

FACILITATION

1. Local (technically, not "facilitation")

Use this when an area has been injured, i.e., trauma, surgeries, visceral problems. Disruption of the local area is an expression of unresolved inertial forces, creating a neuro-active "soup" of nociceptive signals experienced as pain.

Preliminary: general mobility, motility, and potency of CSF in the midline

"Send fluid" to the site via the midline, noticing relationships along the way, such as a spinal area which seems relevant.

"Sandwich" hand position on the affected area, listen for micromovements, identify the fulcrum if possible, follow patterns to the state of balance and wait for three stage healing process. Also, direct fluid to the affected area from the ventricles or sacrum.

2: Local site to spine

This is when an injury is becoming chronic, with an activated, hypersensitive ("facilitation") sensory nerve loop between the injury site and the spine.

Preliminary: general mobility and potency of CSF in the midline, plus mobility/potency of the spine.

"Send fluids" to sites as needed.

First, relate to the local area as described above.

One hand is placed on the extremity where the injury is, the other on the corresponding spinal nerve location. Lowest location is L1, and locations tend to correspond appropriately with areas (i.e., arm will be high, leg will be low). The spinal spot may express as a sensitive "hot spot" palpable by scanning likely areas.

Holding both locations, listen for the relationship between the two, as a single unit of function.

Listen for micro-movements, identify the fulcrum if possible, follow patterns to the state of balance and wait for three stage healing process.

In visualizing, relate to the spinal area (dorsal horn nuclei) as a vertical band spanning many vertebrae, not a horizontal band. The facilitated loop may appear as a circuit carrying charge.

3: Spinal

At this stage, the dorsal horn cells of the spine are activated. Technically it is described as "transduction" of the dorsal horn cells, in which various kinds of input (such as kinesthetic and pressure receptors) are erroneously experienced as nociceptive (pain signal) input.

Preliminary: general mobility and potency of CSF in the midline, plus resolution of horizontal blockages especially at diaphragms.

Place one hand at the lower spinal site and the other at the crown, or occiput and upper neck, and direct fluid down the dorsal horn vertical band of the spine to the activated spinal site.

4: Spine to Brain

Here the situation is chronic and the activation now has progressed up the spine into the brain, which disrupts the biochemistry of stress response (autonomic nervous system) with major implications for neuro-endocrine-immune function. Input from the dorsal horn cells overwhelms the

higher nuclei within the brain stem, including autonomic nuclei, locus ceruleus, PGI, nucleus and tract of solitarius, etc.

Preliminary: general mobility and potency of CSF in the midline, plus openness of the foramen magnum and the jugular foramina.

Holding at the head (neck-occiput may be a good start position), bring attention to the brainstem (locus ceruleus & raphi nuclei), 4th & 3rd ventricles, hypothalamus, hippocampus, amygdala. The vagus nerve may also attract your attention.

Listen for micromovements, identify the fulcrum if possible (it may be found in the affected nuclei), follow patterns to the state of balance and wait for three stage healing process.

As the session progresses, let the attention periodically widen so that the whole field, especially the other end of the facilitated loop, is appreciated as a single unit of function. The continuity of spinal cord, brain stem, mid-brain and cerebral hemispheres is appreciated. The loop may appear as a circuit. Special attention may be drawn to the pelvic areas or horizontal diaphragms.

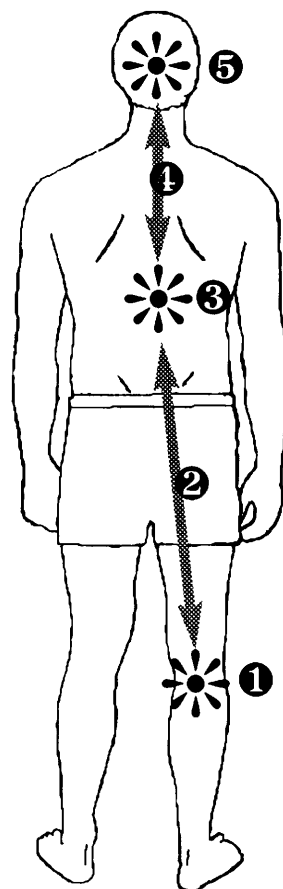
5: Brain

Here, control nuclei (hypothalamus-pituitary-adrenal axis- "HPA axis") are chronically overstimulated. The amygdala may be involved as the nociceptive input, causing "fight/flight" mechanisms to chronically activate.

Preliminary: general mobility and potency of CSF in the midline, and open circulation of CSF throughout the ventricles,

Sense centers of disturbance within the brain, as specifically as possible, viewing likely sites of hyperactivation with a light curiosity. Using regular techniques (directing of fluids, and following to a state of balance), encourage the three-stage healing process. Also, you might invite these areas to re-set at a lower and slower rate of oscillation/movement.

Periodically widen view to notice relationships elsewhere in the brain or body.



NEW VOCABULARY

Facilitation: Hyper-active nervous system circuits arising from chronic stimulation.

Nociception: Internally-generated pain signals, which may not have an actual conventional stimulus, and may be self-perpetuating via adaptations in stress response biochemistry.

