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Greetings Core Students,

There are a number of articles, blog posts, experiences on the core web site. The web site address is nmsnt.org. At the top of the page select core synchronism. This will take you to the complete core synchronism content.

Please become familiar with our web site. The content of the web site will be helpful for any core student taking or retaking any level of core training. There may also be other content on the site besides core synchronism that may be of interest, including online classes.

In the past a least one article, that is now on the web site, was printed out in the core level one class material notebook. In an effort to save costs and paper that article is no longer included in the level one notebook. Please read/study this material on the web site.

Peace to you all,
Rober Stevens
Founder Core Synchronism

Dr. Randolph Stone on CSF:

Energy itself has intelligence which must have a direction of flow or a way to go, or it defeats itself in useless expenditure and destruction. Every energy block in mind, emotion and in matter is an obstacle which often necessitates eruptions of a volcanic type in nature, and as disease in man and beast or in vegetation. In such conditions the norm of the mental pattern of energy flow in form and use has been interrupted and must right itself. The wise man and physician looks for the cause and assists nature in balancing this directional energy circuit back to its norm--- physically, mentally and emotionally.

The cerebrospinal fluid seems to act as a storage field and a conveyor for the ultrasonic and the light energies. It bathes the spinal cord and is a reservoir for these finer essences, conducted by this fluidic media through all the fine nerve fibers as the first airy mind and life principle in the human body.

The cerebrospinal fluid is the liquid medium for this life energy radiation, expansion and contraction. Where this is present, there is life and healing with normal function. Where this primary and essential life force is not acting in the body, there is obstruction, spasm, or stagnation and pain, like gears which clash instead of meshing in their operation.

Vital structural and motor forces are locked up in the cerebrospinal fluid in the sacrum, which makes it a key-positioning factor. It is the energy in the fluid that does it, and not the bone.

The soul is the essence of being and life in the body, and functions through the brain and the center of the spinal cord, to the end of the coccyx, as a dual neuter energy.

Energy can move or flow only when it is attracted to or repelled from its center.

Mind energy is the first essence of matter, which travels in the media of the cerebrospinal fluid in the entire nervous system.

Tenderness on the tips of the spinous processes shows a congestion in the meninges and a stagnation of the cerebrospinal fluid as the central core action from the life principle in the ventricles of the brain.

It is only the Energy in Matter that makes matter seem alive. When this energy escapes, only the shell is left....A cure constitutes reaching the life current within

and reestablishing the free flow of energy.

...all nerves drink from the waters of the brain... Dr. A.T. Still

The CSF is the highest known element in the body. Dr. A.T. Still

In the art of knowing your mechanism, you can bring this fundamental principle of the primary respiratory mechanism with its Intelligence, with its potency, to that short rhythmic period of its fluctuation. When you have brought the fluctuation to the still, quiet point you have an immediate interchange between all the fluids of the body. This includes the electrolysis in the lymph nodes that prepares the lymph for its return to the blood stream. William Sutherland

Within the CSF there is an invisible element that I refer to as the "Breath of Life." I want you to visualize this Breath of Life as a fluid within this fluid, something that does not mix, something that has potency as the thing that makes it move. Is it really necessary to know what makes the fluid move? Visualize a potency, an intelligent potency, that is more intelligent than your own human mentality.
William Sutherland

Temporary Pause:

To induce a short interruption in the flow of the Tide. This interruption is accomplished by holding a structure in the opening or closing phase of the Tide's rhythm for a short period (seconds). This technique is used to establish synchronism and to fine tune the body's structural balance and alignment.

Full Pause:

To induce a holding pattern in the flow of the Tide. This is accomplished by holding a structure in the opening or closing phase of the Tide's rhythm preventing it from expressing the opposite. The first option is to hold the structure in the open phase until it automatically closes. This will take several seconds or several minutes. Patience is the key here. If this does not accomplish the desired result try the same again. If after the second attempt the desired result is still not obtained try holding the structure in the closed phase of the Tide until it automatically opens. This technique is used to establish synchronism, to release deeply held patterns of imbalance/trauma and to aid deep healing.

Core Synchronism 1

1. Core Current Direction/Spiral
2. Nonspecific metatarsal stretch
3. Cuboid alignment
4. Core Current-Perineal Floor* (Full Pause)
5. Sacrum-Coccyx synch
6. Parietal-Sacrum synch* (Full Pause)
7. Occiput-Sacrum synch (Full Pause)
8. Occiput/Atlas-5L/Sacrum synch (Full Pause)
9. Sacrum-Pubic bone synch*
10. Lower Extremity:
 - Sacrum-Foot
 - Sacrum-Ankle
 - Sacrum-Tibia/Fibula*
 - Sacrum-Knee
 - Sacrum-Femur
 - Sacrum-Ilium
 - A. Synch one side with Sacrum
 - B. Synch other side with Sacrum
 - C. Synch both sides together
 - D. Anterior/Posterior
11. Spine:

Parietal-Sacrum/Coccyx synch
Parietal-Lumbar synch
Parietal-Thoracic synch
Parietal-Cervical synch
Parietal-Entire spine synch

12. Parietal-Sternum* (Full Pause) (Synch sternum to itself)

13. Diaphragms:

Parietal-Pelvic Diaphragm
Parietal-Respiratory Diaphragm
Parietal-Thoracic Inlet Diaphragm
Parietal-Throat

- A. Synch anterior/posterior together
- B. Synch anterior with parietal

14. Upper Extremity:

Parietal-Hand
Parietal-Wrist
Parietal-Ulna/Radius *
Parietal-Humerus*
Parietal-Shoulder/Scapula/Clavicle

- A. Synch one side with parietal
- B. Synch other side with parietal
- C. Synch both side together
- D. Anterior/Posterior

15. Sphenobasilar-Core

16. Parietal-Frontal synch (Full
Pause)

17. Parietal-Occiput synch (Full Pause)
18. Parietal-Temporal synch* (Full Pause)
19. Parietal-Sphenoid synch* (Full Pause)
20. Parietal-Zygomatic synch* (Full Pause)
21. Parietal-Maxilla synch* (Full Pause)
 - A. External
 - B. Internal
 - C. Internal/External together
22. Parietal-Vomer synch (Full Pause)
23. Frontal-Sphenoid-Vomer (Full Pause)
24. Parietal-Palatine synch (Full Pause)
25. Parietal-Nasal synch* (Full Pause)
26. Parietal-Lacrimal synch* (Full Pause)
27. Parietal-Ethmoid synch (Full Pause)
28. Eyes:
 - Spin of minor chakras at eyes
 - Parietal-Eyes synch *
 - Orbit synch (Full Pause)
 - Core/Frontal/Eyes/Zygomatic
 - Eyes/Occiput
29. Parietal-Mandible synch* (Full Pause)

30. Full Cranial Hold (Full Pause Both Directions)

*** = Synch paired bones/structures to themselves first**

Core Synchronism I

1) Core Current Direction/Spiral

Hand Placement: Place thumbs or index fingers at Bregma. To find Bregma, have client place heel of hand against the bridge of their nose. Where their fire finger¹ rests on the top of their head is where Bregma is. The Core Current spins correctly in a clockwise direction. If the spin is moving counterclockwise, or is moving like a windshield wiper, stop it with your intent and the current will immediately correct. Follow to make sure the spin remains clockwise. Open Phase: core current moves inferior. Close Phase: core current moves superior.

When Core is shut down: Give client dose of Peace. Synch the Core to the Ethmoid. Synch the Core to the top Ether teeth. In cases of shock you may have to dose with Aconite Homeopathic.

2) Nonspecific metatarsal stretch

From top side of foot, roll fingers over the toes and place them on the metatarsals. Give a repetitive gentle stretch testing flexibility. After a few repetitions give a firm, quick stretch to release the metatarsals. This stretch releases the metatarsals which reflex to the thoracic inlet.

3) Cuboid Alignment

Slide the thumb down the outside of the lateral side of the foot until you feel the 5th metatarsal. The 5th metatarsal will protrude. Go over the protrusion and stop. Move the thumb

¹ Fingers may be referred to by their etheric counterparts, ie:
thumb = ether finger, index = air, middle = fire, ring = water, pinky = earth.

slightly superior. This is the cuboid. Cradle the lower portion of the heel with the fingers of the same hand. Push the thumb into the cuboid with great pressure and in a medial direction. At the same time the fingers on the heel pull with great pressure in a lateral direction. This will accentuate the natural torque of the foot. With your other hand, place the thumb across the mid line of the ball of the foot. The fingers are on the top of the foot, covering the metatarsals. Gently twist the foot into the cuboid. The foot should be at a 90 degree angle to the leg. Hold for at least one minute to a minute and a half. This will create an environment which enables the foot to align. You will feel small clicking motions as the foot aligns. Hold until the alignment is completed. The body will now have the opportunity to align to an aligned foot after the treatment.

4) Core Current - Perineal Floor * (Full Pause)

Check and synchronize the perineal floor to itself before adding the Core. Hand Placement: Left hand on Core. Right hand on perineal floor (on or off the body, depending on client). Open Phase: core current and perineal floor move inferior. Close Phase: core current and perineal floor move superior. Do full pause in open and close phases. This is the primary reservoir of unconscious trauma in the physical body. Anything that is chronic or not holding may be synchronized with the perineal floor.

5) Sacrum - Coccyx synch

Hand Placement: Client on left side with left hand on sacrum and right air or fire finger tip on the coccyx. Open Phase: sacrum moves slightly posterior and inferior as coccyx moves anterior. Close Phase: sacrum moves slightly anterior and superior as coccyx moves posterior.

6) Parietals - Sacrum synch * (Full Pause)

Hand Placement: Client on left side with left hand on parietals and right hand on sacrum. Open Phase: parietals move lateral as sacrum moves inferior and slightly posterior, tip of coccyx moves anterior. Close Phase: parietals move medial as sacrum moves superior and slightly anterior, tip of coccyx moves posterior. Do full pause in open and close phases.

7) Occiput - Sacrum synch (Full Pause)

Hand Placement: Client on left side with left hand on occiput bone and right hand on sacrum. Open Phase: occiput moves posterior and inferior and sacrum moves slightly posterior and inferior, tip of coccyx moves anterior. Close Phase: occiput moves anterior and superior as the sacrum moves slightly anterior and superior, tip of coccyx moves posterior. Do full pause in open and close phases.

8) Occiput/Atlas - L5/Sacrum synch (Full Pause)

Hand placement: Client on left side with left hand on occiput with thumb on atlas. Right hand on sacrum with thumb on L5. Open Phase: occiput moves slightly posterior and inferior as atlas moves posterior. Sacrum moves slightly posterior and inferior, tip of coccyx moves anterior as L5 moves posterior. Close Phase: occiput moves slightly anterior and superior as atlas moves anterior. Sacrum moves slightly anterior and superior, tip of coccyx moves posterior as L5 moves anterior. Do full pause in open and close phases.

