LBG PROTOCOLS

FOR THE 8-HEAD LBG

LIST OF PROTOCOLS

This section contains protocols for the following:

- General Body Detoxification
- Face and Neck Area
- Facial Procedures (Plastic Surgery)
- Breast Protocol
- Arm Protocol
- Abdominal Protocol
- Leg Protocol
- Prostate Protocol
- Sciatica Protocol
- Type 2 Diabetic

The protocols and timeframes in this section are suggestions. Use practitioner discretion and adapt the timeframes and LBG Head positions based on specific client conditions and the client response while using the LBG. In locations with extreme metabolic stagnation (EMS), the LBG Heads can rest in place for 30 minutes or more without any adverse side effects.

BASIC STEPS BEHIND ANY PROTOCOL

There are two basic steps behind any LBG protocol:

1. Determine where the primary lymphatic blockage is located. This blockage can be specific, such as the left breast or the right inguinal nodes. Or, the blockage can be nonspecific, such as general swelling in the upper body or ankles.

2. Determine the flow pattern from the terminal point to the point of lymphatic blockage. This means you need to determine the direction the lymph will flow when it is released from the blockage and moves toward the terminal point. You

will then begin the protocol by starting at the proximal point and working back through the flow pattern towards the distal point. In other words, you will work "backwards" through the flow pattern from the subclavian terminal point to the point of congestion. (*Refer to Section 2 to review the flow patterns*.)

SESSION TIMEFRAMES – "L" SETTING

Timeframe for a Typical Client Session

A session timeframe of 30 minutes is good when working on an individual. This is the time it will take to properly address any issue residing within the anterior (frontal) portion of the body. If you are only dealing with the upper portion of the body (i.e. face, breast, arm, or wrist), the session can be as little as 15 - 20 minutes. However, 30 minutes is always a good standard to use for a complete session.

If you are working on the posterior (back) portion of the body, you may want to add 15 – 30 minutes to the session. Allowing an hour for a posterior session ensures that the session is not rushed and that you can provide sufficient detail to the work.

Timeframe for a Single Point/Location

A standard timeframe of five minutes is good for covering a specific position along the flow pattern where there is probable congestion, such as the parasternals or the cisterna chyli.

Accelerated Schedules

There are some instances when you will want to provide an accelerated schedule for a client. In any acceleration, always have your client prepped by having them drink at least two quarts of water within eight hours prior to the start of the session.

An accelerated program can take several forms:

- You can work on the client up to one hour on the anterior and one hour on the posterior in the morning and duplicate the process in the early evening.
- You can work on areas, sections, or quadrants of the body. For example, you may want to spend 30 – 60 minutes working on the arms or legs and/or the sciatica and/or the upper back, and duplicate the process in the early evening.

Allow one day of rest for every two days of accelerated work. In general, rest the body every third day. This provides the body time to process its fluid.

"S" SETTING

Practitioners have improved the results of their client sessions by using the LBG in SpectraSweep mode ("S" Setting). Some practitioners use the "S" setting for the entire session. Others find it beneficial to alternate between "S" and "L".

A WORD OF CAUTION: It is very important to closely monitor your client the first few minutes you have them on the SpectraSweep mode. Some clients detox too quickly and need to gradually transition into the "S" frequencies from the "L" frequencies.

"L" Setting	**"S" Setting**
Main Frequencies: • Emits the three basic frequencies needed by the body for bacteria, viruses, and fungus.	Full Range of Frequencies: • No two people are the same. Different people react differently to the same frequency. Therefore, when the entire range is presented, it accommodates everyone. • Cycles through various frequencies from subsonic through to ultrasonic harmonics. • Adds more harmonics than the "L" frequencies. • Creates a perfect, complete harmonically rich sweep, allowing every cell in the body to be electrically balanced and charged to full capacity and potential health. • Cells can select the frequencies they need. If a frequency is not needed, it just passes through

A NOTE ON PROTOCOL POSITIONS 1 AND 2

Because you will be working "backwards" through the flow pattern from the terminus to the point of inflammation, all protocols begin by placing 2 LBG Heads on the subclavian points, the terminus for all lymphatic fluid as it re-enters the venous system. The subclavian points are labeled as Position 1 in all protocols.

Position 2 (the trapezius muscles) is the acupressure point called Gallbladder 21 or GB21. Placing 2 LBG Heads at GB21 assists the body in releasing excess tension and stress. These points also facilitate the flow of lymph fluid from the arm, neck, and head.

HEAD PLACEMENT SUMMARY

LBG Heads balance the polarity of the cell and move lymph debris out.

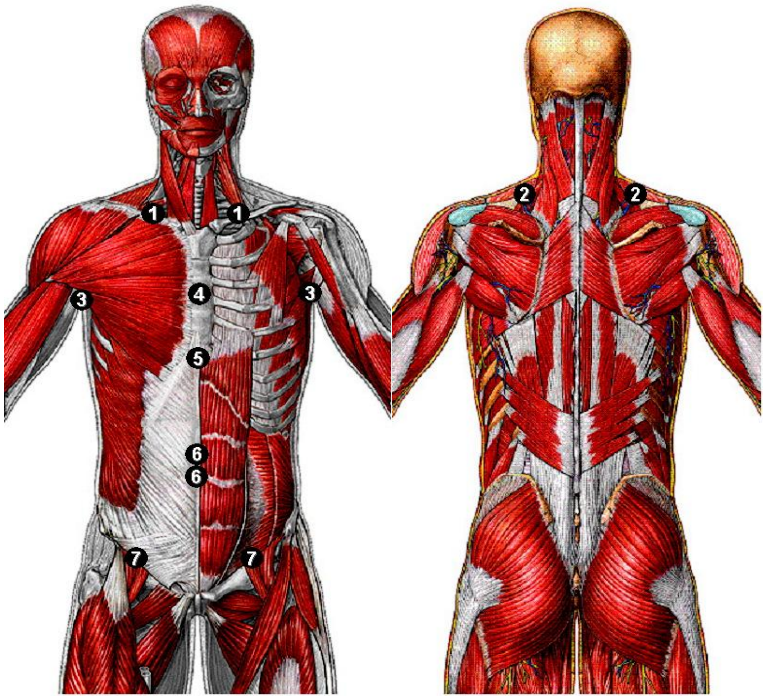
1.) Place the LBG heads on all drainage points, either upper or lower body, to break up and move material.
2.) Make sure the lymphatic flow points are all covered with the LBG heads so that material can flow out of the body as it is moved.
3.) In a difficult situation where there is a large blockage, place LBG head on the front of the body and another LBG head on the back of the body for quicker movement.
4.) Always make sure the main drainage points of the body are cleared. During the first 10 minutes of treatment time, place LBG heads on the subclavian nodes to assure these points of drainage are open.
5.) For severe headache, start by placing LBG heads on the left and right subclavian nodes; then move the heads to the left and right occipital nodes. If pain persists, place heads over the eyes to allow trapped fluid to move away from the ocular area.
6.) If there is a sinus problem, place LBG heads on left and right subclavian nodes; then move the heads over the sinuses.
7.) For anti-aging effects and to make the face more defined and less bloated, place LBG heads on subclavian nodes; then on each cheek under the cheekbone; then on the jaw line; then to the sinus area just below the eyes. This will drain the fluid from the face and the person will have a more contoured and youthful appearance.
8.) Use the three-frequency cycle with the LBG heads when you are working on a disease.
9.) Use the sweep cycle when the body needs to boost the immune system. This will assist in reducing fatigue, which often occurs following a chemo or radiation session.
10.) Always follow the flow patterns of lymph as described in Section 2, The Flow Patterns of lymph.
11.) For keeping heads in place during treatment times, some practitioners have found that using leather book weights like the one pictured here is very useful. They are available at most book stores or online at Amazon.com

GENERAL BODY DETOXIFICATION PROTOCOL

Overview

As our body's lymphatic system becomes more over burdened, we find ourselves accumulating more fluid and becoming more engorged with fluid. As a result, our waistlines, our physical structure, and our bodies become heavier with accumulated fluid. When we are able to move this fluid, we are able to recover our structure the way we looked when we were younger.

Tissue detoxification is an excellent way to move excess fluid from the body and assist in improving our immune system through increased function. General body detoxification is one way to mobilize the fluid, commence toxic elimination, and assist your body in re-establishing proper lymphatic function.



STEP 1: Minimum of 20 Minutes

- Place two LBG Heads on Position 1 (subclavians).
- Place two LBG Heads on Position 2 (trapezius muscles at GB21).
- Place two LBG Heads on Position 3 (axillary nodes).
- Place two LBG Heads on Position 4 (middle of sternum).

STEP 2: Minimum of 20 Minutes

- Leave two LBG Heads on Position 1 (subclavians).
- Leave two LBG Heads on Position 2 (trapezius muscles GB21).
- Place two LBG Heads on Position 5 (xiphoid process).
- Place two LBG Heads on Position 6 (umbilicus).

