



The K.E.Y. to Health with Energy Medicine: Kinetic Energy YINtegration™

Innate Matrix Memory

(IMMe)

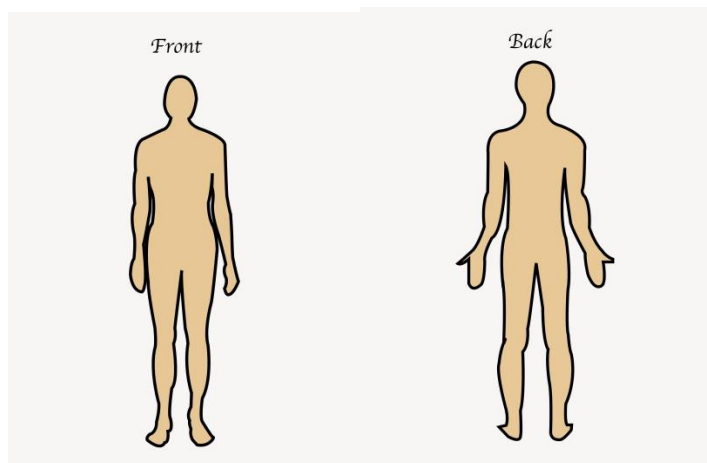
Initial Reflection:

- Move affected area through a range of motion. Determine level of flexibility, ease of movement, strength and level of pain if present. Move other areas of the body to determine extent to which full motion is restricted, stiff, painful, or numb. If it is an emotional feeling, notice what the body feels like while thinking about the emotion.

(If Muscle Testing is not known, move to protocol)

In depth Assessment:

- With muscle testing, find the "**Point of Input**," or the original point where the memory was locked in the tissue. Use the "Fuzzy Glove" technique to assess the whole body by moving the hand down the front, sides and back of the body to note where the indicator muscle releases. If further assessment needs to be addressed for specific organs or tissue, call their names as the hand passes over the area for a second time. If there is more than one point indicated, this creates a **matrix linkage**. Record on the figures below: (X for Point of Input, O for additional points).



Background Information:

- **Generational involvement:** Y/N Past: Father's Side/Mother's Side
How many generations back: _____ Future implications: Y/N Passed to offspring? Y/N
Can the corrections be passed forward? Y/N
Do the corrections need to be changed specifically on the future generations? Y/N
- **Age of Original Imprint** for present position: Before Birth During Birth After Birth
Before Birth: First Trimester/Second Trimester/Third Trimester Month: Day:
Birthing Stages: Before the Birthing Canal/In Birthing Canal/Delivery/Bonding
After Birth: Determine by decades then narrow down (less than 10/20/30/40/50) Year: Month:

- **Emotion Involved:** Y/N **Fire** **Earth** **Metal** **Water** **Wood**
Fire: Joy, Love, Hate **Earth:** Empathy, Sympathy **Metal:** Grief, Guilt, Regret
Water: Fear, Anxiety **Wood:** Anger, Resentment
Relationship: Self to Self / Self to Others / Others to Self
Context: People / Places / Situations

- **Reactive Muscles:** Place one hand above head, just above the hair and muscle test. If the muscle releases there are bullying muscle patterns present within the tissue.

Protocol:

1. Determine if IMME is required for the challenge. Drop the head gently back and see if the indicator muscle releases. If it does, IMME will release the challenges determined above.
2. **"Matrix Release":** Close thumb to fingers on each hand, making two cones. Place the finger tips at the TMJ on either side of the head and access the sphenoid bone and the frontal bone simultaneously. Place tongue on roof of mouth and breathe deeply. Move the head forward bringing the chin towards the chest 3 times.
3. **"Cranial Release":** Touch GV20 at the top of the head with two fingers, point is in line with the ears, and bring the head forward 3 times.
4. **"Innate Release":** Hold the area where the injury occurred, move the head forward bringing the chin towards the chest 3 times.
5. **"Manual Release":** If the injury or pain is below the waist, then also tap firmly into the front of one ankle with two fingers for 3-4 times (this will be in the Talus-Mortis joint). If it is not possible to reach the ankle, substitute the wrist joint in its place at the back of the hand where the wrist bends. If the injury is above the waist, the ankle or wrist tapping is not necessary.
6. **"Electrical Release":** Determine which meridian line is closest to the pain site or injury that has a point on the face. For example: *Front of the body* tap the cheek bones for Stomach Meridian, *Side of the body* tap the front of the ear for Gall Bladder Meridian, *Back of the body* tap the bridge of the nose near eyebrow for Bladder Meridian, for an event or memory tap Central Meridian under the bottom lip and then Governing Meridian above the top lip. *Side of Shoulder or Lung* may be Large Intestine Meridian, tap on the side of the nostril. Tap the point for approximately 10 firm taps with two fingers.
7. **"Emotional Release":** Place thumb across ring and pinky fingers while extending the pointer and middle fingers. With these two fingers tap around the left ear from top to bottom around the back. Make 4-6 sweeps with this gentle tapping.
8. **"Energy Opening":** Determine which chakra is linked to the challenge, using sword fingers, spiral the energy into or out of the chakra to reset the flow of the energy field to the structural field.
9. **"Brain/Body Hookup":** Create an energy loop by lightly tapping the top of the head over both hemisphere's for 10 taps and then on the sternum over the heart chakra for 10 taps. Repeat 3 times.
10. **"Generational Clearing":** Place the thumb under the front of the chin and hold for 30 seconds or until there is an energy shift. You may find the thumb slide forward and off the chin. If this is the case, let it slide and replace it to the chin. Let it repeat the motion as many times as is necessary to clear off any layers that are present.
11. **"Systems Hook up":** Placing the fingertips of one hand around the belly button, while placing the other hand on the challenged area, or at the activation point. Hold for 30 seconds or until there is an energy shift. Use one or both hands as needed. When complete place both hands flat over the bellybutton.
12. Determine if IMME is now clear by dropping the head back and seeing if the indicator muscle releases. If it holds, the memory has been cleared from the tissue. If it releases, more IMME may be indicated and repeat steps above, or muscle test to determine if the body requires more time to process.

Reassess:

- Re-evaluate the range of motion, pain, stiffness etc through movement and measurements used previously for the area of injury. Or, think about the emotional challenge and see if there is a shift in the body's feelings or reaction to the emotion.
- Re-evaluate the rest of the body for range of motion, pain and stiffness.
- Muscle test with the "Fuzzy Glove" to determine if the indicator muscle will now hold as the hand passes over the linked areas previously indicated, as well as Point of Input. All should now test clear or hold. If an area does not, there may be more action required using other techniques.
- Review the Background Information to determine if this is now clear as well. If an area is not, there may be more action required using other techniques. Recheck the presence of Reactive Muscles to determine if they have cleared.

Role of Innate Matrix Memory:

- Release stress and inefficient movement patterns from old injuries
- Increase range of motion, flexibility and strength
- Open blocks in movement restricted by stuck memories

Challenges related to held memories:

- Susceptible to future injuries from restrictions of previous injuries
- Loss of integrity, (strength, flexibility and coordination), in the tissue affected by the injury
- Decreased flexibility and range of motion
- Neurological disorganization creates challenges in producing movement that is supported by strength and appropriate movement patterning and coordination.

Background:

Under the title of "Injury Recall Technique", and originating from Dr. Gordon Bronston, DPM, and further enhanced by podiatrist, Dr. Robert Crotty, DPM. Dr. George Goodheart Jr. DC, Dr. Wally Schmitt DC, DIBAK, DABCN and Dr. Sheldon Deal DC, NMD, DIBAK have carried the techniques forward with their own protocols. Adam Lehman, T.N.P. (Traditional Naturopathic Practitioner), En.K. (Energy Kinesiologist), has added additional insight from his studies with Dr. Schmitt. This technique is further enhanced with assessment tools, titles and protocols added by Michelle Greenwell, CAM specialist in Energy Kinesiology.

