

Beyond emotional quick fix: Update

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Narrative: The purpose of this paper is to share a method of treating the emotional side of the system without the need for the patient or practitioner to verbally interact with the emotions at hand.

This is a simplified combination of multiple techniques, seminars, and tools, to help permanently correct emotional incongruences within the patient. It is not the author's intention to bastardise any techniques; rather, share combinations of information that everyone can implement and benefit.

Indexing terms: Chiropractic; Applied Kinesiology; Electromagnetic Signature Test Vial; Emotional Incongruences (Emotion); Neuro Emotional Technique (NET); Therapy Localisation (TL).

Introduction

This paper further expands upon the 2021 paper '*Beyond Emotional Quick Fix: A Non-Invasive, Long-Lasting Correction*'. This paper can be found on the icakusa.com website, under '*Membership Content*' section-heading '*Collected Proceedings*' 2021-2022. [Ed note: At the time of publication this website was being renewed].

This current paper assumes the reader has a method of indication for emotion treatment (Tx). If assistance is needed for evaluation/indication for emotion Tx review the above listed paper.

The two main additions to Tx are to have the patient TL the emotional neurovascular reflexes (ENV) during Tx of indicated reflex and activating the vial with laser before correction. The laser seems to bring the emotional frequency from the vial into the nervous systems attention to allow for a more complete correction. This idea stems from Dr. Sheldon Deal's Advanced Kinesiology book (Deal) use of laser for food sensitivities. (Lasers-Allergies pg. 107)

The addition of more Tx points in Step 4, beyond the B&E points on the head, came from Dr. John Bandy's Trauma seminar. (Bandy). These points have proven to be of great value.

...this report builds on the author's previous work regarding long-lasting corrections for the 'Emotional Quick Fix' in AK ...'



Discussion

Step 1: As always, ensure all injury, nociception, neurological disorganisation, and transneuronal degeneration (TND) patterns are corrected in order to receive trustworthy information from the nervous system. (*Study Quintessential Applications A(K) Clinical Protocol (QA) for the foundational information, and Dr. Richard Belli's advanced/shortcut version from Neurological Applications of Diagnostic Muscle Testing (NADMT). A Diagnostic Muscle Testing Approach to Functional Neurology and Functional Medicine*).

Step 2: Emotion Tx is indicated.

Step 3: ENV TL inhibits a normally facilitated indicator muscle (IM).

Step 4: While maintaining inhibited IM from ENV TL, cross TL to find which acupuncture point facilitates inhibited IM. One of the following will facilitate the inhibited IM. B&E on the head, or (From (Bandy)) GV-20, GV-27, CV-24, K-27, SI-3, SP-21, GB-33, K-1 to acupuncture point which negates ENV TL inhibition.

Step 5: Release ENV TL then TL correlating Chapman Reflex (CR) (or other techniques' correlating organ reflex) related to the B&E head point indicated in step 4. If instead GV- 20, GV-27, CV-24, K-27, SI-3, SP-21, GB-33, or K-1 negated the ENV TL then TL to that specific point after releasing the ENV TL. (Note: IM will most likely be facilitated while TL to the indicated acupuncture point or organ reflex by itself).

Step 6: While maintaining TL to reflex point from step 5, use Emotional State Composites Test Kit (10 vials) to cross TL each vial until vial is found that inhibits IM.

Step 7: Prior to Tx, stimulate vial on the patient's body with laser for 3 seconds in order to harmonise this emotional frequency to the patient.

Step 8: IM inhibition due to cross TL to reflex and single vial is then challenged with near or far vision. (If near vision facilitates IM, the reflex point/s will be tapped. If far vision facilitates IM, the reflex point/s will be treated with Injury Recall Technique (IRT). IRT can be preformed with either/or/both cervical or *talar* manoeuvre).

Step 9: Laser tuned vial stays with the patient. Doctor then performs tapping or IRT as previously indicated by near or far vision to the indicated reflex point found in step 5 while patient TL to ENV. (For Example: SP-21 is indicated for IRT Tx. The patient may place one hand over the ENV and the other hand over the right SP-21 while doctor performs IRT then patient may reverse hands and touch the left SP-21 while doctor performs IRT.

Step 10: Remove vial. Check to see if emotion needs remedy support. Have patient TL to bilateral BL-1 with index and middle finger, and doctor TL to previously corrected reflex at the same time. If this combination inhibits an indicator IM, this suggests need for remedy support. Find remedy that facilitates IM inhibition. Ex., Spleen reflex was corrected, then NET remedy #1 Earth (spleen & stomach) will most likely be indicated remedy support.

Conclusion

I believe this Tx creates a more complete correction of emotion in the patient. The body rarely indicates the need for remedy support, as opposed to Tx prior to these additional steps. This Tx may sound complex when written out, however, takes only seconds to perform entire protocol for each emotion.

The Emotional State Composites Test Kit (10 vials) seem to suffice in most cases and are very efficient to go through as opposed larger vial kits. A fuller explanation is given in the 2021 paper '*Beyond Emotional Quick Fix: A Non-Invasive, Long-Lasting Correction*' on the kit itself.

Example:

IM inhibited by ENV TL

TL to ST-1 on head facilitates IM.

While maintaining ENV TL inhibition cross TL to stomach, spleen, or pancreas organ reflex.

If stomach organ reflex TL facilitates ENV TL then release ENV TL and only TL to stomach organ reflex. In most instances the found reflex point TL will not change IM by itself. Then use emotion test kit vials to see which vial cross TLs causing inhibited IM response. With positive organ reflex TL and vial placed on the body, either near or far vision will negate inhibited IM. If near vision facilitates the inhibition then patient will TL to stomach organ reflex point with one hand and TL to ENV with the other while doctor taps ST-1. If far vision facilitates inhibition, then patient will TL to stomach organ reflex point with one hand and TL to ENV with the other while doctor performs IRT.

Before performing the tapping or IRT correction, laser the positive vial while on the patient's body to 'tune' that emotion to the patient. Laser for 3 seconds, then make indicated correction.

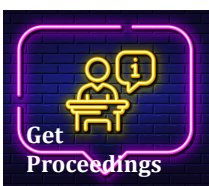
Lastly, remove vial. Then cross TL bilateral BL-1, and previously corrected reflex. Neither TL should cause inhibition of IM independently, however, if cross TL causes inhibition, then remedy support is indicated. If support is indicated in this example, NET remedy #1 Earth (spleen & stomach) will most likely be the remedy given.

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