9) Sacrum - Pubic bone synch *

Hand Placement: With client supine, ask client to find ridge of pubic bone for you so you can synch the pubic bone to itself first. Right hand on pubic bone, the thumb on one ridge and air finger on opposite ridge of pubic bone. Open Phase: distance between the pubic bones increases. Close phase: distance between the pubic bones decreases.

Hand Placement: Synchronize sacrum to pubic bone, with client on left side. Left hand on sacrum; right hand on pubic bone with same hand placement as described above. Open Phase: sacrum moves slightly posterior and inferior as the distance between the pubic bones increases. Close Phase: sacrum moves slightly anterior and superior as the distance between the pubic bones decreases.

Note: Prostate gland, penis, and testes follow the core current inferior/superior. Uterus and ovaries move posterior/anterior with slight movement inferior/superior.

10) Lower Extremity

A. Synch one leg with Sacrum (from Foot to Hip)

B. Synch other leg with Sacrum (from Foot to Hip)

(see descriptions of each following D)

C. Synch both sides to each other

Begin at the feet and synchronize the paired structures to each other all the way up to the hip. Example: Feet. Hand Placement: Left hand on client's right foot; right hand on client's left foot.

Open Phase: feet move lateral away from the mid line. Close Phase: feet move medial toward the mid line. You should see the same pattern in each set of paired bones all the way up the leg to the hip except with the patella, which will move posterior/anterior instead.

D. Synch Anterior/Posterior (from Foot to Hip)

Synchronize the soft tissue on anterior side of bone to soft tissue on posterior side of bone. Hand Placement: One hand/forearm on the anterior side of the leg; the other hand/forearm on the posterior side of the leg. Open Phase: both sides of the leg will move posterior and lateral. Close Phase: both sides of the leg will

move anterior and medial. Continue to move up the leg a section at a time until you've checked the entire leg from foot to hip.

FYI: bone externally/internally rotates; soft tissue moves posterior/anterior and lateral/medial; the Core Current moves inferior/superior.

Sacrum - Foot

Treat foot as a whole unit unless you are working with a specific foot trauma, then you want to synch the foot bones to each other first. Hand Placement: Superior hand on the sacrum with your inferior hand on the foot. Open Phase: sacrum moves slightly posterior and inferior as foot externally rotates; calcaneus moves inferior. Close Phase: sacrum moves slightly anterior and superior as foot internally rotates; calcaneus moves superior. Note: Heel pain: synch calcaneus. Chronic foot pain: core entire foot (all bones) up the leg to the hip.

Sacrum - Ankle

Hand placement: Superior hand on the sacrum and inferior hand on the ankle. Open Phase: sacrum moves slightly posterior and inferior as the ankle externally rotates. Close Phase: sacrum moves slightly anterior and superior as the ankle internally rotates.

Sacrum - Tibia/Fibula *

Think of the Tibia and Fibula as a single-working unit externally rotating and internally rotating. If they are not doing this action together, they are out of synch. Also check the distal end to the proximal end to be sure there isn't a twisting motion in the bone. In such a case, you synch the ends of the bone to each other first. Hand Placement: superior hand on the sacrum and inferior hand on the tibia/fibula bones. Open Phase: sacrum moves slightly posterior and inferior as tibia/fibula externally rotate.

Close Phase: sacrum moves slightly anterior and superior as tibia/fibula internally rotate.

Sacrum - Knee

Hand Placement: Superior hand on sacrum; inferior hand on patella. Open Phase: sacrum moves slightly posterior and inferior as patella moves posterior. Close Phase: sacrum moves slightly anterior and superior as patella moves anterior. If you connect the patella to the thigh or the lower leg, this joint will externally rotate to open and internally rotate to close.

Sacrum - Thigh

Check the femur to make sure the distal and proximal ends are in synch. If this bone is making a twisting action, synchronize it to itself before you check the relationship between it and the sacrum. Hand Placement: Superior hand on sacrum; inferior hand on thigh. Open Phase: sacrum moves slightly posterior and inferior as the thigh externally rotates. Close Phase: sacrum moves slightly anterior and superior as the thigh internally rotates.

Sacrum - Hip (Ilium)

Hand Placement: Superior hand on sacrum; inferior hand on the hip (iliac crest). Open Phase: sacrum moves slightly posterior and inferior as the hip rotates laterally. Close Phase: sacrum moves slightly anterior and superior as the hip internally rotates. Now add in the pubic bones. If client is experiencing hip pain check head and neck of femur with the ilium.

11) Spinal Synch

Parietals - Sacrum/Coccyx synch

Hand Placement: Left hand on paired parietal bones; right hand on sacrum and coccyx. Open Phase: Parietals move lateral as sacrum moves slightly posterior and inferior and coccyx moves anterior. Close Phase: Parietals move medial as sacrum moves slightly anterior and superior and coccyx moves posterior.

Parietals - Lumbar synch

Hand Placement: Left hand on parietals; right hand on the lumbar spine. The number of spinal segments you do will depend on the size of your hand. Open Phase: parietals move lateral as the spinal segments move posterior. If there is a wave motion, synchronize each vertebra in that spinal segment individually to the one above and below it. Close Phase: parietals move medial as the spinal segment moves anterior.

Parietals - Thoracic synch

Everything is the same as above except you will be checking the thoracic vertebrae in spinal segments with the parietals.

Parietals - Cervical synch

Everything is the same as above except you will be checking the cervical vertebrae in spinal segments with the parietals.

Parietals - Entire spine synch

Hand Placement: Right forearm on the sacrum, fingertips reaching up the spine as far as you can. Left hand is above your right hand with the fire finger sitting on the atlas. Intent on the parietals. Open Phase: parietals move lateral as the vertebrae move posterior. You may feel the vertebrae move slightly inferior as CSF floods the field and the vertebrae decompress. Close Phase: parietals move medial as the vertebrae move anterior.

12) Parietals - Sternum * (Full Pause)

Synch sternum to itself

Hand Placement: Entire hand lying midline on the chest or fingertips of left and right hands align along the length of the sternum to check to see if it's in synch with itself. Open Phase: Sternum body moves posterior as an entire unit. Close Phase: Sternum body moves anterior as an entire unit.

Parietals - Sternum

Hand Placement: Left hand on parietals; right hand on body of sternum. Open Phase: parietals move lateral as sternum moves posterior. Close Phase: parietals move medial as sternum moves anterior. Synch it to the Core. Do full pause in open and close phases. This is important for anyone that has had medical heart procedures.

13) Diaphragms

A. Synch anterior with parietals (client supine)
(see descriptions below)

B. Synch posterior with parietals (client side lying)
(descriptions are the same except hand placement is on posterior)

C. Synch anterior/posterior together (client side lying)

Hand Placement: Client on left side. Left hand on posterior of body and right hand on anterior of body. All hand placement for diaphragms is the same as in first two steps. In this step, you will synch the anterior and posterior sides of one diaphragm to itself. Open Phase: both sides of each diaphragm will move together posteriorly. Close Phase: both sides of each diaphragm will move together anteriorly

Parietals - Pelvic Diaphragm

Hand Placement: Left hand on parietals; right hand on pubic bone with wrist lying over the hip bone. Open Phase: parietals move lateral; hip externally rotates; pubic bones move lateral; pelvic diaphragm moves posterior (your hand sinks posterior).

Close Phase: parietals move medial; hip internally rotates; pubic bones move medially; pelvic diaphragm moves anterior (your hand rises anteriorly).

Sacrum/L5 - Pelvic Diaphragm

This relationship is rarely in synch. Hand Placement: Left hand on sacrum with left thumb on L5; right hand on pelvic diaphragm.

Open Phase: sacrum moves slightly posterior and inferior; L5 moves posterior; pelvic diaphragm moves posterior. Close Phase: sacrum moves slightly anterior and superior; L5 moves anterior; and pelvic diaphragm moves anterior.

Parietals - Respiratory Diaphragm

Hand Placement: Left hand on parietals; right hand is just inferior to xiphoid process. Open Phase: parietals move lateral; respiratory diaphragm moves posterior (your hand sinks posterior). Close Phase: parietals move medial; respiratory diaphragm moves anterior. For gastric reflux, stomach pains, respiratory conditions and colic check this diaphragm.

Parietals - Thoracic Inlet Diaphragm

Hand Placement: Left hand on parietals; thumb and index fingers of right hand are touching the inferior border of the clavicle on both sides with the rest of palm and fingers spread to cover the chest area. Open Phase: Parietals move lateral; thoracic inlet diaphragm moves posterior (sinks). Close Phase: parietals move medial as thoracic inlet diaphragm moves anterior (rises).

Parietal - Throat

Hand Placement: Left hand on parietals; right hand over the throat or off the body over the throat area, depending on client's needs. Open Phase: Parietals move lateral as throat moves posterior (sinks). Close Phase: Parietals move medial as throat moves anterior. If having chronic neck pain, sore throat, snoring, choking, strangled, or fatigue check to see how the hyoid bone is moving. It opens posterior and closes anterior.

14) Upper Extremity

A. Synch right arm with Parietals (from Hand to Clavicle)

B. Synch left arm with Parietals (from Hand to Clavicle)

(see descriptions of each following D)

C. Synch both sides to each other

Begin at the hands and synchronize the paired structures to each other all the way up to the clavicle. Example: Hands. Hand Placement: Left hand on client's right hand; right hand on client's left hand. Open Phase: Hands externally rotate. Close Phase: Hands internally rotate. You should see the same pattern in each set of paired bones all the way up the arm to the clavicle except with the elbow, which will move posterior/anterior instead.

D. Synch Anterior/Posterior (from Hand to Clavicle)

Synchronize the soft tissue on anterior side of bone to soft tissue on posterior side of bone. Hand Placement: One hand/forearm on the anterior side of the arm; the other hand/forearm on the posterior side of the arm. Open Phase: Both sides of the arm will move posterior/lateral. Close Phase: Both sides of the arm will move anterior/medial. Continue to move up the arm a section at a time until you've checked the entire arm from hand to clavicle.

Parietals - Hand

Hand Placement: Left hand on parietals; right hand on client's right hand. Open Phase: parietals move lateral and hand externally rotates. Close Phase: parietals move medial and hand internally rotates.

Note: If you are working with a specific hand/finger/wrist trauma, you may have to synchronize each bone of the hand/wrist to the parietals and the bones of the hand/wrist to each other.

Parietals - Wrist

Hand Placement: Left hand on parietals; right hand on client's wrist. Open Phase: parietals move lateral; wrist externally rotates. Close Phase: parietals move medial; wrist internally rotates.

Parietals - Ulna/Radius *

Hand Placement: Left hand on parietals; right hand on client's forearm. The ulna and radius will work as one unit. Before synchronizing the forearm bones to the parietals, make sure they are in synch with each other. You will also want to check to make sure there is no twisting movement in this set of long bones. Open Phase: parietals move lateral; ulna/radius externally rotate. Close Phase: parietals move medial; ulna/radius internally rotate.