STEP 3: Minimum of 20 Minutes

- Place two LBG Heads on Position 3 (axillary nodes).
- Place one LBG Head on Position 4 (xiphiod middle of sternum).
- Leave two LBG Heads on Position 5 (xiphoid process).
- Leave two LBG Heads on Position 6 (umbilicus).

STEP 4: Minimum of 20 Minutes

- Place two LBG Heads on Position 1 (subclavians).
- Place two LBG Heads on Position 2 (trapezius muscles at GB21).
- Place two LBG Heads on Position 6 (umbilicus).
- Place two LBG Heads on Position 7 (inguinal nodes).

NOTE: Timeframes and protocols are suggestions. Use practitioner discretion and adapt timeframes and protocols to specific client conditions and his/her response to treatment. LBG Head times, in locations with extreme metabolic stagnation (granulation or calcification of protein), can rest in place for 30 minutes or more without any adverse side effects.

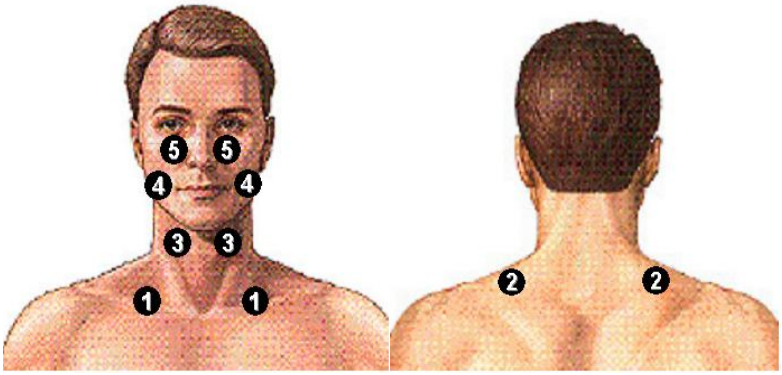
FACE AND NECK PROTOCOL

Overview

The past few years has seen a growth in laser and pulsed light treatments, micro-dermabrasion, peels, and potions – all in the name of cell turnover, but our equipment and technology is separate from the rogue faction of skin specialists who prolong the harmful effects of repeatedly removing layers of skin.

Our system rehabilitates skin cells through the stimulation of lymph drainage which is a factor in the anti-aging process. When lymph nodes become blocked, the flow of lymph is impaired and the body is unable to rid itself of waste material depriving cells of oxygen and nutrients. This can set the stage for a host of diseases, including acne which can become severe enough to be a traumatic experience for anyone who suffers from it both physically and emotionally.

Many imbalances can cause swollen, dull, blemished, or sagging skin. Using the Face and Neck Protocol, along with good nutrition, physical fitness, proper skin care, vitamins and supplements can lead to a radiant complexion.



STEP 1: Minimum of 20 Minutes

- Place two LBG Heads on Position 1 (subclavians).
- Place two LBG Heads on Position 2 (trapezius muscles at GB21).
- Place two LBG Heads on Position 3 (cervical nodes).
- Place two LBG Heads on Position 4 (subparotid nodes).

STEP 2: Minimum of 10 Minutes

- Leave two LBG Heads on Position 1 (subclavians).
- Place two LBG Heads on Position 3 (cervical nodes).
- Place two LBG Heads on Position 4 (subparotid nodes).

- Place two LBG Heads on Position 5 (½ inch lateral to the nasal bone).

STEP 3: Minimum of 10 Minutes

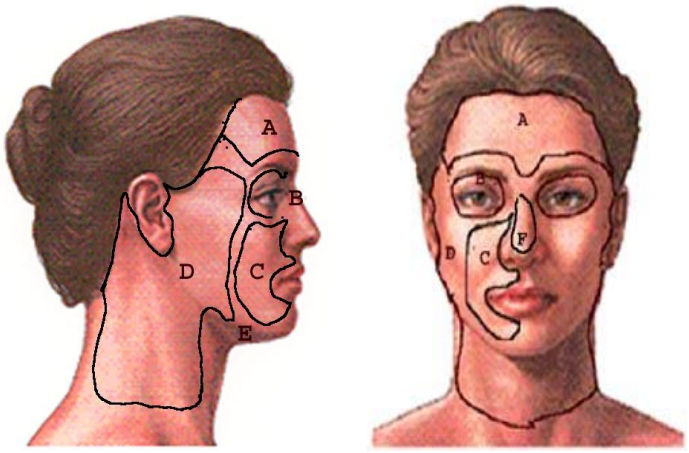
- Place two LBG Heads on Position 1 (subclavians).
- Place two LBG Heads on Position 2 (trapezius muscles at GB21).
- Place two LBG Heads on Position 3 (cervical nodes).
- Place two LBG Heads on Position 4 (subparotid nodes).

FACIAL PROCEDURES (PLASTIC SURGERY)

Overview

One of the many offerings of a Plastic Surgeon includes surgical procedures for the Face to include the Forehead, Eyelid, Mid-Facial and Lower Facial areas. Surgeons may perform one procedure or a combination of surgical procedures for their patients to accomplish best results. While each of these facial areas involves various surgical procedures, for the most part, the Pre- and Post- surgical ST-8 protocol will vary slightly from surgical procedure to surgical procedure. When applying the protocols, they may need to be adjusted to accommodate the situation where the surgeon has combined several surgical procedures.

Specific areas where facial surgery is performed is identified within the areas marked below with letters representing each surgical facial area. We have included nose adjustment (i.e., Rhinoplasty) as some surgeons may include this procedure which may be considered a repair of a congenital defect or a cosmetic adjustment. These facial areas are identified as: A - Forehead Area (involved procedure); B – Eyelids (simple procedure); C - Mid Facial (simple procedure); D&E - Lower Facial (involved procedure); and F - Nose Adjustment (i.e., rhinoplasty) as each of the above surgical procedures may impact additional lymphatic pathways.



PROTOCOL APPLIES TO ALL PRE- AND POST-SURGICAL PROCEDURES (see Face Protocol for technical positioning of Heads).

a) Apply one LBG Head each to RT/LF GB21;
(b) Apply one LBG Head each to RT/LF Subclavian;
(c) Apply one ST-8 Head each to RT/LF Cervical Nodes - 15 minutes.

Once the above protocol is performed, proceed with the following protocols as they relate to the Face Area surgical procedure.

A - FOREHEAD (involved): (a) Apply one LBG Head each to the RT/LF Pre-auricular (parotid) nodes; (b) Apply one LBG Head each to submandibular (submaxillary) nodes; (c) Apply one ST-8 Head to RT/LF forehead section at the coronal suture or the endoscopic incision site – 15 minutes.

B – EYELID (simple): (a) Apply one LBG Head each to the RT/LF Pre-auricular (parotid) nodes; (b) Apply one LBG Head each to Submandibular (submaxillary) nodes; (c) Apply one ST-8 Head over RT/LF Eyes – 15 minutes.

C - MID FACIAL (involved): (a) Apply one LBG Head each to the RT/LF hairline incision points where the endoscopy was inserted; (b) Apply one ST-8 Head each to RT/LF submandibular (under chin) nodes; (c) Apply one LBG Head over RT/LF cervical nodes – 15 minutes.

D/E - LOWER FACIAL(simple): (a) Apply one ST-8 Head each to the RT/LF pre-auricular (parotid) nodes; (b) Apply one LBG Head each to the post-auricular (retro-auricular/occipital) nodes; (c) Apply one LBG Head to the retro-pharangeal (juglodigastric) nodes – 15 minutes.

F – NOSE ADJUSTMENT / RHINOPLASTY (minor): (a) Apply one ST-8 Head each to the RT/LF side of the Nose; (b) Apply one LBG Head each to the retro-pharangeal (retro-auricular/occipital) nodes; (c) Apply one LBG Head to cervical (neck) nodes – 20 minutes.

SESSION COMMENTS: Pre-Surgical Sessions can be performed (a) when the patient returns for their pre-surgery conference; and, (b) 30 plus minutes prior to surgery. Post Surgical Sessions can commence (a) immediately following surgical procedure following patient compression or bandaging; and, (b) for the following surgical face area procedures, timeframes and frequency of therapy as follows:

(i) A - Forehead Surgery (1-3 HR surgery): we suggest one thirty-minute session 3 times per week for Week 1 to assist in reducing bruising and swelling. And, one thirty-minute session 2 times per week for Weeks 2 - 4. For preventive and improved healing, we recommend from Weeks 5 to 8, one thirty-minute session once a week.

(ii) B - Eyelid Surgery (1–2 HR surgery): we suggest one thirty-minute session 3 times per week for Weeks 1 and 2 to assist in reducing swelling and bruising. And, one thirty-minute session 2 times per week for Weeks 2 - 3. For preventive and improved healing, we recommend for Week 4 – and after – a thirty-minute session once a week until healed.

(iii) C - Mid Face Surgery: (1–1.5 HR surgery): we suggest one thirty-minute session 3 times per week for Weeks 1 and 2 to assist in reducing swelling and bruising. And, one thirty-minute session 2 times per week for Weeks 3 and 4. For preventive and improved healing, we recommend for Weeks 4 to 9, one thirty-minute session once a week.

