their back, bend knees and place feet flat on table with toes pointing straight ahead. Do double arm test.

TREATMENT: If test is weak, block as you would a Category IV in the testing position. Wait for weakness. Remove blocks. Test should be strong.

*another
pelvic
prob
w/ knees
up*

CATEGORY XIII

TEST: With the patient on their back, bend knees and place feet flat on the table with toes pointing laterally. Do double arm test.

TREATMENT: If test is weak, block as you would a Category IV in the testing position. Wait for weakness. Remove blocks. Test should be strong.

*of 3
foot
modes*

CATEGORY XIV

TEST: With the patient on their back, bend knees and place feet flat on the table with toes pointing medially. Do double arm test.

TREATMENT: If test is weak, block as you would a Category IV in the testing position. Wait for weakness. Remove blocks. Test should be strong.

Clyman - Allergy : ady Urow. Allergy = T9 - 11 - L1

- 1. allergies / sens : ind & all
- 2. all & IG's ind & all
- 3. all allergy & all IG's + Hest Amine ALLERGIES
- 4. allergy - IG's - hist + eye blood
- 5. Poison
- 6. Toxicity

Allergies are an electro-magnetic disharmony effecting one or more organs or glands and manifesting as symptoms.

There are 5 basic causes in 80% of allergy patients.

*vials:
full allergy exams
= 3 consult / visit*

- 1. All allergy patients have a sugar metabolism problem.
- 2. If they have fillings in their teeth, there is an TC tooth - demag amalgam mercury poisoning problem.
- 3. They are reactive to Mercury Poisoning.
- 4. They are reactive to Honey Bees and, thereby, all of the foods they pollinate.
- 5. They are also reactive to Bee Pollen. *subsequent visits: put ≤ 10 vials on body at a time*

The other 20% of the population that react adversely to allergens must be treated for each and every specific allergy in a concerted effort. You may correct 3 allergies at any one setting and each setting must be 1 1/2 - 2 hours apart.

TEST: Place allergen test vial or product on the body. Test any intact muscle. If test muscle goes weak, there is an adverse reaction to that substance.

*Wheat → liver
milk → liver*

TREATMENT: With the substance on the body, giving a weak muscle, find a body point that will neutralize the weakness and make the proper correction for that body point. Leaving the substance on the body, test and correct the IG's individually and collectively finding the body point that neutralizes the reaction and correct same. Leaving the collective IG's and the substance on the body, add the vial "Your Blood". Correct what you find. Leaving all of the vials on the body, test and correct for POISON, then test and correct for TOXICITY. *usually find 'up blood' & 'histamine'*

EMOTIONAL ERASE

6 types, one attitude, 3 intensities.

1. GARBAGE

1.a. psycho-somatic - Garbage = xiph - pube - glab.

TEST: Touch tip of the zyphoid, then glabella. Test any intact muscle.

Ⓟ Brow

TREATMENT: If test is weak, very lightly rub back and forth above the right eyebrow 15-20 seconds.

2. FAMILIAL

TEST: Touch tip of the zyphoid, liver test point and glabella. Test any intact muscle.

TREATMENT: If test is weak, very lightly rub back and forth above the right eyebrow 15-20 seconds.

*2.a. psycho-familial:
xiph - liver - pube - glab*

Ⓟ Brow

R. orth = Candida in jts - use Candida vial (card) &
 Scan - find weakness \rightarrow test body jts
 then go to "Chlamydia" vial: \rightarrow EBV virus \rightarrow CBU
 CMV \rightarrow Cytomegalia \rightarrow (MS MD alzheimers)
 Bact DDS

graphite used in polyester

PCB + PBB - fluorescent lites - hi-volt transformers - computer screens
 T.V.

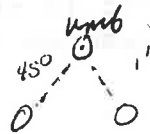
food allergies \rightarrow osteo. orth.

aspergillus - meat tenderizer = inject \rightarrow allergy

Alzheimer's = aluminum \rightarrow run Al over body - start at brain \rightarrow area = +
 leave there & run full allergy sequence

Stress verbal/mental ask: any stress - T₆ x 3 adj
 ask specific: \$ - marriage - delayed - etc.