Parietals - Upper Arm

Hand Placement: Left hand on parietals; right hand on client's humerus. Check to make sure there is no twisting movement in this long bone before synchronizing it to the parietals. Open Phase: parietals move lateral; humerus externally rotates. Close Phase: parietals move medial; humerus internally rotates.

Parietals - Shoulder/Scapula

Hand Placement: Left hand on parietals; right hand over the top of client's shoulder with thumb underneath on scapula. Open

Phase: parietals move lateral; shoulder externally rotates; scapula moves posterior and slightly inferior. Close Phase: parietals move medial; shoulder internally rotates; scapula moves anterior and slightly superior.

Parietals - Clavicle

Hand Placement: Left hand on parietals; right hand on clavicle.

Open Phase: parietals move lateral; clavicle moves lateral. Close

Phase: parietals move medial; clavicle moves medial.

15) Sphenobasilar - Core (always do before any cranial/facial sequence)

Hand Placement: Right hand under occiput; left hand on frontal bone. Follow the occiput and frontal bone. In your mind's eye, look into the top of the head using Bregma as your window. Focus your attention on the cranial floor just posterior to the pituitary gland. This is the Sphenobasilar juncture where the sphenoid and occiput meet. Open Phase: The body of the occiput moves posterior while its base moves anterior; frontal and sphenoid bones move anterior. Close Phase: The body of the occiput moves anterior while its base moves posterior; frontal and sphenoid bones move posterior.

Now add the Core Current in. In the open phase the core current moves inferior. In the closed phase the core current moves superior. Do full pause at open and close phase. This is such a powerful step, it should be repeated at the end of the cranial/facial sequence.

16) Parietals - Frontal synch (Full Pause)

Hand Placement: From client's right side, left hand on parietals; right hand on the frontal bone. Open Phase: parietals move lateral; frontal bone rocks anteriorly. Close Phase: parietals move medial; frontal bone rocks posteriorly. Add the Core. Do a full pause in open and close phases.

17) Parietals - Occiput synch (Full Pause)

Hand Placement: From client's right side, left hand on parietals; right hand under the occiput bone. Open Phase: parietals move lateral; body of the occiput moves posterior as its base moves anterior. Close Phase: parietals move medial, body of the occiput moves anterior as its base moves posterior. Add in the Core, then the atlas. Do a full pause in open and close phases.

18) Parietals - Temporals synch * (Full Pause)

Hand Placement: Sitting above client's head, place earth or water fingers on mastoid tips and curve hands around the ears to cup the temporal bones on each side of the head. Thumbs are on the parietals. Synch the temporal bones to each other first. Use water fingers on each mastoid process. Distance between mastoid tips decrease in the opening phase and increase in the closing phase. Open Phase: parietals move lateral; body of the temporal bone rotates anterior and laterally; distance between the mastoid tips decreases. Close Phase: parietals move medial; body of the temporal bone rotates posterior and medially; distance between the mastoid tips increases. Add in the Core. Do a full pause in the open and close phases. This helps release auditory trauma.

*The Temporals are dis-synchronized in these conditions: ADHD, ADD, Dyslexia, Autism, and Schizophrenia.

*This will make the Dural Tube Traction from the mandible much easier. Or you can do full pauses on the Core Current in both directions in place of the Dural Tube Traction.

*Unwinding type motion is a frustration of that part being separated from the Core Current (out of synch).

19) Parietals - Sphenoid synch * (Full Pause)

Hand Placement: Sitting above client's head, place fire fingers on the greater wings of the sphenoid bones. Location is just behind

the ridge of the eye in the indentation slightly superior to the crease of the eye. Synch the sphenoid bone with itself first to make sure there is no torque in the movement of this bone.

Thumbs are on the parietal bones. Open Phase: parietals move lateral; sphenoid rocks anterior. Close Phase: parietals move medial; sphenoid rocks posterior. Add in the Core. Do a full pause in the open and close phases.

20) Parietals - Zygomatics synch * (Full Pause)

Hand Placement: Sitting above client's head, place water fingers on the zygomatic bones on each side of the face. Thumbs are on the parietals. Synch the zygomatics to each other first before adding in the parietals and the Core. Open Phase: parietals move lateral; zygomatics move lateral and slightly inferior. Close Phase: parietals move medial; zygomatics move medial and slightly superior. Add in the Core. Do a full pause in open and close phases.

21) Parietals - Maxilla synch * (Full Pause)

A. External

Hand Placement: Sitting on client's right side, left hand on parietals; place thumb and index finger of right hand on sides of nose with contact down to lip area. Synch maxilla bones to each other before adding the parietals. Open Phase: parietals move lateral; maxilla move lateral. Close Phase: parietals move medial; maxilla move medial. Add in the Core. Do a full pause in open and close phases.

B. Internal

Hand Placement: Glove up. Standing on client's right side with left hand on parietals. Go inside the mouth with right hand. Place air and fire fingers or fire and water fingers along biting edge of teeth on both sides. Synch internal maxilla to each other before adding the parietals. Open Phase: parietals move lateral; maxilla

move lateral. Close Phase: parietals move medial; maxilla move medial. Add in the Core. Do a full pause in open and close phases.

Note: A Core treatment should follow each orthodontic or dental appointment to help re-synch the cranial and facial bones. This work is also beneficial for people who suffer with sleep apnea, grinding of the teeth, etc. On many people it will be necessary to check the internal aspect and the external aspect of the maxilla together, as this is often out of synch.

22) Parietals - Vomer synch * (Full Pause)

The vomer is the nose of the sphenoid. It is the lower part of the nasal septum so it's just above the hard palate. Hand Placement: Glove up. Standing, go inside the mouth with the right hand. Place the air or fire finger along the mid line of the hard palate. Left hand on the parietals. Open Phase: parietals move lateral; body of the vomer moves anterior and superior as its base moves posterior and inferior. (Your right finger/hand will rock upward in the open phase.) Close Phase: parietals move medial; body of the vomer moves posterior and inferior as its base moves anterior and superior. Add in the Core. Do a full pause in open and close phases.

23) Frontal - Sphenoid - Vomer synch (Full Pause)

Hand Placement: same hand placement for the vomer as described above. Use the left thumb and fire finger to make horseshoe-shape contact with the greater wings of the sphenoid bone just lateral and superior to the eye creases. Add your intent on the frontal bone. Open Phase: frontal and sphenoid bones rock anteriorly; body of the vomer moves anterior and superior as its base moves posterior and inferior. (Your hands will pivot where the sphenoid meets the vomer and your wrists will move toward each other in the open phase.) Close Phase: frontal and sphenoid bones rock posteriorly; body of the vomer moves posterior and

inferior as its base moves anterior and superior. (Your wrists will move away from each other in the close phase.) Add in the Core. Do full pause in open and close phases

Note: Be patient when synching the vomer. Don't cut short your time here.

24) Parietals - Palatines synch (Full Pause)

The Palatines are the back section of the hard palate. To find these paired bones, move along the side of the teeth until you drop off the back of the hard palate and then come back on.

Hand Placement: Glove up. Left hand on parietals; right fire finger goes into the mouth and finds the palatine on one side. You will synch each side to the parietals separately (can't fit two fingers into the mouth that far back), but synch it to the other palatine at the same time with your intent. Open Phase: parietals move lateral; palatine arcs out laterally. Close Phase: parietals move medial; palatine arcs back in medially. Add in the Core. Do full pause in open and close phases.

25) Parietals - Nasal synch * (Full Pause)

The nasal bones have a huge impact on the alignment of the whole cranium and face. Hand Placement: Left hand on parietals. Use index finger and thumb of right hand. With them almost touching on the mid line of the nose you want to be just below the bridge of the nose. Synch nasal bones to each other before adding the parietals. Open Phase: parietals move lateral; nasal bones move lateral. Close Phase: parietals move medial; nasal bones move medial. Add in the Core. Do a full pause in the open and close phases.

26) Parietals - Lacrimals synch * (Full Pause)

Look at the very medial corner of the eye, medial to the tear duct and slightly superior. Synch lacrimal bones to each other before adding the parietals. Hand Placement: Left hand on parietals;

right thumb and index finger make contact in above-mentioned location. Open Phase: parietals move lateral; lacrimals arc out laterally. Close Phase: parietals move medial; lacrimals arc back in medially. Add in the Core. Do full pause in open and close phases.

27) Parietals - Ethmoid synch (Full Pause)

The ethmoid bone is your life compass. It's also known as the lungs of the head. Spend time here as it will help the client get closer to the functional still point. The ethmoid sits on top of the vomer and in front of the sphenoid. Hand Placement: Left hand on parietals; right index finger on the bridge of the nose. Open Phase: parietals move lateral; ethmoid moves posterior (finger will sink). Close Phase: parietals move medial; ethmoid moves anterior (finger will rise). Add in the Core. Do full pause in open and close phases. Synch the sphenoid, ethmoid, and vomer.

28) Eyes

Spin of the minor chakras at eyes

Hand Placement: From the head of the table, place air or fire fingers on eyelids with a light touch to feel the direction of the chakra spin. Correct chakra spin will be counterclockwise on the right eye and clockwise on the left eye (the spin follows the eyebrows). If the spin is not correct, stop it with your intent and it will immediately correct itself.

Parietals - Eyes synch *

You will want to synch the eyes to each other first before adding the parietals. Hand Placement: Thumbs on parietals; fire fingers on eyelids. Open Phase: parietals move lateral; eyes move posterior. Close Phase: parietals move medial; eyes move anterior. Add in the Core.

Orbit synch (Full Pause)

Hand Placement: Sitting at top of client's head, place thumbs on the superior orbital ridge (frontal bone). Place index fingers on the inferior orbital ridge (zygomatics). Open Phase: superior orbital ridge moves anterior; inferior orbital ridge moves lateral and slightly inferior. Close Phase: superior orbital ridge moves posterior; inferior orbital ridge moves medial and slightly superior. Add in the Core. Do full pause in open and close phases.

Eyes/Occiput

Hand Placement: From client's right side, left hand underneath the occiput; right thumb and index finger on the eyelids. Open Phase: occiput moves posterior and slightly inferior; eyes move posterior. Close Phase: occiput moves anterior and slightly superior. Add in the Core.

Can add in other cranial and facial bones: thumbs on parietals/core; air fingers on the frontal bones; fire fingers on the eyes; water fingers on the zygomatics; earth fingers on TMJ.

29) Parietals - Mandible synch * (Full Pause) (Synch mandible to itself)

From client's head or side, synch the mandible to itself. To synch parietals to the mandible, move to the client's right side. Hand Placement: Left hand on parietals; right hand cupping the mandible (jaw). Open Phase: parietals move lateral; mandible moves inferior. Close Phase: parietals move medial; mandible moves superior. Add in the Core. Do a full pause in the open and close phases.

