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PROTOCOL

Polarity therapy protocol for dementia caregivers—Part 2^{☆, ☆ ☆}

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Summary In part 1 of this 2 part series the paper entitled: Designing a polarity therapy protocol: Bridging holistic, cultural, and biomedical models of research, presented a rationale for the design and development of a standardized Polarity therapy protocol for the treatment of dementia caregivers. In this second part, the bodywork protocol is presented with allopathic and esoteric anatomical locations. This protocol was designed as one approach to developing a standardized intervention that would maximize the reduction of stress, depression and anxiety and enhance well-being and quality of life in the recipients. There are many options for choosing points and locations for a protocol and these must first address acceptability by the research participant and capacity of the therapist to repeatedly apply the protocol. The potential for a pleasurable and a profound stress reduction response was informed by anecdotal data and clinical observation and this also informed the selection of points. Finally, the polarity paradigm is derived from the balancing of the gunas, and this also informed the choice of points and contacts.
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Explanatory note

Ayurvedic influence on Polarity therapy may be seen in the concept and application of the three universal qualities (gunas) of energy movement, called *satva guna* (neutral), *rajas guna* (positive) and *tamas guna* (negative).

The word “guna” is Sanskrit and refers to the quality or the tendency of something, not the thing itself.

These three interrelated gunas inform the quality of touch applied to vibratory states manifesting as imbalances in matter, the body. These three gunas or principles reflect positive, neutral and negative polarities. *Satvic* touch is the neutral principle; it is gentle, subtle and facilitates openness and receptivity

[☆](Photographs by Amber Cole of Cole Photography).

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to healing. It is used with the young and the old and very ill and for a deeply relaxing response. The *Rajas* guna is energized, stimulating, directive and enlivening. It is the moderate depth of touch that awakens awareness through energized pressure, it may hurt at times, briefly, as a good deep massage might, but it also feels acceptable. *Tamas* refers to the negative aspect, and the tamasic touch is a deep vigorous, dispersing pressure or manipulation, that is used to break up the inertia of deep spasm, stones and crystallization, and rigidity of cold, poor circulation. Randolph Stone, the developer of Polarity Therapy, suggested that all energies move by these three gunas or manifestations of energy. The art of polarity practice is in the capacity to determine which type of touch is applied to which type of person, health condition and state of mind in order to achieve results.

Point 1

Cradle

Placement. Hands cradle occipital bone at base of skull; right hand under left; thumbs along mastoid process; index fingers along side of neck; satvic touch (Fig. 1).



Figure 1 (Photographs by Amber Cole of Cole Photography).

Polarity therapy	Supportive and relaxing; vital role of structural and motor forces in cerebrospinal fluid; direct relation to sacral region; CNS balance; balance to parasympathetic and sympathetic nervous system; initial entrainment; balance energy field of neck to body and to brain
Structural	Mastoid process; occipital condyle
Muscles	Auricular posterior; sternocleidomastoid; trapezius
Nerves	Dorsal, rami, cervical, spinal, and branches from cervical plexus; greater occipital; third occipital; lesser occipital; auricular; transverse cervical; supraclavicular
Fascia	Cervical; sternocleidomastoid
(A)cupressure (M)eridian	(A) GV 14, 15, 16 (invigorates energy flow, calms the spirit, clears the brain) (M): large intestine, triple warmer, gall bladder, bladder and governing particularly with respect to release of emotions
(N)euro(L)ymphatic (N)euro(V)ascular	(NL): central (NV): kidney
Reflex zone	Dermatome: C2, 3L Longitudinal: 1–5

Point 2

Neck—10th cranial nerve stimulation

Placement. Index, middle, and ring fingers applying light pressure to neck; moving from base of neck in light pressure points up the side to base of ear; hold; repeat 3–4 times varying the path slightly; satvic touch (Fig. 2).



Figure 2 (Photographs by Amber Cole of Cole Photography).