"in utero" = congen prob 3 prong TL
 find & fix organ
 hidden problems



7. —

glab-xiph - (L) ax1 - (R) ax1

TL Heart : T2.8.12

3. EMPATHY

TEST: Touch tip of the zyphoid and then the middle of the frontal suture. (Mid-brow) Test any intact muscle.

TREATMENT: If test is weak, very lightly rub back and forth above the left eyebrow 15-20 seconds.

4. DUMPED

Young bartenders syndrome - identifies!

TEST: Touch tip of the zyphoid and then the spleen point, then mid-brow. Test any intact muscle.

TREATMENT: If test is weak, very lightly rub back and forth above the left eyebrow 15-20 seconds.

5. FAMILY DUMPED

Young Dr syndrome

TEST: Touch tip of the zyphoid and then the spleen point, then the liver point and mid-brow. Test any intact muscle.

TREATMENT: If test is weak, very lightly rub back and forth above the left eyebrow 15-20 seconds.

In the above 5 emotional complexes, there are 3 intensities available. The patient will start at 1 and work themselves down to 3. When you are testing the 1st intensity, there is 1 touch on each point. 2 intensities will require 2 touches on each point. 3 intensities will require 3 touches on each point.

6. SELF DESTRUCT

TEST: Touch tip of the zyphoid, liver test point, spleen test point and mid-brow. Test any intact muscle.

TREATMENT: If test is weak, VERY gently rub back and forth over the full forehead for 15-20 seconds.

There is no limit to the amount of self-destruct you can accept. We have found 94 intensities so far.

8. Macho = attitude ♀ >> ♂ - test: lasts 1/2 hr.



*(up & down) front sut. → (rub up!)
treat = same - only one level
use if find (-) emotions → re test*

ONE POINT ENERGY

TEST: Touch CV5. Test any intact muscle.

TREATMENT: If test is weak, stimulate by tapping CV5.

TWO POINT ENERGY (JET LAG)

TEST: Touch Spleen 21 on the left side of the body and then touch either ear. Test any intact muscle.

3 finger pull: navel → • 0 • 39 : pit. / pineal connect

6. no limit to levels #: involve 1-5 = 1-3 levels

Mus fatigabilis pt's @ thumb in umb - on body pts

TREATMENT: If test is weak, rub Spleen 21 on left side 30 seconds and spread both ears like a parabolic antenna.

The Jet Lag technique can be used in the mornings on babies when they have their days and nights confused. This will realign their biological clock.

THREE POINT ENERGY

TEST: Touch umbilicus, then thymus test point and then clavicular knobs bilaterally. Test any intact muscle.

TREATMENT: If test is weak, rub umbilicus and thymus test point simultaneously 15 seconds, then rub thymus test point and clavicular knobs bilaterally simultaneously 15 seconds. Retest.

FOUR POINT ENERGY

TEST: Touch top of the pubes, then umbilicus, then thymus test point and then clavicular knobs bilaterally. Test any intact muscle.

TREATMENT: If test is weak, rub top of the pubes and thymus test point simultaneously 15 seconds, then rub umbilicus and clavicular knobs simultaneously 15 seconds. Retest.

TRIUNE ENERGY

TEST: Place 3 spread fingers 1 1/2 inches below umbilicus on abdomen and pull skin headward with slight pressure. Test any intact muscle.

TREATMENT: If test is weak, have patient perform 3 finger pull on abdomen giving muscle weakness. Pituitary or Pineal will neutralize muscle weakness. With patient still pulling, fix gland indicated. Retest.