30) Full Cranial Hold (Full Pause Both Directions)

Hand Placement: From the top of the client's head, earth fingers on the occiput; water fingers on the mastoid processes; fire fingers on the mandible, air fingers on the sphenoid/frontal,

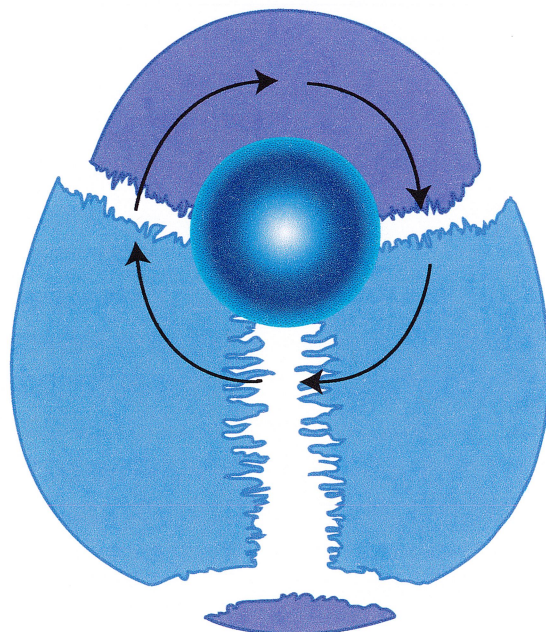
thumbs on parietals/bregma. Open Phase: occiput moves posterior and slightly inferior; distance between the mastoid processes decreases; sphenoid and frontal bones rock anteriorly; parietals move lateral. Close Phase: occiput moves anterior and slightly superior; distance between the mastoid processes increases; sphenoid and frontal bones rock posteriorly; parietals move medial. Add in the Core. Do a full pause in open and close phases.

How things move in the Open Phase:

Core	inferior
Parietals	lateral
Frontal	anterior
Temporals	body of temporal rotates anterior and laterally
	distance between mastoid tips decreases
Sphenoid	anterior
Zygomatics	lateral and slightly inferior
Maxilla	lateral
Vomer	tip and body of vomer move anterior and superior
	Base of vomer moves posterior and inferior
Palatines	arc out laterally
Nasal bones	lateral
Lacrimals	arc out laterally
Ethmoid	posterior
Eyes	posterior
Mandible	inferior
Occiput	posterior and slightly inferior
Atlas	posterior
All spinal segments	posterior and slightly inferior

Throat	posterior
Hyoid bone	posterior and slightly inferior
All Diaphragms	posterior
Rib cage	externally rotates
Sternum	posterior
Clavicle	lateral
Scapula	posterior and slightly inferior
All arm bones	externally rotates
Elbow	posterior
L5	posterior
Pubic Bones	distance between the bones increases
Uterus, ovaries	posterior
Testes, Penis	inferior
Prostate	inferior
Sacrum	posterior and inferior
Coccyx	anterior
Perineal Floor	inferior
Hip	externally rotate
All leg bones	externally rotate
Patella	posterior
Calcaneus	inferior
All foot bones	externally rotate

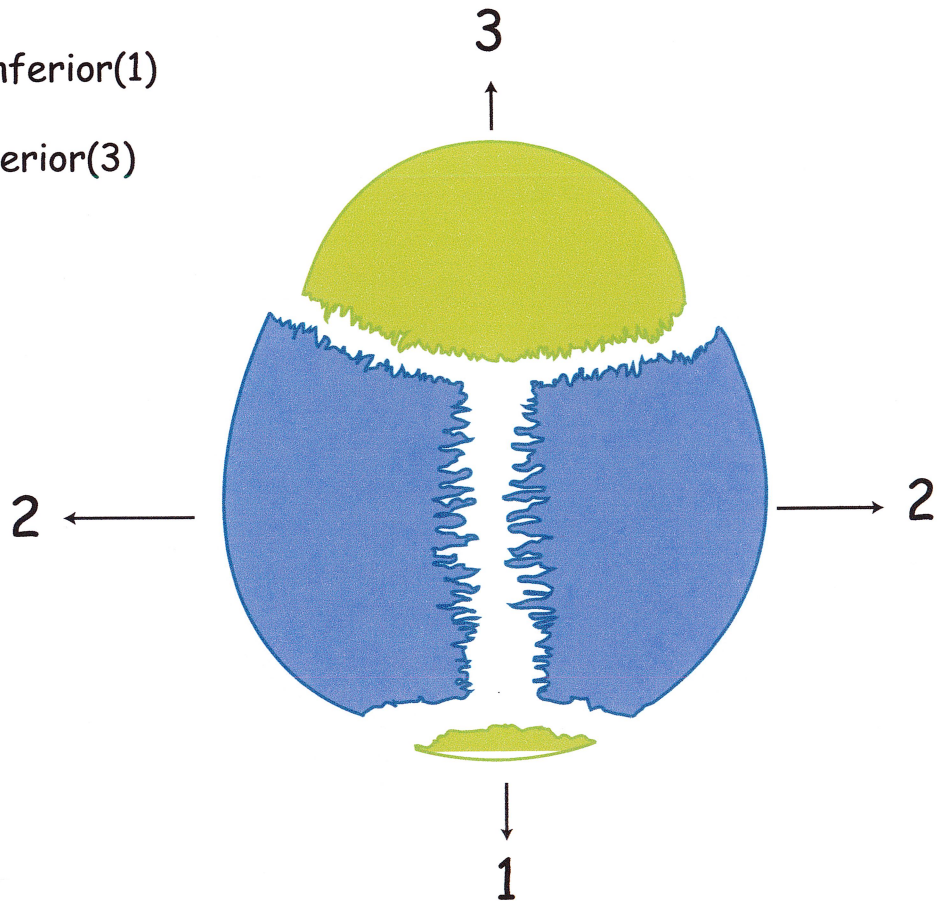
Ultra-Sonic Core



The exact position of the Ultra-Sonic Core is determined by placing the base of the clients hand at the bridge of the nose and extending the fire finger toward Bregma. Where the finger tip ends is the center of the Core.

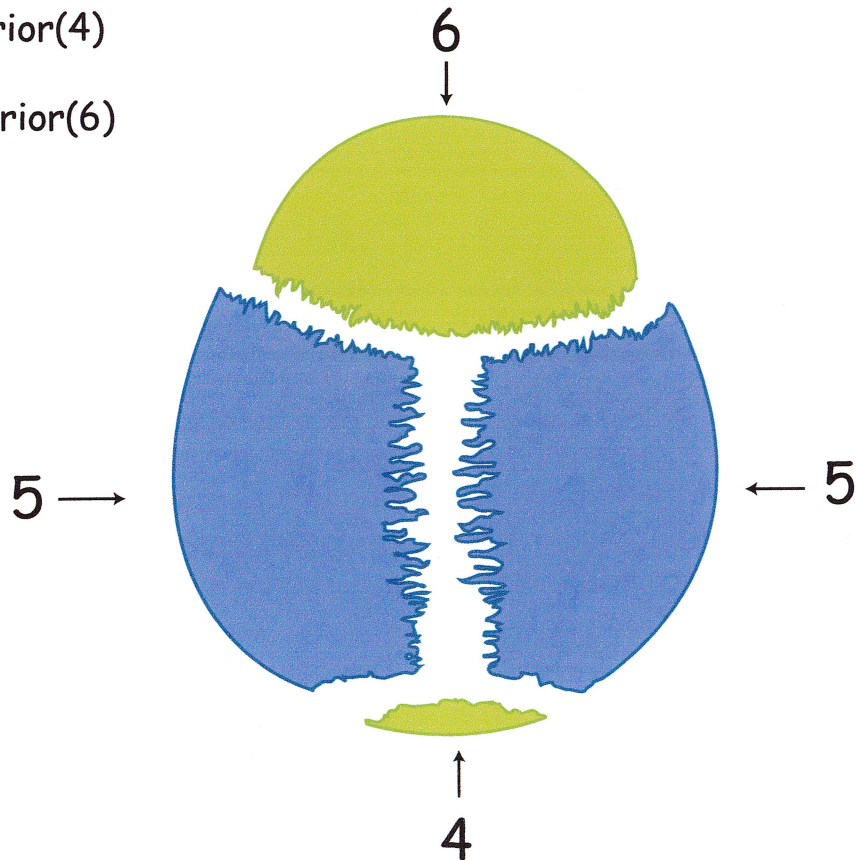
Opening

- Occiput posterior/inferior(1)
- Parietals lateral(2)
- Frontal anterior/inferior(3)