(iv) D/E - Lower Face Surgery (3 HR surgery): we suggest one thirty-minute session 3 times per week for Weeks 1 and 2 to assist in reducing swelling and bruising. And, one thirty-minute session 3 times per week for Weeks 3 and 4. For preventive and improved healing, we recommend for Weeks 5 to 10, one thirty-minute session once a week.

(v) F – Nose Adjustment (Rhinoplasty): This surgery bruises eyes quickly. If patient wishes to significantly reduce the possibility of bruising, we suggest one forty-minute session 5 times per week for Week 1. And, one forty-minute session 3 times per week for Weeks 2 and 3. For preventive and improved healing, we recommend for Weeks 4 to 6, one forty-minute session 2 times per week.

THERAPY NOTE: Each patient, depending upon their pre-surgical condition (i.e., are they slim, moderately heavy, or very heavy) and whether the physician combines more than one surgical procedure, you may need to adjust the patient's protocol time and frequency. For example, for slim patients, the recommended pre- and post- surgery session time frames and frequencies above should bring quick results for the patient. However, for a heavier patient or a patient with more involved lymphatic obstruction, you may need to extend the recommended time frames and frequency by 50% to 100%. As soon as you hear the patient's own story about how they are feeling, how their healing is working and what you see (the swelling or bruising is less or not reducing) you will know if you need to increase the time and frequency of the protocols. LET THE PATIENT BE YOUR GUIDE….

BREAST PROTOCOL

Overview

The typical progression for breast inflammation begins with lymph stasis occurring at the subclavian nodes. As fluid accumulates, the inflammation follows a path leading towards the brachial and subscapular axillary nodes, extending towards the pectoral nodes, and then spreading to the full breast. In some cases, fluid blockage progresses from the

subclavian towards the parasternal nodes into the medial upper quadrant resulting in an increase of fluid.

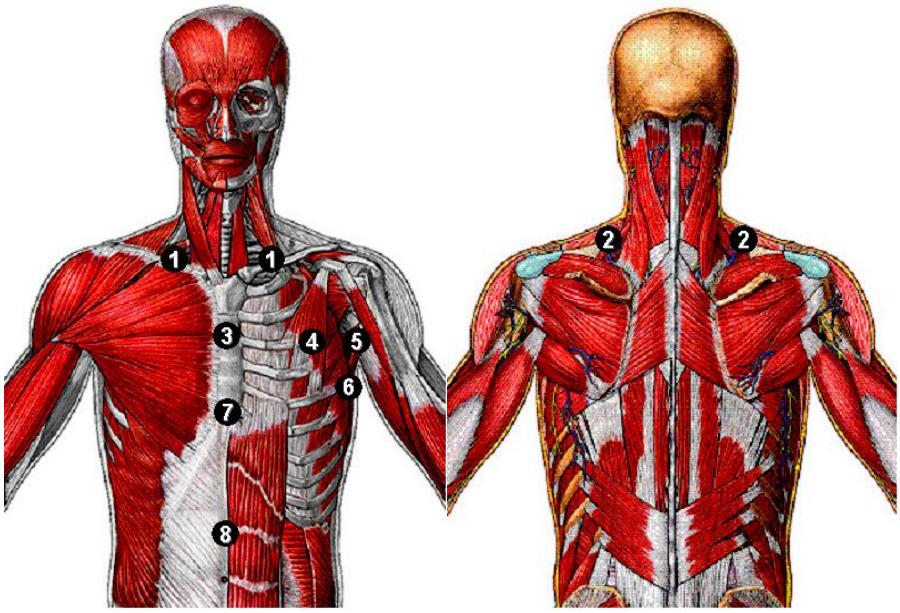
Oftentimes, both conditions have occurred by the time the client visits his/her doctor. The client notices the fibrosis in the tissue or a definite increase in the level of pain and discomfort. In either case, tenderness is always indicated as the inflammation progresses from the subclavian towards the breast.

Physical constriction, such as from wearing a tight fitting bra, can cause excess fluid to accumulate within the breast. EMS can then occur. This provides an opportunistic event for the growth of a fibrotic or cancerous condition.

In every case of inflamed or cancerous breasts, lymphography has captured the extensive involvement of the lymph nodes, especially within the axillary and pectoral node group.

Standard Lymph Flow Pattern

The thoracic cavity is dimensional and passes fluid superficially and through a deep lymphatic network using both anastamosis and alternative lymph pathways. In the breast, the fluid passes to the other breast by way of the parasternals and alternative pathways that can occur by way of the cisterna chyli. Specifically, in the lateral quadrant, 75 to 80 percent of breast lymph flows to the axillary nodes. In the medial upper quadrant, 20 to 25 percent of the breast lymph fluid drains parasternal to the opposite breast, or to anterior mediastinal nodes. The medial lower quadrant drains deeply to the abdominal (phrenic) nodes or to the cisterna chyli. The nipple drains to all four quadrants.



LEFT BREAST:

STEP 1: Minimum of 20 Minutes

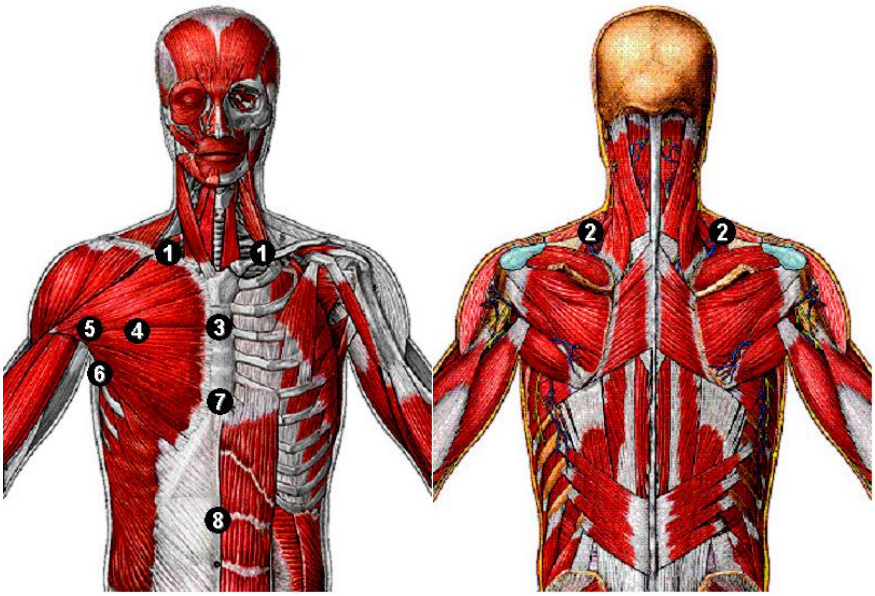
- Place two LBG Heads on Position 1 (subclavians).
- Place two LBG Heads on Position 2 (trapezius muscles at GB21).
- Place two LBG Heads on Position 3 (sternum).
- Place two LBG Heads on Position 4 (internal mammary nodes).

STEP 2: 5 - 20 Minutes

- Place two LBG Heads on Position 5 (central axillary nodes).
- Place two LBG Heads on Position 6 (pectoral nodes).
- Place two LBG Heads on Position 7 (xiphoid process).
- Place two LBG Heads on Position 8 (cisterna chyli).

STEP 3: 5 - 20 Minutes

- Place two LBG Heads on Position 1 (subclavians).
- Place two LBG Heads on Position 2 (trapezius muscles at GB21).
- Place two LBG Heads on Position 3 (sternum).
- Place two LBG Heads on Position 4 (internal mammary nodes).



RIGHT BREAST:

STEP 1: Minimum of 20 Minutes

- Place two LBG Heads on Position 1 (subclavians).
- Place two LBG Heads on Position 2 (trapezius muscles at GB21).
- Place two LBG Heads on Position 3 (sternum).
- Place two LBG Heads on Position 4 (internal mammary nodes).

STEP 2: 5 - 20 Minutes

- Place two LBG Heads on Position 5 (central axillary nodes).
- Place two LBG Heads on Position 6 (pectoral nodes).
- Place two LBG Heads on Position 7 (xiphoid process).
- Place two LBG Heads on Position 8 (cisterna chyli).

STEP 3: 5 - 20 Minutes

- Place two LBG Heads on Position 1 (subclavians).
- Place two LBG Heads on Position 2 (trapezius muscles at GB21).
- Place two LBG Heads on Position 3 (sternum).
- Place two LBG Heads on Position 4 (internal mammary nodes).

NOTE: The timeframes are suggestions. Use practitioner discretion and adapt the timeframes to specific client conditions and his/her response to treatment. In cases of extreme metabolic stagnation, you can leave the LBG Heads in place for 30 or more minutes without any adverse side effects.