Polarity therapy	Reflex points of contact correspond with stress- related functions; stimulates the vagus nerve bringing cranial rhythm and nervous system rhythm together; releases blockages and balances the parasympathetic nervous system to enhance motility of brain, mobility of cranial sutures, and transfer of reciprocal tension membranes; facilitates deep relaxation
Structural	Occiput; sides of neck
Muscles	Sternocleidomastoid; trapezius
Nerves	Celiac ganglion; superior mesenteric ganglion; inferior mesenteric ganglion; parasympathetic stimulation
Fascia	Cervical; sternocleidomastoid
(A)cupressure	(A): B10, SI 16, LI 16
(M)eridian	(M): triple warmer
(N)euro(L)ymphatic	(NL): central
(N)euro(V)ascular	(NV): stress
Reflex zone	Dermatome: C 3,4 Longitudinal: 1–5
Music tone	Key of G

Nerve stimulation of polarity protocol

Parasympathetic	Efferent	Afferent
Cardiac plexus pulmonary plexus inferior cervical cardiac branch thoracic cardiac branch left recurrent laryngeal nerves Motor —muscles larynx (not cricothyroid) Sensory —larynx and below vocal chords; Esophageal plexus anterior vagal trunk—gastric branch gall bladder and bile duct Intestine—small, large accompanying superior mesenteric artery and branches as far as the left splenic plexus hepatic plexus	Origin: dorsal vagal nucleus and nucleus ambiguus... (motor to pharyngeal and laryngeal muscles) Muscles: Salpingopharyngeus levator veli palatini, palatoglossus superior pharyngeal constrictor Stylopharyngeus, middle pharyngeal constrictor inferior pharyngeal constrictor cricothyroid esophagus—circular and longitudinal esophageal	End: solitary tract nucleus Visceral: afferent including taste Spinal tract and spinal tract nucleus of trigeminal nerve Somatic afferent —auricular and meningeal branch Visceral afferent and dorsal vagal nucleus— Pharynx Larynx Pulmonary plexus Cardiac plexus Gastric, gallbladder, accessory mesenteric artery

Point 3

Occipital condyles

Placement. Stimulation under and around occipital protuberance; turn head gently, first to left cradling with hand; with the other hand use the middle finger (and/or index finger) in a circular motion to gently stimulate muscles attached to occiput; pressure point and hold tight areas; repeat on the right; rajasic touch (Fig. 3).



Figure 3 (Photographs by Amber Cole of Cole Photography).

Polarity therapy	Influences head and neck tension; parasympathetic stimulation; opens the foramen magnum and secondary positioning effect on temporal bone (abdominal reflex); reflex to lumbar and sacral region; affects consciousness. "The effect is primarily in the energy field through the induced current in the meninges and their relaxation and balance, rather than purely physical" Dr. Randolph Stone
Structural	Occipital condyle; mastoid process
Muscles	Trapezius; semispinalis capitis; splenius capitis; sternocleidomastoid
Nerves	Greater auricular; lesser occipital
(A)cupressure	A: GB 20, 21, 22 (traditional association: important to regulatory and bridge channels)
Reflex zone	Dermatome: C2 Longitudinal: 2–4
Music tone	Key of G and A

Point 4

Ear

Placement. Thumb and forefinger applying pressure and gently stretching around whole ear; emphasis on eliciting and holding areas of pinpoint pain and contact where vagal nerve surfaces; rajasic touch (Fig. 4).



Figure 4 (Photographs by Amber Cole of Cole Photography).

Polarity therapy	Influences full body relaxation and stimulation of vital centers; ear lobe is center of vitality signifying innate vital resources; opens ear canal; releases tension in jaw; full energy flow; parasympathetic homeostatic balance
Structural	Helix crura of antihelix; antihelix; scaphoid fossa; triangular fossa; tragus; intertragic notch; antitragus lobule; concha; cymba/cavum; tubercle of Darwin; Artery/Vein: posterior auricular, superficial, temporal anterior auricular
(M)uscular (F)ascia	M: auricularis anterior, auricularis posterior F: sternocleidomastoid, temporalis, parotid
Nerves	Cervical plexus: great auricular nerve C2,3 trigeminal branch: auriculotemporal vagus branch: auricular
(A)cupressure (M)eridian (L)ymphatic	A: full face and body M: small intestine L: mastoid nodes
Reflex zone	Dermatome: C2–4 Longitudinal: 5
Music tone	Key of A and B

Point 5

Trapezius

Placement. Thumbs apply pressure along the upper ridge of trapezius muscle; begin at neck where neck and shoulder meet; apply moderate to deep pressure along points and move out to where shoulder bone meets collarbone; rajasic touch dependent on client tolerance; pressure can be strong but should feel good (Fig. 5).