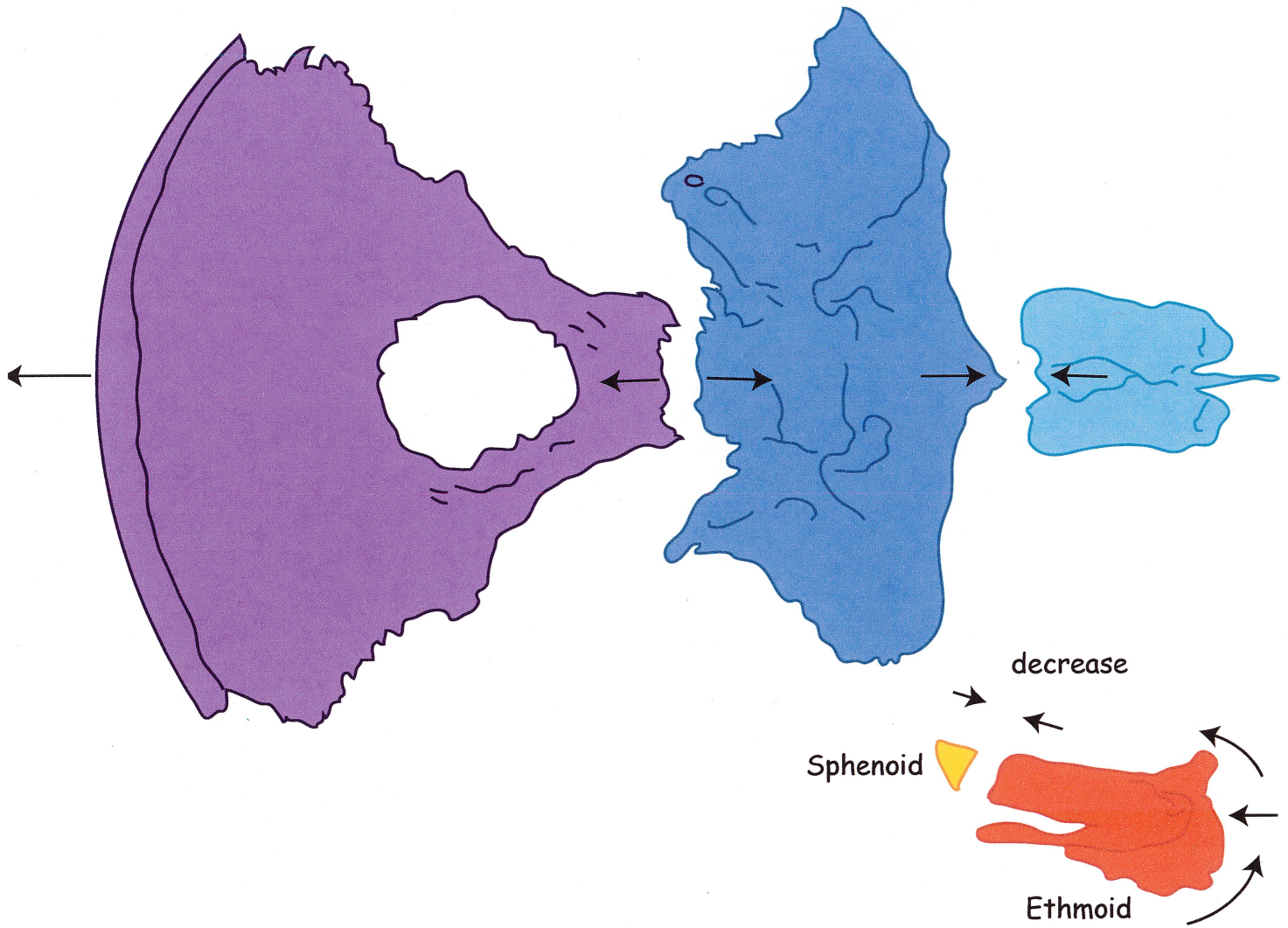


Closing

- Occiput anterior/superior(4)
- Parietals medial (5)
- Frontal posterior/superior(6)



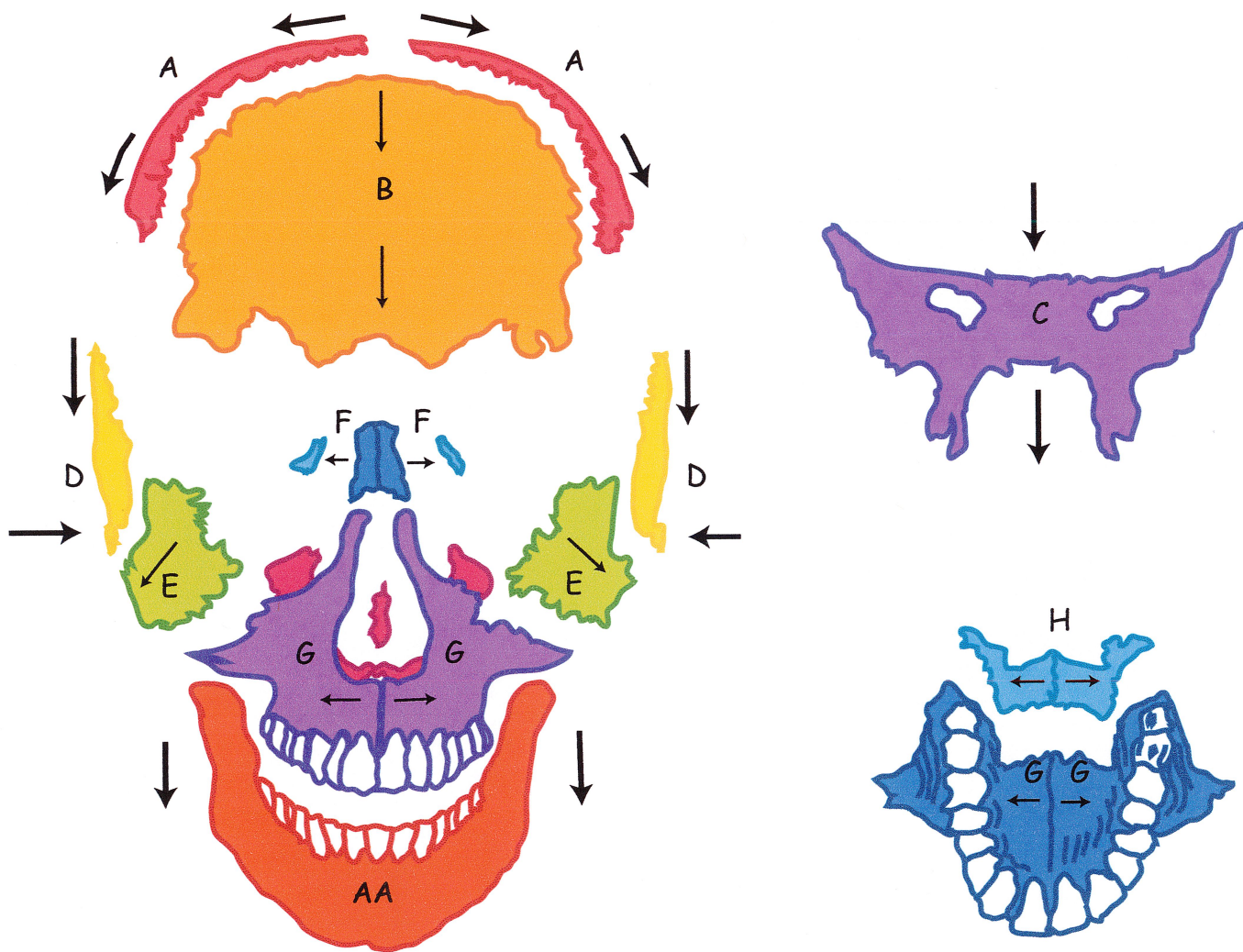
Opening



Occiput posterior/inferior

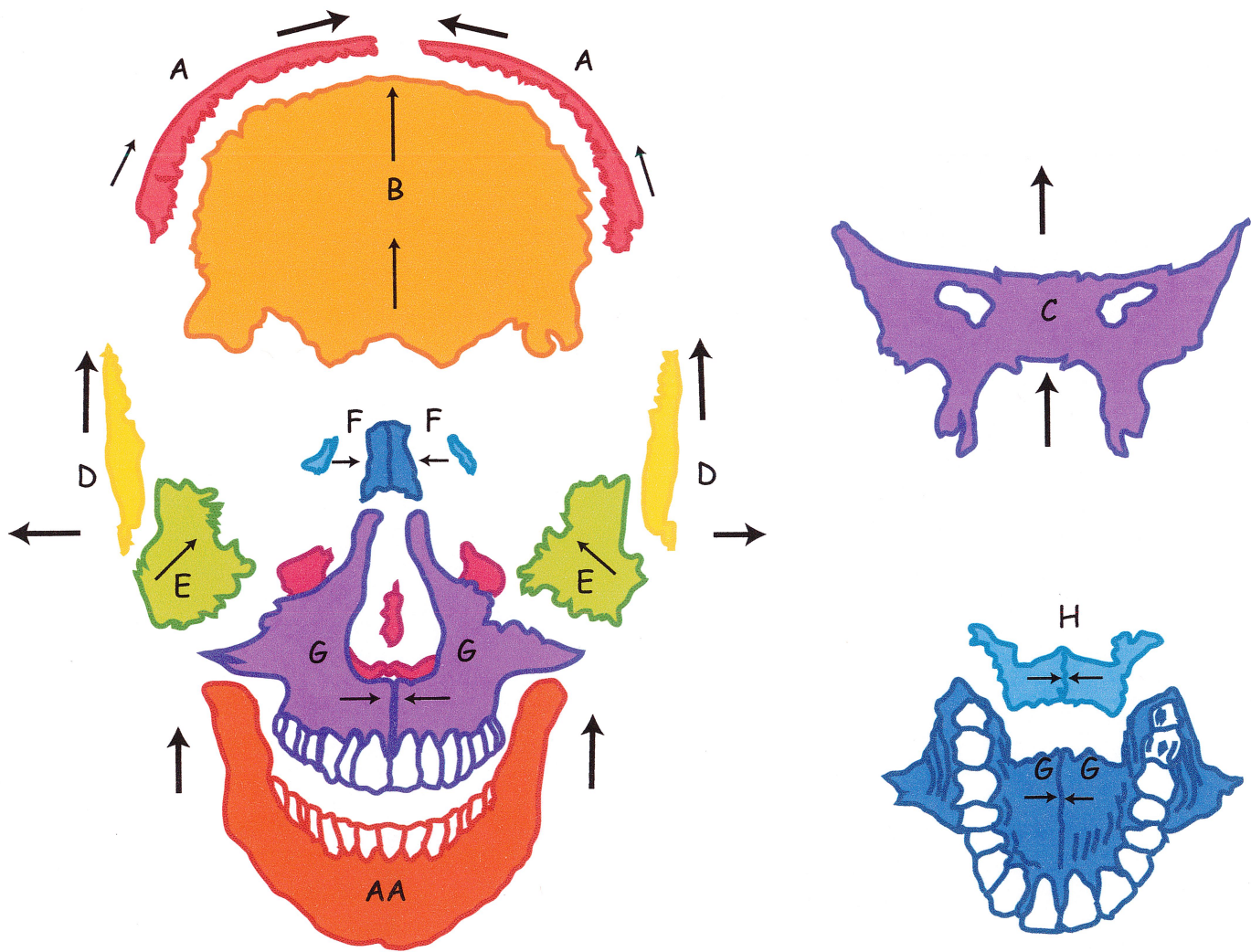
Sphenoid anterior/inferior

Ethmoid posterior/superior



Opening:

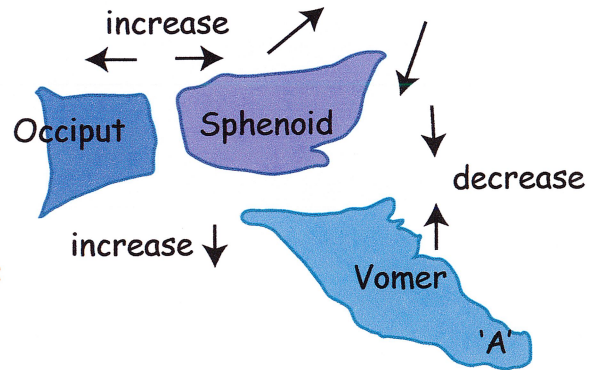
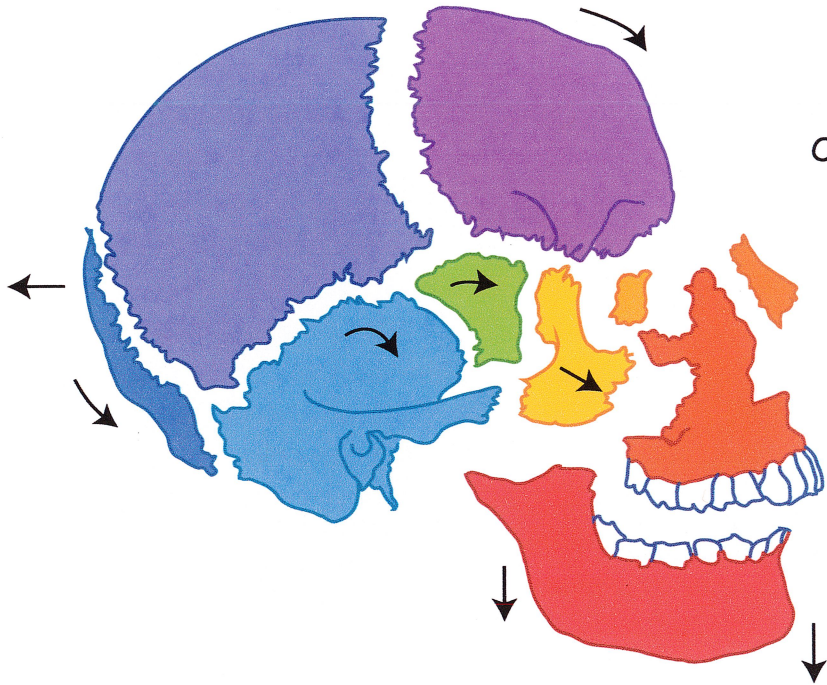
- a) Parietal : lateral
- b) Frontal : anterior/inferior
- c) Sphenoid : anterior/inferior
- d) Temporal : distance between mastoid processes **DECREASES**
while temporal rotates anterior and lateral
- e) Zygomatic : lateral/inferior
- f) Lacrimal/Nasal : lateral
- g) Maxilla : lateral
- h) Palatine : lateral
- aa) Mandible : inferior



Closing :

- a) Parietal : medial
- b) Frontal : posterior/superior
- c) Sphenoid : posterior/superior
- d) Temporal : distance between mastoid processes **INCREASES**
while temporal rotates posterior/medial
- e) Zygomatic : superior/medial
- f) Lacrimal/Nasal : medial
- g) Maxilla : medial
- h) Palatine : medial
- aa) Mandible : superior

Opening

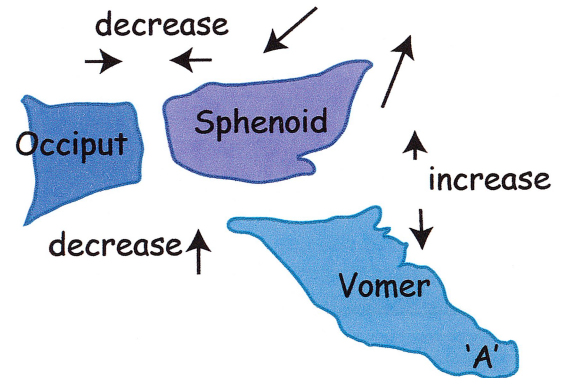
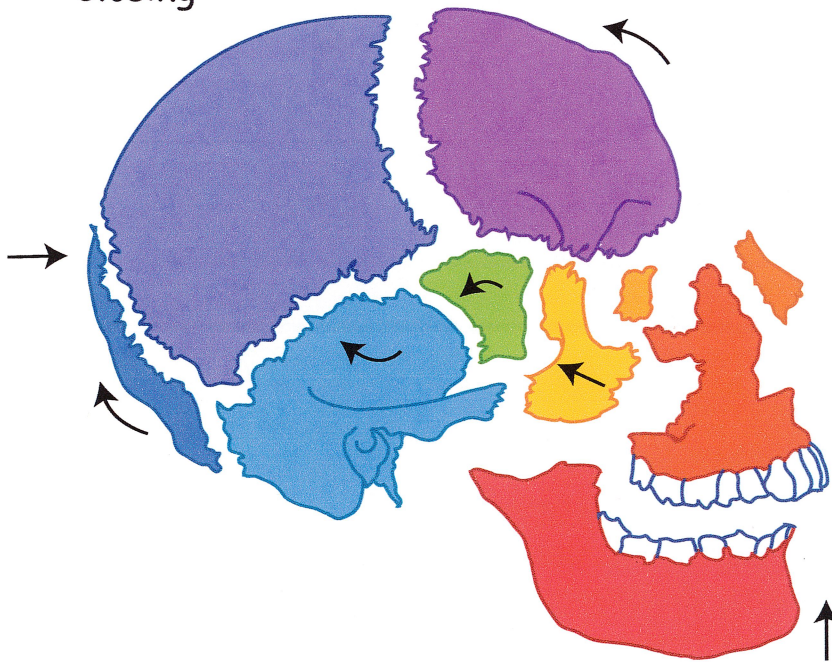