ARM PROTOCOL

Overview

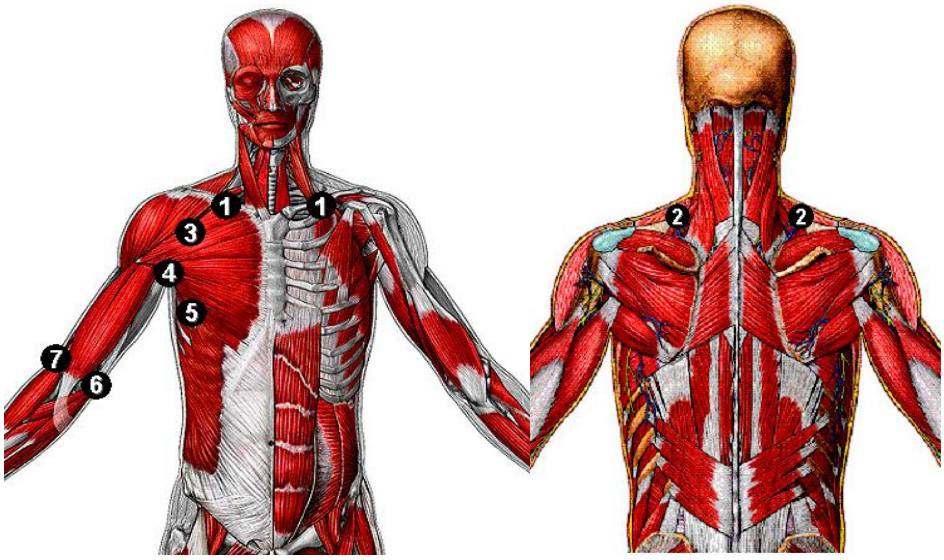
There are numerous issues that contribute to edema. Some of the more common reasons are due to surgical intervention, physical or sport injuries, physical work habits, personal garment constriction, and toxic reactions to the work or home environment.

In every case, the chain of lymph nodes starting from the subclavian to the axillary to the deltopectoral and cubital nodes are suspect in contributors to the blockage. Perhaps the most commonly seen side effect of constriction within the above node structure is carpel tunnel and inflamed breast.

A contributor of edema on the left side can also be tracked to lymph congestion within the trapezium muscle and breast. This muscle constriction contributes by placing the scalene muscle in traction, resulting in the scalene pulling-up on the first and second rib. This causes potential for compression of the thoracic duct. Because the thoracic duct collects most of the fluid from the rest of the body, this constriction can contribute to additional fluid retention, which can increase the axillary node fluid processing workload and compromise lymph flow from the arm. The breast fluid additionally could place a contention for axillary node flow and also disrupt or impede the flow of fluid from the arm.

When arm edema is relegated to a client's right side, the cause of edema can have all the potential attributes contributing to fluid retention found in the left side edema in addition to having to contend with fluid draining from the head. Because the head primarily drains to the right subclavian, all excess fluid draining from the sinuses also adds to the load of the subclavian, which can compromise the natural flow of fluid from the arm.

The issues contributing to arm edema are complex and influenced by many other "fluid" processing requirements, which must be addressed prior to re-establishing and sustaining normal fluid flow from the arm



RIGHT ARM:

STEP 1: Minimum of 20 Minutes

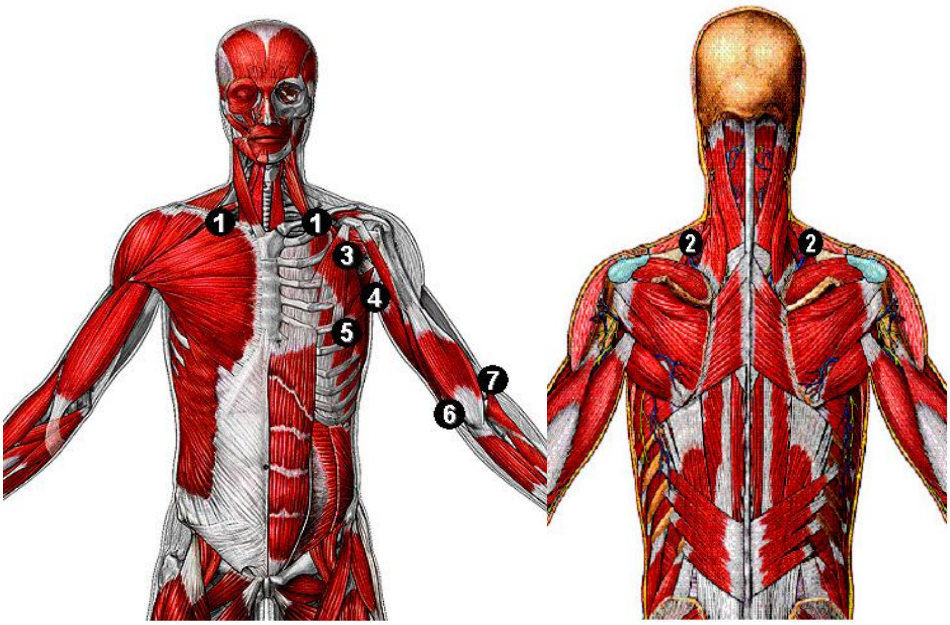
- Place two LBG Heads on Position 1 (subclavians).
- Place two LBG Heads on Position 2 (trapezius muscles at GB21).
- Place two LBG Heads on Position 3 (deltopectoral nodes).
- Place two LBG Heads on Position 4 (axillary nodes).

STEP 2: 5 – 20 Minutes

- Leave two LBG Heads on Position 4 (axillary nodes).
- Place two LBG Heads on Position 5 (pectoral nodes).
- Place two LBG Heads on Position 6 (cubital nodes).
- Place two LBG Heads on Position 7 (cubital nodes).

STEP 3: 5 – 20 Minutes

- Place two LBG Heads on Position 1 (subclavians).
- Place two LBG Heads on Position 2 (trapezius muscles at GB21).
- Place two LBG Heads on Position 3 (deltopectoral nodes).
- Place two LBG Heads on Position 4 (axillary nodes).



LEFT ARM:

STEP 1: Minimum of 20 Minutes

- Place two LBG Heads on Position 1 (subclavians).
- Place two LBG Heads on Position 2 (trapezius muscles at GB21).
- Place two LBG Heads on Position 3 (deltopectoral nodes).
- Place two LBG Heads on Position 4 (axillary nodes).

STEP 2: 5 – 20 Minutes

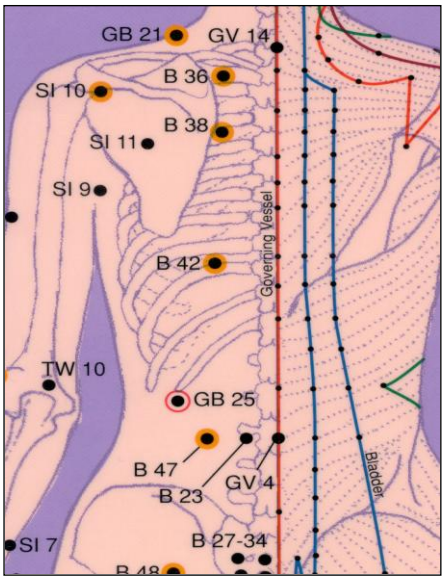
- Leave two LBG Heads on Position 4 (axillary nodes).
- Place two LBG Heads on Position 5 (pectoral nodes).
- Place two LBG Heads on Position 6 (cubital nodes).
- Place two LBG Heads on Position 7 (cubital nodes).

STEP 3: 5 – 20 Minutes

- Place two LBG Heads on Position 1 (subclavians).
- Place two LBG Heads on Position 2 (trapezius muscles at GB21).
- Place two LBG Heads on Position 3 (deltopectoral nodes).
- Place two LBG Heads on Position 4 (axillary nodes).

NOTE 1: Superficial lymphatic vessels arise from lymphatic plexuses in the digits, palm, and dorsum of the hand and ascend mostly with superficial veins. Most of the material associated with these veins will travel to the cubital or to efferents in the axillary node group. In severe upper arm problems, it may take additional lymph massage of upper arm to encourage material to flow. However, if the axillary node groups have been cleared previously of blocked material, the movement of the fluid from the upper arm should be more easily accomplished.

NOTE 2: Sometimes, it is necessary to place LBG Heads on B-36, B-38 and SI-10 as an add-on after STEP 1 to assist in breaking up additional metabolic stagnation in the shoulder.



ABDOMINAL PROTOCOL

Overview

The abdominal area contains the majority of the internal organs including:

- Organs related to digestion - the stomach, the end of the esophagus, the small and large intestines, the liver, the gallbladder, and the pancreas.
- The aorta - a large blood vessel that runs straight down the inside of the abdomen.
- The appendix - an organ in the lower right abdomen whose function is not well understood.
- The kidneys - two bean-shaped organs that lie deep within the abdominal cavity.

Within these many organs, inflammatory-causing pain and discomfort can occur. Most of the abdominal organs integrate with the thoracic duct through lymphatic capillaries and collectors. Plasma fluid and protein are processed from the area surrounding the organ's cells and are returned to the circulatory system via the thoracic duct's integration into the venous angles. Any obstruction within the abdominal area, whether natural, genetic, or induced by surgical, physical or emotional trauma, can adversely affect transport capacity to and through this major lymphatic pathway. Obstruction can lead to accumulation of fluid within an organ's interstitial spaces promoting both acute and chronic inflammation.