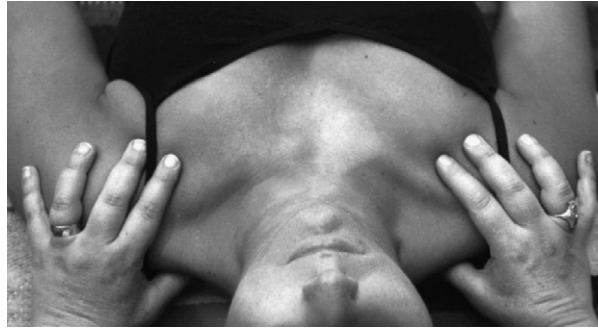


Figure 5 (Photographs by Amber Cole of Cole Photography).

Polarity therapy	Superior positive pole of diaphragm; respiratory reflexes; electromagnetic currents flow into arms and down body (right side) and up arms and body (left side); further entrainment; gall bladder reflexes, deep relaxation
Structural	Trapezius fascia
Muscles	Trapezius
Nerves	Efferent—external branch accessory nerve—proprioceptive via 3rd and 4th spinal nerve; cutaneous—medial branch C4–6
(A)cupressure	A: GB 21 (traditional barometer of personal and cultural tension.; release of neck and shoulder tension; very important release for free passing of flow up the neck and through head.)
(M)eridian	M: gallbladder, liver
Reflex zone	Dermatome: C4–6 Longitudinal: 4.5
Music tone	Key of G and F

Point 6

Tummy rock

Placement. Left hand on forehead with thumb position just above eyebrows and right hand on lower quadrant midline of abdomen; slow rhythmic rocking of abdomen with right hand, keeping left hand stationary; satvic touch (Fig. 6).



Figure 6 (Photographs by Amber Cole of Cole Photography).

Left hand position, forehead

Polarity therapy	Stimulates general relaxation and balancing of digestive, respiratory and nervous systems; sense of belly (tight, tense, flaccid); ether principle balance; balances positive and neutral fields of fire principle; balances energy between positive and negative poles
Structural	Frontal bone; arteries/veins: supraorbital, supratrochlear
Muscles	Procerus epicranii; frontalis
Nerves	Ophthalmic division: supraorbital and supratrochlear; cutaneous of trigeminal
(N)euro(V)ascular	NV: Increases blood circulation through entire body; holding assists blood from leaving forebrain under stress
(N)euro(L)ymphatic	
(M)eridian	M: ren mai
Reflex zone	Dermatome:
	Longitudinal: midline, 1–3

Right hand position, abdomen

Polarity therapy	As described for left hand position above
Structural	Overlying: greater omentum; small intestine; ileum; sigmoid colon; rectum ureters; depending on size of body—ascending colon, cecum
(M)uscle	M: internal abdominal oblique; transverses abdominus; rectus abdominus (L: medial
(L)igament	umbilical ligament
Nerves	Iliohypogastric (T11) -lateral cutaneous branch; Subcostal (T12)—anterior cutaneous branch; Pelvic splanchnic—sacral plexus
Fascia	Linea alba (lower); rectus sheath; Scarpa's subcutaneous (membrane) camper's subcutaneous (fatty); umbilical
(A)cupressure	A: CV 4–6; ST 21–29; K 12–18 (general tonification)
(M)eridian	M: spleen, liver, kidney, stomach, central
(L)ymph	L: lumbar common iliac; external iliac; inferior epigastric sacral
Reflex zone	Dermatome: T10, 11, 12
	Longitudinal: midline, 1–3
Music tone	Key of D

Point 7

Abdomen and knee

Placement. Left hand now switches to abdominal contact as in point 6; right hand over lower knee with index and middle fingers in contact with medial condyle of tibia; satvic or rajasic touch.