Lymph & WPC - 1" sup. 1" inf: @ nlp - 1" sup @ nlp
platelets 1" inf: @ nlp

Flu { Pit - Pinical
 hwee
 GB
 ICV - VA
 lymphsh

DIFFERENT TYPES OF FLU'S

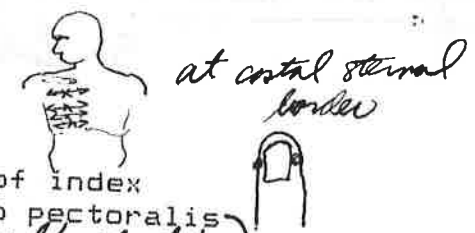
HOLIDAY FLU: Usually stress induced (physical, emotional or financial). Test bilateral quadriceps, if weak, do T6, T7 fixation release (right rotary, left rotary, headward, footward, right rotary and left rotary) add tests. *sides of 1st toe & nail & pad 1st finger = (Lymph Test)*

SEXUAL SORE THROAT: Hold throat and test any intact muscle. If weakness shows, have patient hold throat, retest intact muscle and counter with Sex I, Sex II, Pituitary. Fix what you find with patient holding throat. *body jts & PMS body jts*

YUCKIE FLU: CV12, halfway between tip of zyphoid and umbilicus. Touch point, test any intact muscle. If test weak, tap on point 15-20 seconds.

The general classification of flu's can be explained as any combination of organ malfunctional complexes, usually encompassing liver, gallbladder, ICV, valves of houston and lymphatic stagnations. There will usually only be one thing wrong and when you have fixed that, one more will show up. You must follow the complex to the end.

LYMPHATICS



#1a. test = index: nail/pad - adj T6-7 fix

#1 LYMPHATIC: Contact medial and lateral side of index fingernail. Test any intact muscle. If weak, do pectoralis minor spindle-cell spread bilaterally. (add test: pad/nail 1st toe)

PECTORALIS MAJOR CLAVICULAR LYMPHATIC: Come up on the upper chest, do a slide, pinch or spread on the skin, testing an intact muscle. If test is weak, pinch or spread every 1/2" across upper chest in the mode that gave the weakness (slide, pinch or spread). Both sides can be the same or opposite. Fix what you find and always go into weakness. * ↑ ↓

CLAVICULAR LYMPHATIC: Come up to the clavicle and do a slide, pinch or spread along the bone, testing any intact muscle. If test is weak, attempt to pinch or spread the periosteum along the bone. Always go into weakness.

UNIVERSAL FLU: Place the test vial, INFLUENZA, on the body and test any intact muscle. If test is weak, leaving the vial on the body, come up to the 4th rib head or 4th-5th rib interspace which will neutralize the weakness. Rub bilaterally what you found, front and rear. This covers from 800 - 900 of the various combinations of Flu's available. Most flu's have the same symptoms but may need different corrections.

Pec minor: sides index f. - nail/pad 1st toe: 1/2 rib heads ↔ clav ↓ last rib

Sinus max 1/4" nars = crease C3

frontal - zygop

temporal mus spindle 41 form as ball: mo

vial (and) "Universal Flu" - 800,000 varieties
mb either: 4th rib heads (A&P) or 4-5 interspaces

Holiday Flu - bilat quadriceps T6-7 fix
stress induced

PMS flu - knife edge over nipple. 45° to mid \approx PMS vector
fix what you find

Branchial flu - knife on sternum: touch throat; + either side
fix as find

Flu w/ chills \approx Ann Arbor Flu - R. L. R-L. L.R. ASIS
demagnetize

Prankok Flu - diff breathing = 1. ICV = (-) 2. sides index = (+)
 \therefore squad pec minor: bilat - 3. netest ICV (+)/(-)

Tampa Sore Throat: 1. (+) Parotid \therefore TL + test. 2. Thymus = strong
3. hold both + adj T9

Sinus:

Sphenoid: test: medial

in nasal bone -
adj: push on bone as
hold opp sphen
& inquire 3x

max: test: 1/4" raises on crease - mouth
adj: C3

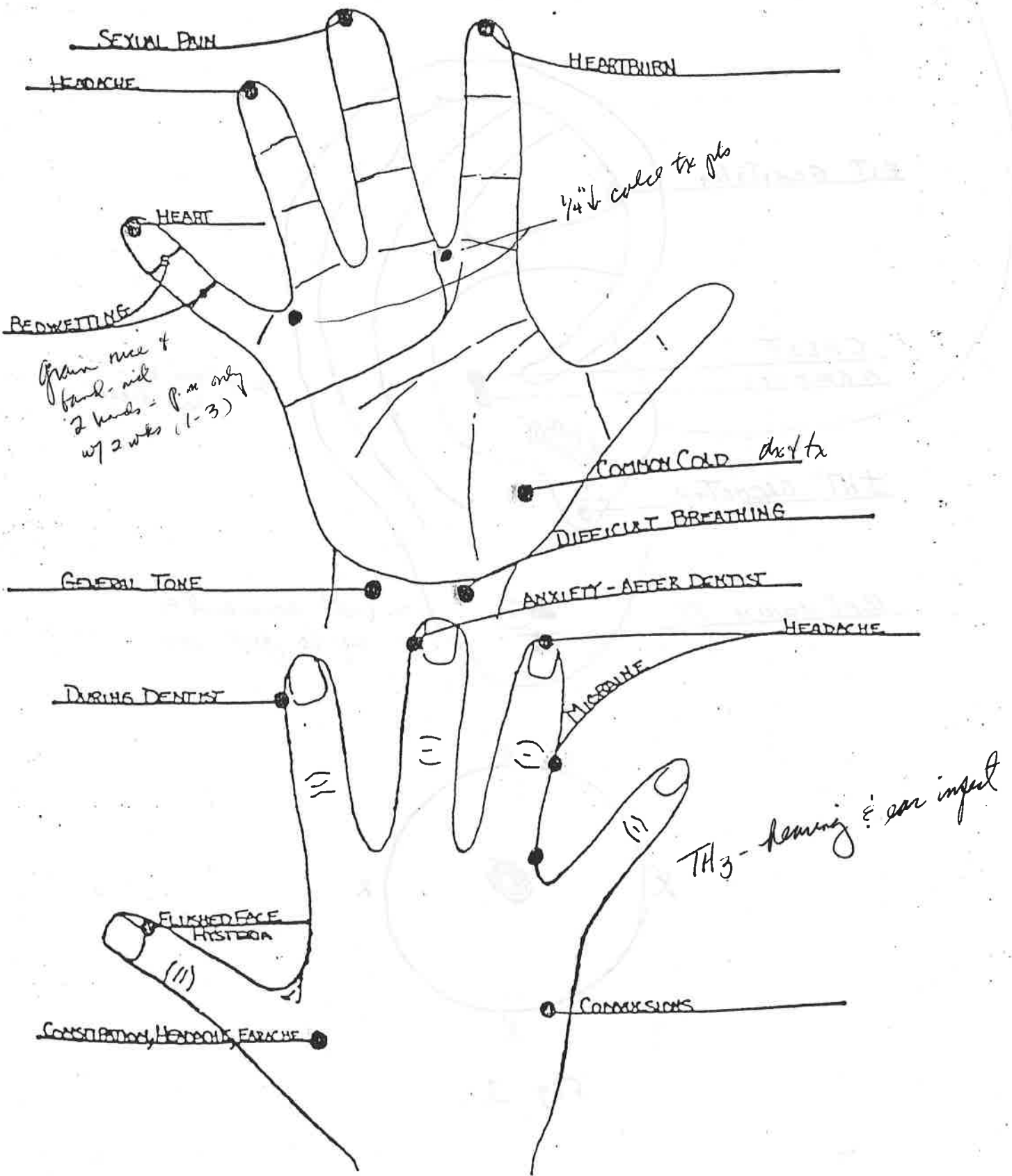
frontal - test: push forehead headward
adj: \approx jitters

Zygomatic test: bilat zyg. arches
adj: ... throat

temporal test/adj: temp fossa: \leftrightarrow mus. spinelle

recheck & adj: Stomach * * *

HAND TRIGGER POINT CHART



open-mouth = wide to reveal hidden acu-joint - denial
 - then stomach 19 = mastoid tip