Common Lymphatic Issues

Common, but non-critical, manifestations of potential abdominal lymphatic structure blockage can include: slow to rapid weight gain due to prior surgical intervention, pregnancies, or tumor growth; constipation due to dehydration of interstitial spaces and mucous membrane; diarrhea and vomiting (gastroenteritis) due to poor lymphatic drainage and immune system support issues; eating too much spicy or greasy food due to an allergy or "bad" food; or having an infection (urinary, bladder, etc.) that initiates cytokine signaling for inflammatory processes.

Other lymphatic obstruction issues that can contribute to the symptoms and require medical treatment can include: excessive gas; chronic constipation; lactose intolerance (milk intolerance); viral gastroenteritis (stomach flu); irritable bowel syndrome (sensitive stomach with intermittent episodes of diarrhea and constipation); heartburn or indigestion; gastro esophageal reflux; ulcers; cholecystitis (inflammation of the gallbladder) with or without gallstones; appendicitis (inflammation of the appendix); diverticular disease, including inflammation of small pouches that form in the large intestines (diverticulitis); bowel obstruction -- in addition to pain, this causes nausea, bloating, vomiting, and inability to pass gas or stool; urinary tract infections; pancreatitis (inflammation of the pancreas); crohn's disease or ulcerative colitis (different types of

inflammatory bowel disease); and menstrual cramping; endometriosis; and uterine fibroids.

In each of these instances, one of the key recovery issues the body must initiate is to re-establish relevant lymphatic pathways. These blocked pathways, including lymphatic capillaries, collectors, and ducts, are responsible for transporting excess fluid and interstitial particulates such as protein, fats, cellular debris, toxins, white blood cells, red blood cells, etc. away from the organ's interstitial spaces. Without the opening or re-establishment of these pathways, symptom reduction is less likely to occur.

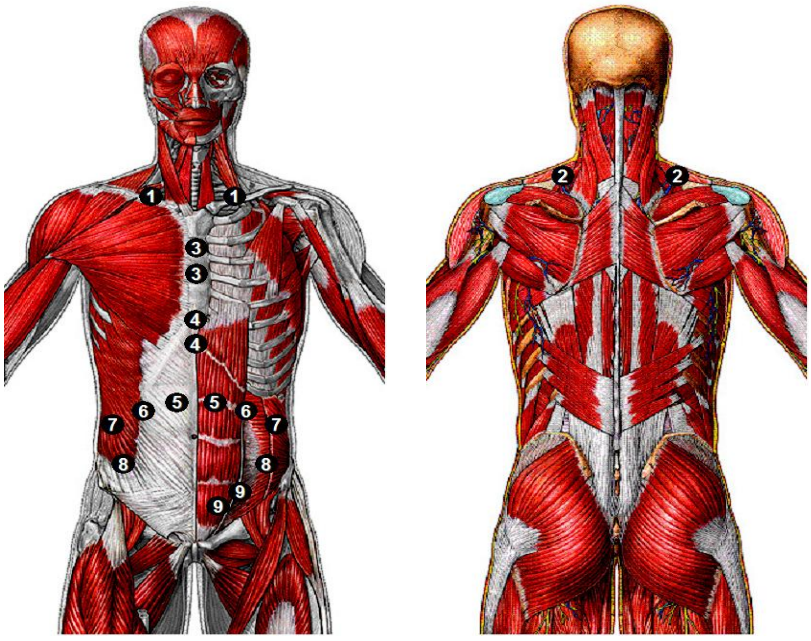
Self-Help Strategy

In addition to addressing re-establishment of blocked lymphatic pathways, some home remedies, considered acceptable standard medical care for non-critical abdominal pain, include sipping water or other clear fluids and avoiding solid food for the first few hours. If there has been vomiting, wait six hours. Then, eat small amounts of mild foods. If the pain is high up in your abdomen and occurs after meals, antacids may provide some relief, especially if you feel heartburn or indigestion. Avoid citrus, high-fat foods, fried or greasy foods, tomato products, caffeine, alcohol, and carbonated beverages. Avoid aspirin, ibuprofen, and narcotic pain medications unless your health care provider prescribes them. Even for other-the-counter medications, it's always best to consult your physician or health care provider prior to use.

Protocol Strategy

The Abdominal Protocol is provided to help reduce excess interstitial fluid and particulate accumulation. This is done by expediting movement of lymphatic fluid, resulting in the ease of pressure on the peritoneum and nerves – a possible contributing factor to the previously described discomforts.

The strategy of the Abdominal Protocol is to open superior lymphatic efferent pathways, so the inflamed areas can commence lymphatic fluid flow and result in reduction of fluid accumulating within the interstitial spaces. As such, we will open the terminus, whole body tension points to reduce some of the physical stress within the pertinent musculature and lymphatic pathways to provide for the most efficient opportunity for lymphatic fluid movement and transport. These areas include the thoracic duct terminating location within the supra-clavicular fossa; the trapezes muscle; the sternum and its xipoid process; the cisterna chyli; and the colon and intestinal issues which may be inflamed and retaining lymphatic fluid adding to edema and pain.



STEP 1: Minimum of 20 Minutes

- Place two LBG Heads on Position 1 (subclavians).
- Place two LBG Heads on Position 2 (trapezius muscles at GB21).
- Place two LBG Heads on Position 3 (sternum).
- Place two LBG Heads on Position 4 (xiphoid process).

STEP 2: 10 – 20 Minutes

- Place two LBG Heads side-by-side on Position 5 (cisterna chyli).
- Place two LBG Heads on Position 6 (transverse process/small intestines).
- Place two LBG Heads side-by-side on Position 7 (descending colon/small intestines).
- Place two LBG Heads on Position 8 (ascending colon/small intestines).

STEP 3: 10 – 20 Minutes

- Place two LBG Heads on Position 1 (subclavians).
- Place two LBG Heads on Position 2 (trapezius muscles at GB21).
- Place two LBG Heads on Position 3 (sternum).
- Place two LBG Heads on Position 4 (xiphoid process).

NOTE: The timeframes are suggestions. Use practitioner discretion and adapt the timeframes to specific client conditions and his/her response to treatment. In cases of extreme metabolic stagnation, you can leave the LBG Heads in place for 30 or more minutes without any adverse side effects.

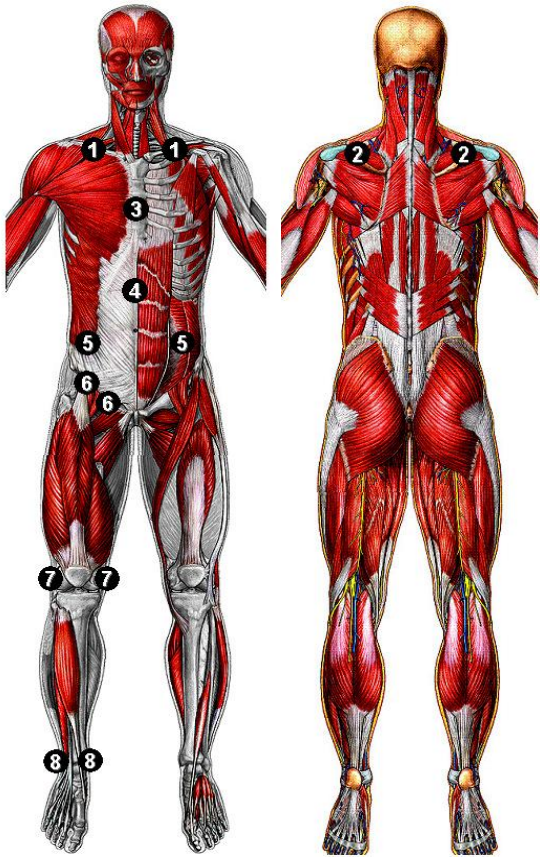
LEG PROTOCOL

Overview

When starting this protocol, it is important to remember that all lower abdominal fluid generally follows the path of fluid movement from the toes to the nose. So, it is most important to open the subclavian, parasternals, cisterna chyli and the iliac nodes prior to working on the lower leg.

As people age, more toxins and water are accumulated in the lymph system until one day they wake up bloated, engorged, and looking like an inflated balloon. This is lymph stress. Even if one is trim and slim, nasty cellulite and sticky harmful toxins accumulate in the lymph and can cause water to build up like a dam in a river – most often settling in the legs.

The Leg Protocol was developed to help move the heavy build-up of water and putrid waste material from the lower body.



RIGHT LEG:

STEP 1: Minimum of 20 Minutes
- Place two LBG Heads on Position 1 (subclavians).
- Place two LBG Heads on Position 2 (trapezius muscles at GB21).
- Place two LBG Heads on Position 3 (sternum).
- Place two LBG Heads on Position 4 (cisterna chyli).