Polarity therapy	Contact with extremities and extremity digestive reflexes; reflex for colon—right knee for ascending colon, left knee for descending; releasing colonic reflexes of gas pressure, irritation and stagnation; contact with both to balance the neuter pole with the negative blocks below to eliminate them; stimulate polarity of current flow
Structural	Joint capsule; medial condyle of tibia; anserine bursa; artery—medial inferior genicular
(M)uscles (T)endon	M: medial head, gastrocnemius; popliteus T: gracilis; sartorius; semitendinosus
Nerves	Saphenous (branch of femoral); infrapatellar
(N)euro(V)ascular	NV: gall bladder
Reflex zone	Dermatome: Longitudinal:
Music tone	Key of D

Point 8

Ankle rotation

Placement. Left hand stabilizes ankle from the top or underneath while right hand grips top of foot, thumb on top, fingers on bottom; with circular motion, rotate foot inward and around five times; reverse direction and rotate five times.

Polarity therapy	Full stimulation of foot as the most negative pole to the whole body; energy travels to invigoration centers; reflexes to middle part of body; tonic in its effect; energy current flow is to five senses; manipulative balancing of earth principle; rotation restrictions reveal diaphragm tension; sense of foot, temperature, circulation, and flexibility; deep and cutaneous nerves of legs are stimulated
Structural	Tarsal bones: calcaneous, talus, navicular, cuneiform, cuboid, sesamoid; saphenous vein; superficial lymph vessels
(M)uscles (T)endon (F)ascia	M: extensor digitorum brevis; extensor hallucis brevis; extensor hallucis longus T: achilles tendon F: crural fascia inferior, extensor retinaculum
Nerves	Medial, crural, cutaneous branch of saphenous (branch of femoral); lateral calcaneal, sural and medial calcaneal (branch of sciatic); medial dorsal cutaneous (branch of common peroneal); deep peroneal
(A)cupressure	A: A1, up midline to waist, SP5 (regulates, tonifies spleen and liver), LV4 (regulates and spreads liver energy), K3, K5, K6 (tonifies, regulates kidney)
(N)euro(V)ascular	NV: pain in zone
Reflex zone	Dermatome: L4, S1 Longitudinal: 1–5

Point 9

Kidney reflexes in the feet

Placement. Holding top of right foot with right hand, gently lean foot medially; apply pressure with left thumb to upper outside edge of lateral ankle bone; rajasic or tamasic touch. Repeat on both sides (Fig. 7).

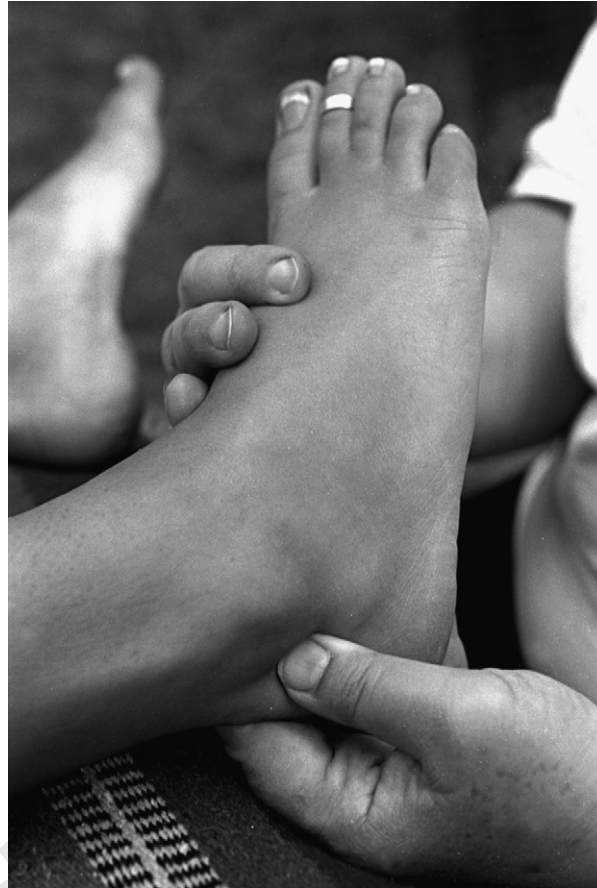


Figure 7 (Photographs by Amber Cole of Cole Photography).