Sphenoid anterior

Base of Vomer posterior/inferior

Tip of Vomer anterior/superior

Closing



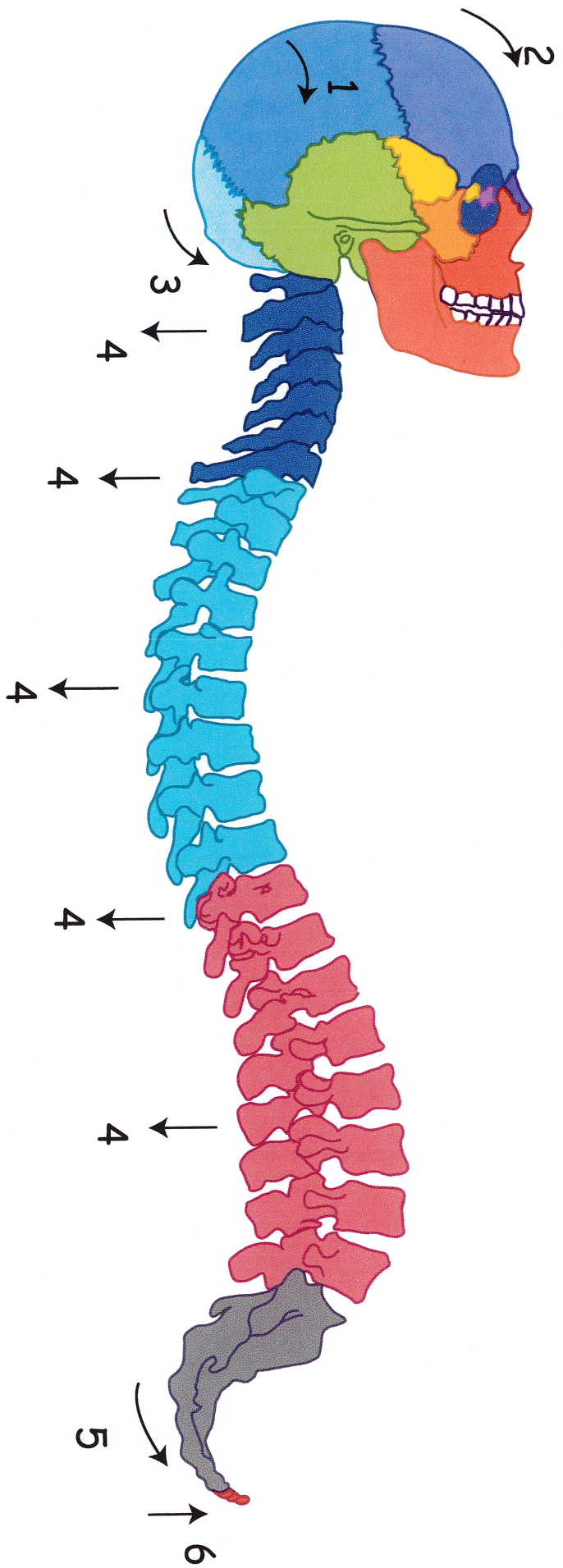
Sphenoid posterior

Base of Vomer anterior/superior

Tip of Vomer posterior/inferior

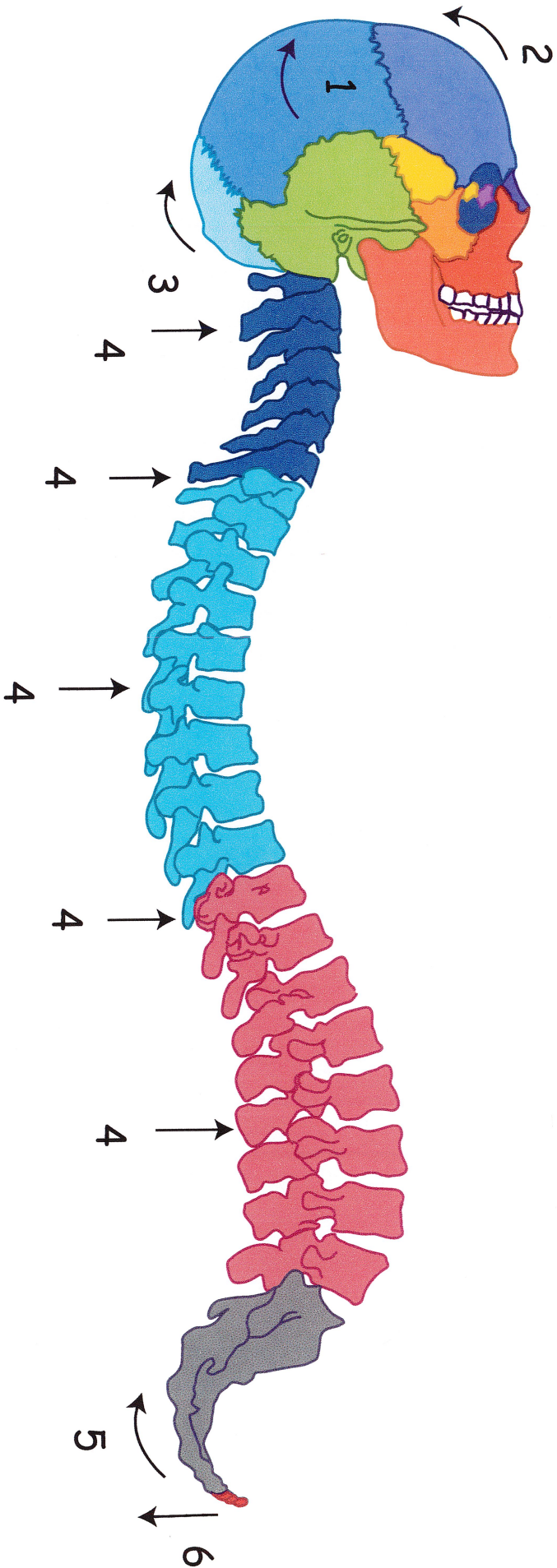
Opening

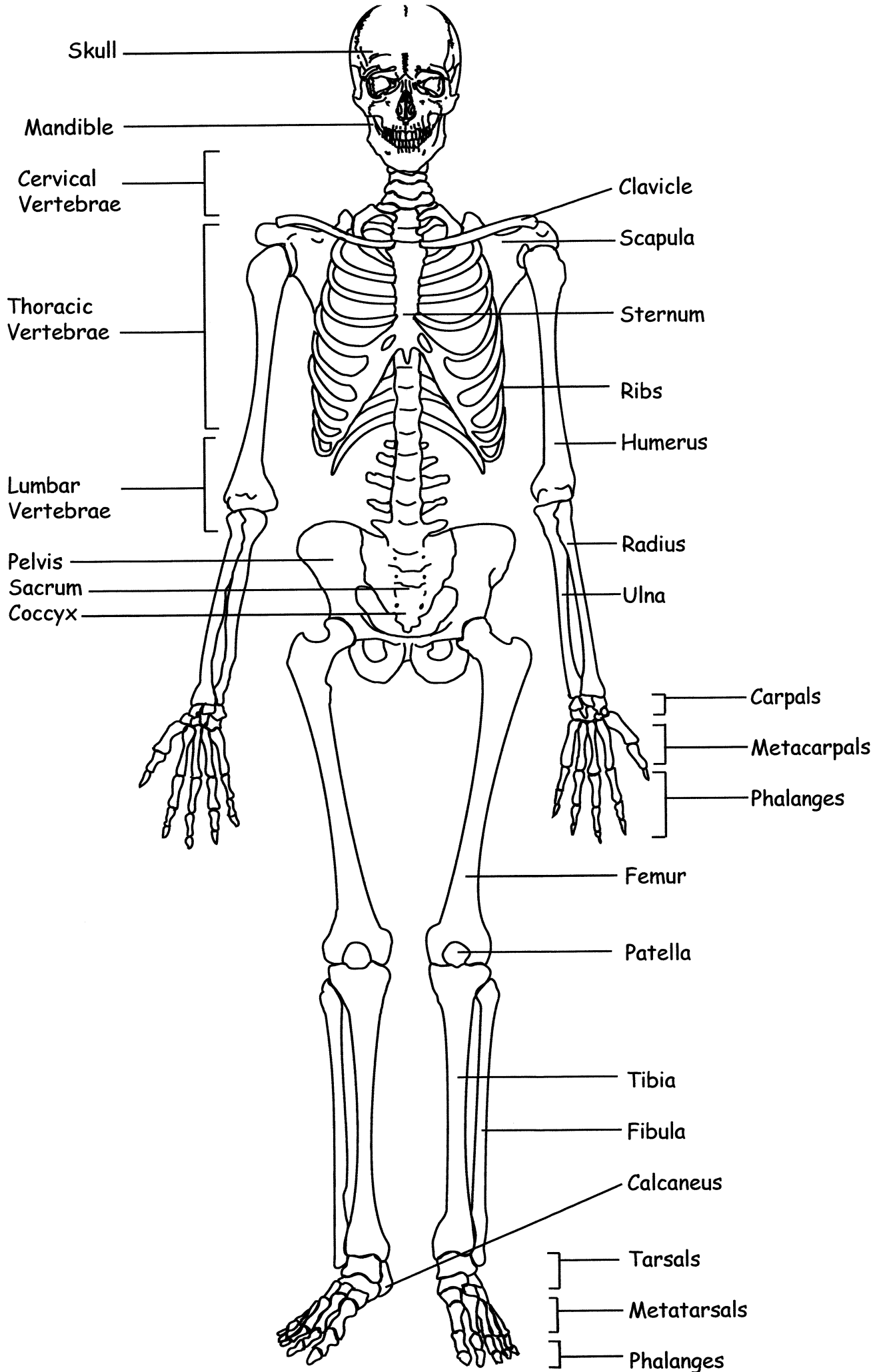
- (1) Parietals lateral
- (2) Frontal anterior/inferior
- (3) Occipital posterior/inferior
- (4) Vertabrae posterior/inferior
- (5) Sacrum posterior/inferior
- (6) Coccyx anterior

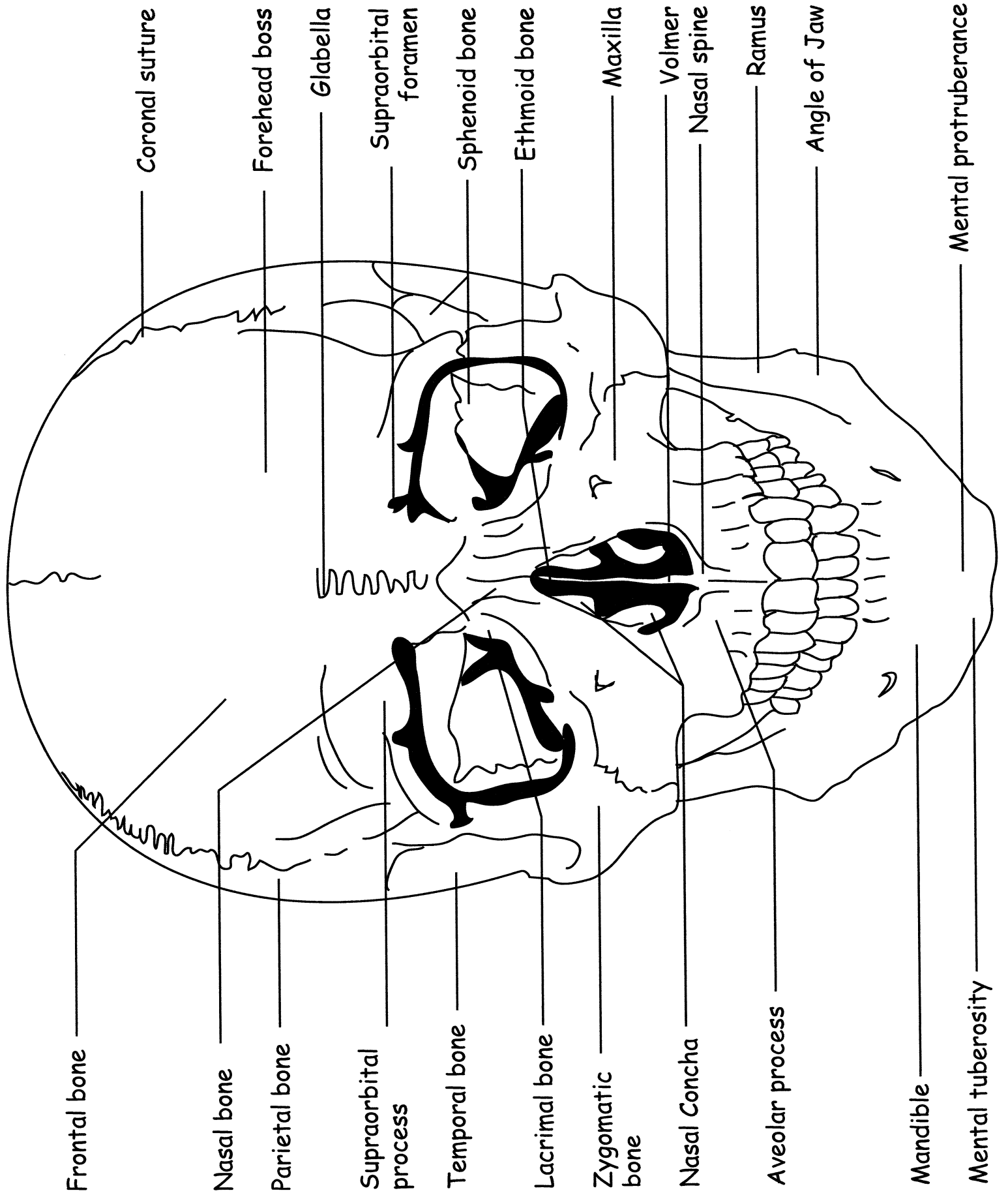


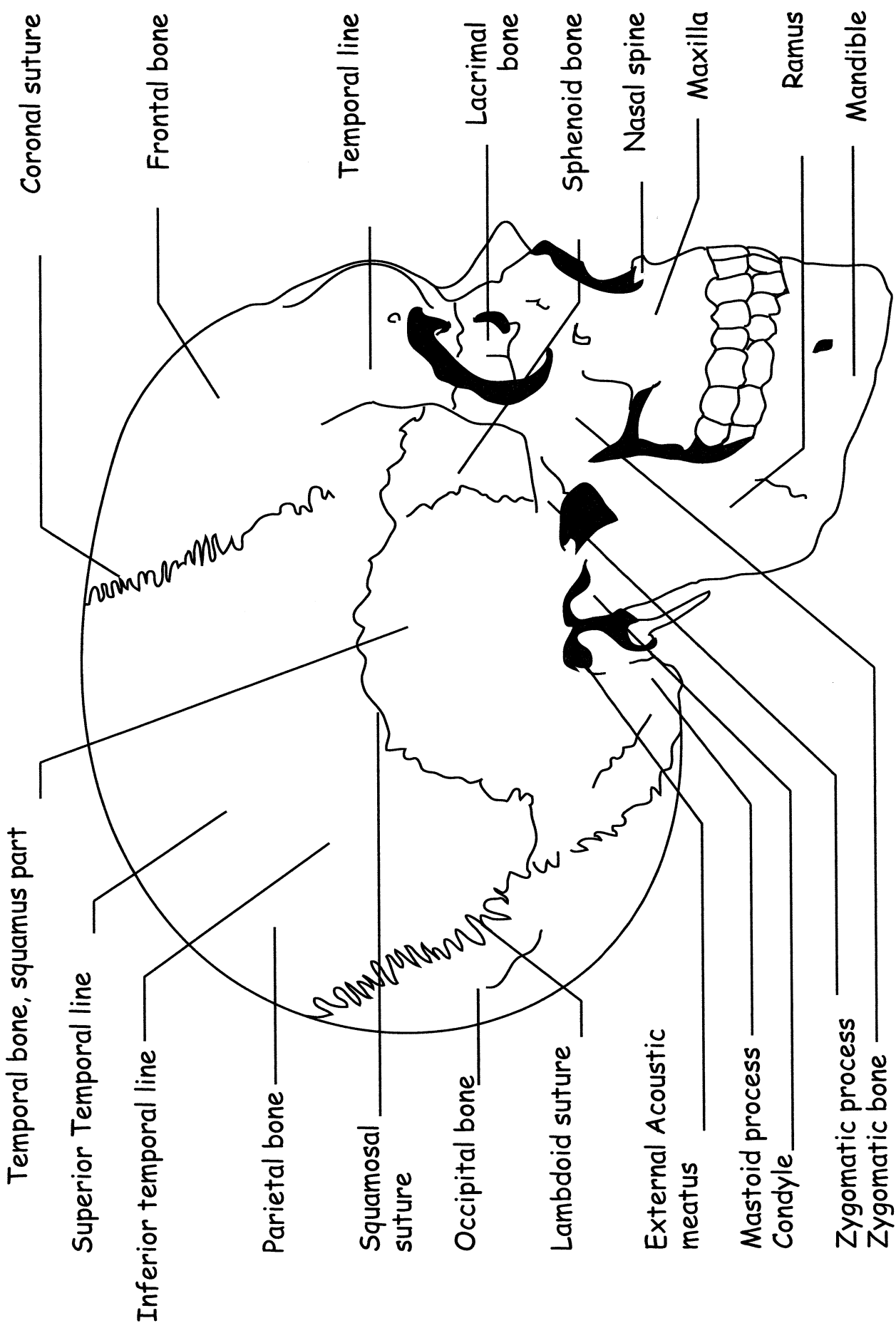
Closing

- (1) Parietals medial
- {2} Frontal posterior/superior
- {3} Occiput anterior/superior
- (4) Vertebrae anterior
- (5) Sacrum anterior/superior
- (6) Coccyx posterior