STEP 2: 5 - 20 Minutes
- Place two LBG Heads on Position 5 (iliac nodes).
- Place two LBG Heads on Position 6 (inguinal nodes).
- Place two LBG Heads on Position 7 (popliteal nodes)
- Place two LBG Heads on Position 8 (ankle)

STEP 3: 10 - 20 Minutes
- Place two LBG Heads on Position 1 (subclavians).
- Place two LBG Heads on Position 2 (trapezius muscles at GB21).
- Place two LBG Heads on Position 3 (sternum).
- Place two LBG Heads on Position 4 (cisterna chyli).

LEFT LEG: To work on a left leg issue, use the protocol above. However, shift Positions 6, 7, and 8 to the left leg.

NOTE: Oftentimes only one leg will be swollen or only the ankle will be swollen. In these situations, adapt the protocol to concentrate on the area where you find the most swelling or edema.

PROSTATE PROTOCOL

Overview

The most common contributor to issues with the prostate is lymph stasis. The physical observation regarding contributing factors are poor definition of the collar bone, excess fluid in upper thoracic area, a “pot” or “distended” belly, pain in the inguinal nodes, and, in some instances, sciatic pain.

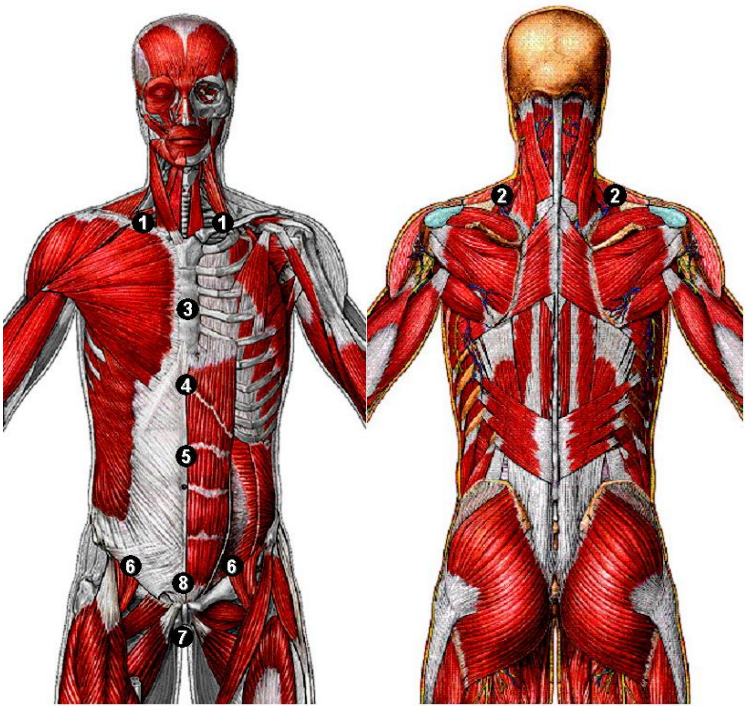
The prostate drains to the inguinal and the iliac nodes. When there is excessive fluid upstream (i.e., in the iliac nodes, cisterna chili, parasternals or subclavian nodes), the fluid from the prostate is blocked from movement. This can contribute to the build-up of excess protein and hormone metabolic by products in the prostate leading to lymph fluid stagnation and pressure on the bladder. In many instances, tissue detoxification can provide an increased flow in this fluid and help release some of the pressure on the bladder and reduce the need for frequent urination.

The detoxification strategy will be to assist material to move from the common point of obstruction along the prostate’s efferent pathway. This should include, as a minimum, the following:

Clear the terminus – the point where the lymphatic fluid from the upper thoracic area re-circulates back into the body.

Clear the cisterna chili, as it is a very critical point. It is the largest lymph vessel and is a main collecting point for much of the fluid within the thoracic area. Obstruction within this area is a primary contributor to the inability of fluid to move from the prostate.

Clear the iliac and inguinals and then flood the prostate with photons. Obstruction of fluid flow in these areas is usually a secondary contributor (after the cisterna chili) to fluid accumulation within the prostate. Clearing these areas assists the prostate in releasing excess fluid and reducing pressure on the bladder.



STEP 1: Minimum of 20 Minutes

- Place two LBG Heads on Position 1 (subclavians).
- Place two LBG Heads on Position 2 (trapezius muscles at GB21).
- Place two LBG Heads on Position 3 (middle of the sternum).
- Place two LBG Heads on Position 4 (xiphoid process).

STEP 2: 5 – 10 Minutes

- Leave two LBG Heads on Position 1 (subclavians).
- Leave two LBG Heads on Position 2 (trapezius muscles at GB21).
- Place two LBG Heads on Position 5 (cisterna chili).
- Place two LBG Heads on Position 6 (inguinal nodes).

STEP 3: 5 – 10 Minutes

- Leave two LBG Heads on Position 5 (cisterna chili).
- Leave two LBG Heads on Position 6 (inguinal nodes).
- Place one LBG Head on Position 7 (the perineum – the area under and between the scrotum and the anus).
- Place one LBH Head on Position 8 (pubic symphysis).

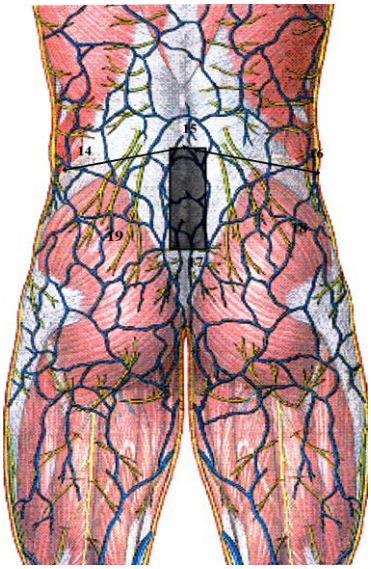
STEP 4:

- Place two LBG Heads on Position 1 (subclavians).
- Place two LBG Heads on Position 2 (trapezius muscles at GB21).
- Place two LBG Heads on Position 3 (middle of the sternum).
- Place two LBG Heads on Position 4 (xiphoid process).

NOTE: Timeframes and protocols are suggestions. Use practitioner discretion and adapt timeframes and protocols to specific client conditions and his response to treatment. Head times, in locations with extreme metabolic stagnation (granulation or calcification of protein), can rest in place for 30 minutes or more without any adverse side effects.

SCIATICA AREA PROTOCOL

Overview



The sciatic nerve is the largest nerve in the human body and is about the diameter of a finger. Sciatic nerve fibers begin at the fourth and fifth lumbar vertebra, as shown in the shaded area to the right, and the first few segments of the sacrum. The nerve passes through the sciatic foramen just below the piriformis muscle (rotates the thigh laterally), to the back of the extension of the hip and to the lower part of the gluteus maximus (muscle in the buttock, thigh extension). The sciatic nerve then runs vertically downward into the back of the thigh, behind the knee branching into the hamstring muscles (calf) and further downward to the feet.

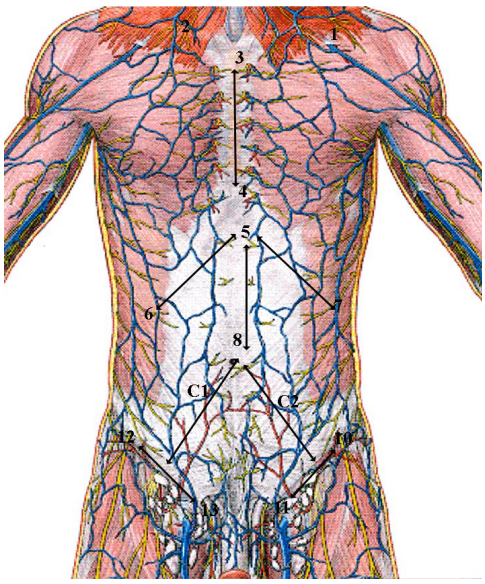
Sciatica is defined as a severe pain in the leg along the course of the sciatic nerve. The pain is felt in the back of the leg running from the buttock down the back of the thigh into the calf and foot. The pain can begin abruptly or gradually and is characterized by a sharp, shooting, or electric shock-like quality. Movement of the extremity often intensifies the pain.

The pain can be uniformly distributed along the limb, but frequently there are certain spots where it is more intense. The pain is often associated with numbness and/or tingling in the distribution of the sciatic nerve.

Chronic Sciatica can result from any process which causes pressure or irritation of the nerve roots which compromise the sciatic nerve. This pressure may result from a variety of processes such as a ruptured intervertebral disc, narrowing of the boney spinal canal (called spinal stenosis), or rarely from infection or tumor. And, Acute Sciatica may result from physical trauma associated with inguinal node blockage. Principal treatment is rest and reduction of inflammation. Surgery is used as a last resort when all other procedures fail.