- Pain is not a sensation, but is an emotion. This emotion is registered in the limbic system. Very often the pain site is referenced first and the resulting therapy is localized to relieve just the pain indicated. However, the pain is part of a bigger picture and the body needs to be looked at from a systemic angle first. Once the systemic issue is addressed, the localized details may reduce or disappear altogether. If they do not completely clear, then deal with what is left locally. 80% of challenges can be relieved using the IRT to remove the emotional block with the memory. This allows changes to occur in the endocrine system as well as the digestive system where other symptoms may also be present (Schmidt).
- 90% of the nervous system is based on the stimulation of receptors, and decisions made by the cerebral cortex are a result of input from the receptors. 50% of nerve messages are from mechanoreceptors in the body. This hard wire is the reason IRT works so well to release tissue in the body. Surgery and drugs can only reach a portion of this, and it does not change the messaging received, nor the body's idea of how to deal with the messages (Deal, Endocrine System).
- The reaction to an injury is often to either pull the head back to try to get away from the threat, which engages the Landau and Moro reflexes and more, as well as, locking up the neck area across the Atlanto-occipital joint. Or, the feet react to the situation by pushing down into the ground to prepare for flight, thus jamming the Talus into the Mortis joint. By flexing the Atlanto-occipital joint, moving the head forward towards the chin 2-3 times, this block is released. Or, by micro manipulating the Talus by creating a slight drop in the space between the joint in the ankle, the jam can be released. It is always important to reassess and re-measure to understand what changes may have resulted. If there is no change, there may be another underlying cause. If there is a change, this technique may open up many possibilities for movement and emotional release (Schmidt).

- Even though pain is no longer present in the body after the “healing” time has passed, everything may not be corrected and as optimum as you think it is. “At least you’re no longer in pain. So you go along thinking you’re OK. And later on, when you start noticing that “my feet are always cold,” or “I’m getting more colds than I used to,” “my menstrual cycle seems to have shifted,” “I just don’t seem to have as much energy as I used to,” or “my memory/cognitive abilities seem to be slipping these days,” it never occurs that this may be due to the injuries, and resultant pain, experienced in your life, even though the experience of that pain is long gone. After all, the injuries have “healed!” So what’s going on? And what can we do about it?” (Lehman, p4).
- Firing of the nerve cells to the spinal cord and along the nervous system pathway can have an imbalance from an injury. This shift in signals can create a reduction in stimulus to the proprioceptive system which assists with balance and equilibrium, and soon other symptoms of discord can result, or limitation of movement, (Lehman, p3-4).
- By tapping the end of the meridian the energy line is activated and opened up for a possible release of energy, similar to Meridian walking and Pain tapping techniques found in Touch for Health techniques (Thie, p 280-281).
- Sword fingers is used in Qi Gong (Chun Yi Lin) to adjust the vortex of the energy travelling in or out of the body. Use of it here with the Chakras realigns the chakras spin to open up full potential for energy exchange.
- Temporal Tapping is used to access the Amygdala and all the organs in the body. Based on the muscle-organ relationship found in Meridian systems, the tapping opens up the links to all the organs in the body which then accesses the muscles and related tissue. This area is known as the TS line, or Temporal Sphenoidal, and it is where the temporal bone comes together with the parietal bone and the frontal bone (Sheldon, p 25, AK1).
- Generational patterns can hold energy in a set pattern, or bring a pattern back when certain conditions are recognized by the body. By releasing the memory of these patterns the body is able to rely on its own memory, rather than history for energizing patterns.
- Energy looping is brought forward by Body Talk Access, with a brain/body connection that “superimposes what should be with what has been, ensuring that the procedure will last.” This can also be done by tapping on the back rather than the sternum (Muiznieks and Veltheim, pp 9 – 10).

References:

Youtube Reference: www.youtube.com/watch?v=fI3MaInxMIM with Dr. Sheldon Deal

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