Polarity therapy	Stimulation of kidney function and adrenals; indicative of balancing parasympathetic and sympathetic nervous systems; reduction of stress; evidence of chronic symptomatic reflexes; flows back to invigorating center; balance of earth principle, joining with air principle; stimulates diaphragm
Structural	Calcaneous; Artery/Vein, lesser saphenous vein
(M)uscles	M: quadratus plantaris; interosseus; lumbrical 2, 3
(T)endon	T: flexor digitorum longus
(F)ascia	F: common sheath of peroneus longus and brevis
Nerves	Medial and deep plantar
(A)cupressure	A: K6 (tonifies and regulates kidney)
(M)eridian	M: bladder, gallbladder
(F)low	F: great bridge channel
Reflex zone	Dermatome: S1 Longitudinal: 5
Music tone	Key of E

Point 10

Ball of large toe

Placement. With thumb, apply pressure to ball of foot; pressure point around complete edge of bone below and around large toe; rajasic or tamasic touch. Opposite hand applies pressure to hallucis longus. Repeat both sides (Fig. 8).



Figure 8 (Photographs by Amber Cole of Cole Photography).

Polarity therapy	Negative pole to the shoulders and sinuses; powerful reflex action near centerline helpful with sciatica, circulation, congestion from smoking; hold for drainage
Structural	Medial cuneiform; sesamoid
(M)uscles (T)endon	T: flexor hallucis brevis and longus
Nerves	Plantar digital
(A)cupressure	SP3 SP2
Reflex zone	Dermatome: L5 Longitudinal: 1
Reinforcing exercise	Scissors kick, squat with simultaneous supraorbital notch contact
Music tone	Key of G and C

Point 11

Ankle and diaphragm

Placement. Thumb of right hand is placed on the top of the right foot in the hollow between the ankle bones; left hand rests on the bottom of the rib cage with fingers below edge; depending on the comfort of client, the therapist may slowly move left hand medially to laterally on rib cage, pressing up underneath with fingers to stretch diaphragm and release restriction. satvic, or rajasic touch (Fig. 9).



Figure 9 (Photographs by Amber Cole of Cole Photography).

Polarity therapy	Joins the extremities to center; release of emotion, anxiety; diaphragm is the functioning neuter pole of life, lifting and activating the contents below; release supports improved respiration, especially for asthma and hyperventilation, bulimia; improved blood circulation; chronic, weak, or twisting ankles may be treated through the neutral reflex; distributes fine energy waves to reach cell tissue; repolarizing and soothing effect
Structural	Below 12th rib diaphragmatic pleura Arteries: phrenic, suprarenal
(M)uscles	M: diaphragm
(L)igament	L: medial and lateral arcuate
Nerves	Phrenicoabdominal (branch of phrenic)
Acupressure	Repressed internalized emotions
Reflex zone	Dermatome: T8,9 Longitudinal: 1–5

Point 12

Thumb web to diaphragm

Placement. Right hand moves to web of thumb; with thumb on top and index (or middle) finger underneath, apply pressure on muscle belly firmly; this is often tender. Left hand continues connection with diaphragm; simply a hold upon the diaphragmatic area or a movement laterally with hand pressing under to stretch diaphragm; satvic, or rajasic touch.

Polarity therapy	Thumb web contact invokes diaphragm and abdominal release; functional neuter pole; soft tissue contact represents negative poles in thumbs; reflex for sound vibration of speech and hearing; throat, swallowing and touch, feeling, respiration and circulation (heart and lungs); release to neck and digestive processes; stimulation of metabolism and digestion. Diaphragm contact information same as Point 11
Structural	Below 12th rib: diaphragmatic pleura arteries: phrenic, suprarenal, hemiazygos
(M)uscles	M: diaphragm L: medial and lateral arcuate
Nerves	Phrenicoabdominal (branch of phrenic)
(A)cupressure	Repressed internalized emotions
Reflex zone	Dermatome: T8,9 Longitudinal: 1–5
Exercise	HA breath, HA breath with woodchopper, squat
Music tone	Key of E

Point 13

Diaphragm and trapezius

Placement. Right hand moves to diaphragm contact as in Point 11 and 12; left hand moves to where neck and shoulder meet; milk the muscle from medial to lateral seven times while holding diaphragm contact; satvic and rajasic touch. Limit to just below pain tolerance

Polarity therapy	These points provide a connection between the negative pole of respiration with the positive pole, diaphragm to upper body; repolarizing and deepening mental, and emotional relaxation
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Diaphragm contact information as in Point 11; trapezius information as in Point 5.