Protocol Strategy

The key to successful treatment of the sciatica is to understand contributing causes and determine if there are lymphatic blockages that can be contributing to inflammation. There are numerous issues contributing to the edema, and some of the more common

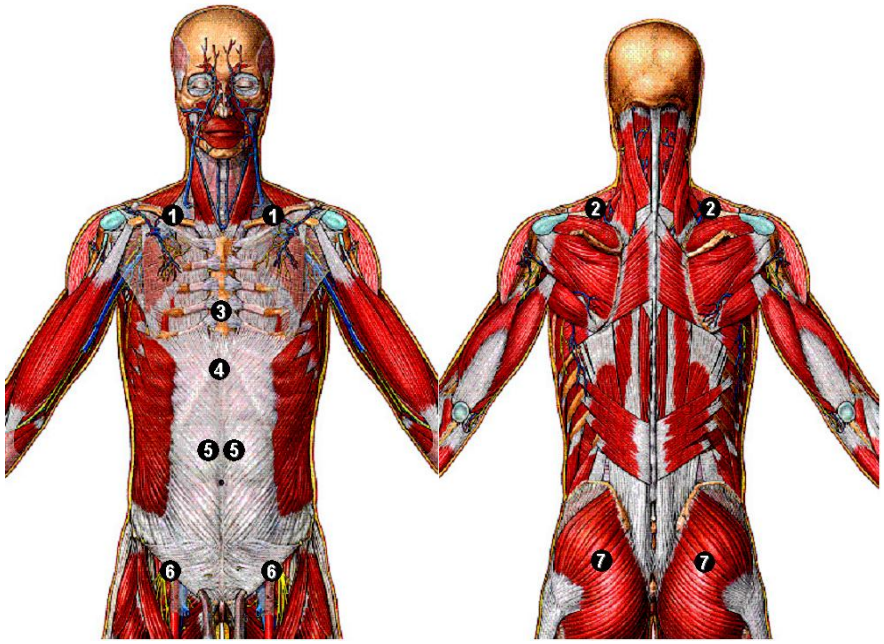


reasons are due to surgical intervention, physical or sport injuries, physical work habits, disc issues, garment constriction, and/or toxic reactions to the work or home environment.

In the Pelvis area (C1 and C2), there is a sacral plexus (group) of lumbar, sacral, and coccygeal nerves that travel from the spine, entering into the greater sciatic foramen, traveling down the medial side of the femur, and then separating out the sciatic nerve.

When acute or chronic inflammation occurs within this area (i.e. fluid accumulates), it often leads to increased pressure and can contribute directly to the sciatic pain. Providing for the fluid to move from this area and return to the anterior side of the body often results in immediate reduction of sciatic pain by at least 50 percent.

The protocol strategy for acute and non-structural chronic sciatic pain relief is to increase the free flow of fluid from all receiving nodes (including anterior and posterior structures) in the fluid processing chain that supports fluid release from this area.



STEP 1: Minimum of 20 Minutes

- Place two LBG Heads on Position 1 (subclavians).
- Place two LBG Heads on Position 2 (trapezius muscles at GB21).
- Place one LBG Head on Position 3 (middle of sternum).
- Place one LBG Head on Position 4 (xiphoid process)

STEP 2: 10 – 20 Minutes

- Leave two LBG Heads on Position 1 (subclavians).
- Place two LBG Heads side-by-side on Position 5 (cisterna chyli about three fingers above umbilicus).
- Place two LBG Heads on Position 6 (inguinal nodes midway between hip and groin).
- Place two LBG Heads on Position 7 (gluteus maximus).

STEP 3: 10 – 20 Minutes

- Place two LBG Heads on Position 1 (subclavians).
- Place two LBG Heads on Position 2 (trapezius muscles at GB21).
- Place one LBG Head on Position 3 (middle of sternum).
- Place one LBG Head on Position 4 (xiphoid process)

TYPE 2 DIABETIC PROTOCOL

Note: For best results, this protocol is most effective when used with the ST-8 Oxygen Detoxification System – a 6-Head model. If you do not have the use of an ST-8, this protocol can be used with the LBG. The results may not be as effective as when using the ST-8.

Background

Diabetes is categorized into types.

Type 1 is defined as when the body stops producing insulin or produces too little insulin to regulate blood glucose level. It can occur due to destruction of the pancreas by alcohol, disease, or removal by surgery. It also results from progressive failure of the pancreatic beta cells, which produces insulin requiring daily insulin injections to sustain life.

Type 2 is when the pancreas secretes insulin, but the body is partially or completely unable to utilize the insulin. This is sometimes referred to as insulin resistance. The body tries to overcome this resistance by secreting more and more insulin. People with insulin resistance develop Type 2 Diabetes and do not continue to secrete enough insulin to cope with the higher demands. Exercise and diet are current methods available to address Type 2.

Both forms of diabetes ultimately lead to high blood sugar levels, a condition called hyperglycemia. Over a long period of time, hyperglycemia damages the retina of the eyes, the kidneys, the nerves, and the blood vessels. Damage to the retina from diabetes (diabetic retinopathy) is a leading cause of blindness. Damage to the kidneys from diabetes (diabetic nephropathy) is a leading cause of kidney failure. Damage to the nerves from diabetes is a leading cause of foot wounds and ulcers, which frequently lead to foot and leg amputations. Damage to the nerves in the autonomic nervous system can lead to paralysis of the stomach (gastro paresis), chronic diarrhea and an inability to control heart rate and blood pressure during postural changes. Diabetes accelerates atherosclerosis (the formation of fatty plaques inside the arteries), which can lead to blockages or a clot (thrombosis). Such changes can then lead to heart attack, stroke, and decreased circulation in the arms and legs (peripheral vascular disease). Diabetes predisposes people to high blood pressure and high cholesterol and triglyceride levels. These conditions independently and together with hyperglycemia increase the risk of heart disease, kidney disease, and other blood vessel complications. In the short run, diabetes can contribute to a number of acute medical problems.

Protocol

The objective of this Type 2 Diabetic Protocol is to reduce diabetic symptoms and/or prevent related complications such as blindness, kidney failure, heart disease, and limb amputation. The protocol will address each of these areas individually but its overall function is to assist in the restoration of lymphatic flow within interstitial spaces. Interstitial space inflammation is recognized as a major contributor to many modern day disease states and is suspected to be a specific contributor to an event known as "adaptive mutation". Adaptive mutation occurs when a cell changes or alters its DNA so it can survive in a hostile/foreign environment not found to be within its genetic code.

With all protocols, it is imperative to consider the mineral, herbal, and water habits of the patient supporting their recovery process. As such, it is suggested that the use of Circulat (*) and 32 oz of water intake per day. Both are important parts of this diabetic protocol. The synergism between hydrating, herb invigoration, and the increase in lymph movement should result in a quicker recovery timeframe for patients using this combined protocol.

**Circulat: Circulat contains adaptogens that because of their great flavonoid content have vasodilator effects. This diminishes peripheral vascular resistance, facilitating the pumping of blood with each ventricular contraction. Circulat is the only product world-wide that reverts the dilated myocardiopathy and Atherosclerosis.*

Type 2 Protocol: Assumptions in this protocol are:

a) patient is under the supervision of a medical practitioner
b) patient is practicing or will integrate a diabetic diet into their lifestyle
c) patient will be compliant in diet and exercise suggestions
d) patient will follow these protocols
e) patient will agree to pre- and post-therapy testing
f) patient will consume a minimum of 16 oz of water per day for 90 days
g) patient has an intact pancreas

Pancreas Protocol: The purpose of this protocol is to assist in stimulating the pancreas to provide some normality of function. It is assumed in most Type 2 and pre-diabetic conditions that the medical issue is a limited function of the pancreas. Diet and exercise are prescribed medical treatment procedures suggesting there is limited function within the pancreas and increased circulation and lymphatic support may provide for "normalcy" and avoidance of patient's probable progression into Type 1 Diabetes.

Note: If patient presents high blood pressure, perform High Blood Pressure Protocol prior to commencing this protocol.

STEP 1: (Initial session – 20 minutes; repeat session – 10 minutes).

- Place one LBG Head each on RT/LF subclavian nodes.
- Place one LBG Head each on RT/LF trapezius muscles at GB21.
- Place one ST-8 Head on sternum.
- Place one ST-8 Head on zygote process.

STEP 2: (30 – 50 minutes)

- Place one LBG Head each on RT/LF subclavian nodes.
- Place one LBG Head on middle of sternum – parasternal nodes.
- Place one LBG Head on zygote process.
- Place one ST-8 Head on cisterna chyli.
- Place one ST-8 Head on pancreas.

Clinical Comments: Patient may sleep and feel warmth and gurgling in stomach/pancreas area. If patient becomes a little nauseated, this indicates patient is very toxic and should be encouraged to drink 32 oz of water per day, plus consume carbon (plant) based minerals. And, reduce session time by 50% but gradually increase session time as patient shows tolerance to increasing session in time to a full schedule.

Eye Protocol: (diabetic retinopathy): This protocol concentrates on supporting efferent lymphatic pathways which include the canal of schlemm, arachnoid process and the lactiferous duct. With these efferent lymphatic pathways re-established and their efferent flow maintained, it is reasonable to assume that diabetic retinopathy may be prevented and if vision has become impaired due to an obstruction, vision may return to a normal state in most slight to moderate retinopathy instances.

STEP 1: (Initial session – 20 minutes, repeat session – 10 minutes).