Core Synchronism Lymphatic Sequence

1) Core Current Direction

2) Sphenobasilar/Core

3) Core/Perineal Floor

4) Core/Parietals/Ethmoid

Apply a Small Amount of Lymphatic Formula to Each Area (1-4)

1) Cisterna chyli

2) Right Lymphatic Duct

3) Left Thoracic Duct

4) Feet

Heart Manipulation

Follow Core

In the art of knowing your mechanism, you can bring this fundamental principle of the primary respiratory mechanism with its Intelligence, with its potency, to that short rhythmic period of its fluctuation. When you have brought the fluctuation to the still, quiet point you have an immediate interchange between all the fluids of the body. This includes the electrolysis in the lymph nodes that prepares the lymph for its return to the blood stream.

electrolysis: the producing of chemical changes by passage of an electric current through an electrolyte

electrolyte: a nonmetallic electric conductor in which current is carried by the movement of ions

ion: 1: an atom or group of atoms that carries a positive or negative electric charge as a result of having lost or gained one or more electrons 2: a charged subatomic particle

electron: an elementary particle consisting of a charge of negative electricity

"Possibly less is known of the lymphatics than any other division of the life-sustaining machinery of man.....Finer nerves dwell with the lymphatics than even with the eye." Still, Philosophy and Mechanical Principles of Osteopathy, p. 66.

You will be able to disseminate the contents of enlarged lymphatic tissue without the development of spontaneous eruptions or abscess formation. It will disappear as it has in instances when the fluctuations of the cerebrospinal fluid has been under the control of a cranial technician.

Core Synchronism Lymphatic Information

By increasing the vibrational force in the lymph system so it matches that of the CSF, we create a safe environment where an exchange can take place. This allows the lymph to feel safe enough to release and the following occurs:

- An interchange between all the fluids of the body. This includes the electrolysis in the lymph nodes that prepares the lymph for its return to the blood stream.
- Resonance of frequencies between light and sound and the body fluids via the functional still point.

Our digestive system recognizes simple things. The lymph's job is to protect the blood by sucking up and holding onto poisons:

- pharmaceuticals
- vaccinations
- chemicals in foods

If the lymph system becomes over-burdened, it will not be able to hold onto the toxins it's meant to protect you from. These toxins will begin to circulate in the body and enter into the tissues and organs.

The Lymph may look gray or brownish in color; it should be aquamarine in color or clear.

It may also feel like sludge or mud but will become free flowing once the exchange has occurred.

We can release the entire lymph system with four hand placements. If there is a discharge, it will be a fraction of the poison that was in the lymph system.

Post-Lymphatic Core Synchronism Sequence

- Client should drink lots of water.
- 30-minute bath (do if sore after this treatment)
Use organic apple cider vinegar (1 cup to 1 quart)
Add vinegar to a hot bath.

Soak in tub with the upper body out of the water until you break a sweat.

Submerge upper body and remain in tub for duration of 30 minutes total.

Rinse off with cool or cold water.

Dress and lie down and rest.

1) Cisterna chyli

Follow tissue from periphery to center.

Keep doing full pauses at the center until you feel electrical sensation .

It will then slow down, then get really fast with lots of bouncing.

The fluid exchange occurs with the electrical feeling in the hands and the functional still point.

2) Right Lymphatic Duct

Be sure to synch the duct to clavicle first

Clavicle moves lateral/medial

Duct moves posterior & strongly inferior/anterior & strongly superior

Right lymphatic duct receives lymph from the right side of the head, neck and the trunk and from the right upper extremity.

3) Thoracic Duct

Same sequence as right lymphatic duct. The thoracic duct collects lymph from most of the body regions and conveys it back into the blood stream. The duct originates in the abdomen anterior to the 2nd. lumbar vertebra at the cisterna chyli. .

4) Feet

The movement in the feet may be very erratic after steps 1-3.

Small amount of formula at minor chakra locations. Hold heels.

Follow the movement of the heels from the periphery to the center.

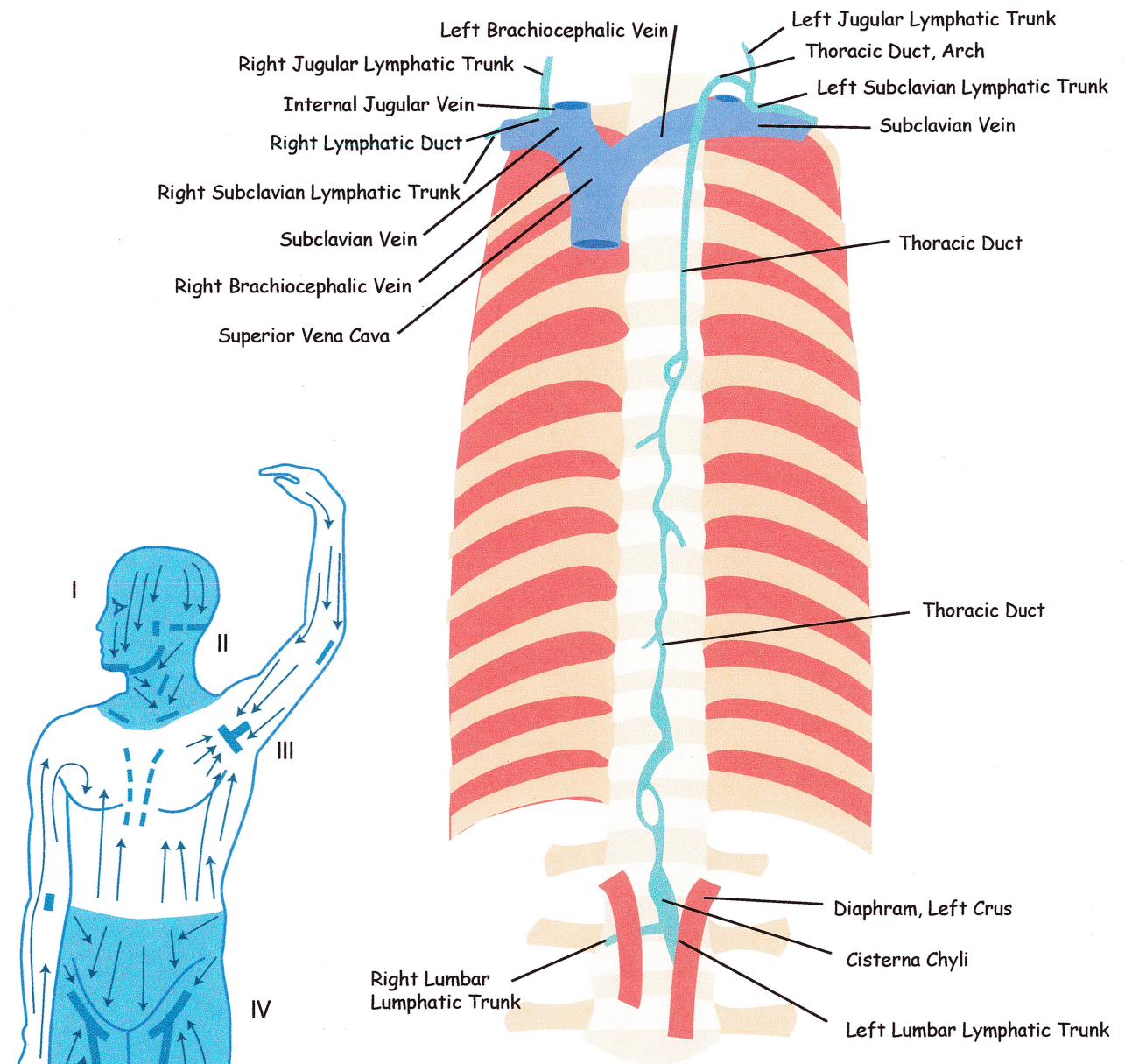
Keep doing this until the electrical sensation in the hands and the functional still point is achieved.

Heart Manipulation

Synch the heart to itself and with as many structures as possible.

Follow Core

Thoracic Duct and Lymphatic Drainage



Cisterna Chyli - enlargement of the thoracic duct. It receives lymph drainage from digestive organs. Has lots of fat.

Thoracic Duct: Its Origin and Course

1) The thoracic duct collects lymph from most of the body regions and conveys it back into the blood stream. The duct originates in the abdomen anterior to the 2nd Lumbar vertebra at the cisterna chyli.

2) The thoracic duct enters the thorax through the aortic hiatus of the diaphragm, slightly to the right of the midline. Within the posterior mediastinum of the thorax, still coursing just ventral to the vertebral column, it gradually crosses the midline from right to left.

3) The duct then ascends into the root of the neck on the left side and opens into the left subclavian vein near the junction of the left internal jugular vein.

4) The right lymphatic duct receives lymph from the right side of the head, neck and trunk and from the right upper extremity. It empties into the right subclavian vein.

→ = Direction of flow of lymph in the following large areas of the body

I = Head

II = Neck

III = Upper extremity and thorax

IV = Lower trunk and lower extremity

■ = Sites of lymphatic channel convergence

Lymph

The body is primarily composed of a base fluid consisting of water with a few proteins and complex sugars. When this fluid is situated between cells it is referred to as extracellular fluid. When it is situated between tissues, it is referred to as interstitial fluid. When located in the blood, it is referred to as blood plasma. When found in the lymphatic system it is referred to as lymph. Hence, the main difference between lymph, blood plasma, extracellular fluid, and interstitial fluid is location.

Unlike the cardiovascular system, which flows in a continuous circle, the lymphatic system moves in only one direction, toward the subclavian veins. Without a pump to assist flow, lymph moves only through

pressure gradients from external sources. Transport of lymph depends entirely on pressure exerted on its vessel walls. This pressure can come from the milking action of skeletal muscle contractions or on the pressure changes in the thorax and abdomen during breathing. Lymph moves slowly when compared with blood circulation. When lymph pools in an area, the condition is referred to as lymphedema or edema.

Lymph Vessels

Lymphatic vessels (lymphatics) include lymph capillaries, lymph vessels, lymphatic trunks, and two main collecting ducts.

Lymph capillaries have the same structures as blood capillaries, but they are larger, more irregular... (continued on another page ... edit here as needed.)