Point 14

Shoulder point and thumb web

Placement. Right hand returns to squeezing the thumb web; left hand contacts with index and middle fingers behind shoulder where triceps (long head), teres minor, and infraspinatus insertion; rajasic touch.

Repeat points 7–14 on opposite side of body.

Shoulder

Polarity therapy	This shoulder contact releases the arm, and hand (same side). Facilitating continued release of the upper body; reflexes to liver, abdominal (digestive) and brachial areas. Thumb web connection also includes thyroid
Structural	Circumflex scapular artery
Muscles	Triceps (long head); teres minor; infraspinatus
Nerves	Superior lateral brachial Deep brachial (branches of brachial plexus)
(A)cupressure	SI 10 (traditional association: influences entire shoulder, scapula and neck; facilitates the release of positive points of this area; indicative for hypertension) GB23 (traditional association: 'great regulator channel'; connecting with stomach, gall bladder, and bladder; controls the defense energy of the body and regulates resistance as well as exterior regions of the body)
Reflex zone	Dermatome: C4, 5 Longitudinal: 5

Thumb web

Polarity therapy	Reflex for sound vibration of speech and hearing; throat, swallowing and touch, feeling, respiration, and circulation—heart and lungs; hand is functional neuter pole and soft tissue contact represents negative poles in thumbs; invokes diaphragm—abdominal release; reflexes organs situated laterally and also to negative pole of heels on outside
Structural	Deep palmar arch Superficial palmar arch
Nerves	Median ulnar (branches of brachial plexus)
(A)cupressure	LI 4 (traditional association: general tonic point; 'He Gu'—the great eliminator)
Reflex zone	Dermatome: C6, 7 Longitudinal: 1–2

Points 15 and 16

Side perineal rock

Placement. Begin with patient on the left side; this facilitates opening of the right brain hemisphere and deeper receptivity. Patient is supported with pillow; practitioner is in back of patient, left hand thumb is placed at the base of the occiput at the foramen magnum; right hand, lower contact is full hand on the sacrum fingers pointing at "12 O'clock"; holding both contacts, gently rock the body with the lower hand; satvic touch. *Patient reverses sides following completion of points 15, 16 and 17.*

Upper contact: foramen magnum and occipital condyle

Polarity therapy	Connects the upper and lower body facilitating balance in the central nervous system; alignment of the craniosacral rhythm with release of emotional locks and frustration. Gentle rhythmic unlocking of energy blocks; releases neck and general tension and promotes relaxation, sleep and spiritual integration
Structural	Foramen magnum; occipital bone; meninges vertebral artery and meningeal branches of vertebral artery
(F)ascia	F: posterior atlanto- occipito membrane
(L)igament	L: ligamentum nuchae
Nerves	Medulla oblongata; spinal root accessory
(A)cupressure	See Table for Point 3 occipital condyle
Reflex zone	See Table for Point 3 occipital condyle
Music tone	Key of A and B

Lower contact

Polarity therapy	See the upper contact
Structural	Sacrum; coccyx; termination of dural sac Artery/vein: interior hypogastric plexus
Muscle	L: supraspinal, sacrospinous, posterior, sacroiliac, lateral and posterior
(L)igament	sacroccygeal
Nerves	Coccygeal pelvic splanchnic, Internal filum; terminalis, external filum; terminalis sacral plexus, superior and inferior; gluteal sciatic posterior; femoral, cutaneous, pudendal, sacral splanchnic
(A)cupressure	UB 30–34
Reflex zone	Dermatome: S1–5 Longitudinal: midline 1–3

Point 17

Gluteal and trapezius contact

Placement. The upper hand contact is with the index and/or middle finger around the edge of the scapula, with thumb on gluteal muscles; apply gentle pressure and rotating manipulation alternately in both areas holding tight or tense points until release of energy; rajasic touch.