AURICULAR BREAST DEVELOPMENT CHART

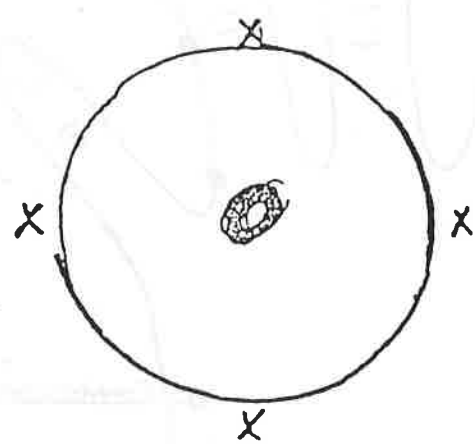
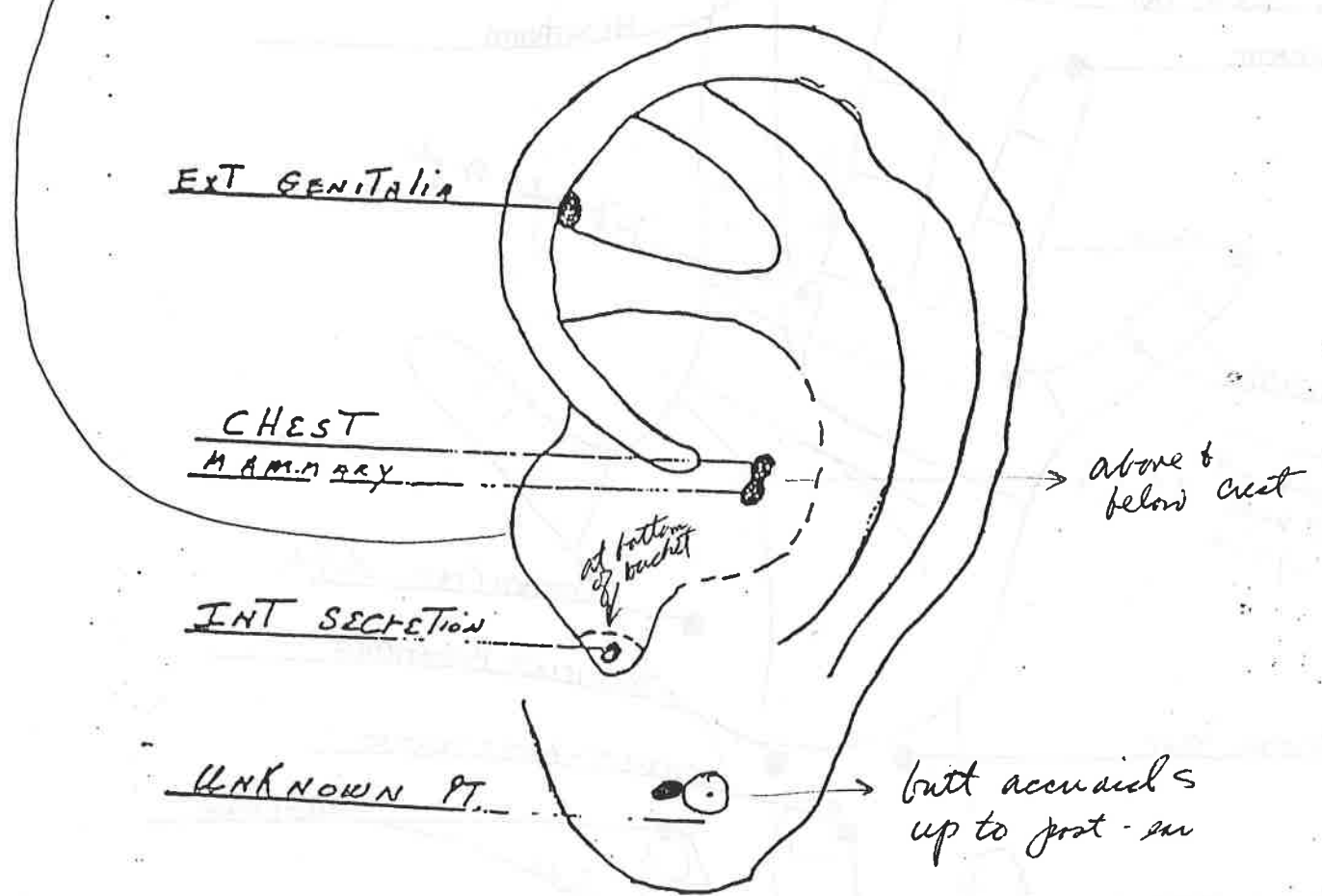


Fig 1