- Place one LBG Head each on RT/LF subclavian nodes.
- Place one LBG Head each on RT/LF trapezius muscles at GB21.
- Place one ST-8 Head each on RT/LF cervical nodes.

STEP 2: (30 – 40 minutes)

- Place one LBG Head each on RT/LF subclavian nodes.
- Place one LBG Head each on RT/LF occipital nodes.
- Place one ST-8 Head each over RT/LF closed eyes.

Clinical Comments: Patient may sleep and feel warmth in face and neck and eyes. If patient becomes a little nauseated, this indicates patient is very toxic and should be encouraged to drink 32 oz of water per day, plus consume carbon (plant) based minerals. And, reduce session time by 50% but gradually increase session time as patient shows tolerance to increasing session in time to a full schedule.

Kidney Protocol: (diabetic nephropathy): A key step, prior to using this protocol, is to ascertain that all elimination organs are functioning properly because once lymph material commences to flow there will be an additional fluid burden placed on elimination organs such as the liver, ureters, and bladder. Therefore, it is important to ensure these organs are functional prior to imposing additional burden on the kidneys. If there is a functional problem, we must address this lymphatic dysfunction prior to implementing the kidney protocol.

STEP 1: (Session – 20 minutes)

- Place one LBG Head each on RT/LF subclavian nodes.
- Place one LBG Head on RT/LF trapezius muscles at GB21.
- Place one ST-8 Head each on RT/LF cervical nodes.

STEP 2: (30 minutes for session 1 – 10 additional sessions 40 minutes each)

- Place one LBG Head each on RT/LF medial side of kidneys.
- Place one ST-8 Head each over posterior kidney position.
- Place one LBG Head each on RT/LF over anterior bladder point.

Clinical Comments: Patient may sleep and feel warmth in face and neck. In Step 2, "Heads over the kidneys", patient may feel warmth and/or the kidneys may become tender after a few sessions. This is normal as it is reasoned that when and organ establishes increased

lymph flow and blood circulation, small vessels may be stretched with the increase in fluid flow and/or may experience re-invigorated nerve impulses triggering tenderness within the organ. These symptoms last a few additional sessions as the organ adjusts to the increase in blood and lymph flow. If the patient becomes a little nauseated, this indicates patient is very toxic and should be encouraged to drink 32 oz of water per day, plus consume carbon (plant) based minerals. To decrease the fluid burden, you can reduce the session timeframe by 50% then gradually increase session time to full session timeframe as tolerance to increased lymph flow is attained.

High BP Protocol: Plaque buildup within the arteries is a primary result of diabetes. Assisting in re-establishing normal efferent lymph flow from the heart and introducing a gentle peristalsis with flipping of ionic charging, empirically suggests protein clusters dissolve at the ion level and assist in restoring normal vessel flow. This slight intervention with good dietary practices should provide preventive measures against potential arterial plaque issues.

STEP 1: (Initial session – 20 minutes; repeat sessions – 30 minutes)

- Place one LBG Head each on RT/LF subclavian nodes.
- Place one LBG Head each on trapezius muscles at GB21.
- Place one ST-8 Head on bladder 36 at medial side of scapula.
- Place one ST-8 Head on middle of sternum.

Clinical Comments: Patient may feel warmth around heart. This is natural as lymph flow and blood circulation increases. If patient becomes a little nauseated, this indicates patient is very toxic and should be encouraged to drink 32 oz of water per day, plus consume carbon (plant) based minerals. And, reduce session time by 50% but gradually increase session time as patient shows tolerance to increasing session in time to a full schedule.

Foot Wounds: (diabetic neuropathy): Venous dysfunction of the lower leg resulting in loss of feeling in the foot oftentimes resulting in accidental foot injury. Realizing that lack of exercise and circulation are the primary contributors to diabetic foot neuropathy, stimulating the foot and opening efferent lower leg lymph pathways (i.e., dorsum, tibia, popliteal, inguinal and iliac nodes) has been shown to assist in re-establishing foot and lower leg circulation.

STEP 1: (initial session – 20 minutes; repeat session – 10 minutes)

- Place one LBG Head each on RT/LF subclavian nodes.
- Place one ST-8 Head each on RT/LF trapezius muscles at GB21.
- Place one LBG Head on sternum.
- Place one LBG Head on zygote process.

STEP 2: (30 – 50 minutes)

- Place one LBG Head on RT/LF subclavian nodes.
- Place one LBG Head on cisterna chyli.
- Place one LBG Head each on RT/LF inguinal nodes.
- Place one ST-8 Head each on popliteal nodes.

Clinical Comments: Patient may feel stimulation in the calf and foot and warmth in the inguinal and upper body. This is natural as lymph flow and blood circulation increases. If patient becomes a little nauseated, this indicates patient is very toxic and should be encouraged to drink 32 oz of water per day, plus consume carbon (plant) based minerals. And, reduce session time by 50% but gradually increase session time as patient shows tolerance to increasing session in time to a full schedule.

Mechanism of Action

The use of Circulat, an adaptogenic herb formulation well known to assist in down regulating diabetic contributing genes, and the intake of suggested amounts of water per day provides herbal and hydration support essential to maintaining a healthy interstitial environment. Herbal and hydration therapy, coupled with re-invigorated lymphatic flow, is an important formula for expedited illness recovery.

It is known that in different diseases the resting and threshold potentials of cells within the organism differ from normal values, thus impairing the cell function requiring treatment. An organism can be influenced bio-energetically at a certain frequency and intensity.

The ions present in the cells and in the colloidal (matrix) system are influenced by the LBG/ST-8 due to its complex wave form and inherent features including scalar, pulsed electromagnetic fields, radio frequency, resonance frequency, and photon transmission

functions. As the cells are exposed to the LBG/ST-8 field, lines of a specific frequency and intensity, the ions are pressed against the cell membrane producing a hyper-polarization which has a positive influence on the intracellular metabolism, particularly on the energy metabolism. And, the LBG/ST-8 fields permeate the body completely working systemically rather than locally to influence every cell from head to toe.

The LBG/ST-8 technology uses extremely low current cold gas light photons (photon therapy) to transfer energy frequency patterns to the area of the cell creating an environment that allows the cell to correct its electromagnetic charge. This results in the cell balancing its field charge and disassociating itself from the binding agent responsible for the collection of water and pooling of protein within the affected / interstitial area. As the tissue moves to a state of free flow, an ideal condition which enhances interstitial fluid movement is created. As seen in clinical settings, rapid movement of waste material occurs, enhancing delivery of waste material to organs and nodes responsible for waste elimination.

The physiological benefit seen with LBG/ST-8 Photon Therapy is that:

1) It introduces protein disassociation resulting in decoupling disorganized (ionized) long chain (cross coupling) protein molecules facilitating initiation of lymphatic capillary activity.
2) It increases removal of protein thereby lowering viscosity.
3) It induces hyper polarization which assists in re-establishing peristalsis within lymphatic structures facilitating material movement.
4) It assists in reducing the diffusion distance which increases the efficiency of intercellular processes.
5) It helps expedite the injury response to the tissue / wound repair process.

According to Dr. Nyjon Eccles, PhD., MD. ND, MRCP, the primary contribution of LBG/ST-8 therapy is in the a) activation of the reserve defense; b) O2 increase in mitochondrial ATP production; c) increased trans-membrane potential; d) increased production of anti-inflammatory cytokines; and e) that the therapy produced scalar fields may assist regulation at the gene level (i.e., Glutathione) and may assist in a quantum shift of “free radicals”.

It is the combination of adaptogenic herbs, micro-hydration and lymph movement that presents the ideal potential to expedited patient recovery from severe disease states.

Contraindications

Standard contraindications for use with any mechanical therapy in tissue decongestion areas are the same as mentioned earlier in Section 3, Page 24, but bears repeating here at the end of the Protocol Section.

1. Women who are pregnant because they may have a random event that could produce premature birth.
2. Clients with a history of epilepsy as they may have a random moment that could result in a seizure.
3. Clients with pacemakers as they could have a random electrical battery mechanical malfunction that could stop their pacemaker.
4. Clients taking blood-thinning medication as the therapy can produce an additional flow of fluid. Increasing the volume of fluid within the system may simulate the effect of blood-thinning agents.
5. Clients with a known thrombosis as manual therapy could potentially assist in dislodging a clot creating a medical complication.
6. Special treatment considerations:
    a) Thyroid hyperactivity (avoid the area over the thyroid).
    b) Asthma (more easily applied during asthma free times).
    c) Abdominal treatment during menstruation can produce increased menstrual flow, but no harm is indicated.

These contraindications are based on standard medical industry contraindications for use with any therapy (whether electrical, mechanical or manual) with clients exhibiting the above conditions. These safeguards are suggested for the benefit of the practitioner in the event a client should have a random event while under the care of the practitioner and complicate the provided therapy.

A general policy for the practitioner: **It is generally contraindicated to use any equipment or manual therapy on a client with any of the above conditions.**

Note: This is a stand-alone protocol for Type 2 Diabetes, which was submitted by Dr. Nyjon Eccles, London, England.