Polarity therapy	Facilitates balance of the central nervous system (via sympathetic) with the thoracolumbar nervous system for general relaxation; gluteal connections are a respiratory and autonomic sensory reflex for mental, emotional, and nervous tension release; balances active spinning charkas; gentle relaxing technique by use of penetrating prana in breath, which may activate every cell; when applied to both sides, balances full body flow, hip problems, back pain
Structural	Ischial tuberosity
(M)uscle (L)igament	M: Gluteus maximus; semitendinosus L: Sacrotuberous
Nerves	Sciatic posterior femoral—cutaneous
Reflex zone	Dermatome: S2 Longitudinal: 3

Points 18 and 19

Repeat of points 15 and 16 on opposite side of body (see corresponding tables)

Note. The decision about which side to lie on first may be influenced by whether you wish to complete the session having prepared the client for immediate cognitively oriented, left brain focus or to remain in deep relaxation, linked to a holistic, feeling state of creativity and sensation. Lying on the left side of the body for duration of 10–15 min causes the left nostril to fill and the right nostril to open, leading to activation of the left hemisphere of the brain. Lying on the right side for 10–15 min leads to activation of the right hemisphere.

Left hemisphere activation facilitates linear conversation, mental tasks, and testing and overall mental function. Finishing the session on the right side will leave the client feeling deeply relaxed with right hemisphere activation leading to more holistic dream-like artistic emphasis during the subsequent hours.

The ultradian rhythm, the 90–120 min cycle of rhythmic hemispheric dominance follows contralateral nostril dominance. The ultradian cycle effect described complements the overall deeply relaxing, theta state, sleep-inducing response of the sacral/perineal rock in general. This enhanced awareness of the effects of side-lying positions can be used to educate the client about options for altering consciousness, naturally.

Point 20

Repeat of points 17 on opposite side of body (see corresponding tables)

These points are administered on the opposite side of the body to facilitate full body release and relaxation.

Note. These points facilitate the release of chronic spasm, tension and inhibited respiration and enhance self-awareness that, like Atlas, (he who bears, suffers or endures) one is carrying the burden of the world (responsibilities) upon the shoulders. The tension is both structural and functional. Reciprocal tension is released from the gluteals, which often 'sit on' the corresponding emotions. Supplement treatment with shoulder shrugs, and HA breaths, using the diaphragm to direct the deep vocal HA sound. Here the Yoga

Uddiyana Bhandha is a home exercise that helps bridge the divide between the gluteal and trapezius tension by activating a powerful release of emotion, which one cannot always name in words.

Point 21

Brain balance

Placement. Small finger behind each ear at the mastoid process each finger successively placed so that thumbs meet at crown; satvic touch. Ring finger is placed on the temporal bone, (tip touches zygomatic arch) middle finger contacts temporal depression at the wing of the sphenoid. Forefinger is placed on the frontal bone. Both thumbs meet and are placed on the Sagittal suture where the parietal bones meet.

Polarity therapy. facilitates full body and spinal relaxation, offering final release of tension of the head; may facilitate trance state and hypnagogic imagery; encourages flow of cerebrospinal fluid and etheric energies; deep balance of central nervous system and parasympathetic nervous system; synchronizes right and left hemispheres of the brain (Fig. 10).



Figure 10 (Photographs by Amber Cole of Cole Photography).

Structural	Bony plates of skull: mastoid, temporal, outer wing of sphenoid, frontal, occipital parietal Arteries: superficial temporal vein and artery
Muscle	SCM, posterior auricular, temporalis, auricularis, epicranium, frontalis and occipital muscles
Fascia	Galea aponeurotica, temporalis
Nerves	Cranial: trigeminal, facial (specifically temporal and zygomatic; occipital, vagus
Acupressure	SJ 17 and 18GV 22 (regulates lungs, expands chest) SJ 22, G7, G 4, GB 16, B6
Meridians	Triple warmer gallbladder stomach; bladder
Reflex zone	Dermatome C-2